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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

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

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### Quarterly Report - Implementation Plan for Staten Island Performing Provider System, LLC

**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.iii | Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services | Completed |
| 2.b.iv | Care transitions intervention model to reduce 30 day readmissions for chronic health conditions | Completed |
| 2.b.vii | Implementing the INTERACT project (inpatient transfer avoidance program for SNF) | Completed |
| 2.b.viii | Hospital-Home Care Collaboration Solutions | Completed |
| 2.d.i | Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care | Completed |
| 3.a.i | Integration of primary care and behavioral health services | Completed |
| 3.a.iv | Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs | Completed |
| 3.c.i | Evidence-based strategies for disease management in high risk/affected populations (adults only) | Completed |
| 3.g.ii | Integration of palliative care into nursing homes | Completed |
| 4.a.iii | Strengthen Mental Health and Substance Abuse Infrastructure across Systems | Completed |
| 4.b.ii | Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets | Completed |

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**Status By Project**

| Project ID | Project Title | Status |
|---|---|---|
| | chronic diseases that are not included in domain 3, such as cancer | |

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## Staten Island Performing Provider System, LLC (PPS ID:43)

## 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** | 33,088,559 | 35,261,528 | 57,022,317 | 50,493,044 | 33,088,559 | 208,954,007 |
| **Cost of Project Implementation & Administration** | **16,729,730** | **18,546,822** | **18,386,518** | **18,122,828** | **882,175** | 72,668,073 |
| **Revenue Loss** | **1,505,000** | **1,505,000** | **2,855,000** | **3,355,000** | **3,655,000** | 12,875,000 |
| **Internal PPS Provider Bonus Payments** | **11,696,880** | **11,157,280** | **13,069,280** | **12,538,080** | **12,538,080** | 60,999,600 |
| **Cost of non-covered services** | **1,101,189** | **3,047,558** | **6,768,672** | **10,163,378** | **10,163,378** | 31,244,175 |
| **Other** | **2,065,515** | **1,014,776** | **15,942,847** | **6,313,758** | **5,859,681** | 31,196,577 |
| **Total Expenditures** | **33,098,314** | **35,271,436** | **57,022,317** | **50,493,044** | **33,098,314** | **208,983,425** |
| **Undistributed Revenue** | **0** | **0** | **0** | **0** | **0** | **0** |

### Current File Uploads

| User ID | File Name | File Description | Upload Date |
|---|---|---|---|

No Records Found

**Narrative Text :**

Cost of Project Implementation and Administration includes PMO-Administrative Costs, PMO-Project Implementation Funds, and Project Implementation Funds distributed to providers. Other-Contingency funds includes dollars held for "contingency" to be spent on unforeseen costs; and undistributed revenue including funds received from DOH but not distributed during the year in which they are received, but distributed in subsequent years.

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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** | 33,088,559 | 35,261,528 | 57,022,317 | 50,493,044 | 33,088,559 | 208,954,007 |
| Primary Care Physicians | 2,634,306 | 1,934,306 | 2,222,897 | 2,292,932 | 2,337,633 | 11,422,074 |
| Non-PCP Practitioners | 748,418 | 748,418 | 945,483 | 893,273 | 944,110 | 4,279,702 |
| Hospitals | 5,147,057 | 7,393,926 | 10,519,121 | 14,067,921 | 14,124,942 | 51,252,967 |
| Clinics | 1,833,054 | 1,956,654 | 4,031,738 | 2,642,819 | 2,655,099 | 13,119,364 |
| Health Home / Care Management | 2,666,172 | 3,399,260 | 3,570,256 | 3,832,600 | 3,850,144 | 17,318,432 |
| Behavioral Health | 1,279,653 | 1,304,453 | 1,419,719 | 1,544,800 | 1,557,080 | 7,105,705 |
| Substance Abuse | 1,883,624 | 18,994,424 | 2,086,679 | 2,218,623 | 2,256,167 | 27,439,517 |
| Skilled Nursing Facilities / Nursing Homes | 4,433,333 | 3,813,333 | 1,945,000 | 2,028,333 | 2,111,667 | 14,331,666 |
| Pharmacies | 133,333 | 133,333 | 133,333 | 133,333 | 133,333 | 666,665 |
| Hospice | 128,629 | 633,237 | 425,238 | 443,605 | 462,007 | 2,092,716 |
| Community Based Organizations | 459,312 | 702,912 | 971,247 | 1,304,264 | 1,311,282 | 4,749,017 |
| All Other | 10,041,007 | 12,742,695 | 15,128,759 | 15,096,783 | 18,402,036 | 71,411,280 |
| **Total Funds Distributed** | **31,387,898** | **53,756,951** | **43,399,470** | **46,499,286** | **50,145,500** | **225,189,105** |
| **Undistributed Revenue** | **1,700,661** | **0** | **13,622,847** | **3,993,758** | **0** | **0** |

**Current File Uploads**

| User ID | File Name | File Description | Upload Date |
|---|---|---|---|

No Records Found

**Narrative Text :**

The provider type "All Other" includes the costs for the Project Management Office (PMO) including PMO - Administration and PMO costs to support individual project Implementation. Please note the provider type "All Other" also includes funds distributed to "Other" providers not

identified in the provider types listed. Further, a portion of Contingency Funds, as identified in the Budget, are included in the "All Other" Funds Flow Item. "Undistributed Revenue" includes funds received from DOH that are not distributed during the year in which they are received, but distributed in subsequent years.

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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** Develop funds flow budget and distribution plan draft approach | Completed | Develop funds flow budget and distribution plan draft approach, including details of approach to funds flow. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Develop a project specific accountability matrix and distribute to providers | Completed | Develop project specific accountability matrix and distribute to providers as basis for funds flow. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Determine provider specific accountability by project including level of participation on a project-by-project basis. | In Progress | Determine provider specific accountability by project including level of participation on a project-by-project basis. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Develop preliminary budget estimates for Project Management Office (PMO) | Completed | Develop preliminary budget estimates for Project Management Office (PMO), project implementation, revenue loss, and costs of services not covered. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Develop preliminary funds flow model including bonus payments, costs of services not covered, cost of project implementation and contingency funds | Completed | Develop preliminary funds flow model including bonus payments, costs of services not covered, cost of project implementation and contingency funds (ensure funds flow model complies with funding restrictions imposed by the DSRIP program). | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Review funds flow model and approach with PPS providers | Completed | Review funds flow model and approach with PPS providers including governance committees, project implementation teams, among others. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Request and review provider specific budgets | In Progress | Request and review provider specific budgets (cost of project implementation and costs previously not covered or under-reimbursed). | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Develop funds flow budget and distribution models and key policies, procedures and requirements, and performance reporting | In Progress | Develop funds flow budget and distribution models and key policies, procedures and requirements, and performance reporting requirements around fund distribution. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

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## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| requirements around fund distribution. | | | | | | | |
| **Task** Develop PPS provider Operating Agreement, Funds Flow Plan Term Sheets, and communicate with individual providers. | In Progress | Develop PPS provider Operating Agreement, Funds Flow Plan Term Sheets, and communicate with individual providers. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Review funds flow budget and distribution plan with PPS partners and obtain feedback. | In Progress | Review funds flow budget and distribution plan with PPS partners and obtain feedback. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Gain approval on funds flow budget and funds flow from PPS Finance Committee and Board. | In Progress | Gain approval on funds flow budget and funds flow from PPS Finance Committee and Board. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Develop funds flow education program, timeline, and distribution schedule. | In Progress | Develop funds flow education program, timeline, and distribution schedule. | 04/01/2015 | 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 | |

# New York State Department Of Health
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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 |
|---|---|---|---|---|

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|

No Records Found

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## Staten Island Performing Provider System, LLC (PPS ID:43)

**IPQR Module 1.5 - IA Monitoring**

**Instructions :**

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 | Completed | 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** Co-Leads form a Board of Managers. | Completed | Co-Leads form a Board of Managers and define their role within the PPS. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Design the SI PPS, LLC governance structure. | Completed | Board of Managers design the SI PPS, LLC governance structure (including committee structures). | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Develop a PPS operating agreement. | Completed | Board of Managers develop a PPS operating agreement. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Complete a Medicaid application. | Completed | Co-Leads complete a Medicaid application for the SI PPS, LLC. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Cbtain a Federal Employer Identification Number. | Completed | Co-Leads obtain a Federal Employer Identification Number. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Form the Steering Committee. | Completed | Form the Steering Committee. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Define the Steering Committee's role and appoint members. | Completed | Define the Steering Committee's role within the PPS and develop criteria to appoint members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Appoint Steering Committee members. | Completed | Appoint Steering Committee members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Develop Steering Committee Charter. | Completed | Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Design SI PPS, LLC Project Management Office (PMO) staffing. | Completed | Design SI PPS, LLC Project Management Office (PMO) staffing. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |

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| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| **Task** Define specific staffing roles. | Completed | Define specific staffing roles to be hired and confirm staffing with the Board. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Recruit positions for the PMO office. | Completed | Executive Director recruits key positions for the PMO office. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Form the Project Advisory Committee (PAC). | Completed | Form the Project Advisory Committee (PAC). | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Define the PAC's role and develop criteria to appoint members. | Completed | Define the PAC's role within the PPS and develop criteria to appoint members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Appoint PAC members. | Completed | Appoint PAC members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Develop PAC Committee Charter. | Completed | Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Form the Finance Committee. | Completed | Form the Finance Committee. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Define the Finance Committee's role and develop criteria to appoint members | Completed | Define the Finance Committee's role within the PPS and develop criteria to appoint members | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Appoint members to the Finance Committee. | Completed | Appoint members to the Finance Committee. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Develop Finance Committee Charter. | Completed | Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Form the Data/IT Committee. | Completed | Form the Data/IT Committee. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Define the Data/IT Committee's role and develop criteria to appoint members. | Completed | Define the Data/IT Committee's role within the PPS and develop criteria to appoint members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Appoint members to the Data/IT Committee. | Completed | Appoint members to the Data/IT Committee. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Develop Data/IT Committee Charter. | Completed | Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Form the Workforce Committee. | Completed | Form the Workforce Committee. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Define the Workforce Committee's role and | Completed | Define the Workforce Committee's role within the PPS and develop criteria to appoint members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |

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| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| develop criteria to appoint members. | | | | | | | |
| **Task** Appoint members to the Workforce Committee. | Completed | Appoint members to the Workforce Committee. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Develop Workforce Committee Charter. | Completed | Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Form the Compliance Committee. | Completed | Form the Compliance Committee. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Define the Compliance Committee's role and develop criteria to appoint members. | Completed | Define the Compliance Committee's role within the PPS and develop criteria to appoint members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Appoint members to the Compliance Committee. | Completed | Appoint members to the Compliance Committee. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Develop Compliance Committee Charter outlining committee role. | Completed | Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Form the Communications & Marketing Committee. | Completed | Form the Communications & Marketing Committee. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Define the Communication & Marketing Committee's role | Completed | Define the Communication & Marketing Committee's role within the PPS and develop criteria to appoint members, including defining approach to market to Medicaid beneficiaries and the uninsured | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Appoint members to the Communication & Marketing Committee. | Completed | Appoint members to the Communication & Marketing Committee. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Develop Communication & Marketing Committee Charter. | Completed | Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Form the Diversity & Inclusion Committee. | Completed | Form the Diversity & Inclusion Committee. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Define the Diversity & Inclusion Committee's role within the PPS. | Completed | Define the Diversity & Inclusion Committee's role within the PPS. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Develop criteria to appoint members to Diversity & Inclusion Committee. | Completed | Develop criteria to appoint members to Diversity & Inclusion Committee. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** | Completed | Appoint members to the Diversity & Inclusion Committee. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

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| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| Appoint members to the Diversity & Inclusion Committee. | | | | | | | |
| **Task** Develop Diversity & Inclusion Committee Charter. | Completed | Develop Committee Charter outlining committee role within the Governance structure, process for decision making, etc., and review charter with Committee members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Implement procedures to report committee membership changes to the Board. | Completed | Executive Director and PMO implements procedures to report committee membership changes to the Board. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Form the Clinical Committee and Clinical Subcommittees (steps included in Milestone 2). | Completed | Form the Clinical Committee and Clinical Subcommittees (steps included in Milestone 2). | 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** Define the Clinical Quality Committee's role. | Completed | Define the Clinical Quality Committee's role within the PPS and develop criteria to appoint members. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Appoint members to the Clinical Committee. | Completed | Appoint members to the Clinical Committee. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Develop Clinical Quality Committee Structure Chart. | Completed | Chief Medical Officer in conjunction with Clinical Committee develops Clinical Quality Committee Structure Chart (including a charter for Clinical Quality Committee and Clinical/Quality Subcommittees made up of representatives from Project Implementation Teams). | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Assess the quality of clinical care standards and metrics for each project and overall for Performance Reporting. | In Progress | Chief Medical Officer and Project Directors, in conjunction with Clinical Quality Committee develop criteria to assess quality of clinical care standards and metrics for each project and overall for Performance Reporting. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Obtains PPS provider feedback on standards, metrics, and criteria. | In Progress | Obtains PPS provider feedback on standards, metrics, and criteria. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Obtain approval from Clinical Committee and Board on clinical quality care standards and metrics. | In Progress | Obtain approval from Clinical Committee and Board on clinical quality care standards and metrics. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Implement quality of clinical care standards and metrics in coordination with the Project Implementation Teams for applicable DSRIP | In Progress | PMO implements quality of clinical care standards and metrics in coordination with the Project Implementation Teams for applicable DSRIP projects. | 10/01/2015 | 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 |
|---|---|---|---|---|---|---|---|
| projects. | | | | | | | |
| **Milestone #3** Finalize bylaws and policies or Committee Guidelines where applicable | Completed | 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** Develop draft bylaws related to the governing of the SI PPS LLC. | Completed | Co-Leads develop draft bylaws related to the governing of the SI PPS LLC. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Define the process for conflict resolution. | Completed | Board of Managers defines the process by which conflicts and/or issues will be resolved by the governing body. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Gain approval on bylaws and policies from Board of Managers. | Completed | Gain approval on bylaws and policies from Board of Managers. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Develop policies for committee operations and guidelines/Committee Charters and reviews Charters with applicable Committees | Completed | In conjunction with the Board of Managers, PMO develops policies for committee operations and guidelines/ Committee Charters and reviews these Charters with applicable Committees. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Approve Committee Charters/guidelines. | Completed | Board of Managers approves Committee Charters/guidelines. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Certify to the Office of Medicaid Inspector General that the mandatory elements of a compliance program have been established. | Completed | Certify to the Office of Medicaid Inspector General that the mandatory elements of a compliance program have been established. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Design and implement compliance program. | Completed | Compliance Officer, in conjunction with Compliance Committee designs and implements compliance program. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Establish policies and procedures around compliance. | Completed | Establish policies and procedures around compliance. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Establish protocols to enable reporting of compliance issues. | Completed | Establish protocols to enable reporting of compliance issues. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Develop a compliance training plan for PPS partners, as needed. | Completed | Develop a compliance training plan for PPS partners, as needed. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Implement protocols to document changes/updates to bylaws and policies. | Completed | Implement protocols to document changes/updates to bylaws and policies | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Milestone #4** Establish governance structure reporting and | In Progress | This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| monitoring processes | | processes and governance monitoring processes | | | | | |
| **Task** Identify metrics to be reported on an ongoing basis. | In Progress | Project Implementation Teams, Project Directors and Chief Medical Officer in conjunction with Clinical Committee representatives identify metrics to be reported on an ongoing basis. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Identify required IT platforms and capabilities. | In Progress | Project Implementation Teams and Data /IT Committee identify the IT platforms and capabilities required to monitor and report the approved clinical care standards and metrics and other metrics (in conjunction with IT systems and processes workstream). | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Develop performance dashboard(s) to track and monitor project progress and clinical standards, financial sustainability metrics, and workforce, etc. | In Progress | Senior Director of Enterprise Data & Analytics and PMO staff, in conjunction with Project Management Software vendor (Performance Logic) and IT vendor SpectraMedix develop performance dashboard(s) to track and monitor project progress and clinical standards, financial sustainability metrics, and workforce, etc. | 10/10/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Develop interim reporting tools to report required metrics pre-IT integration. | In Progress | Senior Director of Enterprise Data & Analytics and PMO staff develop interim reporting tools to allow PPS providers to report required metrics pre-IT integration. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Establish a governance and committee structure around reporting and monitoring processes. | In Progress | Establish a governance and committee structure around reporting and monitoring processes including the Data/ IT Committee, Clinical Committee, and PMO. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Implement the reporting process to ensure rapid cycle evaluation. | In Progress | Implement the reporting process to ensure rapid cycle evaluation including the use of tools to track and report project milestones, clinical care standards and metrics, financial tracking, performance monitoring and funds flow, and workforce strategy. | 10/01/2015 | 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 | 12/31/2015 | 12/31/2015 | DY1 Q3 | NO |
| **Task** Form a Communication & Marketing Committee, and Diversity and Inclusion Committee. | Completed | Board of Managers form a Communication & Marketing Committee, and Diversity and Inclusion Committee inclusive of various community stakeholders currently engaged with the Medicaid population (e.g. church representation from various congregations, homeless services, schools, housing, among others). | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Identify existing resources and forums to | In Progress | Executive Director and PMO support staff in conjunction with these committees identify existing resources and forums to support community | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| support community engagement. | | engagement (including community based organizations, Staten Island Partnership for Community Wellness, and the Borough Presidents Office, among others). | | | | | |
| **Task** Collect best practices and input around community engagement strategies to engage Medicaid beneficiaries. | In Progress | PMO support staff collect best practices and input from community stakeholders, Project Implementation Teams, Communication & Marketing Committee, in and Diversity and Inclusion Committee, around community engagement strategies to engage Medicaid beneficiaries. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Conduct workgroups with Medicaid population to obtain input on community engagement plan. | In Progress | PMO support staff conduct workgroups with Medicaid population to obtain input on community engagement plan. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Finalize communications and marketing plan. | In Progress | Based on recommendations and feedback from key stakeholders, finalize communications and marketing plan including identifying processes and mechanisms by which to communicate with community stakeholders including public forum meetings, the PPS website, and participation in workgroups and committees. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Establish and communicate complaint/concern/input filing procedures to community stakeholders. | In Progress | Establish and communicate complaint/concern/input filing procedures to community stakeholders. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Schedule and hold DSRIP community forum meetings. | In Progress | Determine a DSRIP community forum meeting schedule for Staten Island and begin holding community forum meetings. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Begin distributing quarterly reports or newsletters to PPS partners and the Staten Island community regarding progress on DSRIP implementation. | In Progress | Begin distributing quarterly reports or newsletters to PPS partners and the Staten Island community regarding progress on DSRIP implementation. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #6** Finalize partnership agreements or contracts with CBOs | In Progress | Signed CBO partnership agreements or contracts. | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| **Task** Assess participation of CBOs on a project-by-project level and for organizational workstreams including cultural competency. | In Progress | Project Directors and Project Leads, in coordination with Project Implementation Teams assess participation of CBOs identified to participate on a project-by-project level and for organizational workstreams including cultural competency. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Meet with identified CBOs to understand services being provided, existing resources and | In Progress | Project Directors and Project Leads meet with identified CBOs to gain an understanding of services being provided, existing resources and infrastructure that can be leveraged for the DSRIP projects and organizational | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| infrastructure that can be leveraged for the DSRIP projects and organizational workstreams. | | workstreams. | | | | | |
| **Task** Determine which CBOs should enter into an agreement with the SI PPS, LLC. | In Progress | Project Directors and Project Leads in conjunction with Project Implementation Teams determine which participating CBOs should enter into an agreement with the SI PPS, LLC including defining the scope of services and funds flow model. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Finalize list of participating CBOs to enter in a contract with the SI PPS, LLC. | In Progress | PMO prepares finalized list of participating CBOs to enter in a contract with the SI PPS, LLC. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Review CBO recommendations and obtain appropriate input. | In Progress | PPS PMO reviews CBO recommendations with appropriate governance committees and other key stakeholders for input. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** Develop partnership agreements/contracts and funds flow approach to be signed by the identified CBOs. | In Progress | Develop partnership agreements/contracts and funds flow approach to be signed by the identified CBOs to participate in DSRIP projects and organizational workstreams. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** Execute agreements/contracts with CBOs. | In Progress | Executive Director executes agreements/contracts with CBOs. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **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. | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| **Task** Identify public sector agencies for participation on a project-by-project level and for organizational workstreams. | In Progress | Project Directors in coordination with Project Lead's identify public sector agencies for participation on a project-by-project level and for organizational workstreams. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Determine engagement approach including an agency coordination plan. | In Progress | Project Directors determine an engagement approach including an agency coordination plan with Project Implementation Teams, the PMO and PPS Governance Committees. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Gain input/feedback from public sector agencies on the coordination plan. | In Progress | Project Directors gain input/feedback from public sector agencies on the coordination | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **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 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | NO |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| | | and by when; explain how they will be included in project delivery and in the development of your PPS network. | | | | | |
| **Task**<br>Inclusion of CBOs | In Progress | Many of Staten Island's Community Based Organizations (CBOs) are also Health Home providers, OASAS licensed providers, and are already active participants in the Staten Island Performing Provider System, LLC's (SI PPS) project implementation teams. These CBO's, including Project Hospitality and Community Health Action of Staten Island, will be part of the SI PPS's implementation plan for Project 2.d.i. Further, the PPS plans to utilize partnerships/agreements with CBO's to execute a significant portion of the PAM activation and other project requirements. The project 2.d.i Project Director, in discussions with the Project Implementation Team is currently in the process of assessing/meeting with CBO's for possible participation.<br><br>In developing implementation plans for the Domain 4 projects, the SI PPS plans to contract with CBOs to achieve project requirements and is in contract/budget discussions with the Staten Island Partnership for Community Wellness to support the execution of the Project 4.a.iii Implementation Plan.<br><br>The SI PPS's project implementation teams, in conjunction with the Steering Committee, Communications & Marketing Committee, and Diversity & Inclusion Committee will define the CBOs' roles with regards to each organizational workstream and DSRIP project and the PPS will define these roles in the partnership agreements executed between the SI PPS and each CBO. Within these agreements, each CBO's role, reporting requirements and funds flow will be defined. The SI PPS plans to begin executing partnership agreements with the CBOs as early as Demonstration Year (DY) 1, Quarter (Q) 2.<br><br>The PPS continues to engage with the Developmental Disability providers on Staten Island including the United Cerebral Palsy of New York State. The PPS has also worked to assess DD providers that may not currently be identified in project implementation participation including working with the Developmental Disabilities Counsel on Staten Island. | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Milestone #9**<br>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). | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| **Task** | In Progress | Utilize the current state workforce assessment and gap analysis, target future | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| Identify PPS workforce impacted by DSRIP project implementation. | | state workforce, and components of workforce transition roadmap (workforce workstream) to identify the PPS workforce impacted by DSRIP project implementation. | | | | | |
| **Task** Develop a workforce communication and engagement strategy. | In Progress | In conjunction with 1199 Training and Employment Fund, public center agencies, Workforce Committee, and Director of Workforce/HR, based on feedback from workforce strategy deliverables, develops a workforce communication and engagement strategy. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** Assess potential communication strategies and link to specific workforce categories. | In Progress | Assess potential communication strategies and link to specific workforce categories. | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** Develop process to incorporate workforce feedback to enhance collaboration and achieve project results and goals. | In Progress | Develop a process to incorporate workforce feedback to enhance collaboration and achieve project results and goals (including utilizing workforce surveys, town hall meetings, workgroup meetings, and a comment/virtual comment box, etc.). | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** Develop a communication and engagement plan for each of the workforce levels. | In Progress | Develop a communication and engagement plan for each of the workforce levels, including plans for two-way communication. | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** Submit the workforce communication and engagement plan to Workforce Committee for approval. | In Progress | Submit the workforce communication and engagement plan to the Workforce Committee for approval. | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Name | Description | Upload Date |
|---|---|---|---|---|
| Finalize governance structure and sub-committee structure | jc484356 | 43_MDL0203_1_1_20150806150021_SI PPS Org Chart.pdf | Org Structure for SI PPS | 08/06/2015 03:00 PM |
| | if12345 | 43_MDL0203_1_1_20150731133131_Board Meeting Documentation_PDF All.pdf | Board Meetings Documentation for SI PPS | 07/31/2015 01:31 PM |
| | if12345 | 43_MDL0203_1_1_20150731105947_Legal_PDF All.pdf | Legal Documentation of SI PPS | 07/31/2015 10:59 AM |
| | if12345 | 43_MDL0203_1_1_20150731105903_Committee List and Charters_PDF All.pdf | Governance Committee Lists and Charters | 07/31/2015 10:58 AM |
| Finalize bylaws and policies or Committee Guidelines where applicable | jc484356 | 43_MDL0203_1_1_20150806143520_Committee List and Charters_PDF All.pdf | Committee List and Charters that detail bylaws for each committee | 08/06/2015 02:35 PM |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Finalize governance structure and sub-committee structure | |
| Establish a clinical governance structure, including clinical quality committees for each DSRIP project | |
| Finalize bylaws and policies or Committee Guidelines where applicable | Did not address IA Comment regarding "More details need to be included regarding funding restrictions on governance structure as it may present a risk to the project timeline." This comment was addressed in the Budget and Funds Flow section. |
| Establish governance structure reporting and monitoring processes | |
| Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement) | |
| Finalize partnership agreements or contracts with CBOs | |
| 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.) | |
| Finalize workforce communication and engagement plan | |
| Inclusion of CBOs in PPS Implementation. | Many of Staten Island's Community Based Organizations (CBOs) are also Health Home providers, OASAS licensed providers, and are already active participants in the Staten Island Performing Provider System, LLC's (SI PPS) project implementation teams. These CBO's, including Project Hospitality and Community Health Action of Staten Island, will be part of the SI PPS's implementation plan for Project 2.d.i. Further, the PPS plans to utilize partnerships/agreements with CBO's to execute a significant portion of the PAM activation and other project requirements. The project 2.d.i Project Director, in discussions with the Project Implementation Team is currently in the process of assessing/meeting with CBO's for possible participation.<br><br>In developing implementation plans for the Domain 4 projects, the SI PPS plans to contract with CBOs to achieve project requirements and is in contract/budget discussions with the Staten Island Partnership for Community Wellness to support the execution of the Project 4.a.iii Implementation Plan.<br><br>The SI PPS's project implementation teams, in conjunction with the Steering Committee, Communications & Marketing Committee, and Diversity & Inclusion Committee will define the CBOs' roles with regards to each organizational workstream and DSRIP project and the PPS will define these roles in the partnership agreements executed between the SI PPS and each CBO. Within these agreements, each CBO's role, reporting requirements and funds flow will be defined. The SI PPS plans to begin executing partnership agreements with the CBOs as early as Demonstration Year (DY) 1, Quarter (Q) 2. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| | The PPS continues to engage with the Developmental Disability providers on Staten Island including the United Cerebral Palsy of New York State. The PPS has also worked to assess DD providers that may not currently be identified in project implementation participation including working with the Developmental Disabilities Counsel on Staten Island. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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.

The following identifies key challenges and risks to achieving the milestones in the above project plan and describes the SI PPS's ability to achieve outcome measure targets:

1. The SI PPS network is comprised of two co-lead hospitals and representation from a broad spectrum of providers and has elected to form a new limited liability company, the Staten Island Performing Provider System, LLC. The SI PPS has implemented a Delegated Governance Model to oversee the management and decision making process of the large diversified network. The development and implementation of the milestones and steps listed in the tables above will not occur over night and the SI PPS will require an appropriate amount of time to develop and implement policies, procedures, workflows, and an organizational structure that is rooted throughout the PPS network. The SI PPS has identified, as a risk, the requirement to develop and implement the governance structure and PMO while project implementation is underway. This will include hiring new staff to support PMO activities. In developing the implementation plan steps, the SI PPS allotted an appropriate amount of time in order to manage deliverables, expectations and deadlines.

2. The SI PPS anticipates that ensuring the appropriate level of participation in governance committees by PPS partner organizations including the Clinical Committee, Finance Committee, Steering Committee, and Workforce Committee, among others, will be a challenge to being able to execute the workplan steps identified in previous sections. To mitigate this risk, the SI PPS will appoint participants to the governance committees with experience and a history of participation in similar committees as well as consider providing incentives through the funds flow to ensure ongoing participation.

3. The milestone related to developing a workforce communication and engagement plan is dependent upon the completion of key milestones in the workforce workstream. If the SI PPS does not meet required milestones within the workforce workstream this might create a risk in meeting this and other governance milestone. The PMO in coordination with the PPS's governance will develop an overall approach to track/monitor risks on an ongoing basis, ensuring appropriate attention and resources are dedicated to developing and implementing strategies to mitigate risks identified by the PPS.

4. The SI PPSDSRIP valuation was not in line with previous estimates for DSRIP funding, and may not be sufficient to implement projects as they have been envisioned across the provider networks, creating a risk across workstreams including governance. The SI PPS has communicated this uncertainty around funding to the PPS network throughout the planning process, and has focused on creating efficiencies across project implementation as well as strategies to ensure project implementation is sustainable and not entirely dependent on DSRIP funding and will continue to be dependent to mitigate this risk.

5. The SI PPS anticipates that shared IT infrastructure is a gap for implementation. The SI PPS will mitigate this risk by developing interim procedures as the SI PPS advances through different stages of implementation. For example, the SI PPS anticipates that PPS providers will be

fully integrated into the IT platform in DY3. However, the SI PPS will need to develop interim procedures for reporting on a quarterly basis to the DOH beginning in DY1. The SI PPS has incorporated incremental steps prior to IT platform integration with the goal of ensuring a smooth transition.

## 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.)

The SI PPS's governance infrastructure is composed of several committees including Workforce, Compliance, Clinical, Finance, Data/IT, Communication & Marketing, and Diversity & Inclusion Committees. These committees are interconnected with the SI PPS's governance structure as well as various workstreams, such as IT systems & processes, performance reporting, practitioner engagement, population health management, and clinical integration. The development of a governance structure will serve as the foundation by which each of these workstreams is based.

The interdependencies between the workstreams, where various components of infrastructure are reliant on each other, have the potential to create a cascade of delays that will impact all workstreams. For example, a delay in identifying an appropriate funds flow model for PPS providers might delay their ability to hire and train key staff which will impact workforce milestones. Any delay in the development of an appropriate IT change management and governance mechanism will delay the development and implementation of an IT platform across the PPS network. This will impact PPS providers' ability to meet IT project requirements for the DSRIP projects, thereby impacting DSRIP funding.

The interdependent nature of the SI PPS's infrastructure increases the need for coordinated governance arrangements as well a strong PMO and a designated committee structure aimed at ensuring that the appropriate expertise and staff support is dedicated to meeting all workplan steps and milestones.

All workstreams are assigned to a committee with the intent that the committee oversees the development and implementation of incorporating the workstream into the SI PPS. The following list provides the workstreams and their assigned committees.

- Financial Sustainability – Finance Committee
- Cultural Competency – Diversity & Inclusion Committee
- IT Systems and Processes – Data/IT Committee
- Performance Reporting – Performance Reporting Workgroup made up of Finance, Clinical, and Data/IT Committee members
- Practitioner Engagement – Practitioner Communication & Engagement Workgroup made up of Communication & Marketing Committee members and key PPS practitioner stakeholders
- Population Health Management – Population Health Management Workgroup made up of Clinical, Finance, and Data/IT Committee members as well as key PPS practitioner stakeholders
- Clinical Integration – Clinical Integration Workgroup made up of Clinical and Data/IT Committee members

• Project Implementation Teams, Clinical Subcommittees and Leads and well as PMO Project Coordinators and Data Analysts will support all project implementation requirements.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 |
|---|---|---|
| Lead Entity | SI PPS, LLC | Form all planned Governance Committees; define bylaws and policies to identify funding and staff resources; and establish a reporting structure and monitoring processes. |
| Overall SI PPS, LLC and Board of Managers Advisor | Steering Committee:<br>Beacon Christian Community Health Center, David Kim, MD;<br>Community Health Action of Staten Island, Diane Arneth;<br>Community Health Center of Richmond, Henry Thompson;<br>Eger Health and Rehabilitation Center, David Rose;<br>North Shore- LIJ Homecare, Irina Mitzner;<br>Richmond Center for Rehabilitation and Residential Healthcare, Philip Buchsbaum;<br>Richmond University Medical Center, Richard Salhany;<br>Richmond University Medical Center, Pankaj Patel, MD;<br>Richmond University Medical Center, Elizabeth Wolff, MD ;<br>Staten Island Mental Health Society, Fern Zagor;<br>Staten Island University Hospital, Joanne Pietro;<br>Staten Island University Hospital, Dina Wong;<br>Staten Island University Hospital, Diane Gonzalez;<br>YMCA of Greater New York, Jacqueline Filis;<br>Visiting Nurse Services of New York, Donna Lichti;<br>Project Advisory Committee (all SI PPS Partners) | Serve in an advisory role to overall PPS operations and the Board of Managers. |
| Overall SI PPS Advisor (including Workforce Advisory) | Project Advisory Committee (all SI PPS Partners) | Serve in an advisory role to overall PPS operations. |
| Major hospital partners | • Richmond University Medical Center<br>• Staten Island University Hospital | Appoint members to the Board and serve on governance committees. |
| Physician organizations and other representative PPS providers | • Beacon Christian Community Health Center<br>• University Physicians Group<br>• Victory Internal Medicine<br>• Community Health Center of Richmond, Inc.<br>• Community Health Action of Staten Island | Serve as Steering Committee members, and Clinical Committee members. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| | • Eger Health Care and Rehabilitation<br>• North Shore Home Care<br>• Richmond Center for Rehabilitation and Residential Healthcare<br>• Staten Island Mental Health Society<br>• Visiting Nurse Services of New York<br>• YMCA of Greater New York | |
| Major CBOs and/or social service agencies | • Lifestyles for the Disabled<br>• New York City Department of Health and Mental Hygiene<br>• Person Centered Care Services<br>• Sky Light Center<br>• Staten Island Partnership for Community Wellness<br>• United Cerebral Palsy of New York | Serve as committee members. |
| Outside counsel, attorneys, and consultants | TBD | Draft bylaws, operating agreements and other key governance documents. |
| Project Management and Oversight | SI PPS PMO | Support the monitoring and implementation of all workplan steps. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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** | | |
| Staten Island University Hospital | Co-Lead Applicant and Co-Equity Contributor, Co-Leadership participant | Provide leadership personnel, committee chairs, and Board participation. |
| Richmond University Medical Center | Co-Lead Applicant and Co-Equity Contributor, Co-Leadership participant | Provide leadership personnel, committee chairs, Board participation. |
| Richmond County Medical Society | Participating Provider Organization | Committee member |
| Metro Community Health Centers/CP of NYS | Participating Provider Organization | Committee member |
| Carmel Richmond Healthcare and Rehabilitation Center | Participating Provider Organization | Committee member |
| Camelot of Staten Island | Participating Provider Organization | Committee member |
| Staten Island Partnership for Community Wellness | Participating Provider Organization | Committee member |
| Clove Lakes Health Care | Participating Provider Organization | Committee member |
| Coordinated Behavioral Care (CBC) | Participating Provider Organization | Committee member |
| Cerebral Palsy Association of NY / Metro Health Clinic | Participating Provider Organization | Committee member |
| Carmel Richmond Healthcare and Rehabilitation Center | Participating Provider Organization | Committee member |
| Project Hospitality | Participating Provider Organization | Committee member |
| **External Stakeholders** | | |
| New York City Department of Health and Mental Hygiene | Participating Provider Organization | PAC member |
| Staten Island Foundation | Community Stakeholder | PAC member |
| Jewish Community Center of Staten Island | Community Stakeholder | PAC member |
| Wagner College | Community Stakeholder | PAC member |
| Staten Island Immigrants Counsel | Community Stakeholder | Committee member |
| El Centro del Immigrante | Community Stakeholder | Committee member |
| New York City Department of Education | Community Stakeholder | PAC member |

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## Staten Island Performing Provider System, LLC (PPS ID:43)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Make the Road New York | Community Stakeholder | Committee member |

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 governance workstream serves as the mechanism by which members of the SI PPS develop accountability, make decisions around the development of IT infrastructure, and determine activities and resources required to execute the IT infrastructure plan. Further, the governance infrastructure will provide the mechanism by which the IT systems and processes workstream integrate with other workstreams including clinical integration, performance reporting, and workforce, among others.

The IT infrastructure will provide the mechanisms by which standardized clinical, financial, and other operations data are collected and reported. The standardization of data collection and reporting will enable the governance committees to quickly evaluate and adjust policies, procedures, and standards of care based on the rapid cycle evaluation approach which is grounded in the IT infrastructure. Similarly, the ability to collect, synthesize and report on data will be critical to communicate progress and performance to PPS providers and other key stakeholders.

The following provides an overview of how the SI PPS will develop the IT infrastructure:

• Success of communication among different stakeholders in the various governance committees, including progress on milestones and provider level performance, is dependent on the implementation of a robust project management software that is delivered through a secure cloud-based server accessible by provider agencies and the SI PPS PMO. The SI PPS has implemented Performance Logic, to provide this support. This IT platform will also allow governance committee members to have a two-way communication mechanism with the SI PPS PMO and providers, and will allow for ongoing performance monitoring or Domain 1 milestones, among others.
• SpectraMedix has been selected as the health IT vendor for SI PPS. SpectraMedix will work collaboratively with the SI-PPS PMO, IT/Data Committee, and the work stream teams (i.e. Information Technology Systems & Processes, Performance Reporting, Clinical Integration, Population Health and Practitioner Engagement) to provide an IT foundation for a clinically integrated healthcare delivery system.
• The PPS will build an Enterprise Data Warehouse that integrates NYS Medicaid attribution roaster, claims data and pharmacy data.
• The PPS will promote and support integration of PPS partners into the Staten RHIO (Healthix) through resource support and funds flow.
• The PPS will implent a healthcare analytics platform within the secure private cloud hosting environment described above, which will allow SI-PPS to have visibility into Performing Provider System performance and to meet reporting requirements for the metrics associated with the System Transformation Projects (Domain 2), Clinical Improvement Projects (Domain 3) and Population-Wide Projects (Domain 4) that have been selected by SI-PPS. This platform will includes the following functions and dashboards for performance management and identifying opportunities for program improvement.

Further details are provided in the IT Systems and Processes Workstream.

# New York State Department Of Health
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## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.8 - Progress Reporting

**Instructions :**

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

The New York State DOH has identified specific milestones related to the governance workstream that all PPSs must report on. These milestones include finalizing a governance structure and sub-committee structure; establishing a clinical governance structure; finalizing bylaws and policies and committee guidelines; establishing governance structure reporting processes; finalizing a community engagement plan; finalizing partnership agreements or contracts with CBOs; finalizing an agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels; and finalizing a workforce communication and engagement plan.

The SI PPS will provide Board approved plans for the milestones listed above to the DOH and will monitor the progress of the designated implementation plan steps to report to the DOH on a quarterly basis. The SI PPS has developed a detailed implementation plan with additional sub-steps under each milestone that captures the responsible resources needed to execute/coordinate the implementation of the steps under each milestone as well as designated timeframe estimates to complete the steps. The PMO will implement a standardized dashboard for the collection and reporting of progress as it relates to workplan implementation and milestones for reporting progress and risks for internal updates to relevant governance committees as well as for quarterly progress reports to the DOH.

The PPS PMO will also develop performance reporting dashboards, communication plans, and timelines associated with reporting progress to the PPS network and other key stakeholders. Reporting will be through the PPS website, public forums, among others.

### IPQR Module 2.9 - IA Monitoring

**Instructions :**

The IA recommends a change in status to identify actual dates tasks will be completed.

# New York State Department Of Health
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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 | Completed | This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| **Task** Define the Finance Committee's role and responsibilities within the PPS. | Completed | Define the Finance Committee's role and responsibilities within the PPS, to be defined by the PPS Board of Managers which is made up of the PPS Co-leads, Richmond University Medical Center (RUMC) and Staten Island University Hospital (SIUH). | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Develop criteria to appoint members to the Finance Committee. | Completed | Develop criteria to appoint members to the Finance Committee, to be developed by the PPS Board of Managers. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Appoint members to the Finance Committee. | Completed | Board of Managers appoint members to the Finance Committee. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** PMO and Board of Managers develop the PPS's finance structure. | Completed | PMO in conjunction with the Board of Managers develops the PPS's finance structure including the Finance Committee, PPS Finance Business Office within the Project Management Office and Board of Managers approve the finance structure. | 06/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Develop Finance Committee charter. | Completed | PMO develops Finance Committee charter to formalize roles and responsibilities of the finance structure and establish schedule for Finance Committee meetings. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Gain approval of the PPS finance structure by the Board. | Completed | Gain approval of the PPS finance structure by the Board. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Develop a communication plan for the PPS partners. | Completed | PMO/Finance Director develops a communication plan for the PPS partners including the PPS's finance structure including the reporting structure. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #2** | In Progress | This milestone must be completed by 3/31/2016. Network financial health | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | YES |

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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | | current state assessment (to be performed at least annually). The PPS must:<br>- identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers;<br>-- 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;<br>-- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers | | | | | |
| **Task**<br>Develop approach to assess the current state financial health of the PPS providers. | In Progress | Finance Director in conjunction with Finance Committee develops an approach to assess the current state financial health of the PPS providers including identifying financial reporting metrics and the frequency of assessments. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Develop criteria to identify financially fragile providers. | In Progress | Finance Director in conjunction with Finance Committee, develop a criteria to identify financially fragile providers including those that will be impacted by the DSRIP project initiatives. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Utilize financial impact assessment document to modify and distribute updated financial assessment survey and data request to PPS providers. | In Progress | Finance Director utilizes the financial impact assessment document developed and distributed in November; modifies and distributes the updated financial assessment survey and data request to PPS providers. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Collect financial assessment survey and data requests from providers and identify financially fragile providers. | In Progress | Finance Director and support staff collects the financial assessment survey and data requests from providers and identify financially fragile providers. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Determine metrics that each PPS provider must submit to the PPS on an ongoing basis. | In Progress | Finance Director in conjunction with Finance Committee, determine metrics that each PPS provider must submit to the PPS on an ongoing basis and the timeline for submissions. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Begin ongoing financial assessment survey distribution/data requests on the financially fragile providers. | In Progress | PPS PMO beings ongoing financial assessment survey distribution/data requests on the financially fragile providers including: 1) Requesting information on financial indicators including day's cash on hand, debt ratio, operating margin, and current ratio. 2) Tracking and reporting performance metrics (the ability to deliver services) of financially fragile providers. 3) Monitoring the impact of a provider's financial status on their ability to complete services (performance of financially fragile providers will be tracked). | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** | In Progress | Finance Director in conjunction with Finance Committee, develop an | 10/01/2015 | 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 |
|---|---|---|---|---|---|---|---|
| Develop an approach and calendar/timeline to monitor the financially fragile providers | | approach and calendar/timeline to monitor the financially fragile providers (the Financially Fragile Provider Sustainability Plan) on an ongoing basis as well as monitor any efforts made by the PPS to support financially fragile providers. | | | | | |
| **Task** Review and obtain approval of the Financially Fragile Provider Sustainability Plan from the Finance Committee. | In Progress | Finance Director reviews and obtains approval of the Financially Fragile Provider Sustainability Plan from the Finance Committee. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** Communicate PPS's financial health assessment approach and reports with PPS partners. | In Progress | PMO communicates the PPS's financial health assessment approach and reports with PPS partners through identified communication platform. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **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). | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| **Task** Develop plan to perform an internal PPS-wide risk assessment. | In Progress | Compliance Director and PMO support staff in conjunction with Compliance Committee develop a plan to perform an internal PPS-wide risk assessment including identifying providers with existing compliance programs, as well as those that have not implemented independent compliance programs, an obligation for providers receiving $500,000 in Medicaid funding. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Develop a Compliance Plan. | In Progress | Compliance Director utilizes existing Compliance structure/programming and training from the PPS network providers to develop a Compliance Plan that includes ongoing monitoring procedures, developing an approach to address corrective actions, and establishing policies for periodic reporting. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Review compliance plan for consistency with New York State Social Services Law 363-d, specific to Elements 1 thru 8 of the Law. | In Progress | Compliance Director in conjunction with Compliance Committee and PPS partner stakeholders review compliance plan to ensure that the compliance plan is consistent with New York State Social Services Law 363-d, specific to Elements 1 thru 8 of the Law including written policies and procedures, the designation of a Compliance Officer, a training and education plan, a communication plan, disciplinary actions, a system to respond to compliance issues, and a policy around non intimidation and non-retaliation. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Incorporate feedback into Compliance Plan. | In Progress | Compliance Director and support staff incorporates feedback into Compliance Plan. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Review PPS's compliance plan with Compliance Committee, Board of Managers, and North Shore-LIJ Legal Counsel for | In Progress | Compliance Director reviews the PPS's compliance plan with Compliance Committee, Board of Managers, and North Shore-LIJ Legal Counsel for feedback. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

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| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| feedback. | | | | | | | |
| **Task**<br>PPS providers commit to participating in the PPS's Compliance Program within the PPS's operating agreements to ensure participation across network. | In Progress | PMO requires PPS providers to commit to participating in the PPS's Compliance Program within the PPS's operating agreements to ensure participation across network. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Submit Compliance Plan to Board for approval. | In Progress | PMO submits the Compliance Plan to Board for approval. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #4**<br>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 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | YES |
| **Task**<br>Create a Value Based Workgroup composed of Finance Committee members and other PPS key stakeholders. | In Progress | Finance Committee designates a team of members from the Finance Committee and other PPS key stakeholders to participate in the Value-Based Payment Workgroup (include MCOs). | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Schedule ongoing meetings with Value-Based Payment Workgroup. | In Progress | PMO schedules ongoing meetings with Value-Based Payment Workgroup to determine shared objectives in the PPS's value-based payment strategy (include MCOs). | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Develop an assessment/stakeholder engagement approach. | In Progress | Value-Based Payment Workgroup develops an assessment/stakeholder engagement approach including stakeholder meetings/interviews and provider surveys. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Conduct an assessment of PPS providers to facilitate the move towards value-based payments. | In Progress | Value-Based Payment Workgroup conducts an assessment of PPS providers to facilitate the move towards value-based payments. The assessment will evaluate PPS providers' education and understanding of shared objectives for achieving value-based payments including:<br>1. Revenue linked to value-based payment<br>2. Current compensation models for the Medicaid population and other payors by provider type/service type<br>3. Value-based payment readiness<br>4. Understand ongoing MCO strategies<br>5. PPS providers willingness to participate in value-based payment arrangements as well as the timeline for including shared risk and shared savings<br>6. Existing arrangement that may inhibit the adoption of value based payment | 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 |
|---|---|---|---|---|---|---|---|
| | | approaches established through DSRIP. | | | | | |
| **Task** Develop provider/stakeholder outreach and education plan. | In Progress | Value-Based Payment Workgroup develops provider/stakeholder outreach and education plan regarding short and long term strategy to transition to value based payment. | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** Conduct stakeholder engagement sessions with MCOs. | In Progress | PMO conducts stakeholder engagement sessions with MCOs to understand potential contracting options and needs. | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** Draft report on baseline assessment of revenue linked to value-based payments, preferred compensation modalities, and MCO strategy. | In Progress | Based on assessment and stakeholder outreach approach, PMO drafts a report on the baseline assessment of revenue linked to value-based payments, preferred compensation modalities, and MCO strategy. | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** Share report with the Board for approval. | In Progress | PMO shares the report with the Board for approval. | 10/01/2015 | 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 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | YES |
| **Task** Analyze the cost of care data for the PPS's population and subpopulations for use in developing the PPS's value-based payment approach. | In Progress | Finance Director in conjunction with Value-Based Payment Workgroup analyzes the cost of care data for the PPS's population and subpopulations for use in developing the PPS's value-based payment approach. | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** Identify and develop an approach to promote the use of quality measures through pay-for-performance/funds flow bonus structure. | In Progress | Value-Based Payment Workgroup and Chief Medical Officer identify and develop an approach to promote the use of quality measures through pay-for-performance/funds flow bonus structure. | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** Works with the Clinical Committee to determine clinical/process metrics to be met as indications of quality improvement. | In Progress | Value-Based Payment Workgroup works with the Clinical Committee to determine clinical/process metrics to be met as indications of quality improvement (potential to utilize shared savings strategies already in place for other populations). | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** Work with the Data/IT Committee to identify necessary technology/infrastructure needed to support value based payment across providers. | In Progress | Value-Based Payment Workgroup works with the Data/IT Committee to determine the necessary technology/infrastructure needed to support value based payment across providers as well as the PPS's timeline for ensuring the ability to measure performance on a range of clinical quality, patient satisfaction and efficiency metrics. | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** Develop initial phased approach and timeline | In Progress | Value-Based Payment Workgroup develops initial phased approach and timeline for PPS providers to move towards a value-based payment system | 04/01/2016 | 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 |
|---|---|---|---|---|---|---|---|
| for PPS providers to move towards a value-based payment system. | | including shared savings, shared risk and capitation models including specific shared savings model(s) to be employed.<br>1. Identifying "level 1" provider or provider groups with required infrastructure and expertise to enter into such arrangements.<br>2. Identify "level 2" and "level 3" providers where additional education and infrastructure development is required and develop plans for these providers. | | | | | |
| **Task**<br>Hold meetings/workgroups with MCO's and "level 1" providers to discuss timeline and implementation steps related to developing value based payment arrangements. | In Progress | Finance Director and support staff holds meetings/workgroups with MCO's and "level 1" providers to discuss timeline and implementation steps related to developing value based payment arrangements. | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>Develop plan for "level 2 and 3" providers to adopt value based payment arrangements. | In Progress | Finance Director and support staff develops a plan for "level 2 and 3" providers to adopt value based payment arrangements. | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>Establish timeline to conduct continued education and outreach campaign for PPS providers. | In Progress | PMO establishes a timeline to conduct continued education and outreach campaign for PPS providers to broaden their knowledge of the plan to move towards sub-capitated payments/full capitated payments. | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| **Task**<br>Review value based payment plan with PPS stakeholders and obtain feedback. | In Progress | PMO reviews value based payment plan with PPS stakeholders and obtain feedback. | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| **Task**<br>Submit revised plan to Board for approval. | In Progress | PMO submits revised plan to Board for approval. | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| **Milestone #6**<br>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**<br>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**<br>>=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 |

# New York State Department Of Health
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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Name | Description | Upload Date |
|---|---|---|---|---|
| Finalize PPS finance structure, including reporting structure | if12345 | 43_MDL0303_1_1_20150731104022_Financial Sustainability_DOHDocumentation.pdf | Financial Sustainability: Milestone 1 Complete Documentation | 07/31/2015 10:39 AM |

### 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 | The SI PPS did not address the IA's comment regarding the timeline not being practical given the scope of work, as the timeline is in line with the expected deadline as stated in the "Updated Domain 1 Organizational Milestones and Expected Document" released by the Department of Health. |
| 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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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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.

The Staten Island Performing Provider System, LLC (SI PPS) anticipates the following risks associated with implementing this workstream:

1. The ability to develop a funds flow model and achieve PPS network buy-in within the designated timeframe to incentivize providers and support project implementation. To mitigate this risk the SI PPS will involve PPS providers in the development of the funds flow model as well as receive buy-in at the organizational and practitioner level for operating agreements that detail the funds flow approach by clearly communicating the funds flow model, tying funds flow directly to project participation and meeting DSRIP goals, and being transparent with the PPS network.

2. The ability to develop an integrated information technology (IT) platform in a timely manner that is shared across the PPS network to track key performance metrics, evaluate PPS providers on their performance, measure project milestones for funds flow, track financially fragile providers, and to gauge performance of partners related to value based payment. To mitigate this risk, the SI PPS's Project Management Office (PMO) will design standardized data collection templates with standardized definitions and timelines as well as a Project Management software tool and provide training to PPS providers on all DSRIP reporting requirements.

3. The ability to identify and support financially fragile providers. The assessment of the financial health of PPS providers will help to mitigate this risk by identifying financially fragile providers early on, as well as determining a method to monitor these providers and collect needed data. In November 2014, the PPS began the process of assessing the financial health of its providers to begin to mitigate this risk. The Finance Committee will utilize the results from the assessment to develop a Financially Fragile Provider Sustainability Plan that will include considerations for training education and resources.

4. The ability to transition to value-based payments especially with providers that are accustomed to the more traditional fee-for-service environment and have not yet begun to experiment with risk sharing/shared savings agreements or do not have the infrastructure to enter into such arrangements. The SI PPS will begin an educational process for PPS providers which will be ongoing throughout DSRIP implementation. The SI PPS will also include provider representatives in the Value-Based Purchasing Workgroup to ensure the engagement of key stakeholders.

### 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.)

The success of the SI PPS's financial sustainability plan is interdependent on several workstreams including governance, clinical integration, IT

## Staten Island Performing Provider System, LLC (PPS ID:43)

systems & processes, performance reporting, practitioner engagement, and individual project implementation.

The financial sustainability workstream serves as one of the key components in the SI PPS's overall goal of moving towards a value-based payment strategy. It also allows for the distribution of funds to incentivize provider and practitioner participation in DSRIP goals. Project implementation teams will help define the project specific accountability matrix and distribute it to providers as the basis for funds flow.

Clinical integration, performance reporting, and IT systems & processes will set the foundation for facilitating the collection and analysis of key data points to gauge provider performance, for funds flow purposes, as well as to monitor the financial performance for financially fragile providers. Data analysis will also set the foundation for value-based payment contracting and enable the PPS and MCOs to understand the total cost of care for specific services or provider groups.

The interdependent nature of the SI PPS infrastructure increases the need for coordination across all workstreams, especially the finance workstream which sets the foundation to enable project implementation. Although the Finance Committee has been assigned the primary role of developing and overseeing the financial performance and sustainability of the SI PPS, other SI PPS committees will collaborate and provide feedback and inputs to the Finance Committee, to enable coordination across the various workstreams. For example, key members from the Data/IT and Clinical Committees will be assigned to assist in the development of preferred compensation models and MCO strategy understand the total cost of care for specific services or provider groups.

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### 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 |
|---|---|---|
| Executive Director | Joseph Conte | Oversight for the development and implementation of the Finance workstream. |
| Finance Director | Richard Olsen | Responsible for developing and managing the PPS's finance office and its specific functions; provide guidance and oversight around the Funds Flow Plan, the Financial Stability Plan, and other relevant processes and; ensure that funds are managed and distributed according to the PPS's approved plan, that reporting requirements are met and that communication regarding finance-related functions are timely and accurate. |
| Finance Committee | Beacon Christian Community Health Center, David Kim<br>Community Health Center of Richmond, Benny Lindo<br>Coordinated Behavioral Care, TBD<br>Eger Health and Rehabilitation Center, Gary de Leeiwek<br>Richmond University Medical Center, Robert Ren<br>Staten Island University Hospital, Tom Reca | Develop, implement, and oversee the financial management process, fund distribution, fund status monitoring, fund reporting, budget and financial compliance, and preparation for value-based reimbursement. |
| Compliance Officer | Regina Bergren | Oversee compliance monitoring and compliance plan implementation. |
| Financial Analysts | North Shore-LIJ Finance Office (Administrative Financial Services Agreement) | Support the collection, analysis and reporting of financial and other performance metrics from PPS providers. |
| Accounts Payable Staff & Finance Business Office | North Shore-LIJ Finance Office (Administrative Financial Services Agreement) | Responsible for the day-to-day operations of the accounts payable function including updating policies and procedures, monitoring the accounts payable system, and developing protocols around reporting and AP check writing related to DSRIP funds distribution. |

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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** | | |
| Irene Frohlich | PPS Project Director | Oversee the DSRIP initiative for the PPS and support execution of financial sustainability, budget, and funds flow strategy. |
| Richard Olsen | PPS Finance Director | Oversee and lead the finance-related projects, value-based reimbursement strategy, and overall implementation plan deliverables that impact finance function reporting. |
| Anyi Chen | Senior Director of Enterprise Data & Analytics | Oversee IT related requirements for the finance function and provide access to data for finance function reporting requirements. |
| Regina Bergren | PPS Compliance Committee | Oversee the PPS's Compliance Plan and the related training, education, and reporting requirements of the plan. |
| Salvatore Volpe, MD | PPS Chief Medical Officer | Identify and develop an approach to promote the use of quality measures for pay-for-performance programs. |
| North Shore-LIJ Finance Office (Administrative Financial Services Agreement) | Internal Audit | Oversee internal control functions; the completion of audit processes related to funds flow, network provider reporting, and other finance related control processes. |
| Beacon Christian Community Health Center, David Kim, MD<br>Community Health Center of Richmond, Benny Lindo<br>Coordinated Behavioral Care, TBD (Danika Mills)<br>Eger Health and Rehabilitation Center, Gary de Leeiwek<br>Richmond University Medical Center, Robert Ren<br>Staten Island University Hospital, Tom Reca | PPS Finance Committee | Provide board-level oversight and responsibility for the PPS finance function; review and approve finance related policies and procedures; oversee the PPS Lead role, responsibilities and deliverables; and oversee audit and compliance processes. |
| Bill Myher | Director of Workforce & Human Relations | Oversee HR related functions of the PPS's employees and provide guidance related to workforce strategies. |
| CEOs of PPS Network Providers | Overseeing party from Network Providers | Oversee their organizations' execution of DSRIP responsibilities to contribute to the success of the finance function and finance strategies. |
| CFO/Finance Team of PPS Network Partner | Coordinators from Network Providers | Serve as the primary contact for the PPS Lead finance function for |

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| | | conducting DSRIP related business and ensure their organizations' execution of DSRIP finance responsibilities and participation in finance strategies. |
| Boards of Directors for PPS Network Partners | Overseeing party from Network Providers | Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the finance function and finance strategies. |
| **External Stakeholders** | | |
| TBD | External audit | Perform external audits and report to the Finance Committee. |
| New York State Department of Health | NY DOH defines the DSRIP requirements | Responsible for the PPS Lead and PPS finance function overall administration of DSRIP reporting to the DOH and the funds flow process. |
| Managed Care Organizations | Healthfirst<br>Amerigroup<br>United Healthcare<br>Fidelis<br>(others to be determined) | Participate in the Value-Based Payment Workgroup and work with the Finance Committee and project implementation teams around project-specific reimbursement strategies. |
| TBD | Community Representatives | Contribute to the adoption and buy-in across the PPS network by incorporating the community's needs and interests and establish communication regarding DSRIP status, results, and future strategies to maintain their contribution and influence. |
| Office of Mental Health; Office of Alcoholism and Substance Abuse Services; New York City Department of Health and Mental Hygiene | Government Agencies/Regulators | Provide oversight and influence in a number of DSRIP related areas including the importance of waivers or regulatory relief, construction/renovation projects, and other items and establish communication regarding DSRIP status, results, future strategies and their role in DSRIP success. |
| Finance Consultant – TBD | Responsible for assisting PPS with value-based payment strategy development and execution. | Responsible parties will be determined pursuant to the development of Staten Island's baseline assessment and Value-Based Payment Adoption Plan. |

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 a shared IT infrastructure across the SI PPS network will enable the financial sustainability workstream to better communicate across the PPS network including on the required data collection, analysis and reporting.

The ability to collect performance data from PPS providers and track providers as they meet project requirements as well as the SI PPS's ability to implement processes and protocols in line with project goals will be dependent on IT infrastructure. These performance measures will serve as the basis for the funds flow to PPS providers and also allow for rapid cycle evaluation of underperforming providers. The IT infrastructure will set the foundation to allow the SI PPS to quickly identify financial performance issues, specifically with regard to financially fragile providers.

The implementation of a value-based payment system is highly dependent on the development of infrastructure to support the ability to track performance metrics including process metrics related to how care is delivered and outcome metrics related to patient experience and clinical outcomes. The ability for the SI PPS to collect such data from PPS providers and across the network will be highly dependent on how and when the IT infrastructure is developed.

Finally, the SI PPS will utilize the shared IT infrastructure to facilitate communication related to the financial sustainability workstream including providing an introduction and training programs on the SI PPS's financial sustainability plan including metrics and how to understand/interpret PPS provider financial sustainability metrics.

### IPQR Module 3.8 - Progress Reporting

**Instructions :**

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

The New York State DOH has identified specific milestones that all PPSs must report on. These milestones include finalizing the PPS's finance structure; performing network financial health current state assessments and developing a financial sustainability strategy to address key issues; finalizing a compliance plan consistent with New York State Social Services Law 363-d; developing a detailed baseline assessment of revenue linked to value-based payments, preferred compensation modalities, a Managed Care Organization strategy; and finalizing a plan towards achieving 90% value-based payments across the PPS network by Demonstration Year 5. The finance work stream will also monitor the distribution of funds to providers including collecting data relevant to provider performance related to meeting or exceeding project requirements and goals.

The SI PPS plans to provide Board approved plans for the milestones listed above to the DOH and will monitor the progress of the designated

implementation plan steps to report to the DOH on a quarterly basis. The SI PPS has developed a detailed implementation plan with additional sub-steps under each milestone to capture the responsible resources to execute/coordinate the implementation of the steps under each milestone as well as designated timeframes to complete interim steps. The SI PPS anticipates that the PMO will work under the guidance of the Finance Committee to monitor the overall progress of the SI PPS's implementation, monitor and report on the progress of financially fragile providers, and provide reports to key governance committees and stakeholders on an ongoing basis as well as ensure rapid cycle evaluation related to these milestones.

### IPQR Module 3.9 - IA Monitoring

**Instructions :**

The IA recommends a change in status to identify actual dates tasks will be completed.

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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**<br>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:<br>-- Identify priority groups experiencing health disparities (based on your CNA and other analyses);<br>-- Identify key factors to improve access to quality primary, behavioral health, and preventive health care<br>-- Define plans for two-way communication with the population and community groups through specific community forums<br>-- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and<br>-- Identify community-based interventions to reduce health disparities and improve outcomes. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| **Task**<br>Establish Diversity and Inclusion Committee. | Completed | Board of Managers establishes a Diversity and Inclusion Committee to advise on cultural competency and health literacy strategies related to the implementation of the DSRIP projects and organizational workstreams. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Conduct analysis on health disparities. | In Progress | Director of Cultural Competency and Health Literacy in conjunction with Diversity and Inclusion Committee conducts further analysis of health disparities among Staten Island's population including cultural, linguistic, financial and socioeconomic factors. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Incorporate community needs assessment findings. | In Progress | Director of Cultural Competency and Health Literacy Incorporates findings from the Staten Island Community Needs Assessment. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Prioritize groups experiencing health disparities. | In Progress | Director of Cultural Competency and Health Literacy in conjunction with governance committees (Clinical Committee) Identify and prioritize groups experiencing health disparities. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** | In Progress | Director of Cultural Competency and Health Literacy and Director and Human | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

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| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| Develop tools for workforce assessment. | | Resources/Workforce, support staff, and 1199 Training and Development fund, develops survey tools to perform a baseline assessment (in conjunction with the Workforce Committee and Diversity &Inclusion Committee). | | | | | |
| **Task**<br>Conduct baseline assessment. | In Progress | Director of Cultural Competency and Health Literacy in conjunction with Director of Workforce & HR, conduct a baseline assessment of the current cultural competency and health literacy status of the PPS's workforce to identify workforce diversity needs, interests, and capabilities as well as gaps in training at PPS providers and participating CBO sites. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Gain feedback on assessment. | In Progress | Baseline assessment is shared with the Workforce Committee and Diversity & Inclusion Committee for feedback on developing a cultural competency/health literacy strategy. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Hold focus groups. | In Progress | Director of Health Literacy and Diversity and Inclusion Committee facilitate focus groups among Medicaid beneficiaries and uninsured to gain input for inclusion in the strategy. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop Cultural Competency and Health Literacy strategy. | In Progress | Director of Cultural Competency and Health Literacy in conjunction with the Diversity & Inclusion Committee develops a cultural competency/health literacy strategy to achieve the future state and address gaps and barriers. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop two way communication plan. | In Progress | Director of Cultural Competency and Health Literacy work with Marketing and Communications Committee, and other PPS marketing resources to develop (as part of the overall PPS DSRIP communication plan) plans to establish two-way communication between the PPS and the Staten Island community (CBOs, patients, etc.) as well as ways to receive community feedback on the PPS's strategy through community and/or web-based forums. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Identify implementation steps and timeline for strategy. | In Progress | Director of Cultural Competency and Health Literacy and support staff identifies steps and a timeline to improve health literacy through the development and sharing of best practices between providers including simple language and verbal/written communication and languages access policies to all participating PPS providers (including training schedule and learning collaborative) . | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Gain feedback from the Diversity and Inclusion Committee. | In Progress | Director shares the PPS's cultural competency and health literacy strategic plan with key PPS provider stakeholders and Diversity & Inclusion Committee to obtain feedback. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Submit strategy for Board approval. | In Progress | Submit to the PPS Board for approval of Cultural Competency/ Health Literacy Strategy. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #2**<br>Develop a training strategy focused on addressing the drivers of health disparities | In Progress | This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include:<br>-- Training plans for clinicians, focused on available evidence-based research | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | YES |

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| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| (beyond the availability of language-appropriate material). | | addressing health disparities for particular groups identified in your cultural competency strategy<br>-- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches | | | | | |
| **Task**<br>Identify training needs at the project level. | In Progress | Project Implementation Teams/Directors in conjunction with Director of Cultural Competency and Health Literacy identify training needs on a project-by-project level related to cultural competency. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Identify training gaps for clinicians and other segments of the workforce. | In Progress | Leveraging a baseline assessment completed on the PPS workforce, Project Implementation Teams, Director of Human Resources/Workforce and Director of Cultural Competency identify training gaps for clinicians and other segments in the workforce. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Identify number/location of sites for strategy. | In Progress | Identify the communities served and the number/location of sites to include in strategy. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Identify training components. | In Progress | Identify training components including health literacy principles, the teach back method, reliable electronic resources, working with a qualified medical interpreter, and accessing translated material, etc. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Develop cross cultural training programs. | In Progress | Project Implementation Teams in conjunction with the Workforce Committee; develop cross cultural staff training programs specific to the needs of each site and communities served. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Develop training plans for clinicians. | In Progress | Develop training plans for clinicians focused on available evidence-based research addressing health disparities for particular groups identified in the cultural competency strategy. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Develop training plans for non-clinical staff and CBOs. | In Progress | Develop training plans for non-clinical staff, including staff at CBOs and other PPS organizations. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Assess potential to utilize Medicaid beneficiaries. | In Progress | Assess potential to utilize Medicaid beneficiaries in targeted communities to perform outreach/training and other activities. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Develop approach to update training. | In Progress | Develop an approach to updating training programs periodically to ensure that healthcare settings and services remain culturally appropriate. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Develop system to monitor training. | In Progress | Develop a system to monitor the effectiveness of the cultural competency/health literacy training program including receiving feedback on ways to improve the program from trained staff. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Gain feedback on training plans. | In Progress | PMO shares training plans with key PPS provider stakeholders for feedback. | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** | In Progress | PMO modifies training plan based on feedback as needed. | 04/01/2016 | 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 |
|---|---|---|---|---|---|---|---|
| Modify training plans. | | | | | | | |
| **Task**<br>Submit training plans for Board approval. | In Progress | PMO submits training plans for Board approval. | 04/01/2016 | 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 |
|---|---|
| Finalize cultural competency / health literacy strategy. | |
| Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). | |

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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

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### 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.

Staten Island is comprised of an ethnically diverse population, presenting linguistic and cultural barriers for Medicaid enrollees as well as for the uninsured population attempting to self-manage care as well as access and navigate the healthcare system. As indicated in the Staten Island Performing Provider System, LLC's (SI PPS) Community Needs Assessment, Staten Island's patients speak over 158 languages and one in five English speakers read at a 5th grade reading level. The following identifies key challenges and risks to achieving the milestones in the above project plan and describes the SI PPS's ability to achieve outcome measure targets:

1. The SI PPS recognizes the risk in effectively engaging and motivating this population to improve their own health literacy in addition to the development of culturally competent and linguistically appropriate materials for Staten Island's highly diverse population, which will be both challenging and costly. Training of providers and CBOs that are engaged with these populations will be the means by which the PPS addresses this risk.

2. The SI PPS also anticipates workforce recruitment/hiring, training, and adoption of the cultural competency/health literacy strategy as an implementation risk. Because there may not be the appropriate level of linguistically appropriate individuals to provide healthcare services on Staten Island, the SI PPS will utilize a centralized language line available to all PPS partners to mitigate this risk.

To further mitigate implementation risks, the SI PPS's strategic plan requires that the Diversity and Inclusion Committee conduct a baseline survey of healthcare workers to measure and identify workforce diversity needs, interests, and linguistic capabilities at each PPS provider facility and participating CBO sites. Incorporating findings from the assessment, the Diversity and Inclusion Committee will be responsible for the development of policies and initiatives including training, testing and the certification process for bilingual staff, continuing education workshops, and the distribution of materials for healthcare workers.

Further, cross cultural staff training programs will be developed specific to the needs of each site and the communities served. The SI PPS's PMO will provide appropriate support and resources to CBOs and other PPS partners to ensure that cultural competency /health literacy training does not create a significant burden for participating organizations and that staff are able to adopt established practices.

### 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.)

## Staten Island Performing Provider System, LLC (PPS ID:43)

The SI PPS's overall success in reducing avoidable readmissions on Staten Island is directly related to engaging its diverse population. As such, all workstreams must incorporate a cultural competency and health literacy component into all strategic plans and implementation steps. Therefore, the cultural competency and health literacy workstream is interdependent on several organizational workstreams, including governance, population health management, practitioner engagement, workforce, and individual project implementation.

Although the Diversity and Inclusion Committee has been assigned the primary role of developing and overseeing the implementation of the SI PPS's cultural competency and health literacy strategy, the development of the strategy will be highly dependent on the needs and plans identified by other workstreams. A large focus of the SI PPS's strategy will include developing training programs, in conjunction with the Workforce Implementation Team and Training Workgroup, and the practitioner engagement workstream, to ensure the SI PPS workforce is appropriately trained on cultural competency and health literacy to address health disparities. To support collaboration across workstreams, the Diversity and Inclusion Committee will work with project implementation teams, the Practitioner Engagement Workgroup, the Communications and Marketing Committee, the Workforce Committee (including its Training Workgroup), and the Clinical Committee in developing and implementing the strategy.

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 |
|---|---|---|
| Director of Health Competency and Health Literacy | Hiring in process | Lead development, implementation, and oversight for the PPS's cultural competency/health literacy strategy and corresponding training strategy, focused on addressing the drivers of health disparities. |
| Diversity and Inclusion Committee | El Centro Del Immigrante, Dulce Chuva;<br>Make the Road New York, Rebecca Telzak;<br>Mt. Sinai United Christian Church, Rev. Dr. Victor Brown;<br>Port Richmond High School, Tim Gannon;<br>Project Hospitality, Terry Troia; Richmond University Medical Center, Kelly Navoor;<br>Stapleton UAME Church, Rev. Maggie Howard;<br>Staten Island Immigrants Counsel, Gonazalo Mercado;<br>Staten Island University Hospital, Celina Ramsey | Develop, implement and oversee the cultural competency/health literacy strategy and its corresponding training strategy focused on addressing the drivers of health disparities. |
| Communications and Marketing Committee | Fidelis, TBD;<br>Jewish Community Center, David Sorkin;<br>NAMI Staten Island, Linda Wilson;<br>Richmond University Medical Center, William Smith;<br>Staten Island Borough President's Office, Ginny Mantello;<br>Staten Island Partnership for Community Wellness, Adrienne Abbate;<br>Staten Island University Hospital, John Demoleas | Develop, implement, and oversee the communication related to cultural competency/health literacy across the PPS network. |
| Director of Workforce/Human Resources | Bill Myhre | Coordinate with the Training Workgroup and Workforce Committee to develop a training plan for the PPS's diversity and inclusion strategy; Provide quarterly reports to the DOH regarding the delivery of training program. |
| PMO Staff Analyst(s) | Diana Kohlberg, Staff Analyst<br>Kate Lynn Chimienti, Staff Analyst | Develop surveys for a baseline assessment and analyze survey results. |
| Senior Director of Enterprise Data & Analytics | Anyi Chen | Develop, launch and maintain electronic surveys and communication tools to facilitate the PPS's diversity and inclusion strategy. |

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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** | | |
| Director of Health Literacy and Cultural Competency (hiring in process) | Ensure the successful implementation of the SI PPS's cultural competency/health literacy strategy on a daily basis | Provide oversight for the PPS's cultural competency/health literacy strategy including daily operations. |
| Celina Ramsay,<br>Diversity and Inclusion Committee Chair | Lead the Diversity & Inclusion Committee | Provide oversight and approval on the PPS's cultural competency/health literacy strategy |
| Jessica Steinhart, Director of Ambulatory Initiatives<br>Victoria Njoku-Anokam, Director of Behavioral Health Initiatives<br>Mary Han, Continuing Care Initiatives | Oversee the daily operations of the SI PPS | Provide oversight and leadership for the PPS's diversity and inclusion projects and its overall implementation plan deliverables that impact diversity and inclusion policies and initiatives. |
| PPS DSRIP Project Leads/Coordinator | Serve as a project champion and representative for the PPS partners involved in the DSRIP projects | Support diversity and inclusion initiatives and operation and coordinate with CBOs to collect feedback and insights. |
| PPS IT Department | Ensure the development of IT systems and processes | Support the IT-related requirements for diversity and inclusion initiatives. |
| Representatives from PPS Network Members | Represent providers within the PPS network | Provide expertise and input on diversity and inclusion initiatives. |
| CEOs of PPS Network Providers | Oversight from Network Providers | Oversee their organizations' execution of DSRIP responsibilities to contribute to the success of the diversity and inclusion initiatives and their related strategies. |
| Boards of Directors for PPS Network Partners | Oversight from Network Providers | Oversee their organizations' execution of DSRIP responsibilities to contribute to the success of the diversity and inclusion initiatives and their related strategies. |
| **External Stakeholders** | | |
| David Sorkin, Jewish Community Center | Represent community based organizations | Provide input and feedback to support the diversity and inclusion initiatives. |
| Ginny Mantello, MD, Staten Island Borough President's Office, Health & Wellness Department | Represent community based organizations | Provide input and feedback to support the diversity and inclusion initiatives. |
| Gonazalo Mercado, Staten Island Immigrants Counsel | Represent community based organizations | Provide input and feedback to support the diversity and inclusion initiatives. |
| El Centro Del Immigrante, Dulce Chuva; | Represent community based organizations | Provide input and feedback to support the diversity and inclusion initiatives. |

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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Duane Schielke, Cerebral Palsy of New York State | Represent community based organizations | Provide input and feedback to support the diversity and inclusion initiatives. |
| 1199 Training and Employment Fund | Workforce vendor | Support the implementation of the training strategy |
| TBD | Language Specialists/Vendors | Provide language skills and translation services to support the diversity and inclusion strategy operation. |

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 a shared IT infrastructure across the PPS network will enable the SI PPS's cultural competency and health literacy workstream to establish two-way communication across the PPS network. It will also provide a defined standard for cultural competency and health literacy training assessments and tools and easily identify and monitor community-based interventions to reduce health disparities and improve outcomes across the SI PPS.

The SI PPS has appointed a Diversity and Inclusion Committee to be responsible for the development, implementation, and oversight of its cultural competency/health literacy strategy focused on addressing the drivers of health disparities across Staten Island. This committee will work with the IT systems and processes workstream to develop two-way communication across the PPS network and ensure effective integration with all involved organizations including CBOs. The shared IT infrastructure will also be used to continuously track the population's needs as they change, to distribute cultural competency materials and resources across the SI PPS, and to track training as well as the use of resources.

Overall, the SI PPS plans to leverage this shared IT infrastructure as a tool to ensure standardization of best practices across the PPS network and to monitor the effectiveness of the SI PPS's cultural competency/health literacy strategy.

The following provides an overview of how the SI PPS will develop the IT infrastructure:

• Success of communication among different stakeholders in the various governance committees, including progress on milestones and provider level performance, is dependent on the implementation of a robust project management software that is delivered through a secure cloud-based server accessible by provider agencies and the SI PPS PMO. The SI PPS has implemented Performance Logic, to provide this support. This IT platform will also allow governance committee members to have a two-way communication mechanism with the SI PPS PMO and providers, and will allow for ongoing performance monitoring or Domain 1 milestones, among others.
• SpectraMedix has been selected as the health IT vendor for SI PPS. SpectraMedix will work collaboratively with the SI-PPS PMO, IT/Data Committee, and the work stream teams (i.e. Information Technology Systems & Processes, Performance Reporting, Clinical Integration, Population Health and Practitioner Engagement) to provide an IT foundation for a clinically integrated healthcare delivery system.
• The PPS will build an Enterprise Data Warehouse that integrates NYS Medicaid attribution roaster, claims data and pharmacy data.
• The PPS will promote and support integration of PPS partners into the Staten RHIO (Healthix) through resource support and funds flow.
• The PPS will implement a healthcare analytics platform within the secure private cloud hosting environment described above, which will allow SI-PPS to have visibility into Performing Provider System performance and to meet reporting requirements for the metrics associated with the System Transformation Projects (Domain 2), Clinical Improvement Projects (Domain 3) and Population-Wide Projects (Domain 4) that have been selected by SI-PPS. This platform will includes the following functions and dashboards for performance management and identifying opportunities for program improvement.

Further details are provided in the IT Systems and Processes Workstream.

### IPQR Module 4.8 - Progress Reporting

**Instructions :**

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

PPSs are required to provide quarterly progress updates on specific cultural competency and health literacy workstream milestones, as identified by DOH. These milestones include finalizing a cultural competency/health literacy strategy and developing a training strategy focused on addressing the drivers of health disparities.

The SI PPS will provide Board approved plans for the milestones listed above to the DOH and will monitor the progress of the designated implementation plan steps for quarterly reporting to the DOH. The SI PPS has developed a detailed implementation plan with additional sub-steps under each milestone to capture the responsible resources for executing/coordinating the implementation of steps under each milestone as well as designated timeframe estimates. The SI PPS anticipates that the Diversity and Inclusion Committee, in collaboration with other committees and workgroups, will develop these implementation steps. The Diversity and Inclusion Committee will oversee progress reporting for their respective metrics as well as interpret PPS provider, CBO, and patient feedback received on the cultural competency/health literacy program through community and web-based forums. The PMO will implement as well as report on progress updates and changes to the DOH on a quarterly basis.

### IPQR Module 4.9 - IA Monitoring

**Instructions :**

The IA recommends a change in status to identify actual dates tasks will be completed.

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## DSRIP Implementation Plan Project

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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 | 09/30/2015 | 09/30/2015 | DY1 Q2 | NO |
| **Task** Establish a Data/IT Committee. | Completed | Board of Managers establishes a Data/IT Committee, as part of the SI PPS's governance structure, ensuring representation from key stakeholders. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Establish a Data/IT governance structure. | Completed | Establish a Data/IT governance structure including identifying the role of the Data/IT Committee and Board in IT governance and decision making. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Perform an assessment of current IT systems and processes through interviews and participating provider surveys. | In Progress | Senior Director of Enterprise Data & Analytics and PMO BI Analysts in conjunction with Data/IT Committee perform an assessment of current IT systems and processes through interviews and participating provider surveys. The assessment will identify IT capabilities as well as gaps for achieving clinical data sharing and interoperable systems including:<br>1. Review of electronic health records (EHR) including whether providers have an EHR have plans to implement an EHR.<br>2. Review of data sharing and interoperability capacity, level of integration with the RHIO.<br>3. Review of other IT capabilities, e.g. use of care management systems, population health capabilities, etc. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Review results of assessment. | In Progress | Review results of assessment; identify key gaps, current vendor relationships throughout the PPS network, barriers to implementing IT strategy. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Complete current state assessment and document findings. | In Progress | Complete current state assessment and document findings in a report that will be shared with key PPS provider stakeholders. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

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| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| **Task**<br>Share IT current state assessment results with the Data/IT Committee. | In Progress | Share IT current state assessment results with the Data/IT Committee. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Milestone #2**<br>Develop an IT Change Management Strategy. | In Progress | IT change management strategy, signed off by PPS Board. The strategy should include:<br>-- Your approach to governance of the change process;<br>-- A communication plan to manage communication and involvement of all stakeholders, including users;<br>-- An education and training plan;<br>-- An impact / risk assessment for the entire IT change process; and<br>-- Defined workflows for authorizing and implementing IT changes | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| **Task**<br>Identify the PPS's vision and strategy for implementing IT systems and processes. | In Progress | Utilize information gathered during Milestone 1 to identify the PPS's vision and strategy for implementing IT systems and processes (Data/IT Committee), including the development of an IT governance change management oversight process driven by the Data/IT Committee. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop workgroup (including Clinical Committee and Data/IT Committee representation) to develop change management strategy and approach throughout the network. | In Progress | Chief Medical Officer in conjunction with Senior Director of Enterprise Data and Analytics and Executive Director develop workgroup (including Clinical Committee and Data/IT Committee representation) to develop change management strategy and approach throughout the network.<br>1. Identify SI PPS PMO Leadership and stakeholders responsible for planning and developing change management strategy.<br>2. Create a decision model to clearly define who will authorize and implement the change management strategy once developed<br>3. Receive Board approval of proposed decision model | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Define workflows, policies and procedures as part of the PPS's IT change management strategy (Data/IT Committee). | In Progress | Define workflows, policies and procedures as part of the PPS's IT change management strategy (Data/IT Committee). | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop an impact/risk assessment plan to address IT change management and processes (Data/IT Committee). | In Progress | Develop an impact/risk assessment plan to address IT change management and processes (Data/IT Committee). | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop a communication plan to manage communication to and involvement of PPS stakeholders regarding IT change management strategy. | In Progress | Develop a communication plan to manage communication to and involvement of PPS stakeholders regarding IT change management strategy. | 10/01/2015 | 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**<br>Develop written IT change management strategy. | In Progress | Chief Medical Officer in conjunction with Senior Director of Enterprise Data and Analytics and support staff develop written IT change management strategy. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop an education and training plan related to IT change management. | In Progress | Develop an education and training plan related to IT change management that will be rolled out across the PPS network. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Share the IT change management strategy with key PPS provider stakeholders for feedback. | In Progress | Share the IT change management strategy with key PPS provider stakeholders for feedback. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Revise and update the IT change management strategy. | In Progress | Revise and update the IT change management strategy based on feedback received from key PPS provider stakeholders. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Submit IT change management strategy to Data/IT Committee and Board for approval. | In Progress | Submit IT change management strategy to Data/IT Committee and Board for approval | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Milestone #3**<br>Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | In Progress | Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include:<br>-- A governance framework with overarching rules of the road for interoperability and clinical data sharing;<br>-- A training plan to support the successful implementation of new platforms and processes; and<br>-- Technical standards and implementation guidance for sharing and using a common clinical data set<br>-- 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). | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | NO |
| **Task**<br>Develop a data governance plan to include partner and project data sharing needs. | In Progress | Utilize workgroup decision model identified in Milestone 2 to develop a data governance plan to include partner and project data sharing needs, as well as assist the PPS in achieving interoperability and clinical data sharing across the PPS network. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Define technical standards/ policies and procedures for data sharing. | In Progress | Define technical standards/ policies and procedures for data sharing across the PPS network including the sharing of clinical data. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** | In Progress | Develop a transition plan for PPS providers without EHR to move to full EHR | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

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## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| Develop a transition plan for PPS providers without EHR to move to full EHR implementation. | | implementation. | | | | | |
| **Task**<br>Design a training plan for PPS providers to support successful implementation of interoperable systems and the sharing of clinical data. | In Progress | Design a training plan for PPS providers to support successful implementation of interoperable systems and the sharing of clinical data (The plan will clearly define PPS policies and procedures as well as identify resources that are available to PPS providers). | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop a plan for establishing data exchange agreements with all PPS providers and community based organizations. | In Progress | As part of the SI PPS's operating agreements, develop a plan for establishing data exchange agreements with all PPS providers and community based organizations including identifying the level of appropriate patient health information to be shared. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop a written PPS roadmap to achieve clinical data sharing and interoperable systems across PPS network. | In Progress | Using inputs from the previous steps, develop a written PPS roadmap to achieve clinical data sharing and interoperable systems across PPS network with a focus on the sharing of standardized/normalized data across PPS providers. As part of this process, the SI PPS may develop a "data dictionary" to establish standardized data terminology to be used across the PPS network. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Share draft roadmap with PPS providers and key stakeholders for feedback. | In Progress | Share draft roadmap with PPS providers and key stakeholders for feedback. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Submit the PPS's roadmap including policies, procedures and training to the Data/IT Committee and Board for approval. | In Progress | Submit the PPS's roadmap including policies, procedures and training to the Data/IT Committee and Board for approval. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #4**<br>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. | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| **Task**<br>Develop a workgroup aimed at designing a framework for engaging attributed members and identifying qualifying entities. | In Progress | In conjunction with the Diversity & Inclusion Committee and Communication & Marketing Committee develop a workgroup aimed at designing a framework for engaging attributed members and identifying qualifying entities. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Identify priority groups experiencing health disparities in the culturally and linguistically isolated communities. | In Progress | Identify priority groups experiencing health disparities in the culturally and linguistically isolated communities. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** | In Progress | Identify key factors to be included in the patient engagement plan to improve | 07/01/2015 | 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 |
|---|---|---|---|---|---|---|---|
| Identify key factors to be included in the patient engagement plan to improve outreach to the culturally and linguistically isolated communities. | | outreach to the culturally and linguistically isolated communities. | | | | | |
| **Task**<br>Assess system needs and identify current capabilities for achieving patient engagement. | In Progress | Assess system needs and identify current capabilities for achieving patient engagement (mail, email, calls, comment boxes, etc.). | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Define plans for establishing two-way communication between the PPS and the community/newly attributed patients. | In Progress | Define plans for establishing two-way communication between the PPS and the community/newly attributed patients including but not limited to call centers, online forums/chat rooms, etc. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Define how the PPS will measure the effectiveness of patient engagement techniques. | In Progress | Define how the PPS will measure the effectiveness of patient engagement techniques including defining patient engagement metrics. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop and submit a plan to the Data/IT Committee, Marketing & Communications Committee, and Diversity & Inclusion Committees for review. | In Progress | Develop and submit a plan to the Data/IT Committee, Marketing & Communications Committee, and Diversity & Inclusion Committees for review. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Revise and update plan based on feedback received. | In Progress | Revise and update plan based on feedback received. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Submit plan to Board for approval. | In Progress | Submit plan to Board for approval. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Milestone #5**<br>Develop a data security and confidentiality plan. | In Progress | Data security and confidentiality plan, signed off by PPS Board, including:<br>-- Analysis of information security risks and design of controls to mitigate risks<br>-- Plans for ongoing security testing and controls to be rolled out throughout network. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | NO |
| **Task**<br>Creates a Data Security Workgroup. | Completed | Senior Director of Enterprise Data and Analytics creates a Data Security Workgroup composed of SI PPS PMO Data Analytics Official and Analysts, RHIO affiliated lead, data-warehousing vendor, CIO provider, and compliance qualified entity. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Define a decision model to approve plan development. | In Progress | Define a decision model to approve plan development (Begin regularly scheduled meetings of the Compliance Committee to review SI PPS guidelines for electronic data receipt, storage, and distribution. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** | Completed | Begin biweekly onsite meeting with SpectraMedix is to review data security | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

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## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| Begin biweekly onsite meeting with SpectraMedix. | | related issues and monitor data warehouse development progress. | | | | | |
| **Task** Develop a model of connectivity for SI PPS and Healthix. | In Progress | In conjunction with Healthix to develop a model of connectivity for SI PPS and Healthix. Currently reviewing Healthix Flat File Integration data specifications. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Perform a risk management analysis. | In Progress | Perform a risk management analysis to identify security risks and controls that should be put into place to mitigate security concerns. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Develop data collection and retention policies and procedures. | In Progress | Develop data collection and retention policies and procedures based on the risk management analysis findings including data collection, data exchange, data use, data storage, and data disposal. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Identify the best model for patient consent for the SI PPS network in collaboration with RHIO vendor or qualified entity. | In Progress | Identify the best model for patient consent for the SI PPS network in collaboration with RHIO vendor or qualified entity<br>1. Approve patient consent model by Data/IT Committee, Clinical Committee, and Compliance Committee<br>2. Develop communication and education strategy to share selected patient consent model for SI PPS providers and community based partners | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Develop plans for ongoing severity testing and controls. | In Progress | Develop plans for ongoing severity testing and controls to be rolled out throughout the PPS network. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Build redundancy testing into data warehousing capabilities. | In Progress | Build redundancy testing into data warehousing capabilities in locally-hosted secure servers for PPS PHI data. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** A standalone server is installed at SI-PPS office location as the SFTP platform. | In Progress | A standalone server is installed at SI-PPS office location as the SFTP platform. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Sign Business Associate Agreements with all providers wishing to receive PPS data analytic products. | In Progress | Sign Business Associate Agreements with all providers wishing to receive PPS data analytic products. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Submit plan for Board approval. | In Progress | Submit plan for Board approval. | 10/01/2015 | 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

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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). | |
| Develop an IT Change Management Strategy. | |
| Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | |
| Develop a specific plan for engaging attributed members in Qualifying Entities | |
| Develop a data security and confidentiality 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 |
|---|---|---|---|---|

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|

No Records Found

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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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.

That Staten Island PPS, LLC (SI PPS) has identified the following key challenges and risks to achieving milestones:

1. The SI PPS has multiple providers of care management services and systems in use that will continue to expand capacity through DSRIP project implementation. The SI PPS sees care management as a critical component to monitoring at risk patients and preventing avoidable ER visits and hospitalizations. However with multiple providers, approaches, and IT systems in use, governance and decision making around the sharing of data across providers will be an implementation risk. To mitigate this risk, the SI PPS has included all care management providers on critical governance committees and will involve relevant PPS providers as well as the Regional Health Information Organization (RHIO), Healthix representatives in the development of the SI PPS's IT processes and clinical integration strategy.

2. The ability to integrate systems and aggregate data across multiple sites of care and allow providers access to key data is critical to driving the appropriate utilization of care and resources across the SI PPS. However with a large number of providers having varying levels of IT capabilities, a key challenge is the ability to operationalize a fully integrated IT platform in a timely manner. During the planning phase of the DSRIP program, the SI PPS performed a high-level IT assessment to understand the current IT capabilities of its PPS providers. The results indicated that a subset of PPS providers do not have EHR systems, multiple EHR system types are in use and most providers are not participating in the RHIO, Healthix, or are doing so only in a limited capacity. The SI PPS anticipates a ramp up period for PPS providers in order to implement a shared IT infrastructure and has included this consideration in the development of the implementation plan, the ramp up will include a time entry strategy for the providers to integrate with the RHIO. As such, the SI PPS will conduct quarterly evaluations to assess PPS providers' integration into the shared IT infrastructure. The SI PPS will also work with PPS providers who do not have EHR to develop alternative strategies to connect these paper-based providers with the PPS. The SI PPS has also included funding for IT infrastructure support in both the Capital Restructuring Financing Program and the DSRIP funds flow model. The SI PPS plans to utilize Healthix's infrastructure through an integrated IT platform to allow PPS partners to access/exchange relevant patient information in real-time. As such, the SI PPS is conducting ongoing planning conversations with Healthix.

3. The ability for Healthix to meet DSRIP project implementation timelines has been identified as a risk. In the event that Healthix is unable to fully assist the PPS and meet implementation timing deadlines, the SI PPS has identified alternative approaches and strategies related to interoperability across the SI PPS. Alternative approaches include but are not limited to leveraging North Shore-LIJ's Advanced Integration Engine as well as private IT vendors. However, to further integrate Healthix and ensure involvement in the overall approach and strategy, the SI PPS has included a representative from the RHIO on its Data/IT Committee.

4. The secure transfer of information and ability to obtain patient consent to provide PPS providers access to patient data is essential for the SI PPS's ability to share real-time data and is a challenge that the SI PPS faces. The SI PPS will implement a strategy/action plan to educate staff and patients on the importance of patient consent and appropriate processes to secure consent in the new care model. The SI PPS will incorporate training in the workforce strategy to provide care teams with the tools necessary to understand/maximize Healthix's data exchange

capability.

## 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 SI PPS's IT systems and processes workstream is interdependent with all other organizational workstreams, and serves as the foundation of a clinically integrated healthcare delivery system.

A shared IT infrastructure that is integrated across the PPS network will enable a defined, standardized, and automated internal and external performance reporting system. This permits the SI PPS to evaluate both the overall and individual PPS provider performance progress and facilitate the ability for rapid cycle evaluation to adjust strategies and support providers as needed. Further, the ability to synthesize data into dashboards from management decision making and reporting while leveraging IT infrastructure to reduce paperwork and workflow inefficiency is a key driver for the SI PPS's success.

Further, clinical integration including sharing clinical and other data amongst providers, as well as coordinating and streamlining transitions of care through data exchange, is highly dependent on the SI PPS's IT systems and processes workstream.

Engaging practitioners in the implementation of evidence-based practices and protocols for DSRIP projects, the integration of care teams, and the proactive monitoring of patients will only be possible if practitioners are provided access to real-time data and notifications from across the PPS network. In doing so, the SI PPS plans to enable proper patient management.

Population Health Management, including the ability to perform population wide analytics and risk stratification to proactively identify patients and prioritize interventions will be dependent on the IT systems in place and in use by the SI PPS and the availability of Medicaid claims and other data. Additionally a population health focused strategy will be strengthened by patient portals and other technology that permits patients to proactively manage their own healthcare including scheduling appointments, receiving reminders regarding preventive care and prescription refills, and emailing with providers.

The SI PPS also recognizes that the workforce workstream is highly dependent on the IT systems and processes workstream as the development of workforce training around IT systems, data sharing and security, IT change management, among others, will be critical for the successful implementation of policies and procedures.

The SI PPS Data/IT Committee has been assigned the primary role of developing and overseeing the implementation of the IT change management strategy, clinical data sharing and interoperable systems roadmap, engagement of attributed members in qualifying entities, and data security and confidentiality plan. However, it is expected that all SI PPS committees will collaborate and provide feedback and inputs in the development of these plans to the Data/IT Committee. This will enable coordination across the various workstreams. For example, members from

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| the Clinical Committee, Population Health Management Workgroup, Clinical Integration Workgroup, and Practitioner Engagement Workgroup will be assigned to inform and advise the Data/IT Committee in the development of clinical data sharing and interoperable systems roadmap. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 |
|---|---|---|
| Executive Director | Joseph Conte | Provide oversight and support for the implementation of IT Systems and processes workstream. |
| Senior Director of Enterprise Data & Analytics | Anyi Chen | Provide oversight and support for the implementation and monitoring of IT related projects and for the overall IT change management and data sharing/system interface. |
| Business Intelligence Analyst | Vitaly Druker | Support the analysis of data warehousing health, data analysis and programming. |
| Staff Analyst | Diana Kohlberg | Support the collection and reporting of data/IT reporting standards. |
| Board of Managers | Members of the Board | Provide overall governance and oversight over IT change management in conjunction with the Data/IT Committee. |
| Data/IT Committee | Beacon Christian Community Health Center, Philip Juliano<br>Community Health Action of Staten Island, Joshua Sippen<br>Community Health Center of Richmond, Monique Welbeck<br>Coordinated Behavioral Care, Marty Piccochi<br>Eger Health and Rehabilitation Center, Debra Alexander<br>Healthix, Todd Rogow<br>Northshore-LIJ Care Solutions, Joseph Shulman<br>Richmond University Medical Center, Nancy Taranto<br>Staten Island University Hospital, Kathy Kania<br>University Physicians Group, John Shafer<br>Victory Internal Medicine, David Wortman<br>Visiting Nurse Services of New York, Steven Prewittii<br>St. Joseph's Medical Center, Woods, Elizabeth | Provide overall governance and oversight over IT change management in conjunction with the PPS Board. Develop, implement, and oversee the integration of IT infrastructure, adherence to data collection and retention policies, and data privacy/security. |
| Compliance Director | Regina Bergren | Advise in the development of data sharing policies and procedures as well as drafting of data exchange agreements. |
| Clinical Director | Salvatore Volpe, MD | Support the clinical data sharing assessment and implementation plan with the Data/IT Committee |
| Training Lead | Vitaly Druker | Support education and training plans resulting from IT Change Management and infrastructure re-engineering. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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** | | |
| CIO's of PPS Co-Lead Hospitals:<br>Kathy Kania, Site CIO, SIUH<br>Nancy Taranto, VP of Quality and Health Informatics, RUMC | Oversee IT related projects | Provide the PMO with oversight and leadership for IT related projects and for the overall IT change management and data sharing/ system interface. |
| Communication and Marketing Committee:<br>Fidelis, TBD;<br>Jewish Community Center, David Sorkin;<br>NAMI Staten Island, Linda Wilson;<br>Richmond University Medical Center, William Smith;<br>Staten Island Borough President's Office, Ginny Mantello;<br>Staten Island Partnership for Community Wellness, Adrienne Abbate;<br>Staten Island University Hospital, John Demoleas | Support development of marketing and communication strategies for the PPS | Support the Data/IT Committee in the design of a patient engagement and communication strategy around the implementation of the IT workstream. |
| Diversity and Inclusion Committee:<br>El Centro Del Immigrante, Dulce Chuva;<br>Make the Road New York, Rebecca Telzak;<br>Mt. Sinai United Christian Church, Rev. Dr. Victor Brown;<br>Port Richmond High School, TBD;<br>Project Hospitality, Terry Troia; Richmond University Medical Center, Kelly Navoor;<br>Stapleton UAME Church, Rev. Maggie Howard;<br>Staten Island Immigrants Counsel, Gonazalo Mercado;<br>Staten Island University Hospital, Celina Ramsey | Support development of diversity and inclusion strategies for the PPS | Support the Data/IT Committee in the design of a patient engagement and communication strategy around the implementation of the IT workstream. |
| Workforce Committee:<br>Carmel Richmond Healthcare and Rehabilitation, Mary-Beth Francis; | Support development of workforce training strategies for the PPS | Support the Data/IT Committee in the development of training materials around the IT workstream as well as identified IT workforce requirements. |

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Community Health Center of Richmond, Christina Tavarez; Federation of Teachers, Ann Goldman; New York State Nurse Association, Julie Semente; Richmond University Medical Center, Pat Caldari ;<br>Staten Island Mental Health, Rose Marie Belfini<br>Staten Island University Hospital, Margaret Dialto<br>1199SEIU, Allison Cohen;<br>1199SEIU Training & Employment Fund, Eloisa Pelaez and Rebecca Hall | | |
| Key PPS Provider Stakeholders | Provide input in the development of PPS strategies | Review assessment findings and provide input in the development of IT integration strategies. |
| Internal Audit | Ensure PPS compliance | Assess data security and confidentiality. |
| CEOs of PPS Network Providers | Oversight party from Network Providers | Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the IT system integration operation and related strategies. |
| IT Directors of PPS Network Providers | Oversight party from Network Providers | Serve as the primary contact for the PPS Lead IT function for conducting DSRIP related business and oversee their organizations' execution of DSRIP related IT responsibilities and participation in IT related strategies. |
| Boards of Directors for PPS Network Partners:<br>Donna Proske, Staten Island University Hospital<br>Tom Reca, Staten Island University Hospital<br>Nicholas Caruselle, Staten Island University Hospital<br>Dr. Matthew Weeks, Staten Island University Hospital<br>Daniel Messina, Richmond University Medical Center<br>Rosemarie Stazzone, Richmond University Medical Center<br>Robert Ren, Richmond University Medical Center<br>Dr. Peter Stathopoulos, Richmond University Medical Center | Oversight party from Network Providers | Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the IT system integration operation and related strategies. |
| **External Stakeholders** | | |
| North Shore -LIJ CIO | Oversight and input on IT implementation | Provide input to the IT Director regarding overall IT implementation and achievement of clinical interoperability across the SI PPS. |

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

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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Staten Island RHIO (Healthix) | IT Infrastructure Provider | Maintain the Healthix system and provide input in development of clinical integration strategies. |
| NYS DOH | Define data security and confidentiality standards | Define and administer data security and confidentiality requirements and reporting. |
| IT Consulting firm | Support IT functions | Support IT infrastructure re-engineering, IT change management, and system maintenance. |
| Attorneys | Legal Assistance | Draft data exchange agreements. |

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 5.7 - Progress Reporting

**Instructions :**

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

The New York State DOH milestones related to IT systems and processes workstream include performing a current state assessment of IT capabilities across the network; developing an IT change management strategy; developing a roadmap to achieve clinical data sharing and interoperable systems across the SI PPS network; developing a plan for engaging attributed members in qualifying entities; and developing a data security and confidentiality plan.

To ensure that the milestones outlined above are effectively executed and implemented, the SI PPS has developed performance reporting measures to not only measure individual PPS providers but the SI PPS as a whole. The SI PPS plans to leverage data received from the DOH including Salient data and the MAPP tool to benchmark the PPS's performance against other PPSs within the State. Further, the SI PPS plans to conduct ongoing assessments to measure the SI PPS's effectiveness in achieving patient engagement techniques such as establishing two-way communication between the SI PPS and the community.

Through its Compliance and Data/IT Committees, the SI PPS will monitor PPS provider engagement in data exchange policies and procedures, ensure that all PPS providers sign data exchange agreements, and oversee the design of reporting metrics as well as conduct ongoing testing of IT controls to ensure data security. The Project Management Office (PMO) will work with the IT systems and processes workstream to implement standardized dashboards for the collection and reporting of progress as it relates to workplan implementation and milestones for reporting progress and risks for internal updates to relevant governance committees including, but not limited to, the following:

1. Implementation of electronic health records for PPS partners as well as meaningful use standards.
2. Progress around PCMH 2014 NCQA standards at participating primary care provider sites.
3. Patient engagement and communication plan.
4. Integration into the RHIO.

Further, with regard to any vendor relationships that the SI PPS utilizes for the implementation of the IT systems and processes workstream, the SI PPS will develop formal agreements that will address a commitment to meeting and reporting on key milestones and implementation steps.

### IPQR Module 5.8 - IA Monitoring

**Instructions :**

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

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| The IA recommends a change in status to identify actual dates tasks will be completed. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

## 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**<br>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:<br>-- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways;<br>-- Your plans for the creation and use of clinical quality & performance dashboards<br>-- Your approach to Rapid Cycle Evaluation | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | NO |
| **Task**<br>Form a Performance Reporting Workgroup. | In Progress | Chief Medical Officer, Executive Director and Senior Director of Enterprise Data and Analytics designates a Performance Reporting Workgroup made up of members from the Data/IT Committee, Finance Committee, Clinical Committee and the Project Management Office (PMO). | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Identify the performance reporting requirements. | In Progress | Performance Reporting Workgroup identifies the performance reporting requirements for DSRIP projects and organizational workstreams as well as additional requirements that will assist in rapid cycle evaluation and internal tracking of DSRIP performance and create standard definitions. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Complete an assessment of current performance reporting capabilities. | In Progress | Performance Reporting Workgroup completes an assessment of current performance reporting capabilities. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Identify existing performance reporting systems, capabilities, and processes across the PPS network. | In Progress | As a component of the IT Assessment/Clinical Integration Assessment, identify existing performance reporting systems, capabilities, and processes across the PPS network (hospitals, SNFs, home care agencies, FQHCs, substance abuse and behavioral health providers, among others). | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Identify data sources and mitigation strategies for data not available in a timely manner. | In Progress | Identify data sources and mitigation strategies for data not available in a timely manner from various sources including:<br>1. Data from DOH<br>2. Data from Managed Care Organizations (MCOs) | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

# New York State Department Of Health
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## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| | | 3. Data from PPS provider organizations<br>4. Data available from other sources e.g. OASAS, NYCDOHMH, etc. | | | | | |
| **Task**<br>Identify individuals responsible for clinical and financial outcomes. | In Progress | Performance Reporting Workgroup identifies the individuals that will be responsible for the clinical and financial outcomes for specific patient pathways. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Develop performance reporting structure. | In Progress | Develop a hierarchical performance reporting structure. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Develops performance dashboard(s) requirements. | In Progress | PMO in conjunction with Spectramedix and Performance Logic develops performance dashboard(s) requirements to track and monitor project progress and clinical and financial outcomes (among others). | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop a plan for rapid cycle evaluation. | In Progress | Director of Project Management develops a plan for rapid cycle evaluation including:<br>1. Goals<br>2. Individuals responsible for rapid cycle evaluation in the PMO<br>3. Workflows and timelines around performance reporting and communications<br>4. Data sources for each required data point | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Develops an approach and timeline to reporting performance results. | In Progress | Project Director develops an approach and timeline to reporting performance results to the PPS governance structure, PPS partners, the DOH, and other key stakeholders and document approach and accountability matrix. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>Share recommendations with key PPS stakeholders for feedback. | In Progress | PMO shares recommendations, plans, and the reporting structure with key PPS stakeholders for feedback. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Submits for Board approval. | In Progress | PMO submits the reporting and communications strategy to Board for approval. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #2**<br>Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | In Progress | Finalized performance reporting training program. | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| **Task**<br>Execute the PPS provider specific master service agreements. | In Progress | Execute the PPS provider specific master service agreements including clearly delineated provider responsibilities by project and funds flow. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Identify PPS provider workforce and other stakeholders for training. | In Progress | In coordination with the Clinical Committee, HR/Workforce Director, Project Implementation Teams, Practitioner Engagement Workgroup, and Project Leads, identify PPS provider workforce and other stakeholders for training on clinical quality and performance reporting. | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** | In Progress | Based on results of Milestone 1, Training Workgroup develops 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 |
|---|---|---|---|---|---|---|---|
| Develop training programs. | | programs including:<br>1. Plan for rapid cycle evaluation including workflows and timelines.<br>2. Data to be collected and key individuals accountable for data collection/reporting.<br>2. Approach and timeline for reporting performance to PPS governance committees, PPS partners, and the DOH.<br>3. Performance reporting requirements for DSRIP projects and organizational work streams.<br>4. The use of IT systems. | | | | | |
| **Task**<br>Develop a performance reporting training approach. | In Progress | Utilizing results from Milestone 1, develop a performance reporting training approach including:<br>• Develop lists of key individuals requiring performance reporting training by provider group/PPS partner<br>• Determine, by individual specific training requirements based on involvement in specific DSRIP projects and role/position. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Develop process/measures to assess the effectiveness of the training. | In Progress | Develop process/measures to assess the effectiveness of the training programs and revise programs, if necessary. | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Integrate performance reporting training program into training curriculum and develop training schedule. | In Progress | Training Team integrates performance reporting training program into training curriculum and develop training schedule for immediate roll-out. | 04/01/2016 | 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 |
|---|---|
| Establish reporting structure for PPS-wide performance reporting and communication. | |
| Develop training program for organizations and individuals throughout the network, focused on | |

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

## DSRIP Implementation Plan Project

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### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| clinical quality and performance reporting. | |

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# Delivery System Reform Incentive Payment Project

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 |
|---|---|---|---|---|

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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.

The Staten Island Performing Provider System, LLC (SI PPS) anticipates the following challenges and risks in implementing a performance reporting structure and processes as well as effective performance management within the network:

1. The SI PPS views the ability to operationalize a fully integrated IT platform and performance reporting IT platform in a timely manner as a key challenge in implementing a performance reporting structure. The SI PPS plans to utilize the Staten Island RHIO's (Healthix) infrastructure through an integrated IT platform to allow PPS providers to access/exchange relevant patient information in real-time and report key performance data. The results of the high-level IT assessment that SI PPS performed during the DSRIP planning phase indicated that a subset of PPS providers do not have Electronic Medical Records (EMR) systems, whereas other PPS providers already participate in Healthix in some capacity. The SI PPS is concerned that there will be delays in integrating providers without EMR into the IT infrastructure which could potentially delay the collection and reporting of standardized clinical health data and performance measures across the SI PPS. The SI PPS anticipates that there will be a ramp up period for the PPS providers in order to implement a shared IT infrastructure and will include this consideration in the development of the implementation plan. Further there will be a ramp up period to develop performance reporting tools and IT infrastructure to collect required data. As a result, the SI PPS anticipates that the PMO will facilitate the distribution and collection of interim reporting tools to PPS providers until they are fully integrated into the SI PPS's IT infrastructure.

2. The ability to fund the hiring of staff as part of the PMO to support the implementation of rapid cycle evaluations and the development of a performance reporting structure including project coordinators and data analysts is dependent on the level of DSRIP funding received to support administrative and IT related operating expenses. The SI PPS DSRIP valuation is lesser than expected and as a result the PMO model may need to be modified from the original model to support this function. The SI PPS however has considered both a "high" and "low" scenario of funding in developing the SI PPS's budget and funds flow model that has envisioned a number of staffing levels and IT scenarios.

3. PPS partners may not currently have the capacity to easily collect and report on key data required for the implementation of performance reporting DSRIP functions or they do not currently operate or have experience operating in a performance driven culture. The SI PPS has performed a high-level assessment of partner capabilities and will perform a more comprehensive assessment as part of the IT processes workstream to identify reporting risks by provider and identify mitigation strategies. Further, PPS partners required to collect and report on the data may not have a comprehensive understanding of the data to be reported, structure or IT requirements. The PMO will develop standardized clinical quality and performance dashboards to be distributed to the PPS partners as well as a comprehensive training program. This will also include ongoing communication and training with IT contacts and the CEOs of PPS partner organizations to further facilitate the SI PPS's performance reporting approach; and the identification of practitioner leads/champions that may help to drive the acceptance and benefits of the performance driven program.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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.)

The SI PPS performance reporting workstream is interdependent on several organizational workstreams, specifically population health management, practitioner engagement, IT systems and processes, clinical integration, and individual project implementation. As such, all workstreams must incorporate a performance reporting component within their strategic plans and implementation steps.

IT System and Processes: A shared IT infrastructure that is integrated across the PPS network will be the foundation of a defined, standardized, and automated internal and external performance reporting system. An analytics portal built for performance reporting will support reporting of project specific process metrics and outcome metrics for use in rapid cycle evaluation and reporting to DOH as well as to internal and external stakeholders.

Financial Sustainability and Funds Flow: The performance reporting workstream will be dependent on the finance workstream as to identify key financial data points to be collected and reported on an ongoing basis to monitor financially fragile providers as well as measure provider performance in meeting key milestones and performance metrics for funds flow purposes.

Project Implementation and Practitioner Engagement: Project implementation teams will be highly dependent on the information collected and reported through the performance reporting workstream to perform rapid cycle evaluation, gauge practitioner performance and overall project performance. This includes meeting outcome and process metrics and engaging underperforming or high performing providers in necessary training and learning collaboratives.

The SI PPS will designate a Performance Reporting Workgroup to serve in the primary role of developing and overseeing the implementation of the performance reporting strategy that includes establishing a reporting structure for SI PPS performance reporting and communication as well as training programs for organizations and providers throughout the PPS network. Additionally, other SI PPS committees will collaborate and provide feedback and inputs to the Performance Reporting Workgroup. This will enable coordination across the various workstreams.

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 |
|---|---|---|
| Executive Director | Joseph Conte | Support the development and implementation of the performance reporting workstream. |
| Performance Reporting Workgroup | TBD | Develop, implement, and oversee performance reporting processes. |
| Senior Director of Enterprise Data & Analytics | Anyi Chen | Responsible for establishing and maintaining a performance reporting system and performance data collection system. |
| PPS Project Director – Reporting | Irene Frohlich | Support the overall performance reporting function of the PPS. |
| Data Analysts | Vitaly Druker<br>Diana Kohlberg | Support data collection and analysis for performance reporting. |
| Finance Committee | Beacon Christian Community Health Center, David Kim<br>Community Health Center of Richmond, Benny Lindo<br>Coordinated Behavioral Care, TBD<br>Eger Health and Rehabilitation Center, Gary de Leeiwek<br>Richmond University Medical Center, Robert Ren<br>Staten Island University Hospital, Tom Reca | Identify metrics to be collected and reported to monitor financial sustainability. Utilize performance reports to monitor PPS provider performance in various projects for funds flow purposes. |
| Data/IT Committee | Beacon Christian Community Health Center, Philip Juliano;<br>Community Health Action of Staten Island, Joshua Sippen;Community Health Center of Richmond, Monique Welbeck;<br>Coordinated Behavioral Care, Marty Piccochi;<br>Eger Health and Rehabilitation Center, Debra Alexander;<br>Healthix, Todd Rogow;<br>Northshore-LIJ Care Solutions, Joseph Shulman;<br>Richmond University Medical Center, Nancy Taranto;<br>Saint Joseph's Medical Center, Elizabeth Woods;<br>Staten Island University Hospital, Kathy Kania<br>University Physicians Group, John Shafer<br>Victory Internal Medicine, David Wortman;<br>Visiting Nurse Services of New York, Steven Prewitt | Develop, implement, and oversee the integration of IT infrastructure, adherence to data collection and retention policies, and data privacy/security around performance reporting. |
| Clinical Committee | Beacon Christian Community Health Center, Janet Kim;<br>Camelot of Staten Island, Logan Lewis;<br>Cerebral Palsy Association of NY/ Metro Health Clinic, Azimah Ehr; | Develop, implement, and oversee clinical quality standards and measurements, oversee clinical performance evaluation processes, prioritize improvements to address identified clinical |

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| | Clove Lakes Health Care , Thomas Fealey;<br>Community Health Action of Staten Island, Jennifer Lytton Hirsh;<br>North Shore-LIJ Homecare, Meredith DeSimon;<br>New York State Nurses Association, Julie Semente and Eliza Carboni;<br>Richmond County Medical Society , Deborah Aanonsen;<br>Richmond University Medical Center, Mansoor Khan, MD;<br>Richmond University Medical Center, Michael Mathews;<br>Richmond University Medical Center, Peter Stathopoulos, MD;<br>Staten Island Borough President's Office, Ginny Mantello, MD ;<br>Staten Island Mental Health Society, Libby Traynor;<br>Staten Island University Hospital, Brahim Ardolic, MD;<br>Staten Island University Hospital, Russell Joffe, MD;<br>United Physicians Group, Ted Strange, MD / John Shafer;<br>Victory Internal Medicine, Louis Emmer;<br>YMCA of Greater New York, Amanda Wexler;<br>1199SEIU, Fabienne Joseph | performance issues, and ensure overall clinical performance for the PPS. |
| Steering Committee | Beacon Christian Community Health Center, David Kim, MD;<br>Community Health Action of Staten Island, Diane Arneth;<br>Community Health Center of Richmond, Inc., Henry Thompson;<br>Eger Health and Rehabilitation Center, David Rose;<br>North Shore- LIJ Homecare, Irina Mitzner;<br>Richmond Center for Rehabilitation and Residential Healthcare, Philip Buchsbaum;<br>Richmond University Medical Center, Richard Salhany;<br>Richmond University Medical Center, Pankaj Patel, MD;<br>Richmond University Medical Center, Elizabeth Wolff, MD;<br>Staten Island Mental Health Society, Fern Zagor;<br>Staten Island University Hospital, Joanne Pietro;<br>Staten Island University Hospital, Dina Wong;<br>Staten Island University Hospital, Diane Gonzalez;<br>YMCA of Greater New York, Jacqueline Filis;<br>Visiting Nurse Services of New York, Donna Lichti | Oversee processes related to performance monitoring, reporting, sanctioning, and removing PPS members. |
| Communications and Marketing Committee | Fidelis, TBD;<br>Jewish Community Center, David Sorkin;<br>NAMI Staten Island, Linda Wilson;<br>Richmond University Medical Center, William Smith;<br>Staten Island Borough President's Office, Ginny Mantello; | Oversee communications related to performance monitoring and reporting both internally and externally. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| | Staten Island Partnership for Community Wellness, Adrienne Abbate Staten Island University Hospital, John Demoleas | |
| Director of Human Resources/Workforce | Bill Myhre | Develop training programs for organizations and individuals throughout the network, focused on financial, clinical quality and performance reporting. |
| CEOs of PPS Network Providers | Overseeing Party from Network Providers | Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the performance evaluation and related strategies. |
| Boards of Directors for PPS Network Partners | Overseeing Party from Network Providers | Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the performance evaluation and related strategies. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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** | | |
| Irene Frohlich, Director of Project Management,<br>Jessica Steinhart, Director of Ambulatory Initiatives<br>Victoria Njoku-Anokam, Director of Behavioral Health Initiatives<br>Mary Han, Continuing Care Initiatives<br>Anyi Chen, Senior Director of Enterprise Data & Analytics<br>Diana Kohlberg, Staff Analyst<br>Kate Lynn Chimenti, Staff Analyst | Project Management Office | Provide oversight and leadership for performance related projects and for the overall implementation plan deliverables that impact performance reporting. |
| Regina Bergren<br>Compliance Committee Chair | PPS Compliance Committee | Provide board level oversight and responsibilities for the PPS performance evaluation function. |
| Fidelis, TBD;<br>Jewish Community Center, David Sorkin;<br>NAMI Staten Island, Linda Wilson;<br>Richmond University Medical Center, William Smith;<br>Staten Island Borough President's Office, Ginny Mantello;<br>Staten Island Partnership for Community Wellness, Adrienne Abbate Staten Island University Hospital, John Demoleas | PPS Marketing & Communication Committee | Communicate performance criteria and monitor results internally and externally. |
| Representatives from PPS Network Providers | Representatives from PPS Network Providers | Provide insight for performance evaluation criteria, reporting process, and disciplinary actions. |
| **External Stakeholders** | | |
| Kenneth Atlee, Sprectramedix | Information Technology vendor | Development, customization, implementation and ongoing data processing and hosting services to support SI PPS. |
| Neelash Shah, Performance Logic | Project Management Software vendor | Support rapid cycle evaluation for Domain 1 measures for management and reporting and overall project management |

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| | | support. |
| Managed Care Organizations | Amerigroup, Dr. David Ackman<br>Healthfirst, Dr. Susan Beene<br>Fidelis<br>United Healthcare | Provide data and additional support for performance monitoring and reporting. |
| Representatives from Medicaid Beneficiaries and Advocates | Representatives from Medicaid Beneficiaries and Advocates | Provide feedback about PPS network providers' performance. |
| NYS DOH | NYS DOH defines performance expectations | PPS DSRIP reporting to the DOH and the performance expectations. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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.

A shared IT infrastructure that is integrated across the PPS network will enable a defined, standardized, and automated internal and external performance reporting system. Thus, allowing the SI PPS to evaluate both the overall and individual PPS provider performance progress and the ability for rapid cycle evaluation to adjust strategies and support providers as needed.

The SI PPS will establish a Performance Reporting Workgroup to be responsible for the development of a performance reporting structure. This workgroup will collaborate with the IT systems and processes workstream to develop the necessary IT design systems and protocols needed for a shared IT infrastructure that will facilitate the implementation of performance reporting across the PPS network. Additionally, shared IT infrastructure will be utilized in the disbursement of performance reporting training tools to ensure standardization across the PPS network. The SI PPS plans to utilize the RHIO (Healthix) to integrate health information between partners. The SI PPS might use additional data analytics IT platforms to support the analysis and reporting of data for this workstream.

The following provides an overview of the IT infrastructure being planned and implemented across the PPS.

Phase 0 - Partnership with 3rd party vendor
- SpectraMedix is selected as the health IT vendor for SI PPS. SpectraMedix works collaboratively with the SI-PPS PMO, IT/Data Committee, and the work stream teams (i.e. Information Technology Systems & Data Integration, Performance Reporting, Clinical Integration, Population Health and Practitioner Engagement) to provide a solid IT foundation for a clinically integrated healthcare delivery system in a timely, efficient and cost effective manner.

Phase 1 - Build/Implement Enterprise Data Warehouse
- Build an Enterprise Data Warehouse that integrates NYS Medicaid attribution roaster, claims data and pharmacy data.
- Develop a patient-centered Clinical Data Repository for storing all Member demographic, clinical, claims and survey data for the attributed SI-PPS Medicaid population, thus creating a longitudinal patient record.

Phase 2 - Data Integration / Health Information Exchange platform
- Promote and support integration of PPS partners into the Staten RHIO (Healthix) through resource support and funds flow
- Import clinical data from the Staten Island RHIO (Healthix) and/or SI-PPS participating providers' EHR systems, using CCD/C-CDA data files collected via secure DIRECT protocol, or other standard HL7 or proprietary interfaces and APIs
- Share patient care management information with the SI-PPS Care Management system (pending) and participating providers' care management systems

Phase 3 – Healthcare Analytics platform

## Staten Island Performing Provider System, LLC (PPS ID:43)

- Implement a healthcare analytics platform within the secure private cloud hosting environment deployed in Phase 1, which will allow SI-PPS to have visibility into Performing Provider System performance and to meet reporting requirements for the metrics associated with the System Transformation Projects (Domain 2), Clinical Improvement Projects (Domain 3) and Population-Wide Projects (Domain 4) that have been selected by SI-PPS. This platform will includes the following functions:
- Ad hoc Reporting and Dashboard tools for quick data visualization and knowledge discovery
- Population health intelligence and management tool to identify high risk populations, disease registries, gaps in care and predictive modeling for advanced analytics.
- Measures Framework to track and monitor custom DSRIP-specific measures to obtain optimal outcomes
- Role-based dashboards for performance management and identifying opportunities for program improvement.

### IPQR Module 6.8 - Progress Reporting

**Instructions :**

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

The SI PPS will provide Board approved plans for the milestones that the DOH has specified. The milestones related to performance reporting include performing a current state assessment of IT capabilities across the network; establishing a reporting structure for PPS-wide performance reporting and communication, and developing a training program for organizations and individuals throughout the network that is focused on clinical quality and performance reporting. The SI PPS will monitor the progress of the designated implementation plan steps to report to the DOH on a quarterly basis.

The SI PPS has developed a detailed implementation plan for each DSRIP milestone that captures the responsible resources to execute/coordinate the implementation of the steps under each milestone as well as estimated completion dates and time durations to complete the steps. The SI PPS anticipates that the Clinical, Data/IT, and Finance Committees, in collaboration with other committees and workgroups, will oversee the successful implementation of the steps for this workstream. The Clinical and Finance Committees will oversee the progress reporting for their respective metrics.

The PMO will implement a standardized dashboard for the collection and reporting of SI PPS progress as it relates to workplan implementation and milestones for reporting progress and risks for internal updates to relevant governance committees as well as for quarterly progress reports to the DOH. SI PPS governance committees will utilize performance dashboards to monitor progress by provider and identify issues requiring additional attention or resources, as well as to reward/sanction providers.

If the SI PPS is utilizing vendor relationships for the implementation of the performance workstream, all formal agreements will include a commitment to meeting and reporting on key milestones and implementation steps.

# New York State Department Of Health
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## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 6.9 - IA Monitoring

**Instructions :**

| |
|---|
| The IA recommends a change in status to identify actual dates tasks will be completed. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | NO |
| **Task** Appoint PPS partners to Clinical Committee | Completed | Appoint key professionals from PPS partner organizations to governance committees including the Clinical Committee. Clinical Committee representation will include physician representatives from Richmond County Medical Society, physician groups, behavioral health/substance abuse providers, home care providers, among others within the SI PPS network. | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** Form Practitioner Engagement Workgroup | In Progress | Form a Practitioner Engagement Workgroup (as a component of the Marketing & Communication Committee and Clinical Committee) to develop a strategy to engage practitioners and facilitate practitioner communication. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Identify key practitioner groups to develop practitioner engagement/communication plans | In Progress | Practitioner Engagement Workgroup determines key practitioner groups in Staten Island that should be represented/considered in the development of the practitioner engagement and communication plan | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Conduct assessment for practitioner engagement plans | In Progress | Practitioner Engagement Workgroup conducts an assessment including interviews/meetings with key practitioner group representatives as well through the use of a survey tool to determine the following: 1. The appropriate level of engagement expected from key practitioner groups. 2. Expectations for the SI PPS's approach to engaging key practitioners. 3. Preferred communication approach/techniques of key practitioners. 4. Areas in which key practitioners would like to receive further education/training related to DSRIP initiatives. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

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## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| **Task** Identify "Champion" or "Lead" to develop practitioner engagement strategy | In Progress | Identify a "Champion" or "Lead" from key PPS practitioner groups (physicians, and behavioral health and substance abuse specialists, among others) to represent their key practitioner groups in the development of the strategy. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Draft practitioner communication and engagement plan | In Progress | Practitioner Engagement Workgroup drafts a preliminary practitioner communication and engagement plan (Clinical Committee and Marketing & Communication Committee) including the following:<br>1. Processes for establishing two-way communication between the SI PPS and PPS practitioners.<br>2. Guidelines and processes for distributing information from the SI PPS to PPS practitioners and vice versa.<br>3. An approach to reporting to key practitioner groups including format and frequency/timeline for reporting.<br>4. Guidelines and processes for PPS practitioner clinical reporting.<br>5. Overview of practitioner support services and resources the SI PPS is making available to PPS practitioners with regards to education/training, initiatives, etc. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Share draft plan with "Champions" or "Leads" for feedback | In Progress | PMO shares preliminary practitioner communication and engagement plan with key practitioner "Champions" or "Leads" for input and feedback. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Incorporate feedback | In Progress | Practitioner Engagement Workgroup incorporates input and feedback into the practitioner communication and engagement plan. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Submit plan to Board for approval | In Progress | PMO submits revised practitioner engagement and communication plan to Board for approval. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **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. | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| **Task** Assess DSRIP goals to inform development of practitioner engagement program | In Progress | Leverage the Workforce Implementation Team and Practitioner Engagement Workgroup to develop training program aimed at educating practitioner groups on DSRIP fundamentals including:<br>1. Overview of the DSRIP program including its goal and impact on PPS providers specific to the key practitioner groups (financial and operational impacts).<br>2. Overview of the DSRIP program as it pertains to the SI PPS including selected DSRIP projects, target care goals (actively engaged numbers and | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| | | project implementation dates), and how this will impact practitioners.<br>3. Explanation of financial impacts on practitioners as well as a description of the SI PPS's funds flow and incentive payments approach. | | | | | |
| **Task**<br>Develop comprehensive practitioner engagement training and education plan as well as training resources | In Progress | Leverage the Workforce Implementation Team/Training Workgroup and Practitioner Engagement Workgroup to develop a more comprehensive training and education plan and training resources (documented training, presentations, online training tools, etc.) including the following:<br>1. Description of the IT resources that have been developed or are being developed including data sharing infrastructure and connecting to the RHIO.<br>2. Description of new clinical care protocols, procedures and best practices as they pertain to DSRIP projects and which practitioners will be impacted by these standards based on the type of care they provide.<br>3. Overview of services, resources and additional training programs being made available to practitioners through the SI PPS.<br>4. Expectations around performance reporting and accountability to meet DSRIP goals/metrics/outcomes.<br>5. Overview of plan to transition to value based payment. | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Share training and education plan with key stakeholders for feedback | In Progress | Share the training and education plan with key practitioner "Champions" or "Leads, as well as the Clinical Committee, Workforce Committee and Marketing & Communications Committee for input and feedback as to how training and education should be administered to key practitioner groups. | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Incorporate feedback into training and education plan | In Progress | Workforce Implementation Team/Practitioner Engagement Workgroup incorporate feedback and input into the training and education plan. | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Schedule practitioner engagement training/education sessions | In Progress | PMO collaborates with key practitioner groups to establish a schedule for training/education sessions and key delivery methods across the SI PPS at PPS partner facilities. | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Submit training plan to Board for approval | In Progress | PMO submits the training and education plan as well as the training/education schedule to the Board of Managers for approval. | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Name | Description | Upload Date |
|---|---|---|---|---|

No Records Found

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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. | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 |
|---|---|---|---|---|

No Records Found

### 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

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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.

The Staten Island Performing Provider System, LLC (SI PPS) has identified several risks in implementing an effective practitioner communication and engagement plan as well as training/education programs to achieve and maintain practitioner engagement, participation, and buy-in for the DSRIP program.

1. The SI PPS views the diversity of provider types across the SI PPS with regards to developing an effective practitioner communication and engagement strategy as an implementation risk.
2. The SI PPS believes another risk to ensuring practitioner engagement is not being able to engage leaders among practitioner groups capable of reaching a diverse group of practitioners from across competitive organizations.
3. Staff turnover will also present an issue to ensuring new staff are continuously educated on information necessary for meeting DSRIP goals; as well as the time required on the part of practitioners to participate in related training programs and other activities related to meeting DSRIP goals and reporting requirements.

To mitigate these risks, the SI PPS plans to identify a "Champion" or "Lead" from each key practitioner group to provide input regarding the needs of all PPS provider types for the development of the SI PPS's strategy to engage practitioners as well as administer training/education programs. The SI PPS will also develop a Practitioner Communication and Engagement Workgroup made up of key practitioner stakeholders to develop a practitioner engagement plan that includes the development of provider accountability measures for realizing outcomes. Practitioners will also hold key positions in governance committees including the Clinical Committees and subcommittees to ensure practitioner buy-in. The SI PPS will make every effort to ensure physician alignment by creating a funds flow model that emphasizes bonus payments to incentivize practitioner participation in DSRIP programs, DSRIP related training as well as to meeting process and outcome measures. To address staff turnover or the hiring/recruitment of new staff, training/education sessions will be ongoing throughout the five year DSRIP program.

Finally, through the practitioner communication plan, the SI PPS plans to leverage the Communications and Marketing Committee to develop resources including presentations, handouts, online forums and web-based tools to ensure that information outside of the training/education program is readily available to PPS providers. In doing so, the SI PPS will ensure that PPS providers clearly understand their roles, the complex DSRIP requirements, and are supported through SI PPS resources.

### 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.)

## Staten Island Performing Provider System, LLC (PPS ID:43)

The SI PPS recognizes that the practitioner engagement workstream is interdependent with all other organizational workstreams as practitioner engagement is a fundamental component of the successful implementation of the DSRIP program and meeting DSRIP goals.

In order for the SI PPS to achieve effective practitioner engagement, PPS practitioners must drive the development of clinical best practices and protocols as well as the population health strategy in conjunction with project implementation teams and clinical governance. PPS practitioners will drive the development of training programs in coordination with the Workforce Committee, Workforce Implementation Team/Training Workgroup. PPS practitioners must also be fully engaged in the performance reporting process including the development of key metrics to be used in the assessment of practitioner performance and overall PPS performance, and practitioners across the PPS must be trained in the performance reporting processes and timelines. The practitioner engagement strategy must also be aligned with and include a focus on clinical integration and the IT systems and processes. PPS practitioners must be fully educated in the overall network IT strategy and infrastructure to achieve clinical integration as well as the clinical data to be shared throughout the network.

Based on this understanding of the interdependencies of practitioner engagement among all workstreams, the SI PPS will seek valuable practitioner input across each of the organizational workstreams and will appoint practitioner representatives to key governance committees.

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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 |
|---|---|---|
| Practitioner Engagement & Communication Workgroup | TBD | Develop and implement the practitioner communication and engagement plan. |
| Salvatore Volpe, MD | PPS Chief Medical Officer | Advise on the development of a practitioner communication and engagement plan. |
| Workforce/Human Resources Director | Bill Myhre | Responsible for the implementation and monitoring of various workforce initiatives. |
| Key Practitioner Groups | Theodore Strange, MD, United Physicians Group<br>David Wortman, Victory Internal Medicine | Assist in the development of the practitioner communication and engagement plan by participating in interviews, surveys and other information collecting methods. |
| Communications and Marketing Committee | Fidelis, TBD;<br>Jewish Community Center, David Sorkin;<br>NAMI Staten Island, Linda Wilson;<br>Richmond University Medical Center, William Smith;<br>Staten Island Borough President's Office, Ginny Mantello;<br>Staten Island Partnership for Community Wellness, Adrienne Abbate Staten Island University Hospital, John Demoleas | Oversee the development and implementation of the practitioner engagement communications strategies including developing training resources and materials, holding public forums, and releasing/drafting announcements, among other communication methods. |
| Workforce Committee | Carmel Richmond Healthcare and Rehabilitation, Mary-Beth Francis;<br>Community Health Center of Richmond, Christina Tavarez;<br>Federation of Teachers, Ann Goldman;<br>New York State Nurse Association, Julie Semente; Richmond University Medical Center, Pat Caldari ;<br>Staten Island Mental Health, Rose Marie Belfini<br><br>Staten Island University Hospital, Margaret Dialto<br>1199SEIU, Allison Cohen;<br>1199SEIU Training & Employment Fund, Eloisa Pelaez and Rebecca Hall | Identify and work with key practitioner "Champions" or "Leads" to assist in the development of a training/education plan for practitioners. |
| Clinical Committee | Beacon Christian Community Health Center, Janet Kim;<br>Camelot of Staten Island, Logan Lewis;<br>Cerebral Palsy Association of NY/ Metro Health Clinic, Azimah Ehr; | Oversee the development and implementation of the practitioner engagement and communication plan including identifying key practitioner groups to collaborate with as well as defining clinical |

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## Staten Island Performing Provider System, LLC (PPS ID:43)

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| | Clove Lakes Health Care , Thomas Fealey;<br>Community Health Action of Staten Island, Jennifer Lytton Hirsh;<br>North Shore-LIJ Homecare, Meredith DeSimon;<br>New York State Nurses Association, Julie Semente<br>Richmond County Medical Society , Deborah Aanonsen;<br>Richmond University Medical Center, Mansoor Khan, MD;<br>Richmond University Medical Center, Michael Mathews;<br>Richmond University Medical Center, Peter Stathopoulos, MD;<br>Staten Island Borough President's Office, Ginny Mantello, MD ;<br>Staten Island Mental Health Society, Libby Traynor;<br>Staten Island University Hospital, Brahim Ardolic, MD;<br>Staten Island University Hospital, Russell Joffe, MD;<br>United Physicians Group, Ted Strange, MD / John Shafer;<br>Victory Internal Medicine, Louis Emmer;<br>YMCA of Greater New York, Amanda Wexler;<br>1199SEIU, Fabienne Joseph | reporting metrics, definitions, and processes to be communicated to providers during training/education. |

# New York State Department Of Health
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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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** | | |
| Irene Frohlich, Director of Project Management<br>Jessica Steinhart, Director of Ambulatory Initiatives<br>Victoria Njoku-Anokam, Director of Behavioral Health Initiatives<br>Mary Han, Assistant Director of Continuing Care Initiatives<br>Anyi Chen, Senior Director of Enterprise Data & Analytics<br>Diana Kohlberg, Staff Analyst<br>Kate Lynn Chimienti, Staff Analyst | Project Management Office | Provide oversight, leadership, and implementation support for practitioner engagement related projects and for the overall implementation plan deliverables that impact practitioner engagement reporting. |
| PPS Practitioners | Practitioners involved in the DSRIP program | Provide oversight, leadership, and implementation support for practitioner engagement related projects and for the overall implementation plan deliverables that impact practitioner engagement reporting.<br>Provide input in the development of the practitioner engagement plan and strategy. |
| Anyi Chen | Senior Director of Enterprise Data & Analytics | Provide IT related requirements for practitioner engagement and develop, launch and maintain electronic survey tools. |
| Caramel Richmond Healthcare and Rehabilitation Center, Mary-Beth Francis<br>Community Health Center of Richmond, Christina Tavarez<br>Federation of Teachers, Ann Goldman<br>New York State Nurse Association, Julie Semente<br>Richmond University Medical Center, Patricia Caldari<br>Staten Island Mental Health Society, Rose Marie Belfini<br>Staten Island University Hospital, Margaret Dialto | PPS Workforce Committee | Provide board level oversight and responsibility for the PPS workforce function to efficiently and effectively engage practitioners. |

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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| 1199SEIU, Allison Cohen<br>1199SEIU Training & Employment Fund, Eloisa Pelaez<br>1199SEIU Training & Employment Fund, Rebecca Hall | | |
| Richard Olsen, Finance Director | Develop funds flow and incentive payments model | Develop and describe the funds flow and incentive payments model for inclusion in training/education programs for participating practitioners. |
| Celina Ramsey<br>Diversity & Inclusion Committee Chair | Develop a cultural competency and health literacy program. | Develop and describe the SI PPS's cultural competency and health literacy program as well as available resources for inclusion in the training/education program for practitioner engagement. Provide board level oversight and responsibility for the PPS diversity and inclusion function to efficiently and effectively engage practitioners. |
| David Kim, MD<br>Steering Committee Chair | PPS Steering Committee | Provide board level oversight and responsibility for the practitioner engagement strategy. |
| CEOs of PPS Network Partners | Oversight from Network Providers | Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of their practitioner engagement and communication strategy. |
| Boards of Directors for PPS Network Partners | Oversight from Network Providers | Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of their practitioner engagement and communication strategy. |
| **External Stakeholders** | | |
| Rebecca Hall | 1199 Training & Employment Funds | Provide training to practitioners. |
| Medical Society of the State of New York (MSSNY), New York State Society of Physician Assistants, Nurse Practitioner Association (Staten Island Chapter), Pharmacist Society of the State of New York (PSSNY) | Practitioner representative groups | Provide input on practitioner engagement strategies. |
| Eliza Carboni | New York State Nurses Association (NYSNA) | Provide input on practitioner engagement strategies. |
| Ann Goldman | Federation of Nurses, UFT | Provide input on practitioner engagement strategies. |
| President | Richmond County Medical Society | Provide input from community physicians on the development of a practitioner engagement strategy. |

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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.

Practitioners will be engaged in the development of the IT strategy and clinical integration workstreams.

The ability to integrate systems (through use of the RHIO (Healthix) and other mechanisms) and aggregate data across multiple sites of care to allow providers access to key data is critical to driving the appropriate utilization of care and resources across the SI PPS. The use of integrated care teams and the proactive monitoring of patients will only be possible if practitioners are provided access to real-time data and notifications from across the PPS network to enable proper patient management.

Implementation of PCMH 2014 NCQA standards and meaningful use at participating practice sites is a requirement of multiple DSRIP projects and will be dependent on practitioner's engagement and implementation of the overall IT strategy.

Further a shared IT infrastructure that expands across the PPS network will enable the practitioner engagement workstream to develop standard performance reports to be distributed to professional groups and make practitioner training available and accessible across the SI PPS.

The Clinical Committee, in conjunction with other governance committees and project implementation teams, will develop standard performance reports, workflows, and training materials and will collaborate with the Data/IT Committee to translate these standard performance reports into the shared IT infrastructure to make them readily available and accessible across the PPS network. Additionally, the shared IT infrastructure will be utilized for the disbursement of practitioner training programs and tools to ensure standardization across the PPS network.

### IPQR Module 7.8 - Progress Reporting

**Instructions :**

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

The SI PPS has developed a detailed implementation plan with additional steps under each milestone, as designated by the DOH, that captures the responsible resources to execute/coordinate the implementation of the steps under each practitioner engagement and communication milestone as well as designated timeframe estimates to complete the steps. The DOH designated milestones related to the practitioner engagement and communication workstream include developing a practitioner communication and engagement plan and developing training/education plans targeting practitioners/other professional groups to educate them on DSRIP and the SI PPS's quality improvement agenda.

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The SI PPS will provide the Board approved plans for the milestones listed above to the DOH and will monitor the progress of the designated implementation plan steps to report to the DOH on a quarterly basis. The SI PPS anticipates that the Clinical and Communication & Marketing Committees, in collaboration with other committees and workgroups, will monitor the implementation of the plans. The Clinical Committee will also oversee the progress reporting of practitioners and will work with the Practitioner Engagement and Communication Workgroup to engage and communicate to PPS practitioners on progress updates and key issues identified through internal performance reports. The PMO will implement a standardized dashboard for the collection and reporting of progress as it relates to workplan implementation and milestones for reporting progress and risks for internal updates to relevant governance committees as well as for quarterly progress reports to the DOH and standard performance reports to professional groups.

### IPQR Module 7.9 - IA Monitoring

**Instructions :**

The IA recommends a change in status to identify actual dates tasks will be completed.

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### 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:<br>-- The IT infrastructure required to support a population health management approach<br>-- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations<br>--Defined priority target populations and define plans for addressing their health disparities. | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| **Task** Assemble Population Health Management Workgroup | In Progress | Assemble a Population Health Management Workgroup that will be made up of members from the other committees, including the Clinical Committee. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Population Health Management Workgroup develops population health strategy | In Progress | Executive Director, in conjunction with the Population Health Management Workgroup schedules and holds periodic meetings to conceptualize a population health strategy including how patients will flow in the care delivery system and identify the critical decision points. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Identify infrastructure and IT needs to implement population health management approach | In Progress | Senior Director of Enterprise Data and Analytics and Executive Director as part of the population health strategy, Population Health Management Workgroup identifies infrastructure (e.g. workforce) and IT needs to implement a population health management approach for the SI PPS population including risk stratification capabilities. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Develop approach and timeline for utilization of Enterprise Data Warehouse (EDW) | In Progress | As part of an overall IT systems and process strategy, Senior Director of Enterprise Data and Analytics and Executive Director, develops an approach and timeline for the utilization of an EDW that can aggregate and store data in one location and is accessible to the PPS network. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Develop approach to standardize vocabulary and patient registries | In Progress | Senior Director of Enterprise Data and Analytics and IT vendor develops an approach to create standardized vocabulary and patient registries. | 07/01/2015 | 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**<br>Develop approach to perform population health analytics | In Progress | Senior Director of Enterprise Data and Chief Medical Officer in conjunction with the Population Health Management Workgroup and Data & IT Committee, develops an approach to perform population health analytics utilizing claims and other data including:<br>1. Population risk stratification<br>2. Predictive analytics to predict high-cost, high-risk patients and direct and prioritize PPS resources<br>3. Clinical risk interventions<br>4. The use of messaging/real time alerts<br>5. Clinical decision support | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop approach to address risk factor reduction and ensure management of high risk patients and patients with chronic disease | In Progress | Chief Medical Officer in conjunction with the Clinical Committee, develops an approach to incorporate evidence-based best practice guidelines and targeted education interventions, across the PPS to address risk factor reduction and ensure the management of high risk patients and patients with chronic disease. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Share population health strategies with Project Leads for feedback | In Progress | Share the population health strategies developed in the previous steps with Project Leads for feedback and to incorporate the strategies into project implementation strategies. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Assemble PCMH Workgroup | In Progress | Director of Ambulatory Initiatives assembles a workgroup to develop a plan to achieve PCMH 2014 Level 3 Requirements. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Perform current state assessment on PCMH 2014 Level 3 requirements | In Progress | In conjunction with PCMH Workgroup, Director of Ambulatory Initiatives performs a current state assessment on PCMH 2014 Level 3 requirements. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop PCMH certification roadmap for each provider | In Progress | PCMH Workgroup develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 certification. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Share roadmap with key stakeholders for feedback | In Progress | PCMH Workgroup shares the population health management roadmap with key PPS provider stakeholders for feedback during a designated comment period. | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Finalize population health roadmap | In Progress | Executive Director, Senior Director of Enterprise Date and Analytics and Chief Medical Officer finalizes the population health roadmap including IT infrastructure, plans for achieving PCMH, and priority target populations. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Submit roadmap to Board for approval | In Progress | PMO submits the population health management roadmap to Board for approval. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Milestone #2**<br>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 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |

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| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| | | shift of activity from inpatient to outpatient settings. | | | | | |
| **Task** Assemble Bed Reduction Workgroup | In Progress | Assemble a Bed Reduction Workgroup with key participants from inpatient facilities including behavioral health and acute inpatient hospitals as well as the Workforce Committee. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Determine strategy to enhance/expand outpatient capacity and reduce inpatient capacity | In Progress | Bed Reduction Workgroup determines a strategy to enhance and expand outpatient capacity and reduce inpatient capacity. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Review/assess impact of planned reductions in inpatient admissions/ER visits | In Progress | Bed Reduction Workgroup reviews and assesses the impacts of planned reductions in inpatient admissions/ER visits as a result of the implementation of DSRIP projects. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Assess patient flow and inventory bed systems in hospitals | In Progress | Bed Reduction Workgroup assesses the current patient flow process across the PPS network and inventory bed systems in the hospitals to shift care from inpatient to outpatient settings. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Develop future state patient flow process | In Progress | Bed Reduction Workgroup develops a future state patient flow process to shift care from inpatient to outpatient settings. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** Develop bed reduction plan | In Progress | Bed Reduction Workgroup develops a bed reduction plan to bridge the gap between the current and future state. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** Share plan with key stakeholders for feedback | In Progress | PMO shares the bed reduction plan with key PPS provider stakeholders for feedback during a designated comment period. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** Submit plan to Board for approval | In Progress | PMO submits the bed reduction plan to Board for approval. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

### 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 |
|---|---|
| Develop population health management roadmap. | |
| Finalize PPS-wide bed reduction plan. | |

# New York State Department Of Health
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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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.

The Staten Island Performing Provider System, LLC (SI PPS) anticipates the following key challenges in implementing a population health management roadmap and PPS-wide bed reduction plan:

1. The SI PPS views the ability to operationalize a fully integrated IT platform with population health analytics capabilities including the ability to identify and proactively engage at risk patients in a timely manner as a key challenge to developing a population health roadmap as well as the reducing inappropriate hospital use. The SI PPS plans to utilize the Staten Island RHIO's (Healthix) infrastructure through an integrated IT platform to allow PPS partners to access/exchange relevant patient information in real-time. The results of the high-level IT assessment that SI PPS performed during the DSRIP planning phase indicated that a subset of PPS providers do not have EMR systems, while other PPS providers participate in Healthix in some capacity. The SI PPS is concerned that there will be delays in integrating the non-EMR providers into the IT infrastructure which could potentially delay standardizing clinical health data and performance measures across the SI PPS. The SI PPS anticipates that there will be a ramp up period for PPS providers in order to implement a shared IT infrastructure and will include this consideration in the development of the implementation plan. The SI PPS anticipates that the PMO will facilitate the distribution and collection of interim reporting tools to the non-EMR providers until they are fully integrated into the SI PPS's IT infrastructure. IT support and training programs will also be designed and made available to PPS providers through each roll-out phase of the IT integration process including population health management and tools.

2. The SI PPS requires timely access to Medicaid claims data in order to enable population health analytics including risk stratification to begin the identification and management of high risk patients in Demonstration Year (DY) 1. To address this challenge, the SI PPS is putting interim strategies into place with the expectation that this data will be made available to the SI PPS early in DY 1.

3. The SI PPS has included in its CRFP grant funding for IT projects related to population health IT capabilities and analytics. If the PPS partners do not receive the requested funding, this will impact the PPS's ability to implement IT interoperability. Further, the development of necessary outpatient capacity to support the reduction of inpatient use to drive bed reduction is highly dependent on the PPS providers' abilities to expand primary care services and behavioral health/substance abuse outpatient capacity through capital projects. The SI PPS is including in its funds flow model dollars allocated for projects that may not receive funding to help mitigate this risk. The SI PPS has also prioritized capital projects aimed at expanding outpatient capacity in its capital grant submission to further mitigate this risk.

4. Although a number of participating primary care providers have implemented or are in the process of implementing PCMH 2014 Level 3 standards, there are a number of providers that are early on in this process and will require additional support and time to meet PCMH standards. The timeline associated with meeting PCMH has been taken into account in developing project implementation timelines. The SI PPS is also developing a strategy to support providers as needed by providing training and vendor relationships.

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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.)

The SI PPS's population health management workstream is interdependent with other organizational workstreams and serves as the DSRIP program's goals of reducing avoidable hospital use, shifting care to the community, and strengthening preventative care and appropriate utilization of services.

Population health management including the ability to perform population wide analytics and risk stratification to proactively identify patients and prioritize interventions will be dependent on the IT systems that are in place and used by the SI PPS as well as the availability of Medicaid claims and other data. Additionally, the population health strategy will be strengthened through patient portals and other technology that allows patients to proactively manage their own healthcare including scheduling appointments, receiving reminders regarding preventive care and prescription refills, and emailing with providers.

The PPS-wide bed reduction plan will be highly interdependent on the workforce workstream due to its impact on the workforce and the requirement for retraining, redeployment, and new hires.

Practitioners will be fully engaged in the development of the population health management strategy and implementation. Further, the practitioner engagement training strategy will include key components of the population health roadmap including understanding the IT infrastructure approach to population health, and the PPS approach and timeline for meeting PCMH 2014 Level 3 across participating providers.

The clinical integration strategy including the sharing of clinical and performance data is a foundation and driver of the SI PPS's population health strategy. Without appropriate information to manage the patient as a whole, rather than in silos, the SI PPS will not be able to achieve the desired population health outcomes.

The SI PPS Population Health Management Workgroup has been assigned the primary role of developing and overseeing the implementation of the population health management strategy as well as the PPS-wide bed reduction plan. However, it is expected that all SI PPS committees will collaborate and provide feedback on the development of these plans. This will enable coordination across various workstreams. For example, members from the Clinical Committee, Data/IT Committee, Clinical Integration Workgroup, and Practitioner Engagement Workgroup will be asked to inform and advise on Population Health Management Workgroup to facilitate the development of a strategy that achieves DSRIP program objectives.

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 |
|---|---|---|
| Executive Director | Joseph Conte | Oversee the day-to-day operations for the population health management strategy and bed reduction strategy. |
| Population Health Management Workgroup | TBD | Develop a population health roadmap based on, but not limited to, the assessment of current infrastructure and IT needs, population health analytics, and clinical risk interventions. |
| Director of Ambulatory Initiatives, Chair of PCMH Workgroup | Jessica Steinhart | Support the development of the PCMH roadmap |
| Bed Reduction Workgroup | TBD | Develop a bed reduction plan based on, but not limited to, the assessment of outpatient expansion capability, inpatient admission/ER visits reduction, and current patient flow processes. |
| Chief Medical Officer | Salvatore Volpe, MD | Oversee the day-to-day clinical aspect of population health management implementation and operations. |
| Finance Director | Rick Olsen | Oversee the day-to-day finance aspect of population health management implementation and operations. |
| Senior Director of Enterprise Data & Analytics | Anyi Chen | Oversee the day-to-day data/IT population health management implementation and operations. |
| Compliance Officer | Regina Bergren | Oversee the day-to-day compliance aspect of population health management implementation and operations. |
| Data Analysts | Vitaly Druker<br>Diana Kohlberg | Support population health management data/IT functions of the PPS. |

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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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** | | |
| Irene Frohlich | PPS Project Director | Provide oversight on the population health management strategy. |
| Victoria Njoku-Anokam, Director of Behavioral Health Initiatives<br>Mary Han, Continuing Care Initiatives<br>KateLynn Chimenti, Staff Analyst | Project Management Office | Provide oversight, leadership and support for population health management related projects and for overall implementation plan deliverables that impact health management reporting. |
| Beacon Christian Community Health Center, Philip Juliano<br>Community Health Action of Staten Island, Joshua Sippen<br>Community Health Center of Richmond, Monique Welbeck<br>Coordinated Behavioral Care, Marty Piccochi<br>Eger Health and Rehabilitation Center, Debra Alexander<br>Healthix, Todd Rogow<br>Northshore-LIJ Care Solutions, Joseph Shulman<br>Richmond University Medical Center, Nancy Taranto<br>Staten Island University Hospital, Kathy Kania<br>University Physicians Group, John Shafer | PPS Data/IT Committee 1 of2 | Provide board level oversight and responsibility for the PPS IT function impacted by the population health management strategy and bed reduction strategy. |
| Victory Internal Medicine, David Wortman<br>Visiting Nurse Services of New York, Steven Prewittii<br>St. Joseph's Medical Center, Woods, Elizabeth | PPS Data/IT Committee 2 of 2 | Provide board level oversight and responsibility for the PPS IT function impacted by the population health management strategy and bed reduction strategy. |
| Beacon Christian Community Health Center, David Kim<br>Community Health Center of Richmond, Benny Lindo<br>Staten Island Mental Health, Fern Zagor | PPS Finance Committee | Provide board level oversight and responsibility for the PPS finance function impacted by the population health management strategy and bed reduction strategy. |

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Eger Health and Rehabilitation Center, Gary de Leeiwek<br>Richmond University Medical Center, Robert Ren<br>Staten Island University Hospital, Tom Reca | | |
| Beacon Christian Community Health Center, Janet Kim;<br>Camelot of Staten Island, Logan Lewis;<br>Cerebral Palsy Association of NY/ Metro Health Clinic, Azimah Ehr;<br>Clove Lakes Health Care , Thomas Fealey;<br>Community Health Action of Staten Island, Jennifer Lytton Hirsh;<br>North Shore-LIJ Homecare, Meredith DeSimon;<br>New York State Nurses Association, Julie Semente and Eliza Carboni;<br>Richmond County Medical Society , Deborah Aanonsen;<br>Richmond University Medical Center, Mansoor Khan, MD; | PPS Clinical Committee 1 of 3 | Provide board level oversight and responsibility for the PPS clinical function impacted by the population health management strategy and bed reduction strategy. |
| Richmond University Medical Center, Michael Mathews;<br>Richmond University Medical Center, Peter Stathopoulos, MD;<br>Staten Island Borough President's Office, Ginny Mantello, MD ;<br>Staten Island Mental Health Society, Libby Traynor;<br>Staten Island University Hospital, Brahim Ardolic, MD;<br>Staten Island University Hospital, Russell Joffe, MD;<br>United Physicians Group, Ted Strange, MD / John Shafer;<br>Victory Internal Medicine, Louis Emmer;<br>YMCA of Greater New York, Amanda Wexler; | PPS Clinical Committee 2 of 3 | Provide board level oversight and responsibility for the PPS clinical function impacted by the population health management strategy and bed reduction strategy. |
| 1199SEIU, Fabienne Joseph | PPS Clinical Committee 2 of 3 | Provide board level oversight and responsibility for the PPS clinical function impacted by the population health management strategy and bed reduction strategy. |

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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Carmel Richmond Healthcare and Rehabilitation, Mary-Beth Francis;<br>Community Health Center of Richmond, Christina Tavarez; Federation of Nurses, UFT, Ann Goldman<br>New York State Nurse Association, Julie Semente; Richmond University Medical Center, Pat Caldari;<br>Staten Island Mental Health, Rose Marie Belfini;<br>Staten Island University Hospital, Margaret Dialto;<br>1199 SEIU, Alison Cohen;<br>1199SEIU Training & Employment Fund, Eloisa Pelaez and Rebecca Hall | PPS Workforce Committee | Provide board level oversight and responsibility for the PPS clinical function impacted by the population health management strategy and bed reduction strategy. |
| Rebecca Hall, 1199 Training & Employment Funds | Training Vendor/Lead | Provide necessary training to clinical workforce based on health management strategy. |
| CEOs of PPS Network Providers | Oversight Party from Network Providers | Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the population health management operation and related strategies. |
| CEOs of PPS Network Providers | Liaison from Network Providers | Serve as the primary contact for the PPS Lead population health management for conducting DSRIP related business and oversee their organizations' execution of DSRIP related health management responsibilities and participation in population health management related strategies |
| Boards of Directors for PPS Network Partners | Oversight Party from Network Providers | Oversee their organizations' execution of DSRIP responsibilities and contribute to the success of the population health management operation and related strategies. |
| **External Stakeholders** | | |
| Insignia | PAM tools | Provide Patient Activation Measurement tools and training. |
| Amerigroup, Dr. David Ackerman<br>Healthfirst, Dr. Susan Beene<br>Fidelis<br>United Healthcare | Managed Care Organizations | Provide input for disease, case, and care management protocols and procedures. |
| Jason Thaw, Healthix | Staten Island RHIO | Support the overall integration of network provider data. |
| Kenneth Atlee, Sprectramedix | Information Technology vendor | Development, customization, implementation and ongoing data processing and hosting services to support SI-PPS as well as provide population health analytics support. |

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 SI PPS has identified the following IT infrastructure elements that are required to support population health management capabilities:

1. A robust health information exchange that allows providers to exchange clinical data for use in patient treatment and coordination of care.
2. Patient registries that are both project-specific and for use in the overall DSRIP program.
3. A patient portal that allows patients to begin to proactively manage their own healthcare including scheduling appointments, receiving reminders regarding preventive care and prescription refills, and emailing with providers.
4. Day-to-day care management capabilities.
5. An analytics portal to allow for the reporting of project specific process metrics and outcome metrics for use in rapid cycle evaluation and reporting to the State.
6. The ability to perform population wide analytics and risk stratification to proactively identify patients and prioritize interventions.

The following provides an overview of how the SI PPS will develop the IT infrastructure:

• Success of communication among different stakeholders in the various governance committees, including progress on milestones and provider level performance, is dependent on the implementation of a robust project management software that is delivered through a secure cloud-based server accessible by provider agencies and the SI PPS PMO. The SI PPS has implemented Performance Logic, to provide this support. This IT platform will also allow governance committee members to have a two-way communication mechanism with the SI PPS PMO and providers, and will allow for ongoing performance monitoring or Domain 1 milestones, among others.
• SpectraMedix has been selected as the health IT vendor for SI PPS. SpectraMedix will work collaboratively with the SI-PPS PMO, IT/Data Committee, and the work stream teams (i.e. Information Technology Systems & Processes, Performance Reporting, Clinical Integration, Population Health and Practitioner Engagement) to provide an IT foundation for a clinically integrated healthcare delivery system.
• The PPS will build an Enterprise Data Warehouse that integrates NYS Medicaid attribution roaster, claims data and pharmacy data.
• The PPS will promote and support integration of PPS partners into the Staten RHIO (Healthix) through resource support and funds flow.
• The PPS will implent a healthcare analytics platform within the secure private cloud hosting environment described above, which will allow SI-PPS to have visibility into Performing Provider System performance and to meet reporting requirements for the metrics associated with the System Transformation Projects (Domain 2), Clinical Improvement Projects (Domain 3) and Population-Wide Projects (Domain 4) that have been selected by SI-PPS. This platform will includes the following functions and dashboards for performance management and identifying opportunities for program improvement.
Currently, PPS providers are utilizing a number of these tools including the health information exchange, the Staten Island RHIO (Healthix), and various day-to-day care management technologies as well as several population wide analytics tools to risk stratify populations and direct resources. The SI PPS plans to utilize existing services which potentially build out additional capacity including a patient portal and an analytics portal for reporting and use in rapid cycle evaluation.

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### IPQR Module 8.8 - Progress Reporting

**Instructions :**

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

Specific milestones and progress reporting metrics that the SI PPS must report on a quarterly basis have been identified by the DOH. The milestones related to population health management include developing a population health management roadmap for the PPS and finalizing a PPS-wide bed reduction plan.

The SI PPS will provide Board approved plans for the milestones listed above to the DOH and will monitor the progress of the designated implementation plan steps to report to the DOH on a quarterly basis. The SI PPS has developed a detailed implementation plan with additional sub-steps under each milestone to capture the responsible resources to execute/coordinate the implementation of steps under each milestone as well as designated timeframe estimates to complete the steps. The SI PPS anticipates that the Clinical Committee, in collaboration with other committees and workgroups, will develop the plans. The Clinical Committee will also oversee progress reporting for respective population health management metrics. The PMO will implement a standardized dashboard for the collection and reporting of progress as it relates to workplan implementation as well as for milestones progress reporting and identifying risks for internal updates to relevant governance committees. This will also be used to facilitate quarterly progress reporting to the DOH. If the SI PPS utilizes vendor relationships for the implementation of the population health management workstream, all formal agreements will include a defined commitment to meeting and reporting on key milestones and implementation steps.

### IPQR Module 8.9 - IA Monitoring

**Instructions :**

The IA recommends a change in status to identify actual dates tasks will be completed.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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:<br>-- 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)<br>-- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration<br>-- Identify other potential mechanisms to be used for driving clinical integration | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | NO |
| **Task** Assemble Clinical Integration Workgroup | In Progress | Executive Director, PPS Chief Medical Officer and Senior Director of Enterprise Data and Analytics assemble a Clinical Integration Workgroup made up of representatives from the Clinical and IT Committees as well as representative PPS providers. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Identify resources and capabilities across PPS network | In Progress | Identify existing clinical integration platforms, care transition programs, capabilities, workforce, and processes across the PPS network (hospitals, SNFs, home care agencies, FQHCs, substance abuse and behavioral health providers, among others). | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** Determine clinical integration requirements for key provider groups | In Progress | Determine clinical integration requirements for key provider groups including care management/health homes, clinical providers, community based providers, etc. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Determine clinical integration standards for PPS | In Progress | Determine the clinical integration standards that the PPS network will need to implement, including requirements for clinical integration for providers. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Perform gap analysis on clinical integration capabilities and needs for PPS network integration | In Progress | Perform a gap analysis around clinical integration capabilities and requirements for PPS network integration that is informed by the results of this assessment as well as the PPS's IT, workforce, and community needs assessment. | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** | In Progress | By provider type and in coordination with project implementation teams, | 10/01/2015 | 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 |
|---|---|---|---|---|---|---|---|
| Identify data points and key interfaces to achieve shared access and clinical integration | | identify key data points for shared access and key interfaces that will have an impact on clinical integration. | | | | | |
| **Task** Draft clinical integration needs assessment report | In Progress | Draft a clinical integration needs assessment report. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Share report with key stakeholders for feedback | In Progress | Share the clinical integration needs assessment report with key PPS provider stakeholders for feedback during a designated comment period. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Share report with Clinical Committee | In Progress | Share the Clinical Integration "needs assessment" with the Clinical Committee. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #2** Develop a Clinical Integration strategy. | In Progress | Clinical Integration Strategy, signed off by Clinical Quality Committee, including:<br>-- Clinical and other info for sharing<br>-- Data sharing systems and interoperability<br>-- 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<br>-- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination<br>-- Training for operations staff on care coordination and communication tools | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| **Task** Develop approach for clinical integration across PPS | In Progress | Based on the IT, workforce and clinical integration needs assessment develop an approach for the sharing of clinical data and other key information across provider groups and care management organizations. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Develop plan and timeline for integration of IT interoperability | In Progress | Develop workplan steps and timelines for the integration of IT interoperability needed for clinical integration. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Develop clinical integration workflows for sharing of data | In Progress | In conjunction with project implementation teams, develop workflows pertaining to clinical integration and the sharing of clinical and other data. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Develop care transition strategies | In Progress | In conjunction with project implementation teams, develop care transition strategies including data sharing requirements. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Develop training plan for clinical integration strategy | In Progress | In coordination with the Training Workgroup and Workforce Committee, develop a training plan for the PPS clinical integration strategy including integration timelines. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** Share strategy with key stakeholders to receive feedback | In Progress | Share the clinical integration strategy with key PPS provider stakeholders to receive feedback, during a designated comment period. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

# New York State Department Of Health
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## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|
| **Task**<br>Submit strategy to Clinical Committee for approval | In Progress | Submit the PPS's clinical integration strategy to the Clinical Committee for approval. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

### 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'. | |
| Develop a Clinical Integration strategy. | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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.

The Staten Island Performing Provider System, LLC (SI PPS) anticipates that the following key challenges in implementing its clinical integration strategy:

1. The SI PPS views the ability to operationalize a fully integrated IT platform in a timely manner as a key challenge and risk to developing a clinically integrated network in line with the implementation of the SI PPS's clinical integration strategy. The SI PPS plans to utilize the Staten Island RHIO's (Healthix) infrastructure through an integrated IT platform to allow PPS partners to access/exchange relevant patient information in real-time. The results of the high-level IT assessment that the SI PPS performed during the DSRIP planning phase indicated that a subset of PPS providers do not have EMR systems, whereas other PPS providers already participate in Healthix in some capacity. The SI PPS is concerned that there will be delays in integrating the non-EMR providers into the IT infrastructure which could potentially delay standardizing clinical health data and performance measures across the SI PPS. The SI PPS anticipates that there will be a ramp up period for PPS providers in order to implement a shared IT infrastructure and included this consideration in the development of the implementation plan. Further, IT support and training programs will be designed and made available to PPS providers through each roll-out phase of the clinical integration process to enable providers to prepare for clinical integration.

2. The SI PPS has included in its CRFP, grant funding for IT projects related to clinical integration. If PPS partners do not receive the requested funding, the SI PPS's ability to implement IT interoperability will be impacted. The SI PPS is including in its funds flow model funding for projects to help mitigate this risk.

3. The success of the SI PPS's clinical integration strategy will be highly dependent on the level of engagement of practitioners involved in implementing the workflow and protocols included in the strategy (emergency room physicians, transition coachers, primary care physicians, and care managers, as examples). To ensure practitioner engagement in the clinical integration strategy, representatives from practitioner groups will be included in the development of the SI PPS's strategy to ensure buy in. Engaged practitioners will also sit on the Clinical Committee. Further, a comprehensive practitioner engagement strategy will be developed (see Practitioner Engagement workstream).

4. The SI PPS has multiple providers of care management services that will continue to expand capacity through DSRIP project implementation. The SI PPS sees care management as a critical component to monitoring at risk patients and preventing avoidable ER visits and hospitalizations. However, with multiple providers, approaches, and IT systems in use, the SI PPS's governance and decision-making around the sharing of IT information across PPS providers will be a challenge. To mitigate this risk, the SI PPS has included all care management providers on critical governance committees and will involve all providers in the development of IT processes and a clinical integration strategy.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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.)

The SI PPS clinical integration workstream is interdependent on several organizational workstreams, specifically population health management, practitioner engagement, IT systems and processes, and individual project implementation. As such, all workstreams will incorporate clinical integration into their respective strategic plans and implementation steps.

As previously stated, the success of the clinical integration strategy will be highly dependent on the level of practitioner engagement involved in implementing the workflows and protocols included in the strategy. Further, IT systems and processes workstream will provide the foundation for the integration of the SI PPS's clinical data to move towards population health. The SI PPS will designate a Clinical Integration Workgroup to serve in the primary role of developing and overseeing the implementation of the clinical integration strategy that includes the sharing of clinical and non-clinical information, designing standard clinical integration elements, and developing a care transitions strategy throughout the SI PPS network.

Various components of the population health management workstream are highly dependent on the clinical integration workstream including collecting and analyzing data necessary to risk stratify the population, conduct predictive analytics, identify high risk patients for interventions, as well as the use of messaging and real time alerts to manage patients.

Additionally, other SI PPS committees will collaborate and provide feedback and inputs to the Clinical Integration Workgroup to facilitate coordination across various workstreams. The Clinical Integration Workgroup will be made up of representatives from across the governance committees including the Population Health Workgroup, the Practitioner Engagement Workgroup, the Data/IT Committee, and the Clinical Committee to enable an integrated strategy in the development of each workgroup's respective strategic plans.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 |
|---|---|---|
| Executive Director | Joseph Conte | Support the strategic development of the Clinical Integration strategy. |
| Senior Director of Enterprise Data & Analytics | Anyi Chen | Support the PPS's clinical integration data/IT functions, including data mapping/sharing and IT infrastructure construction and maintenance. |
| Data Analysts | Vitaly Druker<br>Diana Kohlberg | Assist in the operational continuity of data aspects pertaining to clinical integration and provide assistance to the Clinical Committee as it relates to data analysis, acquisition and reporting. This position will be responsible for analyzing clinical outcomes and reporting results to the Clinical Committee. |
| Chief Medical Officer | Salvatore Volpe, MD | Support the strategic development of the Clinical Integration strategy. |
| Clinical Committee | Beacon Christian Community Health Center, Janet Kim;<br>Camelot of Staten Island, Logan Lewis;<br>Cerebral Palsy Association of NY/ Metro Health Clinic, Azimah Ehr;<br><br>Clove Lakes Health Care , Thomas Fealey;<br>Community Health Action of Staten Island, Jennifer Lytton Hirsh;<br>North Shore-LIJ Homecare, Meredith DeSimon;<br>New York State Nurses Association, Julie Semente and Eliza Carboni;<br>Richmond County Medical Society , Deborah Aanonsen;<br>Richmond University Medical Center, Mansoor Khan, MD;<br>Richmond University Medical Center, Michael Mathews;<br>Richmond University Medical Center, Peter Stathopoulos, MD;<br>Staten Island Borough President's Office, Ginny Mantello, MD ;<br>Staten Island Mental Health Society, Libby Traynor;<br>Staten Island University Hospital, Brahim Ardolic, MD;<br>Staten Island University Hospital, Russell Joffe, MD;<br>United Physicians Group, Ted Strange, MD / John Shafer;<br>Victory Internal Medicine, Louis Emmer; | Collaborate with the Data/IT Committee to develop clinical data/IT elements. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| | YMCA of Greater New York, Amanda Wexler;<br>1199SEIU, Fabienne Joseph | |
| Data/IT Committee (IT contacts from PPS partners) | Beacon Christian Community Health Center, Philip Juliano<br>Community Health Action of Staten Island, Joshua Sippen<br>Community Health Center of Richmond, Monique Welbeck<br>Coordinated Behavioral Care, Marty Piccochi<br>Eger Health and Rehabilitation Center, Debra Alexander<br>Healthix, Todd Rogow<br>Northshore-LIJ Care Solutions, Joseph Shulman<br>Richmond University Medical Center, Nancy Taranto<br>Staten Island University Hospital, Kathy Kania<br>University Physicians Group, John Shafer<br>Victory Internal Medicine, David Wortman<br>Visiting Nurse Services of New York, Steven Prewittii<br>St. Joseph's Medical Center, Woods, Elizabeth | Support development and execution of the clinical integration strategy. |
| Clinical Integration Workgroup | TBD | Perform a clinical integration needs assessment, as well as develop and implement a clinical integration strategy. |
| Compliance Officer | Regina Bergren | Oversee the development and implementation of the PPS's compliance plan and related compliance requirements, as defined by the PPS, including the PPS Lead compliance plan related to DSRIP. The Compliance Director role should report to the Executive Body. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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** | | |
| Irene Frohlich, Director of Project Management<br>Jessica Steinhart, Director of Ambulatory Initiatives<br>Victoria Njoku-Anokam, Director of Behavioral Health Initiatives<br>Amy Chen, Continuing Care Initiatives<br><br>Diana Kohlberg, Staff Analyst<br>KateLynn Chimenti, Staff Analyst | Project Management Office | Provide oversight and leadership for the clinical integration of related DSRIP projects and for the overall implementation plan deliverables that impact clinical integration reporting. |
| Community Health Action of Staten Island, John Shevlin<br>NSLIJ-Care Solutions, Dr. Zenobia (Zena) Brown<br>ArchCare, Empire State Home care, Esther Moas<br>Richmond University Medical Center, Sundee Naing, MD<br>Staten Island University Hospital, Judith McLoughlin, MD<br>Eger Healthcare & Rehabilitation Center, Maureen Graff<br>ArchCare, Empire State Home care, Esther Moas<br>North Shore-LIJ Home Care at Staten Island, Donna Zaporta<br>Beacon Christian Community Health Center, David Kim, MD | DSRIP Project Leads 1 of 3 | Corroborate with PPS providers to seek feedback and facilitate clinical integration. |
| Community Health Action of Staten Island, John Shevlin<br>Project Hospitality, Terry Troia/Ericker Phillips-Onaga<br>Richmond University Medical Center, Michael Matthews | DSRIP Project Leads 2 of 3 | Corroborate with PPS providers to seek feedback and facilitate clinical integration. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Staten Island Mental Health Society, Libby Traynor<br>Staten Island University Hospital, Russell Joffe, MD<br>Bridge Back to Life, Everett Miller<br>Camelot of Staten Island, Logan Lewis<br>Staten Island University Hospital, Russell Joffe, MD<br>YMCA of Greater New York, Amanda Wexler | | |
| Staten Island University Hospital, Carolyn McCarthy<br>Staten Island University Hospital, Paula McAvoy<br>Staten Island University Hospital, Christine Hollie | DSRIP Project Leads 3 of 3 | Corroborate with PPS providers to seek feedback and facilitate clinical integration. |
| TBD | Internal Auditor | Assess the adherence to clinical protocols and report to the Clinical Committee. |
| Anyi Chen | Senior Director of Enterprise Data & Analytics | Advise on information technology related requirements for the finance function, including providing access to data for finance function reporting requirements. |
| CEOs of PPS Network Providers | Overseeing party from Network Providers | Responsible for their organization's execution of DSRIP responsibilities and will contribute to the success of the PPS's clinical integration operation and its related strategies. |
| Boards of Directors for PPS Network Partners | Overseeing party from Network Providers | Responsible for their organization's execution of DSRIP responsibilities and will contribute to the success of the PPS's clinical integration operation and related strategies. |
| North Shore Long Island Jewish, Joseph Schulman | Care Management IT | Provider care management solutions. |
| Mansoor Khan, Richmond University Medical Center<br>Nancy Tarranto, Richmond University Medical Center<br><br>Kathy Kania,<br>Staten Island University Hospital<br>Brahim Ardolic, Staten Island University Hospital | Hospitals | Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network. |
| David Kim, Beacon Chrisitian Community Health Center<br>Henry Thompson, Community Health Center of Richmond | Federally Qualified Health Centers | Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Mary-Beth Francis, Carmel Richmond Healthcare and Rehabilitation Center<br>Lori Senk, Clove Lakes Health Care<br>David Rose, Eger Healthcare & Rehabilitation Center<br>Yehuda Hoffner, Golden Gate Rehabilitation and Health Care Center<br>Leo Gutman, New Vanderbilt Rehabilitation and Care Center<br>Philip Buchsbaum, Richmond Center for Rehabilitation and Healthcare<br>Maria McGuire and Maria Pablo, MD, Sea View Hospital Rehabilitation Center and Home<br>Joan Giebelhaus, Silver Lake Specialized Care Center | Skilled Nursing Facilities 1 of 2 | Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network. |
| Isaac Wiener, Staten Island Care Center<br>Elizabeth Forester, Verrazano Nursing Home | Skilled Nursing Facilities 2 of 2 | Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network. |
| Theodore Strange, MD, University Physicians Group<br>David Wortman, Victory Internal Medicine | Physician Groups | Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network. |
| Terry Troia , Project Hospitality<br>Diane Arneth, Community Health Action of Staten Island<br>Elizabeth Woods, Saint Joseph's Medical Center<br>Steve Scher, Staten Island Behavioral Network | Health Homes | Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network. |
| Paula McAvoy, Staten Island University Hospital Hospice<br>Donna Lichti, Visiting Nurse Services of New York | Hospice | Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network. |
| Behavioral Health and Substance Abuse providers:<br>Logan Lewis, Camelot of Staten Island<br>John Kastan, Jewish Board of Family and Child Services<br>Terry Troia, Project Hospitality<br>Michael Matthews, Richmond University Medical Center<br>Avraham Schick , Silver Lake Support Services<br>South Beach Addition Treatment Center | Behavioral Health/Substance Abuse providers 1 of 2 | Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network. |

# New York State Department Of Health
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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Rosanne Gaylor, MD, South Beach Psychiatric Center<br>Fern Zagor, Staten Island Mental Health Society<br>Staten Island University Hospital<br>Jacqueline Filis, YMCA | | |
| Gary Butchen, Bridge Back to Life | Behavioral Health/Substance Abuse providers 2 of 2 | Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network. |
| Azimah Ehr, MD, Cerebral Palsy Association of NY | Developmental Disability Services | Support clinical integration across PPS partners through data exchange and participation in clinical protocols |
| Esther Moss, Archcare, Empire State Home care<br><br>Donna Lichti, Visiting Nurse Services of New York<br><br>Barrington Burke-Green, Visiting Nurse Association<br>Irina Mitzner, North-shore LIJ Home care | Home care agencies | Support clinical integration across PPS partners through data exchange and participation in clinical protocols across the network. |
| **External Stakeholders** | | |
| Healthix | Staten Island RHIO | Support the overall clinical integration strategy |
| Kenneth Atlee, Sprectramedix | Information Technology vendor | Development, customization, implementation and ongoing data processing and hosting services to support SI-PPS as well as support through the clinical integration assessment. |
| Neelash Shah, Performance Logic | Project Management Software vendor | Support rapid cycle evaluation for Domain 1 measures for management and reporting and overall project management support. |
| TBD | Electronic Health Record vendors at participating providers | Support clinical integration needs at PPS partners. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 IT infrastructure across the SI PPS will be the foundation for the development of a clinically integrated network including data sharing systems, interoperability and the ability for providers across provider types and sites (hospitals, primary care providers, mental health and substance abuse providers, and homecare providers, among others) to share relevant data to support care transitions, care management, and drive the appropriate use of resources and utilization of care. The clinical integration workstream will work with the IT processes and data workstream to determine the sharing of clinical data and other information.

Key IT considerations for clinical integration may include but are not limited to the following:
• The IT infrastructure to support a clinically integrated network
• Data reporting for performance monitoring
• Secure messaging and alerts
• Patient and physician portal through the use of items such as patient and physician portals and secure messaging and alerts, among others.

Members of the Data/IT Committee, Clinical Committee and Clinical Integration Workgroup are tasked with designing data elements and other requirements for IT interoperability. Data and dashboards will be developed for two-way reporting between the SI PPS and PPS providers to share key data for care delivery as well as for performance reporting. The SI PPS plans to build and configure a data sharing exchange and interfaces for PPS providers to become clinically integrated into the shared IT infrastructure.

The PPS performed a high-level IT assessment during the planning phase and identified several providers who currently do not have EHR systems. The PPS will take into consideration the needs of these providers in the development of the clinical integration interim reporting while these providers build these systems and become clinically integrated into the PPS.

### IPQR Module 9.8 - Progress Reporting

**Instructions :**

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

Specific milestones and progress reporting metrics that the SI PPS must report on a quarterly basis have been identified by the DOH. The milestones related to clinical integration include performing a clinical integration 'needs assessment' and developing a clinical integration strategy.

The SIPPS will utilize the project requirements, such as provider progress on PCMH certification and meaningful use requirements, as well as practitioner and patient satisfaction surveys to assess the overall effectiveness of the PPS's clinical integration throughout the DSRIP program.

# New York State Department Of Health
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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

The SI PPS has developed a detailed implementation plan with additional sub-steps under each milestone to capture the responsible resources for executing/coordinating implementation steps under each milestone as well as designated timeframe estimates to complete the steps. The SI PPS anticipates that the Clinical Committee, in collaboration with other committees and workgroups, will develop these plans. The Clinical Committee will also oversee progress reporting for respective population health management metrics. The PMO will implement a standardized dashboard for the collection and reporting of progress as it relates to workplan implementation and milestones for reporting progress and risks for internal updates to relevant governance committees as well as for quarterly progress reports to the DOH. If the SI PPS utilizes vendor relationships for the implementation of the clinical governance workstream, all formal agreements will include a commitment to meeting and reporting on key milestones and implementation steps.

### IPQR Module 9.9 - IA Monitoring:

**Instructions :**

The IA recommends a change in status to identify actual dates tasks will be completed.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

## 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.

The Staten Island Performing Provider System, LLC (SI PPS) will serve as the anchor to support the implementation of the 11 DSRIP projects including the substantial administrative, project management, reporting, and communication responsibilities required, as well as to provide technical assistance to PPS providers. The SI PPS's governance committees will include representation from an effective and engaged team of clinicians as well as operational and finance leaders from across the PPS provider network to position the SI PPS for success. SI PPS leadership including the Executive Director, the Board of Managers and governance committees will set the tone for project implementation by encouraging both individual and regional care transformation and collaboration.

Serving as the organizational anchor responsible for the substantial administrative activities required to implement the 11 DSRIP projects, the SI PPS's Project Management Office (PMO) will execute the following:

• Designate a strong leader to oversee the entire planning and implementation process.
• Designate a project champion and owner, from within the PPS provider network, for each DSRIP project to ensure provider collaboration and engagement for each project.
• Hold ongoing implementation meetings with representatives from the PMO and project champions/leads as well as project implementation teams to discuss progress towards meeting project requirements, achieving actively engaged targets, etc.
• Ensure appropriate coordination between project implementation teams and organizational work streams including IT systems and processes, population health, value based payments, and clinical integration, among others.
• Employ adequate project management staff with expertise in synthesizing information, coordinating many people and projects, and time management.
• Assign project coordinators, employed through the PMO, to project champions and project implementation teams to manage implementation steps and timelines.
• Assign data analysts to oversee specific projects/project groups to support the collection and analysis of key information from across the PPS network including executing rapid cycle evaluation.
• Develop a plan to incorporate and motivate practitioners and staff across PPS organizations.
• Ensure the availability of hands-on technical support to facilitate project development and design activities.
• Ensure ongoing communication and transparency to the PPS provider network, key stakeholders, and the practitioner and patient community.

The SI PPS's infrastructure development will lay the foundation for delivery system reform and the implementation of all DSRIP projects. As such, the SI PPS will lay the foundation for project implementation through investments in staff with required expertise, processes and technology.

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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

The SI PPS will foster a culture of engagement across the network by employing learning collaboratives and will place an emphasis on staff training as an ongoing initiative to engage participating providers in reaching common project and DSRIP goals. The SI PPS will leverage and build upon existing learning collaboratives to incorporate best practices for performance improvement and information sharing in order to accelerate project implementation. Through these collaboratives, the SI PPS will also emphasize the use and dissemination of evidence-based/standardized best practices for care delivery. The SI PPS will also emphasize the piloting, testing and replicating of innovative care delivery models across the PPS network.

### 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.

Project requirements across the 11 DSRIP projects are either the same or similar, and require similar approaches to achieving project outcomes. Many of the project specific requirements are also highly dependent upon the completion of organizational workstream tasks including IT systems and processes, workforce, performance reporting, clinical integration, and funds flow, among others. These organizational workstreams are also highly dependent on the work that is completed at the project level, including identifying individuals for training and identifying data/metrics to be collected and tracked to monitor project implementation and performance.

The SI PPS has developed project implementation teams and identified project champions/leads to coordinate with the PMO and organizational workstream committees and workgroups. The project implementation teams will consist of PPS partner representation from projects with similar or aligned project requirements, for example Project 2.b.iv Care Transitions to Reduce 30-Day Readmissions and 2.b.viii Hospital-Home Care Collaboratives, which both require the development of transitions of care processes for patients that are at risk for readmission. The need to develop PPS-wide clinical standards and care pathways around disease management, care management and medication management, all also require coordination across project implementation teams and clinical subcommittees.

For the DSRIP projects that have interdependencies across workstreams and other projects, their project plans have been developed to be shared across project teams to facilitate a streamlined implementation process. Project requirements that exist across projects and are interdependent with other workstreams include but are not limited to the following:

• Evidence-based care protocols and clinical practices. The development of these overlapping project requirements will be dependent on project implementation teams in coordination with the Clinical Committee and subcommittees.
• Training on evidence-based practices and protocols. Training programs will be developed and implemented in conjunction with the Workforce Committee and Workforce Implementation Team/ Training Workgroup as well as project implementation teams. Project teams and the Workforce Implementation Team will also coordinate with the IT systems and processes workstream and performance reporting workstream to identify training requirements for PPS organizations and practitioners in these workstreams.
• Community health workers, patient navigators, care managers, primary care providers, social workers, educators, and transition staff will be required to support multiple projects.

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• Coordination with Medicaid Managed Care Organizations (MCOs). This project requirement expands across multiple projects and will be dependent on the involvement of the Finance Committee as well as the Value Based Payment Workgroup.
• The use of EHR, IT platforms to track patients engaged, and integration with the RHIO (Healthix). This project requirement, which is a common requirement across the selected projects, will be interdependent with the Data/IT Committee and overall clinical integration and information technology workstreams.

Workgroups including the PCMH Workgroup and Care Management Workgroup will also be utilized as needed to support specific areas that cross cut numerous DSRIP projects and will include stakeholder representation across workstreams and project teams.

This workstream is also highly dependent on the total valuation and the flow of funds. In order for the PMO to provide the necessary administrative support described in the overall approach, a specified amount of funds will need to be set aside to support these activities.

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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 |
|---|---|---|
| Project Oversight | Joseph Conte, Executive Director, SI PPS LLC | Responsible for the overall execution of DSRIP projects including supervising PMO staff. |
| Project Oversight | Project Management Office | Oversight for execution of all DSRIP projects. |
| Regina Bergren | Compliance Officer | Responsible for developing and implementing the PPS compliance program. |
| Rick Olsen | Finance Director | Oversight of SI PPS Finance function. |
| Anyi Chen | Senior Director of Enterprise Data & Analytics | Develop and implement the overall PPS Information Technology strategy. |
| Celina Ramsey | Director of Diversity and Inclusion | Oversight of PPS Diversity and Cultural Competency strategy. |
| Project Implementation Teams | PPS partner organization members | Engage in meeting project requirements including developing clinical protocols for project implementation, assisting in the development of training, coordinating with project team members on implementation. |
| Data Analysts | Vitaly Druker<br>Diana Kohlberg | Support data collection and reporting, and project progress analysis. |
| Overall Advisor | Project Advisory Committee (all SI PPS partners)<br>Steering Committee:<br>Beacon Christian Community Health Center, David Kim, MD;<br>Community Health Action of Staten Island, Diane Arneth;<br>Community Health Center of Richmond, Inc., Henry Thompson;<br>Eger Health and Rehabilitation Center, David Rose;<br>North Shore- LIJ Homecare, Irina Mitzner;<br>Richmond Center for Rehabilitation and Residential Healthcare, Philip Buchsbaum;<br>Richmond University Medical Center, Richard Salhany;<br>Richmond University Medical Center, Pankaj Patel, MD;<br>Richmond University Medical Center, Elizabeth Wolff, MD;<br>Staten Island Mental Health Society, Fern Zagor;<br>Staten Island University Hospital, Joanne Pietro;<br>Staten Island University Hospital, Dina Wong;<br>Staten Island University Hospital, Diane Gonzalez; | To serve in an advisory role to overall project execution. |

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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| | YMCA of Greater New York, Jacqueline Filis;<br>Visiting Nurse Services of New York, Donna Lichti | |
| Clinical Advisory | Clinical Committee 1 of 2:<br>Beacon Christian Community Health Center, Janet Kim;<br>Camelot of Staten Island, Logan Lewis;<br>Cerebral Palsy Association of NY/ Metro Health Clinic, Azimah Ehr;<br><br>Clove Lakes Health Care , Thomas Fealey;<br>Community Health Action of Staten Island, Jennifer Lytton Hirsh;<br>North Shore-LIJ Homecare, Meredith DeSimon;<br>New York State Nurses Association, Julie Semente and Eliza Carboni;<br>Richmond County Medical Society , Deborah Aanonsen;<br>Richmond University Medical Center, Mansoor Khan, MD;<br>Richmond University Medical Center, Michael Mathews;<br>Richmond University Medical Center, Peter Stathopoulos, MD;<br>Staten Island Borough President's Office, Ginny Mantello, MD ;<br>Staten Island Mental Health Society, Libby Traynor;<br>Staten Island University Hospital, Brahim Ardolic, MD;<br>Staten Island University Hospital, Russell Joffe, MD;<br>United Physicians Group, Ted Strange, MD / John Shafer;<br>Victory Internal Medicine, Louis Emmer;<br>YMCA of Greater New York, Amanda Wexler; | To serve in an advisory role related to the PPS's clinical needs. |
| Clinical Advisory | 1199SEIU, Fabienne Joseph | To serve in an advisory role related to the PPS's clinical needs. |
| Financial Advisory | Finance Committee:<br>Beacon Christian Community Health Center, David Kim<br>Community Health Center of Richmond, Benny Lindo<br>Coordinated Behavioral Care, TBD<br>Eger Health and Rehabilitation Center, Gary de Leeiwek<br>Richmond University Medical Center, Robert Ren<br>Staten Island University Hospital, Tom Reca | To serve in an advisory role related to the PPS's finance needs. |
| Data/IT Advisory | Data and Information Technology Committee:<br>Beacon Christian Community Health Center, Philip Juliano;<br>Community Health Action of Staten Island, Joshua Sippen;Community Health Center of Richmond, Monique Welbeck;<br>Coordinated Behavioral Care, Marty Piccochi;<br>Eger Health and Rehabilitation Center, Debra Alexander;<br>Healthix, Todd Rogow;<br>Northshore-LIJ Care Solutions, Joseph Shulman; | To serve in an advisory role related to the PPS's IT/Data needs. |

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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| | Richmond University Medical Center, Nancy Taranto;<br>Saint Joseph's Medical Center, Elizabeth Woods;<br>Staten Island University Hospital, Kathy Kania<br>University Physicians Group, John Shafer<br>Victory Internal Medicine, David Wortman;<br>Visiting Nurse Services of New York, Steven Prewitt | |
| Workforce Advisory | Workforce Committee:<br>Carmel Richmond Healthcare and Rehabilitation, Mary-Beth Francis;<br>Community Health Center of Richmond, Christina Tavarez;<br>Federation of Nurses, UFT, Ann Goldman<br>New York State Nurse Association, Julie Semente; Richmond University Medical Center, Pat Caldari;<br>Staten Island Mental Health, Rose Marie Belfini;<br>Staten Island University Hospital, Margaret Dialto;<br>1199 SEIU, Alison Cohen;<br>1199SEIU Training & Employment Fund, Eloisa Pelaez and Rebecca Hall | To serve in an advisory role related to the PPS's workforce needs, including training. |
| Compliance Advisory | Compliance Committee:<br>North Shore-LIJ, Regina Bergren;<br>Richmond University Medical Center, Brian Moody | To serve in an advisory role related to the PPS's compliance needs |
| Communication & Marketing Advisory | Communication& Marketing Committee:<br>Fidelis, TBD;<br>Jewish Community Center, David Sorkin;<br>NAMI Staten Island, Linda Wilson;<br>Richmond University Medical Center, William Smith;<br>Staten Island Borough President's Office, Ginny Mantello;<br>Staten Island Partnership for Community Wellness, Adrienne Abbate;<br>Staten Island University Hospital, John Demoleas | To serve in an advisory role related to the PPS's communication and marketing needs. |
| Diversity Advisory | Diversity & Inclusion Committee:<br>El Centro Del Immigrante, Dulce Chuva;<br>Make the Road New York, Rebecca Telzak;<br>Mt. Sinai United Christian Church, Rev. Dr. Victor Brown;<br>Port Richmond High School, TBD;<br>Project Hospitality, Terry Troia; Richmond University Medical Center, Kelly Navoor;<br>Stapleton UAME Church, Rev. Maggie Howard;<br>Staten Island Immigrants Counsel, Gonazalo Mercado;<br>Staten Island University Hospital, Celina Ramsey | To serve in an advisory role related to the PPS's diversity and inclusion needs. |

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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| External Consultants | TBD | To provide any needed consulting services to support the PPS's in project execution. |

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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** | | |
| Irene Frohlich | Project Management Director | Responsible for overall PPS project execution and reporting. |
| Jessica Steinhart, Director of Ambulatory Initiatives<br>Victoria Njoku-Anokam, Director of Behavioral Health Initiatives<br>Mary Han, Assistant Director of Continuing Care Initiatives<br>Anyi Chen, Senior Director of Enterprise Data & Analytics<br>Diana Kohlberg, Staff Analyst<br>Kate Lynn Chimienti, Staff Analyst | Project Directors and Support staff | PMO oversight and leadership for all PPS projects, and for the overall implementation plan deliverables. |
| David Kim, MD<br>Steering Committee Chair | PPS Steering Committee | Board level oversight and responsibilities for all of the PPS projects. |
| CEOs of PPS Network Providers | Oversight party from Network Providers | PPS Network Provider partners' CEOs are responsible for their organizations' execution of DSRIP responsibilities; they will contribute to the success of all PPS project execution. |
| Boards of Directors for PPS Network Partners | Oversight party from Network Providers | PPS Network Provider partners' Board of Directors have overall responsibility for their organizations' execution of DSRIP responsibilities, they will contribute to the success of all PPS project execution. |
| Representatives from Community | Representatives from Community | Input to integrate patients and community to all of the PPS projects. |
| 1199 Training and Employment Funds | Training Vendor | Support PPS related training programs. |
| **External Stakeholders** | | |
| TBD | External Consultants | Provide professional and consulting services to support all PPS projects. |
| Ginny Mantello, MD | Represent Staten Island Borough President's Office, Health & Wellness Department | Provide input and feedback and support across various workkstreams. |
| 1199 Training and Employment Fund | Workforce vendor | Support implementation of the training strategy and workforce |

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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| | | strategy. |
| New York State Department of Health | NY DOH defines the DSRIP requirements | Develop and define DSRIP requirements around reporting, monitoring and project implementation. |
| Office of Mental Health; Office of Alcoholism and Substance Abuse Services; New York City Department of Health and Mental Hygiene | Government Agencies/Regulators | Provide oversight and influence in a number of DSRIP related areas including the importance of waivers or regulatory relief, construction/renovation projects, and other items and establish communication regarding DSRIP status, results, future strategies and their role in DSRIP success. |
| Healthix | Staten Island RHIO | Support the overall clinical integration and IT strategy. |
| Kenneth Atlee, Sprectramedix | Information Technology vendor | Development, customization, implementation and ongoing data processing and hosting services to support SI-PPS as well as support through the clinical integration assessment. |
| Neelash Shah, Performance Logic | Project Management Software vendor | Support rapid cycle evaluation for Domain 1 measures for management and reporting and overall project management support. |

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### IPQR Module 10.5 - IA Monitoring

**Instructions :**

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### Project 2.a.iii – Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services

#### IPQR Module 2.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.

The SI PPS views the following as major risks for implementation:

1. The project requirement for all participating PCPs to meet NCQA accredited Level 3 PCMH standards and/or APC accreditation by Demonstration Year 3 is a risk to achieving project implementation. Although many PCPs have met old NCQA PCMH standards, some still lack EHR or are early in the medical home transformation process. To mitigate this risk, the SI PPS is developing PCMH implementation plans and will provide PCPs with centralized resources, training, and technical assistance. The SI PPS will also track progress and contract with vendors to provide support, as needed.

2. Project requirements for providers to have EHR systems that meet MU standards, connect to the RHIO, and have an IT infrastructure for population health management have been identified as risks for implementation. Some SI PSS providers do not currently have EHR, impeding RHIO connection and tracking of engaged patients. To mitigate this risk, the SI PPS has prioritized implementation of EHR systems across all projects and requested funds through the Capital Restructuring Finance Program to assist providers with fully implementing EHR. The Senior Director of Enterprise Data and Analytics in conjunction with the Data/IT Committee will work with providers who have identified EHR implementation as a risk to help facilitate implementation.

3. Significant engagement is required from PCPs and other practitioner groups, including care management teams and implementation of evidence-based practice guidelines to address risk factor reduction and management of chronic diseases. To address this risk, the SI PPS is developing an incentive strategy to ensure provider participation and will include key provider groups in the development of care protocols and as representatives on the Clinical Committee to ensure engagement with adopted practices.

4. Significant hiring/training is required to support expansion of care management. To assist in accelerating this effort, the Workforce Committee will leverage providers with existing hiring/training resources to quickly ramp up capacity to serve the target population. The SI PPS plans to utilize partners including CBC (the SI Health Home) and NS-LIJ's Care Solutions as existing resources to achieve full implementation.

5. Staten Island has an ethnically diverse population presenting linguistic, cultural and other challenges for Medicaid enrollees and uninsured attempting to self-manage care and navigate the healthcare system. To mitigate this risk, the SI PPS will utilize current health home providers with expertise providing services to these populations to support project implementation. The SI PPS will develop culturally competent and linguistically appropriate and self-management materials to support this population.

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6. The SI PPS has allocated a portion of funding for this project to support project implementation costs including the hiring/training of additional staff, development of IT infrastructure, and incentive/bonus payments to providers. The SI PPS has tied funds flow to providers based on meeting specific project milestones within designated timeframes. The ability to support project activities through the current valuation is a risk, given that care management services for "at-risk" patients are not reimbursable and must be entirely supported through PPS funds. To mitigate this risk, the SI PPS will partner with existing Health Homes to support project implementation. The Health Homes will support project implementation activities and create efficiencies through alignment with existing health home models. Additional care management providers may be engaged for the project if the Health Home is unable to meet actively engaged targets with current project valuation.

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### IPQR Module 2.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 |
| Primary Care Physicians | 84 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| Non-PCP Practitioners | 294 | 0 | 0 | 0 | 98 | 98 | 98 | 98 | 196 | 196 | 196 |
| Clinics | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Health Home / Care Management | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 8 | 8 |
| Behavioral Health | 54 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 54 | 54 | 54 |
| Substance Abuse | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 11 | 11 |
| Pharmacies | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 |
| Community Based Organizations | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 |
| All Other | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 5 | 5 |
| **Total Committed Providers** | **476** | **0** | **0** | **0** | **98** | **98** | **98** | **98** | **278** | **278** | **285** |
| **Percent Committed Providers(%)** | | **0.00** | **0.00** | **0.00** | **20.59** | **20.59** | **20.59** | **20.59** | **58.40** | **58.40** | **59.87** |

| 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 | 84 | 16 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| Non-PCP Practitioners | 294 | 196 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 |
| Clinics | 9 | 2 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| Health Home / Care Management | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| Behavioral Health | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 |

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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 |
| Substance Abuse | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| Pharmacies | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Community Based Organizations | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| All Other | 10 | 5 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| **Total Committed Providers** | **476** | **296** | **476** | **476** | **476** | **476** | **476** | **476** | **476** | **476** | **476** |
| **Percent Committed Providers(%)** | | **62.18** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** |

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.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** |
| DY3,Q4 | 5,000 |

| 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 | 250 | 500 | 750 | 750 | 1,500 | 2,250 | 3,000 | 1,250 | 2,500 |
| **Percent of Expected Patient Engagement(%)** | **0.00** | **5.00** | **10.00** | **15.00** | **15.00** | **30.00** | **45.00** | **60.00** | **25.00** | **50.00** |

| 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 | 3,750 | 5,000 | 1,250 | 2,500 | 3,750 | 5,000 | 0 | 0 | 0 | 0 |
| **Percent of Expected Patient Engagement(%)** | **75.00** | **100.00** | **25.00** | **50.00** | **75.00** | **100.00** | **0.00** | **0.00** | **0.00** | **0.00** |

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### IPQR Module 2.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 Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** A clear strategic plan is in place which includes, at a minimum:<br>- Definition of the Health Home At-Risk Intervention Program<br>- Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs | Project | | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Recruit/hire project management office staff. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Health Home providers. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Select project lead(s)/champion(s). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Identify PPS providers participating in project. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop funds flow model for Project 2.a.iii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 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 |
|---|---|---|---|---|---|---|---|
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings to define the Health Home At Risk Intervention Program and develop comprehensive care management plan (including participating Health Home providers and care management providers). | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop strategic plan around Health Home-At Risk Intervention program. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop a care management model (building on Health Home experience) to identify and address immediate needs that may drive preventable ER and inpatient use, while planning for and assisting with community ambulatory care engagement. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify opportunities for care manager co-location at FQHCs, ER's and other partner sites. | Project | | In Progress | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Form integrated care teams building on long-term relationships with hospitals and Article 28 health centers, as well as embedding care coordinators in health home agencies' integrated primary/BH Article 31 MH and Article 32 SA clinics. | Project | | In Progress | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #2** Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3. | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** All practices meet NCQA 2014 Level 3 PCMH and APCM standards | Provider | Primary Care Physicians | In Progress | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings. | Project | | In Progress | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| practices across the PPS. | | | | | | | |
| **Task** Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs). | Project | | In Progress | 06/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition. | Project | | In Progress | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Identify PCMH technical assistance resources for providers, including vendor and PMO resources. | Project | | In Progress | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition. | Project | | In Progress | 04/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #3** Ensure that all participating 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. | Project | N/A | 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 Primary Care Physicians | 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 Non-PCP Practitioners | 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 Health Home / Care Management | 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** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to connect to the RHIO including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR and integration with the RHIO. | Project | | In Progress | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | |
| **Task** For those providers without EHR, the Project Director will develop interim strategy to enable sharing of information with the RHIO. | Project | | In Progress | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Providers are integrated with the RHIO. | Project | | In Progress | 09/30/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop an education and training plan related to RHIO that is inclusive of trainings on alerts and secure messaging. | Project | | In Progress | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Facilitate RHIO trainings for providers. | Project | | In Progress | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Verify providers share health information with RHIO and among clinical partners including via secure messaging and alerts. | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #4** Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 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 | 03/31/2017 | 03/31/2017 | DY2 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 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish a Data/IT Committee to develop a plan for meeting MU Stage 2 EP and PCMH Level 3 expectations with EHR systems. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' EHR MU certification/alignment with PCMH expectations including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use Stage 2 CMS requirements and Certification or EHR Proof of Certification. | Project | | In Progress | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Project Director and Sr. Director of Enterprise Data & Analytics develop a process to monitor implementation for provider EHR MU certification. | | | | | | | |
| **Task** Verify providers' EHRs are MU certified. | Project | | In Progress | 09/30/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #5** 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** Assemble a Population Health Management Workgroup to develop a population health strategy and convene workgroup meetings. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop an approach to create standardized vocabulary and patient registries. | Project | | In Progress | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop an approach to perform population health analytics utilizing claims and other data and disseminate date to providers for targeted management of patients and utilization. | Project | | In Progress | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #6** Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors. | Project | N/A | In Progress | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Procedures to engage at-risk patients with care management plan instituted. | Project | | In Progress | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify best practice processes and workflows for comprehensive care management plans in conjunction with health home and other care management providers. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Formalize best practice processes and workflows for comprehensive care management plans in conjunction with Ambulatory Care / Care Management Workgroup. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director, in conjunction with Workgroup and Workforce Committee, develops training program to implement the SI PPS's comprehensive care management processes and workflow at participating provider sites. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Launch training programs for the implementation of the SI PPS's | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| comprehensive care management plans at participating provider sites. | | | | | | | |
| **Task** Perform outreach to participating providers to provide comprehensive care management plan training. | Project | | In Progress | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Project Director/support staff ensure participating provider site implement the SI PPS's comprehensive care management plan at their sites following completion of the training through ongoing assessment. | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #7** Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Each identified PCP establish partnerships with the local Health Home for care management services. | Provider | Primary Care Physicians | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Each identified PCP establish partnerships with the local Health Home for care management services. | Provider | Health Home / Care Management | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Solicit proposal from Staten Island Health Home for provision of care management services through the Health Home at Risk intervention model. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop agreement with Staten Island Health Home that outlines roles and responsibilities, including information sharing. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Formalize policies and procedures for identifying eligible Health Home At-Risk patients (Milestone 1). | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Formalize and implement policies and procedures for referring eligible Health Home At-Risk patients to the care management agencies. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Identify best practice policies and procedures for information sharing between primary care providers and care management agencies, and other providers as needed. | Project | | In Progress | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Formalize policies and procedure for information sharing between PCPs and Health Home. | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #8** Establish partnerships between the primary care providers, in concert with the | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments). | | | | | | | |
| **Task** PPS has established partnerships to medical, behavioral health, and social services. | Provider | Primary Care Physicians | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has established partnerships to medical, behavioral health, and social services. | Provider | Health Home / Care Management | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS uses EHRs and HIE system to facilitate and document partnerships with needed services. | Project | | In Progress | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Assess care coordination processes and services of Health Home subcontracted care management agencies. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify gaps in Health Home network for needed services. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Engage providers and Health Home CMAs via meetings, focus groups, and other forums and develop agreements that outlines roles and responsibilities of both parties. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Engage providers and additional agencies via meetings, focus groups, and other forums and develop agreements to cover services, if needed. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Create directory of network resources for care coordination services. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Identify best practice processes and workflows for group decision making between primary care providers and care management agencies. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Formalize policies and procedures related to group decision making between PCPs and CMAs. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Define technical standards, policies and procedures for data sharing across the PPS network. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Determine capabilities of EHR vendors to generate referrals to and communication with care management agencies. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Facilitate enhancements to EHR systems or utilization of HIE to produce electronic referrals and communication between providers and agencies. | | | | | | | |
| **Milestone #9** Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population. | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has included social services agencies in development of risk reduction and care practice guidelines. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Form a Project Implementation Workgroup to develop collaborative care practices that includes both providers and social service agencies. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director, in conjunction with Project Workgroup, identifies top chronic conditions of PPS patients. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify and adopt evidence based practice guidelines for top chronic conditions. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Identify best practice processes and workflows for practice guidelines. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Formalize processes and workflows for chronic condition guidelines. | Project | | In Progress | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Gain approval of the Clinical Committee on processes and workflows. | Project | | In Progress | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop written training program related to practice guidelines. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Implement training program across PPS. | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| **Task** Assess cultural competency of educational materials currently used by providers. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Identify resources for culturally competent educational materials. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Create new culturally competent educational materials, if necessary. | Project | | In Progress | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Develop plan for distribution of culturally competent educational materials. | Project | | In Progress | 10/01/2016 | 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** Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program. | | | | | | | | | | |
| **Task** A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs | | | | | | | | | | |
| **Task** Recruit/hire project management office staff. | | | | | | | | | | |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Health Home providers. | | | | | | | | | | |
| **Task** Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task** Identify PPS providers participating in project. | | | | | | | | | | |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task** Develop funds flow model for Project 2.a.iii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings to define the Health Home At Risk Intervention Program and develop comprehensive care management plan (including participating Health Home providers and care management providers). | | | | | | | | | | |
| **Task** Develop strategic plan around Health Home-At Risk Intervention program. | | | | | | | | | | |
| **Task** Develop a care management model (building on Health Home experience) to identify and address immediate needs that may drive preventable ER and inpatient use, while planning for and assisting with community ambulatory care engagement. | | | | | | | | | | |
| **Task** Identify opportunities for care manager co-location at FQHCs, ER's and other partner sites. | | | | | | | | | | |
| **Task** Form integrated care teams building on long-term relationships with hospitals and Article 28 health centers, as well as embedding care coordinators in health home agencies' integrated primary/BH Article 31 MH and Article 32 SA clinics. | | | | | | | | | | |
| **Milestone #2** Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3. | | | | | | | | | | |
| **Task** All practices meet NCQA 2014 Level 3 PCMH and APCM standards | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| **Task** Project Director assembles an Ambulatory Care Workgroup to | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| address PCMH implementation. | | | | | | | | | | |
| **Task** Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings. | | | | | | | | | | |
| **Task** Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS. | | | | | | | | | | |
| **Task** Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs). | | | | | | | | | | |
| **Task** Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition. | | | | | | | | | | |
| **Task** Identify PCMH technical assistance resources for providers, including vendor and PMO resources. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition. | | | | | | | | | | |
| **Milestone #3** Ensure that all participating 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. | | | | | | | | | | |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 98 | 98 | 98 | 98 | 196 | 196 | 196 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 8 | 8 |
| **Task** PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to connect to the RHIO including | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR and integration with the RHIO. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** For those providers without EHR, the Project Director will develop interim strategy to enable sharing of information with the RHIO. | | | | | | | | | | |
| **Task** Providers are integrated with the RHIO. | | | | | | | | | | |
| **Task** Develop an education and training plan related to RHIO that is inclusive of trainings on alerts and secure messaging. | | | | | | | | | | |
| **Task** Facilitate RHIO trainings for providers. | | | | | | | | | | |
| **Task** Verify providers share health information with RHIO and among clinical partners including via secure messaging and alerts. | | | | | | | | | | |
| **Milestone #4** Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | | | | | | | | | | |
| **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 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| **Task** Establish a Data/IT Committee to develop a plan for meeting MU Stage 2 EP and PCMH Level 3 expectations with EHR systems. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| participating partners' EHR MU certification/alignment with PCMH expectations including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use Stage 2 CMS requirements and Certification or EHR Proof of Certification. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop a process to monitor implementation for provider EHR MU certification. | | | | | | | | | | |
| **Task** Verify providers' EHRs are MU certified. | | | | | | | | | | |
| **Milestone #5** 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** Assemble a Population Health Management Workgroup to develop a population health strategy and convene workgroup meetings. | | | | | | | | | | |
| **Task** Develop an approach to create standardized vocabulary and patient registries. | | | | | | | | | | |
| **Task** Develop an approach to perform population health analytics utilizing claims and other data and disseminate date to providers for targeted management of patients and utilization. | | | | | | | | | | |
| **Milestone #6** Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors. | | | | | | | | | | |
| **Task** Procedures to engage at-risk patients with care management plan instituted. | | | | | | | | | | |
| **Task** Identify best practice processes and workflows for comprehensive care management plans in conjunction with | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| health home and other care management providers. | | | | | | | | | | |
| **Task** Formalize best practice processes and workflows for comprehensive care management plans in conjunction with Ambulatory Care / Care Management Workgroup. | | | | | | | | | | |
| **Task** Project Director, in conjunction with Workgroup and Workforce Committee, develops training program to implement the SI PPS's comprehensive care management processes and workflow at participating provider sites. | | | | | | | | | | |
| **Task** Launch training programs for the implementation of the SI PPS's comprehensive care management plans at participating provider sites. | | | | | | | | | | |
| **Task** Perform outreach to participating providers to provide comprehensive care management plan training. | | | | | | | | | | |
| **Task** Project Director/support staff ensure participating provider site implement the SI PPS's comprehensive care management plan at their sites following completion of the training through ongoing assessment. | | | | | | | | | | |
| **Milestone #7** Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties. | | | | | | | | | | |
| **Task** Each identified PCP establish partnerships with the local Health Home for care management services. | 0 | 0 | 0 | 0 | 0 | 6 | 16 | 84 | 84 | 84 |
| **Task** Each identified PCP establish partnerships with the local Health Home for care management services. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 8 | 8 |
| **Task** Solicit proposal from Staten Island Health Home for provision of care management services through the Health Home at Risk intervention model. | | | | | | | | | | |
| **Task** Develop agreement with Staten Island Health Home that outlines roles and responsibilities, including information sharing. | | | | | | | | | | |
| **Task** Formalize policies and procedures for identifying eligible Health Home At-Risk patients (Milestone 1). | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Formalize and implement policies and procedures for referring eligible Health Home At-Risk patients to the care management agencies. | | | | | | | | | | |
| **Task** Identify best practice policies and procedures for information sharing between primary care providers and care management agencies, and other providers as needed. | | | | | | | | | | |
| **Task** Formalize policies and procedure for information sharing between PCPs and Health Home. | | | | | | | | | | |
| **Milestone #8** Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments). | | | | | | | | | | |
| **Task** PPS has established partnerships to medical, behavioral health, and social services. | 0 | 0 | 0 | 0 | 0 | 6 | 16 | 84 | 84 | 84 |
| **Task** PPS has established partnerships to medical, behavioral health, and social services. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 8 | 8 |
| **Task** PPS uses EHRs and HIE system to facilitate and document partnerships with needed services. | | | | | | | | | | |
| **Task** Assess care coordination processes and services of Health Home subcontracted care management agencies. | | | | | | | | | | |
| **Task** Identify gaps in Health Home network for needed services. | | | | | | | | | | |
| **Task** Engage providers and Health Home CMAs via meetings, focus groups, and other forums and develop agreements that outlines roles and responsibilities of both parties. | | | | | | | | | | |
| **Task** Engage providers and additional agencies via meetings, focus groups, and other forums and develop agreements to cover services, if needed. | | | | | | | | | | |
| **Task** Create directory of network resources for care coordination services. | | | | | | | | | | |
| **Task** Identify best practice processes and workflows for group decision making between primary care providers and care | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| management agencies. | | | | | | | | | | |
| **Task** Formalize policies and procedures related to group decision making between PCPs and CMAs. | | | | | | | | | | |
| **Task** Define technical standards, policies and procedures for data sharing across the PPS network. | | | | | | | | | | |
| **Task** Determine capabilities of EHR vendors to generate referrals to and communication with care management agencies. | | | | | | | | | | |
| **Task** Facilitate enhancements to EHR systems or utilization of HIE to produce electronic referrals and communication between providers and agencies. | | | | | | | | | | |
| **Milestone #9** Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population. | | | | | | | | | | |
| **Task** PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented. | | | | | | | | | | |
| **Task** Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices. | | | | | | | | | | |
| **Task** PPS has included social services agencies in development of risk reduction and care practice guidelines. | | | | | | | | | | |
| **Task** Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases. | | | | | | | | | | |
| **Task** Form a Project Implementation Workgroup to develop collaborative care practices that includes both providers and social service agencies. | | | | | | | | | | |
| **Task** Project Director, in conjunction with Project Workgroup, identifies top chronic conditions of PPS patients. | | | | | | | | | | |
| **Task** Identify and adopt evidence based practice guidelines for top chronic conditions. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Identify best practice processes and workflows for practice guidelines. | | | | | | | | | | |
| **Task** Formalize processes and workflows for chronic condition guidelines. | | | | | | | | | | |
| **Task** Gain approval of the Clinical Committee on processes and workflows. | | | | | | | | | | |
| **Task** Develop written training program related to practice guidelines. | | | | | | | | | | |
| **Task** Implement training program across PPS. | | | | | | | | | | |
| **Task** Assess cultural competency of educational materials currently used by providers. | | | | | | | | | | |
| **Task** Identify resources for culturally competent educational materials. | | | | | | | | | | |
| **Task** Create new culturally competent educational materials, if necessary. | | | | | | | | | | |
| **Task** Develop plan for distribution of culturally competent educational materials. | | | | | | | | | | |

| 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 Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program. | | | | | | | | | | |
| **Task** A clear strategic plan is in place which includes, at a minimum:<br>- Definition of the Health Home At-Risk Intervention Program<br>- Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs | | | | | | | | | | |
| **Task** Recruit/hire project management office staff. | | | | | | | | | | |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Health Home providers. | | | | | | | | | | |
| **Task** | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task** Identify PPS providers participating in project. | | | | | | | | | | |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task** Develop funds flow model for Project 2.a.iii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | | | | | | | | | | |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings to define the Health Home At Risk Intervention Program and develop comprehensive care management plan (including participating Health Home providers and care management providers). | | | | | | | | | | |
| **Task** Develop strategic plan around Health Home-At Risk Intervention program. | | | | | | | | | | |
| **Task** Develop a care management model (building on Health Home experience) to identify and address immediate needs that may drive preventable ER and inpatient use, while planning for and assisting with community ambulatory care engagement. | | | | | | | | | | |
| **Task** Identify opportunities for care manager co-location at FQHCs, ER's and other partner sites. | | | | | | | | | | |
| **Task** Form integrated care teams building on long-term relationships | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| with hospitals and Article 28 health centers, as well as embedding care coordinators in health home agencies' integrated primary/BH Article 31 MH and Article 32 SA clinics. | | | | | | | | | | |
| **Milestone #2** Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3. | | | | | | | | | | |
| **Task** All practices meet NCQA 2014 Level 3 PCMH and APCM standards | 16 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| **Task** Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation. | | | | | | | | | | |
| **Task** Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings. | | | | | | | | | | |
| **Task** Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS. | | | | | | | | | | |
| **Task** Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs). | | | | | | | | | | |
| **Task** Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition. | | | | | | | | | | |
| **Task** Identify PCMH technical assistance resources for providers, including vendor and PMO resources. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition. | | | | | | | | | | |
| **Milestone #3** Ensure that all participating 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. | | | | | | | | | | |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 16 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 196 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| **Task** PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to connect to the RHIO including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR and integration with the RHIO. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** For those providers without EHR, the Project Director will develop interim strategy to enable sharing of information with the RHIO. | | | | | | | | | | |
| **Task** Providers are integrated with the RHIO. | | | | | | | | | | |
| **Task** Develop an education and training plan related to RHIO that is inclusive of trainings on alerts and secure messaging. | | | | | | | | | | |
| **Task** Facilitate RHIO trainings for providers. | | | | | | | | | | |
| **Task** Verify providers share health information with RHIO and among clinical partners including via secure messaging and alerts. | | | | | | | | | | |
| **Milestone #4** Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | | | | | | | | | | |
| **Task** EHR meets Meaningful Use Stage 2 CMS requirements (Note: | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 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. | 16 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| **Task** Establish a Data/IT Committee to develop a plan for meeting MU Stage 2 EP and PCMH Level 3 expectations with EHR systems. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' EHR MU certification/alignment with PCMH expectations including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use Stage 2 CMS requirements and Certification or EHR Proof of Certification. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop a process to monitor implementation for provider EHR MU certification. | | | | | | | | | | |
| **Task** Verify providers' EHRs are MU certified. | | | | | | | | | | |
| **Milestone #5** 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** Assemble a Population Health Management Workgroup to develop a population health strategy and convene workgroup meetings. | | | | | | | | | | |
| **Task** Develop an approach to create standardized vocabulary and patient registries. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Develop an approach to perform population health analytics utilizing claims and other data and disseminate date to providers for targeted management of patients and utilization. | | | | | | | | | | |
| **Milestone #6** Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors. | | | | | | | | | | |
| **Task** Procedures to engage at-risk patients with care management plan instituted. | | | | | | | | | | |
| **Task** Identify best practice processes and workflows for comprehensive care management plans in conjunction with health home and other care management providers. | | | | | | | | | | |
| **Task** Formalize best practice processes and workflows for comprehensive care management plans in conjunction with Ambulatory Care / Care Management Workgroup. | | | | | | | | | | |
| **Task** Project Director, in conjunction with Workgroup and Workforce Committee, develops training program to implement the SI PPS's comprehensive care management processes and workflow at participating provider sites. | | | | | | | | | | |
| **Task** Launch training programs for the implementation of the SI PPS's comprehensive care management plans at participating provider sites. | | | | | | | | | | |
| **Task** Perform outreach to participating providers to provide comprehensive care management plan training. | | | | | | | | | | |
| **Task** Project Director/support staff ensure participating provider site implement the SI PPS's comprehensive care management plan at their sites following completion of the training through ongoing assessment. | | | | | | | | | | |
| **Milestone #7** Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties. | | | | | | | | | | |
| **Task** Each identified PCP establish partnerships with the local Health Home for care management services. | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Each identified PCP establish partnerships with the local Health Home for care management services. | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| **Task** Solicit proposal from Staten Island Health Home for provision of care management services through the Health Home at Risk intervention model. | | | | | | | | | | |
| **Task** Develop agreement with Staten Island Health Home that outlines roles and responsibilities, including information sharing. | | | | | | | | | | |
| **Task** Formalize policies and procedures for identifying eligible Health Home At-Risk patients (Milestone 1). | | | | | | | | | | |
| **Task** Formalize and implement policies and procedures for referring eligible Health Home At-Risk patients to the care management agencies. | | | | | | | | | | |
| **Task** Identify best practice policies and procedures for information sharing between primary care providers and care management agencies, and other providers as needed. | | | | | | | | | | |
| **Task** Formalize policies and procedure for information sharing between PCPs and Health Home. | | | | | | | | | | |
| **Milestone #8** Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments). | | | | | | | | | | |
| **Task** PPS has established partnerships to medical, behavioral health, and social services. | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| **Task** PPS has established partnerships to medical, behavioral health, and social services. | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| **Task** PPS uses EHRs and HIE system to facilitate and document partnerships with needed services. | | | | | | | | | | |
| **Task** Assess care coordination processes and services of Health Home subcontracted care management agencies. | | | | | | | | | | |
| **Task** Identify gaps in Health Home network for needed services. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Engage providers and Health Home CMAs via meetings, focus groups, and other forums and develop agreements that outlines roles and responsibilities of both parties. | | | | | | | | | | |
| **Task** Engage providers and additional agencies via meetings, focus groups, and other forums and develop agreements to cover services, if needed. | | | | | | | | | | |
| **Task** Create directory of network resources for care coordination services. | | | | | | | | | | |
| **Task** Identify best practice processes and workflows for group decision making between primary care providers and care management agencies. | | | | | | | | | | |
| **Task** Formalize policies and procedures related to group decision making between PCPs and CMAs. | | | | | | | | | | |
| **Task** Define technical standards, policies and procedures for data sharing across the PPS network. | | | | | | | | | | |
| **Task** Determine capabilities of EHR vendors to generate referrals to and communication with care management agencies. | | | | | | | | | | |
| **Task** Facilitate enhancements to EHR systems or utilization of HIE to produce electronic referrals and communication between providers and agencies. | | | | | | | | | | |
| **Milestone #9** Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population. | | | | | | | | | | |
| **Task** PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented. | | | | | | | | | | |
| **Task** Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices. | | | | | | | | | | |
| **Task** PPS has included social services agencies in development of risk reduction and care practice guidelines. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases. | | | | | | | | | | |
| **Task** Form a Project Implementation Workgroup to develop collaborative care practices that includes both providers and social service agencies. | | | | | | | | | | |
| **Task** Project Director, in conjunction with Project Workgroup, identifies top chronic conditions of PPS patients. | | | | | | | | | | |
| **Task** Identify and adopt evidence based practice guidelines for top chronic conditions. | | | | | | | | | | |
| **Task** Identify best practice processes and workflows for practice guidelines. | | | | | | | | | | |
| **Task** Formalize processes and workflows for chronic condition guidelines. | | | | | | | | | | |
| **Task** Gain approval of the Clinical Committee on processes and workflows. | | | | | | | | | | |
| **Task** Develop written training program related to practice guidelines. | | | | | | | | | | |
| **Task** Implement training program across PPS. | | | | | | | | | | |
| **Task** Assess cultural competency of educational materials currently used by providers. | | | | | | | | | | |
| **Task** Identify resources for culturally competent educational materials. | | | | | | | | | | |
| **Task** Create new culturally competent educational materials, if necessary. | | | | | | | | | | |
| **Task** Develop plan for distribution of culturally competent educational materials. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 |
|---|---|
| Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program. | Response to IA Feedback 9/8/2014:<br>On September 10, 2015 a meeting of community based organizations (CBOs) and agencies was held at the PPS offices. Over 40 CBOs attended the meeting to discuss ways to participate with the PPS and assess serve their constituents. |
| Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3. | |
| Ensure that all participating 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. | |
| Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | |
| Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | |
| Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors. | |
| Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties. | |
| Establish partnerships between the primary care providers, in concert with the Health Home, with | |

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments). | |
| Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population. | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.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 |
|---|---|---|---|---|

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### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.a.iii.6 - IA Monitoring

**Instructions :**

Milestone 1: Consider using the status "In Progress" on tasks that require dates sooner than the default dates in the system. For example the first task identified in the series for milestone #1, "A clear strategic plan is in place which includes at a minimum, definition of the health home at risk intervention plan, development of a comprehensive care management plan with definition of roles of PCMH, APC PCP, HHs" says "on hold" yet it seems to set up the project and should be actively being worked on. Change status to "in Progress" and record a date that will not put the completion of the milestone in jeopardy. This one example of many tasks within the milestone with this same issue.

Stakeholder: The PPS should engage providers and community members in a more direct way, via focus groups or meetings.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Project 2.b.iv – Care transitions intervention model to reduce 30 day readmissions for chronic health conditions

#### IPQR Module 2.b.iv.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.

The SI PPS views the following as major risks for implementation:

1. Project 2.b.iv requires various providers and provider types to agree, cooperate, and collaborate in developing and implementing standardized protocols for care transitions. However, these providers currently operate with a diverse set of resources, technology, infrastructure and practices. To enable collaboration, for the development of best practice care transitions and care protocols including the sharing of data across PPS providers, all key stakeholders will be involved in the development and implementation of care protocols (through a clinical subcommittee) to ensure buy-in and engagement. PPS practitioner engagement will be further supported through an overall practitioner engagement strategy and workgroup as well as a bonus/incentive funds flow model.

2. The SI PPS views the project requirement to actively track engaged patients through EHR as a project implementation risk. Many of the providers within the SI PPS do not have EHR at their facilities. This serves as a project implementation risk because it may take significant ramp-up time to implement the systems and begin tracking patients. To mitigate this risk and achieve full project implementation, the SI PPS has made implementing EHR systems a priority among project requirements. As part of the Capital Restructuring Finance Program budget, the SI PPS has requested funds to assist providers without EHR to fully implement these systems. Further the Senior Director of Enterprise Data & Analytics and PPS support staff will work with providers to further facilitate the implementation process.

3. A patient's non-adherence could be related to social and environmental determinants, such as lack of housing or related to behavioral health/substance abuse issues. Many patients identified as being readmitted to the hospital within 30 days have either a behavioral health or substance abuse diagnoses. To mitigate this risk, the PPS will ensure care transitions incorporate culturally appropriate, beneficiary-centric approaches, as well as specific methods to reach ethnically diverse beneficiaries, and incorporate community and social supports including community based organization (CBOs). Further, the PPS will include connections to current health home providers, experienced in supporting high risk populations, including patients with a substance abuse/behavioral health diagnoses in the overall approach. Additionally, PPS providers have identified patients' families as critical to patient compliance to transition protocols including medication adherence and post discharge follow-up with primary care/specialists. As a result, the PPS will involve families in care transition protocols, as needed.

4. The SI PPS has received its total valuation from the DOH and has allocated a portion of funding for this project to support project implementation costs including hiring/training of staff to support the Care Transitions Intervention Model, costs associated with the development of IT infrastructure, and costs related to incentive/bonus payments to providers involved in the project. The PPS has tied funds flow for this project to providers based on meeting specific project milestones within designated time frames. However, the initial budget and funds flow developed did not align with the actual valuation allocated to the PPS and will impact funds flow and funding allocated for project implementation. To ensure project implementation is not impacted, the SI PPS is modifying its implementation strategy and funds flow approach for providers involved in the project. Further, the SI PPS is streamlining appropriate workflows, restructuring project budgets, and building efficiencies across projects to

| |
|---|
| mitigate this risk. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.iv.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,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 |
| Primary Care Physicians | 84 | 0 | 0 | 0 | 0 | 0 | 84 | 84 | 84 | 84 | 84 |
| Non-PCP Practitioners | 294 | 0 | 0 | 0 | 0 | 0 | 294 | 294 | 294 | 294 | 294 |
| Hospitals | 2 | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Health Home / Care Management | 8 | 0 | 0 | 0 | 0 | 0 | 8 | 8 | 8 | 8 | 8 |
| Community Based Organizations | 4 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 | 4 | 4 |
| All Other | 10 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 10 |
| **Total Committed Providers** | **402** | **0** | **0** | **0** | **2** | **2** | **402** | **402** | **402** | **402** | **402** |
| **Percent Committed Providers(%)** | | **0.00** | **0.00** | **0.00** | **0.50** | **0.50** | **100.00** | **100.00** | **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 |
| Primary Care Physicians | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| Non-PCP Practitioners | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 |
| Hospitals | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Health Home / Care Management | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| Community Based Organizations | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| All Other | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| **Total Committed Providers** | **402** | **402** | **402** | **402** | **402** | **402** | **402** | **402** | **402** | **402** | **402** |
| **Percent Committed Providers(%)** | | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.iv.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** |
| DY2,Q4 | 1,000 |

| 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 | 50 | 120 | 200 | 250 | 500 | 750 | 1,000 | 250 | 500 |
| **Percent of Expected Patient Engagement(%)** | **0.00** | **5.00** | **12.00** | **20.00** | **25.00** | **50.00** | **75.00** | **100.00** | **25.00** | **50.00** |

| 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 | 750 | 1,000 | 250 | 500 | 750 | 1,000 | 0 | 0 | 0 | 0 |
| **Percent of Expected Patient Engagement(%)** | **75.00** | **100.00** | **25.00** | **50.00** | **75.00** | **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

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.iv.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 standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Recruit/hire project management office staff including support staff. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including the hospitals. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Select project lead(s)/champion(s). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Identify PPS providers participating in project. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop funds flow model for Project 2.b.vii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | Project | | In Progress | 04/01/2015 | 10/01/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Finalize and execute provider specific master services agreements and funds | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| flow for participating PPS providers. | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Identify and link to other transitions of care projects including 2.b.viii. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop approach to ongoing quality assessment/root cause analysis of readmission. | Project | | In Progress | 10/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project implementation team develops strategies/ protocols for care transitions. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Care transitions protocols documented, training materials developed. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Implement training program. | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #2** Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed. | Project | N/A | In Progress | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes. | Project | | In Progress | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes. | Project | | In Progress | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA. | Project | | In Progress | 04/01/2015 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Project Director(s) and PPS Executive Director meet with MCO's to identify current care managed supports and ensure Project 2.b.i.v. aligns with and supplements those supports, as needed. | Project | | In Progress | 11/02/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director, in conjunction with Project Implementation Team includes Medicaid Managed Care Organizations in development of protocols to identify triggers and processes for payer care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services. | Project | | In Progress | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Convene Project Implementation Workgroup including Health Homes to ensure | Project | | In Progress | 11/02/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| transition protocols include referrals to Health Homes and Health Home at Risk program (Project 2.a.i.) (and ability to identify patients for these services). | | | | | | | |
| **Task** In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established. | Project | | In Progress | 11/02/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Identify potential areas where MCO's may address coverage issues to support the implementation and sustainability of transitions of care services | Project | | In Progress | 11/02/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Enter into agreement (s), as needed, with one or more MCOs that address identified coverage issues. | Project | | In Progress | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Provide technical assistance to partners to utilize EMR data and enterprise data warehouse to risk stratify and identify patients who will benefit from care transitions interventions | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Using risk stratification information, develop workflow for flagging patients for participation in project and linkage to care transition services | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** As part of MAX program, identify tasks for rapid cycle improvement to determine if interventions are working or need course correction | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #3** Ensure required social services participate in the project. | Project | N/A | In Progress | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Required network social services, including medically tailored home food services, are provided in care transitions. | Project | | In Progress | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Project Director and support staff completes assessment of and maps comprehensive list of community social services/supports, identifies availability of services, documents process or workflow for getting services. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and support staff incorporates into documented care transitions protocols. | Project | | In Progress | 03/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** PMO gains agreement with identified social service partners for participation in care transitions protocols as needed. | Project | | In Progress | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** | Project | | In Progress | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Develop protocols for care management partners to coordinate with respective agencies and community based organizations to assess and act on needed services such as housing, insurance enrollment, transportation, legal, immigration, etc. | | | | | | | |
| **Milestone #4** Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services. | Project | N/A | In Progress | 04/01/2015 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Policies and procedures are in place for early notification of planned discharges. | Provider | Primary Care Physicians | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Policies and procedures are in place for early notification of planned discharges. | Provider | Non-PCP Practitioners | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Policies and procedures are in place for early notification of planned discharges. | Provider | Hospitals | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement. | Project | | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Project Director/PMO staff completes current state assessment of transition protocols including collecting/reviewing existing guidelines and best practice models for transition of care including The Care Transitions Intervention Program; assesses ability to incorporate transition plans in the medical record(s). | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director and support staff documents transitions of care protocols including early notification of planned discharge and the ability for the transition care manager to visit the patient in the hospital. Care transition plan documentation and process to identify patients for care transitions included in protocols. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Clinical guidelines are documented for final review by the PPS Clinical Committee. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Project Director/Chief Medical Officer convenes PPS Clinical Committee to review and approve clinical guidelines. | | | | | | | |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | Project | | In Progress | 04/01/2016 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Based on guidelines and protocols developed by the PPS assess training requirements by provider. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, health homes, primary care etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** As needed, develop contracts for the implementation of training across providers and the purchase of any training resources. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Develop written training program related to care transitions, incorporating special needs of behavioral health population | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Implement training program across PPS. | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Implement approach for ongoing training as needed. | Project | | In Progress | 10/03/2016 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Incorporate rapid cycle improvement efforts to monitor readmission of actively engaged patients on a monthly basis and report trends to the clinical and quality committees for identification of improvement opportunities. | Project | | In Progress | 11/02/2015 | 02/29/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #5** Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. | Project | N/A | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record. | Project | | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Project Director in conjunction with PPS IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| track patients engaged in this project in the EHR, incorporate care transitions plans in the medical record, generate reports and share amongst PPS providers. | | | | | | | |
| **Task** PPS Senior Director of Enterprise Data and Analytics incorporates strategy to ensure exchange of care transitions records among providers in overall clinical integration strategy including the use of the RHIO. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** In conjunction with Workforce Committee, Project Implementation Workgroup and Senior Director of Enterprise Data and Anlaytics develops training strategy for participating providers (primary care, hospitals, homecare providers, primary care etc.) including written training program and identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | Project | | In Progress | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #6** Ensure that a 30-day transition of care period is established. | Project | N/A | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized. | Project | | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Project Director/PMO staff completes current state assessment of transition protocols including collecting/reviews existing guidelines and best practice models for transition of care including The Care Transitions Intervention Program; assessing ability to incorporate transition plans in the medical record(s). | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. Procedures include a requirement that 30 day transition of care period is utilized. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director and support staff documents transitions of care protocols including early notification of planned discharge and the ability for the transition care manager to visit the patient in the hospital. Care transition plan documentation and process to identify patients for care transitions included in protocols. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Clinical guidelines are documented for final review by the PPS Clinical Committee. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| **Milestone #7** Use EHRs and other technical platforms to track all patients engaged in the project. | Project | N/A | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | Project | | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Project Director in conjunction with PPS Senior Director IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying providers with/without EHR. For those providers without EHR, PPS will document provider implementation plan (s)/timelines for implementation. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for providers integration with RHIO and ensure SHIN-NY requirements are met. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | Project | | In Progress | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** For those providers without EHR,the PMO will develop interim reporting and tracking strategy to enable tracking of patients. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, Spectramedix, import Medicaid claims and member attribution data collected from NYS DOH. | Project | | In Progress | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population | Project | | In Progress | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone | Project | | In Progress | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| reporting. | | | | | | | |
| **Task**<br>Create baseline and track improvement for defined metrics to monitor patients engaged in this project. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

| 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**<br>Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency. | | | | | | | | | | |
| **Task**<br>Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place. | | | | | | | | | | |
| **Task**<br>Recruit/hire project management office staff including support staff. | | | | | | | | | | |
| **Task**<br>Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including the hospitals. | | | | | | | | | | |
| **Task**<br>Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task**<br>Identify PPS providers participating in project. | | | | | | | | | | |
| **Task**<br>Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task**<br>Develop funds flow model for Project 2.b.vii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | | | | | | | | | | |
| **Task**<br>Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** Identify and link to other transitions of care projects including 2.b.viii. | | | | | | | | | | |
| **Task** Develop approach to ongoing quality assessment/root cause analysis of readmission. | | | | | | | | | | |
| **Task** Project implementation team develops strategies/ protocols for care transitions. | | | | | | | | | | |
| **Task** Care transitions protocols documented, training materials developed. | | | | | | | | | | |
| **Task** Implement training program. | | | | | | | | | | |
| **Milestone #2** Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed. | | | | | | | | | | |
| **Task** A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes. | | | | | | | | | | |
| **Task** Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes. | | | | | | | | | | |
| **Task** PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA. | | | | | | | | | | |
| **Task** Project Director(s) and PPS Executive Director meet with MCO's to identify current care managed supports and ensure Project 2.b.i.v. aligns with and supplements those supports, as | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| needed. | | | | | | | | | | |
| **Task** Project Director, in conjunction with Project Implementation Team includes Medicaid Managed Care Organizations in development of protocols to identify triggers and processes for payer care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services. | | | | | | | | | | |
| **Task** Convene Project Implementation Workgroup including Health Homes to ensure transition protocols include referrals to Health Homes and Health Home at Risk program (Project 2.a.i.) (and ability to identify patients for these services). | | | | | | | | | | |
| **Task** In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established. | | | | | | | | | | |
| **Task** Identify potential areas where MCO's may address coverage issues to support the implementation and sustainability of transitions of care services | | | | | | | | | | |
| **Task** Enter into agreement (s), as needed, with one or more MCOs that address identified coverage issues. | | | | | | | | | | |
| **Task** Provide technical assistance to partners to utilize EMR data and enterprise data warehouse to risk stratify and identify patients who will benefit from care transitions interventions | | | | | | | | | | |
| **Task** Using risk stratification information, develop workflow for flagging patients for participation in project and linkage to care transition services | | | | | | | | | | |
| **Task** As part of MAX program, identify tasks for rapid cycle improvement to determine if interventions are working or need course correction | | | | | | | | | | |
| **Milestone #3** Ensure required social services participate in the project. | | | | | | | | | | |
| **Task** Required network social services, including medically tailored home food services, are provided in care transitions. | | | | | | | | | | |
| **Task** Project Director and support staff completes assessment of and | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| maps comprehensive list of community social services/supports, identifies availability of services, documents process or workflow for getting services. | | | | | | | | | | |
| **Task** Project Director and support staff incorporates into documented care transitions protocols. | | | | | | | | | | |
| **Task** PMO gains agreement with identified social service partners for participation in care transitions protocols as needed. | | | | | | | | | | |
| **Task** Develop protocols for care management partners to coordinate with respective agencies and community based organizations to assess and act on needed services such as housing, insurance enrollment, transportation, legal, immigration, etc. | | | | | | | | | | |
| **Milestone #4** Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services. | | | | | | | | | | |
| **Task** Policies and procedures are in place for early notification of planned discharges. | 0 | 0 | 0 | 0 | 0 | 84 | 84 | 84 | 84 | 84 |
| **Task** Policies and procedures are in place for early notification of planned discharges. | 0 | 0 | 0 | 0 | 0 | 294 | 294 | 294 | 294 | 294 |
| **Task** Policies and procedures are in place for early notification of planned discharges. | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| **Task** PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement. | | | | | | | | | | |
| **Task** Project Director/PMO staff completes current state assessment of transition protocols including collecting/reviewing existing guidelines and best practice models for transition of care including The Care Transitions Intervention Program; assesses ability to incorporate transition plans in the medical record(s). | | | | | | | | | | |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. | | | | | | | | | | |
| **Task** Project Director and support staff documents transitions of care protocols including early notification of planned discharge and | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| the ability for the transition care manager to visit the patient in the hospital. Care transition plan documentation and process to identify patients for care transitions included in protocols. | | | | | | | | | | |
| **Task** Clinical guidelines are documented for final review by the PPS Clinical Committee. | | | | | | | | | | |
| **Task** Project Director/Chief Medical Officer convenes PPS Clinical Committee to review and approve clinical guidelines. | | | | | | | | | | |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | | | | | | | | | | |
| **Task** Based on guidelines and protocols developed by the PPS assess training requirements by provider. | | | | | | | | | | |
| **Task** In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, health homes, primary care etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | | | | | | | | | | |
| **Task** As needed, develop contracts for the implementation of training across providers and the purchase of any training resources. | | | | | | | | | | |
| **Task** Develop written training program related to care transitions, incorporating special needs of behavioral health population | | | | | | | | | | |
| **Task** Implement training program across PPS. | | | | | | | | | | |
| **Task** Implement approach for ongoing training as needed. | | | | | | | | | | |
| **Task** Incorporate rapid cycle improvement efforts to monitor readmission of actively engaged patients on a monthly basis and report trends to the clinical and quality committees for identification of improvement opportunities. | | | | | | | | | | |
| **Milestone #5** Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. | | | | | | | | | | |
| **Task** Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| record is updated in interoperable EHR or updated in primary care provider record. | | | | | | | | | | |
| **Task**<br>Project Director in conjunction with PPS IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project in the EHR, incorporate care transitions plans in the medical record, generate reports and share amongst PPS providers. | | | | | | | | | | |
| **Task**<br>PPS Senior Director of Enterprise Data and Analytics incorporates strategy to ensure exchange of care transitions records among providers in overall clinical integration strategy including the use of the RHIO. | | | | | | | | | | |
| **Task**<br>In conjunction with Workforce Committee, Project Implementation Workgroup and Senior Director of Enterprise Data and Anlaytics develops training strategy for participating providers (primary care, hospitals, homecare providers, primary care etc.) including written training program and identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | | | | | | | | | | |
| **Milestone #6**<br>Ensure that a 30-day transition of care period is established. | | | | | | | | | | |
| **Task**<br>Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized. | | | | | | | | | | |
| **Task**<br>Project Director/PMO staff completes current state assessment of transition protocols including collecting/reviews existing guidelines and best practice models for transition of care including The Care Transitions Intervention Program; assessing ability to incorporate transition plans in the medical record(s). | | | | | | | | | | |
| **Task**<br>Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. Procedures include a requirement that 30 day transition of care period is utilized. | | | | | | | | | | |
| **Task**<br>Project Director and support staff documents transitions of care protocols including early notification of planned discharge and the ability for the transition care manager to visit the patient in the hospital. Care transition plan documentation and process to | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| identify patients for care transitions included in protocols. | | | | | | | | | | |
| **Task** Clinical guidelines are documented for final review by the PPS Clinical Committee. | | | | | | | | | | |
| **Milestone #7** 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** Project Director in conjunction with PPS Senior Director IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying providers with/without EHR. For those providers without EHR, PPS will document provider implementation plan (s)/timelines for implementation. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for providers integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** For those providers without EHR,the PMO will develop interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, Spectramedix, import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population | | | | | | | | | | |
| **Task** | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task**<br>Create baseline and track improvement for defined metrics to monitor patients engaged in this project. | | | | | | | | | | |

| 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**<br>Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency. | | | | | | | | | | |
| **Task**<br>Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place. | | | | | | | | | | |
| **Task**<br>Recruit/hire project management office staff including support staff. | | | | | | | | | | |
| **Task**<br>Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including the hospitals. | | | | | | | | | | |
| **Task**<br>Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task**<br>Identify PPS providers participating in project. | | | | | | | | | | |
| **Task**<br>Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task**<br>Develop funds flow model for Project 2.b.vii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | | | | | | | | | | |
| **Task**<br>Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** Identify and link to other transitions of care projects including 2.b.viii. | | | | | | | | | | |
| **Task** Develop approach to ongoing quality assessment/root cause analysis of readmission. | | | | | | | | | | |
| **Task** Project implementation team develops strategies/ protocols for care transitions. | | | | | | | | | | |
| **Task** Care transitions protocols documented, training materials developed. | | | | | | | | | | |
| **Task** Implement training program. | | | | | | | | | | |
| **Milestone #2** Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed. | | | | | | | | | | |
| **Task** A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes. | | | | | | | | | | |
| **Task** Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes. | | | | | | | | | | |
| **Task** PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA. | | | | | | | | | | |
| **Task** Project Director(s) and PPS Executive Director meet with MCO's to identify current care managed supports and ensure Project 2.b.i.v. aligns with and supplements those supports, as | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| needed. | | | | | | | | | | |
| **Task** Project Director, in conjunction with Project Implementation Team includes Medicaid Managed Care Organizations in development of protocols to identify triggers and processes for payer care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services. | | | | | | | | | | |
| **Task** Convene Project Implementation Workgroup including Health Homes to ensure transition protocols include referrals to Health Homes and Health Home at Risk program (Project 2.a.i.) (and ability to identify patients for these services). | | | | | | | | | | |
| **Task** In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established. | | | | | | | | | | |
| **Task** Identify potential areas where MCO's may address coverage issues to support the implementation and sustainability of transitions of care services | | | | | | | | | | |
| **Task** Enter into agreement (s), as needed, with one or more MCOs that address identified coverage issues. | | | | | | | | | | |
| **Task** Provide technical assistance to partners to utilize EMR data and enterprise data warehouse to risk stratify and identify patients who will benefit from care transitions interventions | | | | | | | | | | |
| **Task** Using risk stratification information, develop workflow for flagging patients for participation in project and linkage to care transition services | | | | | | | | | | |
| **Task** As part of MAX program, identify tasks for rapid cycle improvement to determine if interventions are working or need course correction | | | | | | | | | | |
| **Milestone #3** Ensure required social services participate in the project. | | | | | | | | | | |
| **Task** Required network social services, including medically tailored home food services, are provided in care transitions. | | | | | | | | | | |
| **Task** Project Director and support staff completes assessment of and | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| maps comprehensive list of community social services/supports, identifies availability of services, documents process or workflow for getting services. | | | | | | | | | | |
| **Task** Project Director and support staff incorporates into documented care transitions protocols. | | | | | | | | | | |
| **Task** PMO gains agreement with identified social service partners for participation in care transitions protocols as needed. | | | | | | | | | | |
| **Task** Develop protocols for care management partners to coordinate with respective agencies and community based organizations to assess and act on needed services such as housing, insurance enrollment, transportation, legal, immigration, etc. | | | | | | | | | | |
| **Milestone #4** Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services. | | | | | | | | | | |
| **Task** Policies and procedures are in place for early notification of planned discharges. | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| **Task** Policies and procedures are in place for early notification of planned discharges. | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 |
| **Task** Policies and procedures are in place for early notification of planned discharges. | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| **Task** PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement. | | | | | | | | | | |
| **Task** Project Director/PMO staff completes current state assessment of transition protocols including collecting/reviewing existing guidelines and best practice models for transition of care including The Care Transitions Intervention Program; assesses ability to incorporate transition plans in the medical record(s). | | | | | | | | | | |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. | | | | | | | | | | |
| **Task** Project Director and support staff documents transitions of care protocols including early notification of planned discharge and | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| the ability for the transition care manager to visit the patient in the hospital. Care transition plan documentation and process to identify patients for care transitions included in protocols. | | | | | | | | | | |
| **Task** Clinical guidelines are documented for final review by the PPS Clinical Committee. | | | | | | | | | | |
| **Task** Project Director/Chief Medical Officer convenes PPS Clinical Committee to review and approve clinical guidelines. | | | | | | | | | | |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | | | | | | | | | | |
| **Task** Based on guidelines and protocols developed by the PPS assess training requirements by provider. | | | | | | | | | | |
| **Task** In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, health homes, primary care etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | | | | | | | | | | |
| **Task** As needed, develop contracts for the implementation of training across providers and the purchase of any training resources. | | | | | | | | | | |
| **Task** Develop written training program related to care transitions, incorporating special needs of behavioral health population | | | | | | | | | | |
| **Task** Implement training program across PPS. | | | | | | | | | | |
| **Task** Implement approach for ongoing training as needed. | | | | | | | | | | |
| **Task** Incorporate rapid cycle improvement efforts to monitor readmission of actively engaged patients on a monthly basis and report trends to the clinical and quality committees for identification of improvement opportunities. | | | | | | | | | | |
| **Milestone #5** Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. | | | | | | | | | | |
| **Task** Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 is updated in interoperable EHR or updated in primary care provider record. | | | | | | | | | | |
| **Task**<br>Project Director in conjunction with PPS IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project in the EHR, incorporate care transitions plans in the medical record, generate reports and share amongst PPS providers. | | | | | | | | | | |
| **Task**<br>PPS Senior Director of Enterprise Data and Analytics incorporates strategy to ensure exchange of care transitions records among providers in overall clinical integration strategy including the use of the RHIO. | | | | | | | | | | |
| **Task**<br>In conjunction with Workforce Committee, Project Implementation Workgroup and Senior Director of Enterprise Data and Anlaytics develops training strategy for participating providers (primary care, hospitals, homecare providers, primary care etc.) including written training program and identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | | | | | | | | | | |
| **Milestone #6**<br>Ensure that a 30-day transition of care period is established. | | | | | | | | | | |
| **Task**<br>Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized. | | | | | | | | | | |
| **Task**<br>Project Director/PMO staff completes current state assessment of transition protocols including collecting/reviews existing guidelines and best practice models for transition of care including The Care Transitions Intervention Program; assessing ability to incorporate transition plans in the medical record(s). | | | | | | | | | | |
| **Task**<br>Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. Procedures include a requirement that 30 day transition of care period is utilized. | | | | | | | | | | |
| **Task**<br>Project Director and support staff documents transitions of care protocols including early notification of planned discharge and the ability for the transition care manager to visit the patient in the hospital. Care transition plan documentation and process to | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| identify patients for care transitions included in protocols. | | | | | | | | | | |
| **Task** Clinical guidelines are documented for final review by the PPS Clinical Committee. | | | | | | | | | | |
| **Milestone #7** 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** Project Director in conjunction with PPS Senior Director IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying providers with/without EHR. For those providers without EHR, PPS will document provider implementation plan (s)/timelines for implementation. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for providers integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** For those providers without EHR,the PMO will develop interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, Spectramedix, import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population | | | | | | | | | | |
| **Task** | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task**<br>Create baseline and track improvement for defined metrics to monitor patients engaged in this project. | | | | | | | | | | |

### 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 |
|---|---|
| Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency. | |
| Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed. | Response to IA Feedback 9/8/2015:<br>The respective hospital partners are running daily reports to identify hospitalized super utilizers based upon the MAX series criteria for "Super Utilizers", flags for the ambulatory sensitive conditions and internal risk scoring criteria. Reports are exchanged daily with case managers and hospitalists. Patients without existing care management support in the community are being identified as Care Transitions eligible and being offered the services consistent with the program requirements |
| Ensure required social services participate in the project. | Response to IA Feedback 9/8/2015:<br>Care management partners will coordinate with respective agencies and community based organizations to assess and act on needed services such as housing, insurance enrollment, transportation, legal, immigration, etc. |
| Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services. | Response to IA Feedback 9/8/2015:<br>On an ongoing basis patients identified as having consented to a Care Transitions discharge will be monitored for readmission on a monthly basis and trends reported to the clinical and quality committees for identification of improvement opportunities. |
| Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. | |
| Ensure that a 30-day transition of care period is established. | |
| Use EHRs and other technical platforms to track all | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| patients engaged in the project. | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.iv.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 |
|---|---|

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.iv.6 - IA Monitoring

**Instructions :**

Milestone 2: Add tasks to engage with IT component of PPS to identify patients who will benefit from care transitions interventions and identify tasks for rapid cycle improvement to determine if interventions are working or need course correction. Change status of tasks to identify specific dates when tasks will be completed.

Milestone 3: Recommend inclusion of DHS and HRA for housing issues, ACS, APS, AOT, etc.

Milestone 4: Incorporate rapid cycle improvement to allow for course correction early if interventions are not working. Change "on hold" status to allow for true dates to be entered for tasks. Ensure HH and downstream CMAs are included in your workflow. Consider developing special educational and consent procedures to address the special needs of the BH population in this regard.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Project 2.b.vii – Implementing the INTERACT project (inpatient transfer avoidance program for SNF)

#### IPQR Module 2.b.vii.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.

The SI PPS views the following as major risks for implementation:

1. Project requirements include an expectation that Skilled Nursing Facility providers have EHR in place that meet Meaningful Use requirements and that participating providers are connected to the RHIO (Healthix) to allow for the sharing of health information amongst providers. The SI PPS identifies this as a project risk because a number of participating SNFs do not currently have EHRs in place and have not started the implementation process. To mitigate this risk, the Senior Director of Enterprise Data & Analytics will perform an in-depth IT infrastructure assessment to identify gaps and inform the PPS's strategic IT plan to integrate the PPS providers into a shared IT infrastructure to meet the project requirements, as well as support providers that require assistance in EHR implementation. As part of the Capital Restructuring Finance Program, the SI PPS has requested funds to assist providers in implementing EHR systems.

2. The SI PPS views developing DSRIP reporting processes for PPS providers without EHR and then reworking these processes once EHR is implemented, as potentially creating a significant burden on providers as well as impacting reporting timelines. To support PPS providers with and without EHR, the SI PPS is dedicating staff from the PMO to track projects and provide required reporting documentation and implementing a Project Management Software, Performance Logic, assessable to PPS providers to support management and reporting. Further, the SI PPS plans to support PPS provider participation through incentive payments to assist in alleviating administrative burdens associated with DSRIP reporting.

3. The SI PPS views the completion of quality assessments and root cause analyses of transfer in a timely manner as a risk for implementing Project 2.b.vii. During project implementation meetings, SNF providers identified that the completion of root cause analyses targeted at SNF to hospital transfers will require both significant time and resources and are often inconclusive or provide limited results. To mitigate this risk, the SI PPS plans to collaborate with the SNFs through the Clinical Committee and project implementation teams to identify an efficient approach based on best practices to performing assessments across providers and effectively measuring results to identify additional interventions in efforts to reduce hospital transfers.

4. Patient and families may request transfer to the hospital when the SNF care team does not believe transfer is required. As a result, the INTERACT program will include focused efforts around patient/family education, an important component of the INTERACT toolkit including advanced care planning, to provide guidance around how to communicate with residents and families.

5. The SI PPS recognizes that full implementation of INTERACT principles requires the engagement of all SNF staff, at all levels, including physicians and other clinicians. Full implementation will also require significant time and resources as well as ongoing staff training. If the proper level of training is not achieved across all PPS partners, this will become an implementation risk for Project 2.b.vii. To mitigate this risk, the SI PPS has contracted with an INTERACT training vendor, Continuing Care Leadership Coalition, to support training across the SI PPS, in addition to

developing PPS training teams. The Workforce Committee in conjunction with project implementation teams will choose training vendors to support training across the PPS. Currently, the PPS is developing a contract with 1199 SEIU Training and Development Fund to assist with the identification of training programs as well as the vetting of various training vendors that have been successfully used by key PPS provider stakeholders.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.vii.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 |
| SNFs participating in the INTERACT program | 10 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 4 | 10 |
| **Total Committed Providers** | **10** | **0** | **0** | **0** | **0** | **0** | **1** | **1** | **3** | **4** | **10** |
| **Percent Committed Providers(%)** | | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** | **10.00** | **10.00** | **30.00** | **40.00** | **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 |
| SNFs participating in the INTERACT program | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| **Total Committed Providers** | **10** | **10** | **10** | **10** | **10** | **10** | **10** | **10** | **10** | **10** | **10** |
| **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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**Narrative Text :**

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.vii.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 | 575 |

| 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 | 29 | 69 | 115 | 121 | 230 | 322 | 403 | 144 | 288 |
| **Percent of Expected Patient Engagement(%)** | **0.00** | **5.04** | **12.00** | **20.00** | **21.04** | **40.00** | **56.00** | **70.09** | **25.04** | **50.09** |

| 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 | 431 | 575 | 144 | 288 | 431 | 575 | 0 | 0 | 0 | 0 |
| **Percent of Expected Patient Engagement(%)** | **74.96** | **100.00** | **25.04** | **50.09** | **74.96** | **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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# New York State Department Of Health
# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.vii.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 INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** INTERACT principles implemented at each participating SNF. | Project | | In Progress | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Nursing home to hospital transfers reduced. | Provider | Skilled Nursing Facilities / Nursing Homes | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** INTERACT 3.0 Toolkit used at each SNF. | Provider | Skilled Nursing Facilities / Nursing Homes | In Progress | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Recruit/hire project management office staff to support long term care initiatives. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Form Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Skilled Nursing Facilities (SNFs). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Project Director identifies project lead(s)/champion(s) from each SNF. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Project Director identifies PPS providers participating in project. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Project Director develops project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Project Director and Executive Director develop funds flow model for Project 2.b.vii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director request budgets from PPS providers detailing requests for | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| project implementation funds aimed at supporting project-related expenses. | | | | | | | |
| **Task** Executive Director distributes provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (master services agreements and funds flow will include commitment to implementing the INTERACT 3.0 toolkit within the specified timeframe). | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Executive Director finalizes and executes provider specific master services agreements and funds flow for participating PPS providers. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director develops a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director develops INTERACT training strategy in conjunction with Project Implementation Workgroup. Training strategy aligns with PPS's workforce training strategy. | Project | | In Progress | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director requests and reviews proposals from INTERACT training vendors. PPS selects and enters into a contract with selected vendor. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** SNFs identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** SNF staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model will be used. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Project Director and/or support staff meets with SNFs to identify INTERACT implementation/staff training approach and timing as well as implementation of INTERACT 3.0 toolkit at each facility. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** SNFs conduct baseline assessment of the number of nursing home to hospital transfers within a one year period, prior to INTERACT implementation, to benchmark progress. SNFs provide baseline assessment to PMO. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director and PMO Director develops process/timeline for the collection of hospital transfer volume on a quarterly basis. | Project | | In Progress | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** SNFs submit high level implementation plan/strategy to PMO including overall | Project | | In Progress | 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

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| approach to implementation of INTERACT 3.0 toolkit and training approach/timeline. | | | | | | | |
| **Task** SNFs implement INTERACT at their facility leveraging approved implementation/staff training approach. SNF staff trained in the INTERACT principles/toolkit along with project champion will be responsible for implementing training/toolkit throughout provider site. | Project | | In Progress | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** PMO provides ongoing support to SNFs as necessary, including providing follow up or additional INTERACT training sessions. | Project | | In Progress | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Director develops assessment tool and schedule for on-site review/audit of participating SNFS as evidence of implementation of INTERACT toolkit. | Project | | In Progress | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #2** Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Facility champion identified for each SNF. | Provider | Skilled Nursing Facilities / Nursing Homes | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** SNFs identify staff from organization to serve as facility champions (coach/leader) of the INTERACT program at designated facility. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Facility champions attend INTERACT training session, as needed (June 11 or 12, 2015). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Project Director works with Project Implementation Workgroup to develop role description for facility champion including identifying responsibility in the development of facility specific implementation plan/timeline. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Gain approval of INTERACT facility champion role description from participating SNFs. | Project | | In Progress | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Participating SNFs identify facility champion; communicate champions responsibilities as coach/leader at their facility to facilitate INTERACT implementation and adoption of INTERACT 3.0 toolkit; and provide required documentation (CV) to PMO. | Project | | In Progress | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #3** Implement care pathways and other clinical tools for monitoring chronically ill | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. | | | | | | | |
| **Task** Care pathways and clinical tool(s) created to monitor chronically-ill patients. | Project | | In Progress | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Director identifies clinical resource to review and document best practices, standardized care pathways and clinical tools in conjunction with SNF providers and Clinical Committee. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Clinical PMO resource and support staff works with SNFs to collect and document existing protocols and best practices for care pathways and clinical tools used to monitor chronically ill patients including best practices that can be leveraged across providers. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director/support staff identifies industry standard care pathways and clinical tools to monitor chronically ill patients and conducts gap analysis using existing protocols. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** PMO consolidates SNF best practices/protocols and documents methodology for monitoring of chronically ill patients and hospital avoidance. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** PMO shares methodology with Clinical Committee for review and approval. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** PMO shares methodology with SNFs for review and feedback around training needs. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** SNFs identify staff that will require training on use of care pathways and clinical tools. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director, with input from the SNFs, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** PMO develops a finalized and documented training program around care | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| pathways to monitor critically ill patients. | | | | | | | |
| **Milestone #4** Educate all staff on care pathways and INTERACT principles. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Training program for all SNF staff established encompassing care pathways and INTERACT principles. | Provider | Skilled Nursing Facilities / Nursing Homes | In Progress | 10/01/2015 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Project Director shares methodology with SNFs for feedback around training needs. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** SNFs identify staff that will require training on use of care pathways and INTERACT principles. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director/PMO support staff, with input from the SNFs, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools including identifying resources for training, approach and timeline. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director develops a finalized and documented training program around care pathways to monitor critically ill patients. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director finalizes methodology and distributes to SNFs to implement at facilities. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director provides training program to facility champions on methodology for care pathways and use of clinical tools. Training strategy applies a train the trainer approach and includes process for monitoring training implementation (including staff trained, timeline and outcomes). | Project | | In Progress | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** SNF staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model will be used. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** PMO provides ongoing support to SNFs as necessary, including providing follow up or additional INTERACT training sessions. | Project | | In Progress | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Facility champions facilitate on-site training for SNF staff identified as requiring training. | Project | | In Progress | 09/30/2016 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| **Milestone #5** Implement Advance Care Planning tools to assist residents and families in | Project | N/A | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| expressing and documenting their wishes for near end of life and end of life care. | | | | | | | |
| **Task** Advance Care Planning tools incorporated into program (as evidenced by policies and procedures). | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Director collects materials related to Advanced Care Planning tools and creates a toolkit to be used by SNFs. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Project Director, in conjunction with training vendor and Workforce Committee develops training program for SNFs on use of Advanced Care Planning tools (including incorporating into INTERACT training). | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Project Director shares Advanced Care Planning toolkit with SNF leadership and facility champions to be adopted and used at SNFs. | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** PMO provides training to SNFs on Advanced Care Planning tools and use of toolkit. | Project | | In Progress | 10/03/2016 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** SNF facility champions provide training to SNF staff on use of Advanced Care Planning tools (including as a component of INTERACT toolkit). | Project | | In Progress | 10/03/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** SNFs adopt Advanced Care Planning tools and use of toolkit. | Project | | In Progress | 10/03/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #6** Create coaching program to facilitate and support implementation. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** INTERACT coaching program established at each SNF. | Provider | Skilled Nursing Facilities / Nursing Homes | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** SNFs identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** SNF staff attend full day INTERACT training session (June 11 or 12, 2015). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Project Director meets with SNFs to identify training/coaching needs for the following:<br>1. INTERACT implementation/staff training approach and timing including training for Facility Champions.<br>2. Training for the implementation of INTERACT 3.0 toolkit at each facility. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** | Project | | In Progress | 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

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Project Director/support staff leverages findings from SNF meetings to develop written INTERACT training/coaching approach and timing. | | | | | | | |
| **Task** Project Implementation Workgroup approves the staff training/coaching approach and timing as well as coaching on use of INTERACT 3.0 toolkit for their facility. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Facility champion serves as coach/leader at their facility to facilitate INTERACT implementation and adoption of INTERACT 3.0 toolkit. | Project | | In Progress | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** SNFs implement INTERACT at their facility leveraging approved implementation/staff training approach. SNF staff (Facility Champions) that attended the training will participate in the implementation and training/coaching process. | Project | | In Progress | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** SNFs and their designated Facility Champions provide training to SNF staff on use of INTERACT 3.0 toolkit. | Project | | In Progress | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** PMO provides ongoing support to SNFs and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions. | Project | | In Progress | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #7** Educate patient and family/caretakers, to facilitate participation in planning of care. | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Patients and families educated and involved in planning of care using INTERACT principles. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Director meets with SNFs to identify and document ongoing protocols and best practices in place for patient and family education care planning. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director incorporates findings from SNFs and INTERACT principles to develop patient and family education methodology. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Implementation Workgroup reviews the PMO's methodology and provides feedback/approves patient and family education methodology for planning of care using INTERACT principles. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director develops and documents training methodology/approach for | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| SNFs on the use patient and family education methodology. | | | | | | | |
| **Task** Project Director shares training with SNFs to facilitate implementation/training of patient and family education methodology. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Facility champion serves as coach/leader at their facility to facilitate training/implementation of patient and family education methodology. | Project | | In Progress | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** SNFs implement patient and family education methodology for planning of care with use of INTERACT principles. | Project | | In Progress | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** PMO provides ongoing support to SNFs and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions. | Project | | In Progress | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #8** Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity. | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 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 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Hospitals | 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** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess IT infrastructure at participating SNFs including identifying SNFs with/without EHR. For those SNFs without EHR, provider implementation plan/timelines for implementation are developed. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director develops implementation plan including timeline for SNF integration with RHIO and ensure SHIN-NY requirements are met (PPS Funds flow will include funding to support integration). Implementation plan is a subset of PPS's roadmap to achieving clinical data sharing and interoperable systems across PPS network. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** For those SNFs with EHR, Project Director and Sr. Director of Enterprise Data | Project | | In Progress | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| & Analytics work to ensure that EHR meetings Meaningful Use Stage 2 CMS requirements. | | | | | | | |
| **Task** For those SNFs with EHR, Project Director and Sr. Director of Enterprise Data & Analytics work with the SNF and RHIO (Healthix) to facilitate integration within the RHIO and ensure enhanced communication between SNF and other PPS partners, in particular Richmond University Medical Center/Staten Island University. | Project | | In Progress | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Implementation Workgroup and hospital representatives, including Directors of Emergency Department from both acute care hospitals participate in assessment to identify key data points to be shared, and approach for enhanced communication between SNFs and acute care hospitals. | Project | | In Progress | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO. | Project | | In Progress | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #9** Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | Project | N/A | In Progress | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **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 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J. | Project | | In Progress | 07/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Service and quality outcome measures are reported to all stakeholders. | Project | | In Progress | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Project Director identifies PPS partners to serve on the quality committee or "Long Term Care Project Workgroup", which is comprised of PPS partners participating in Project 2.b.vii. | Project | | Completed | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director notifies those selected for the Long Term Care Project Workgroup of their role, expectations and meeting schedule. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| **Task** Long Term Care Project Workgroup convenes on an ongoing basis to identify approach to measuring outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director office identifies key quality metrics for Project 2.b.vii and provides this information to the Long Term Care Project Workgroup. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Long Term Care Project Workgroup applies key quality metrics to develop an approach for clinical quality improvement including:<br>1. An approach to conducting quality assessments across the SNFs<br>2. Methodologies for rapid cycle improvement at facility<br>3. Assessing root cause of transfers from SNFs to hospitals. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Long Term Care Project Workgroup applies approaches/methodologies identified in previous step and key quality metrics to develop implementation plans for clinical quality improvement across the SNFs. | Project | | In Progress | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director shares clinical quality improvement plans with SNFs for review and feedback. | Project | | In Progress | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** SNFs leverage plans to perform clinical quality assessments at SNF. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** SNFs collect results of clinical quality assessments and provide to PMO. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Project Director collects and evaluates results of assessment. | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Project Director measures and identifies outcomes of the clinical quality assessment and shares results with the Long Term Care Project Workgroup. | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Long Term Care Project Workgroup reviews outcomes and identifies additional interventions that can be adopted by the SNFs to improve clinical quality outcomes. | Project | | In Progress | 10/03/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Project Director collects the identified interventions and develops a report that is issued to all PPS partners involved in Project 2.b.vii. The report will identify the results of the clinical quality assessments as well as identified interventions to address areas for improvement at SNFs to reduce transfer to hospitals. | Project | | In Progress | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** | Project | | In Progress | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Project Director/support staff report findings to key stakeholders. | | | | | | | |
| **Milestone #10** 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 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including identifying SNFs with/without EHR. For those SNFs without EHR, provider implementation plan/timelines for implementation are developed. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification. | Project | | In Progress | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| implementation timing approach for SNF integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | |
| **Task** Project Director/support staff creates baseline and track improvement for defined metrics to monitor targeted patients. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** For those SNFs without EHR, the Project Director will facilitate interim reporting and tracking strategy to enable tracking of patients. | Project | | In Progress | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** SNFs are integrated with the RHIO and are able to track patients engaged in Project 2.b.vii. | Project | | In Progress | 09/30/2015 | 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 INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net. | | | | | | | | | | |
| **Task** INTERACT principles implemented at each participating SNF. | | | | | | | | | | |
| **Task** Nursing home to hospital transfers reduced. | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 4 | 10 |
| **Task** INTERACT 3.0 Toolkit used at each SNF. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** Recruit/hire project management office staff to support long term care initiatives. | | | | | | | | | | |
| **Task** Form Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Skilled Nursing Facilities (SNFs). | | | | | | | | | | |
| **Task** Project Director identifies project lead(s)/champion(s) from each SNF. | | | | | | | | | | |
| **Task** Project Director identifies PPS providers participating in project. | | | | | | | | | | |
| **Task** Project Director develops project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Project Director and Executive Director develop funds flow model for Project 2.b.vii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | | | | | | | | | | |
| **Task** Project Director request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task** Executive Director distributes provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (master services agreements and funds flow will include commitment to implementing the INTERACT 3.0 toolkit within the specified timeframe). | | | | | | | | | | |
| **Task** Executive Director finalizes and executes provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Project Director develops a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** Project Director develops INTERACT training strategy in conjunction with Project Implementation Workgroup. Training strategy aligns with PPS's workforce training strategy. | | | | | | | | | | |
| **Task** Project Director requests and reviews proposals from INTERACT training vendors. PPS selects and enters into a contract with selected vendor. | | | | | | | | | | |
| **Task** SNFs identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition). | | | | | | | | | | |
| **Task** SNF staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model will be used. | | | | | | | | | | |
| **Task** Project Director and/or support staff meets with SNFs to identify INTERACT implementation/staff training approach and timing as well as implementation of INTERACT 3.0 toolkit at each facility. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** SNFs conduct baseline assessment of the number of nursing home to hospital transfers within a one year period, prior to INTERACT implementation, to benchmark progress. SNFs provide baseline assessment to PMO. | | | | | | | | | | |
| **Task** Project Director and PMO Director develops process/timeline for the collection of hospital transfer volume on a quarterly basis. | | | | | | | | | | |
| **Task** SNFs submit high level implementation plan/strategy to PMO including overall approach to implementation of INTERACT 3.0 toolkit and training approach/timeline. | | | | | | | | | | |
| **Task** SNFs implement INTERACT at their facility leveraging approved implementation/staff training approach. SNF staff trained in the INTERACT principles/toolkit along with project champion will be responsible for implementing training/toolkit throughout provider site. | | | | | | | | | | |
| **Task** PMO provides ongoing support to SNFs as necessary, including providing follow up or additional INTERACT training sessions. | | | | | | | | | | |
| **Task** Project Director develops assessment tool and schedule for on-site review/audit of participating SNFS as evidence of implementation of INTERACT toolkit. | | | | | | | | | | |
| **Milestone #2** Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program. | | | | | | | | | | |
| **Task** Facility champion identified for each SNF. | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 10 | 10 | 10 |
| **Task** SNFs identify staff from organization to serve as facility champions (coach/leader) of the INTERACT program at designated facility. | | | | | | | | | | |
| **Task** Facility champions attend INTERACT training session, as needed (June 11 or 12, 2015). | | | | | | | | | | |
| **Task** Project Director works with Project Implementation Workgroup to develop role description for facility champion including identifying responsibility in the development of facility specific implementation plan/timeline. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Gain approval of INTERACT facility champion role description from participating SNFs. | | | | | | | | | | |
| **Task** Participating SNFs identify facility champion; communicate champions responsibilities as coach/leader at their facility to facilitate INTERACT implementation and adoption of INTERACT 3.0 toolkit; and provide required documentation (CV) to PMO. | | | | | | | | | | |
| **Milestone #3** Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. | | | | | | | | | | |
| **Task** Care pathways and clinical tool(s) created to monitor chronically-ill patients. | | | | | | | | | | |
| **Task** PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission. | | | | | | | | | | |
| **Task** Project Director identifies clinical resource to review and document best practices, standardized care pathways and clinical tools in conjunction with SNF providers and Clinical Committee. | | | | | | | | | | |
| **Task** Clinical PMO resource and support staff works with SNFs to collect and document existing protocols and best practices for care pathways and clinical tools used to monitor chronically ill patients including best practices that can be leveraged across providers. | | | | | | | | | | |
| **Task** Project Director/support staff identifies industry standard care pathways and clinical tools to monitor chronically ill patients and conducts gap analysis using existing protocols. | | | | | | | | | | |
| **Task** PMO consolidates SNF best practices/protocols and documents methodology for monitoring of chronically ill patients and hospital avoidance. | | | | | | | | | | |
| **Task** PMO shares methodology with Clinical Committee for review and approval. | | | | | | | | | | |
| **Task** PMO shares methodology with SNFs for review and feedback | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| around training needs. | | | | | | | | | | |
| **Task** SNFs identify staff that will require training on use of care pathways and clinical tools. | | | | | | | | | | |
| **Task** Project Director, with input from the SNFs, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools. | | | | | | | | | | |
| **Task** PMO develops a finalized and documented training program around care pathways to monitor critically ill patients. | | | | | | | | | | |
| **Milestone #4** Educate all staff on care pathways and INTERACT principles. | | | | | | | | | | |
| **Task** Training program for all SNF staff established encompassing care pathways and INTERACT principles. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** Project Director shares methodology with SNFs for feedback around training needs. | | | | | | | | | | |
| **Task** SNFs identify staff that will require training on use of care pathways and INTERACT principles. | | | | | | | | | | |
| **Task** Project Director/PMO support staff, with input from the SNFs, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools including identifying resources for training, approach and timeline. | | | | | | | | | | |
| **Task** Project Director develops a finalized and documented training program around care pathways to monitor critically ill patients. | | | | | | | | | | |
| **Task** Project Director finalizes methodology and distributes to SNFs to implement at facilities. | | | | | | | | | | |
| **Task** Project Director provides training program to facility champions on methodology for care pathways and use of clinical tools. Training strategy applies a train the trainer approach and includes process for monitoring training implementation (including staff trained, timeline and outcomes). | | | | | | | | | | |
| **Task** SNF staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model will be used. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** PMO provides ongoing support to SNFs as necessary, including providing follow up or additional INTERACT training sessions. | | | | | | | | | | |
| **Task** Facility champions facilitate on-site training for SNF staff identified as requiring training. | | | | | | | | | | |
| **Milestone #5** Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care. | | | | | | | | | | |
| **Task** Advance Care Planning tools incorporated into program (as evidenced by policies and procedures). | | | | | | | | | | |
| **Task** Project Director collects materials related to Advanced Care Planning tools and creates a toolkit to be used by SNFs. | | | | | | | | | | |
| **Task** Project Director, in conjunction with training vendor and Workforce Committee develops training program for SNFs on use of Advanced Care Planning tools (including incorporating into INTERACT training). | | | | | | | | | | |
| **Task** Project Director shares Advanced Care Planning toolkit with SNF leadership and facility champions to be adopted and used at SNFs. | | | | | | | | | | |
| **Task** PMO provides training to SNFs on Advanced Care Planning tools and use of toolkit. | | | | | | | | | | |
| **Task** SNF facility champions provide training to SNF staff on use of Advanced Care Planning tools (including as a component of INTERACT toolkit). | | | | | | | | | | |
| **Task** SNFs adopt Advanced Care Planning tools and use of toolkit. | | | | | | | | | | |
| **Milestone #6** Create coaching program to facilitate and support implementation. | | | | | | | | | | |
| **Task** INTERACT coaching program established at each SNF. | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 10 | 10 | 10 |
| **Task** SNFs identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition). | | | | | | | | | | |
| **Task** SNF staff attend full day INTERACT training session (June 11 | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| or 12, 2015). | | | | | | | | | | |
| **Task**<br>Project Director meets with SNFs to identify training/coaching needs for the following:<br>1. INTERACT implementation/staff training approach and timing including training for Facility Champions.<br>2. Training for the implementation of INTERACT 3.0 toolkit at each facility. | | | | | | | | | | |
| **Task**<br>Project Director/support staff leverages findings from SNF meetings to develop written INTERACT training/coaching approach and timing. | | | | | | | | | | |
| **Task**<br>Project Implementation Workgroup approves the staff training/coaching approach and timing as well as coaching on use of INTERACT 3.0 toolkit for their facility. | | | | | | | | | | |
| **Task**<br>Facility champion serves as coach/leader at their facility to facilitate INTERACT implementation and adoption of INTERACT 3.0 toolkit. | | | | | | | | | | |
| **Task**<br>SNFs implement INTERACT at their facility leveraging approved implementation/staff training approach. SNF staff (Facility Champions) that attended the training will participate in the implementation and training/coaching process. | | | | | | | | | | |
| **Task**<br>SNFs and their designated Facility Champions provide training to SNF staff on use of INTERACT 3.0 toolkit. | | | | | | | | | | |
| **Task**<br>PMO provides ongoing support to SNFs and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions. | | | | | | | | | | |
| **Milestone #7**<br>Educate patient and family/caretakers, to facilitate participation in planning of care. | | | | | | | | | | |
| **Task**<br>Patients and families educated and involved in planning of care using INTERACT principles. | | | | | | | | | | |
| **Task**<br>Project Director meets with SNFs to identify and document ongoing protocols and best practices in place for patient and family education care planning. | | | | | | | | | | |
| **Task**<br>Project Director incorporates findings from SNFs and | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| INTERACT principles to develop patient and family education methodology. | | | | | | | | | | |
| **Task** Project Implementation Workgroup reviews the PMO's methodology and provides feedback/approves patient and family education methodology for planning of care using INTERACT principles. | | | | | | | | | | |
| **Task** Project Director develops and documents training methodology/approach for SNFs on the use patient and family education methodology. | | | | | | | | | | |
| **Task** Project Director shares training with SNFs to facilitate implementation/training of patient and family education methodology. | | | | | | | | | | |
| **Task** Facility champion serves as coach/leader at their facility to facilitate training/implementation of patient and family education methodology. | | | | | | | | | | |
| **Task** SNFs implement patient and family education methodology for planning of care with use of INTERACT principles. | | | | | | | | | | |
| **Task** PMO provides ongoing support to SNFs and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions. | | | | | | | | | | |
| **Milestone #8** Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity. | | | | | | | | | | |
| **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** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 4 | 10 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess IT infrastructure at participating SNFs including identifying SNFs with/without EHR. For those SNFs without EHR, provider implementation plan/timelines for | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| implementation are developed. | | | | | | | | | | |
| **Task** Project Director develops implementation plan including timeline for SNF integration with RHIO and ensure SHIN-NY requirements are met (PPS Funds flow will include funding to support integration). Implementation plan is a subset of PPS's roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** For those SNFs with EHR, Project Director and Sr. Director of Enterprise Data & Analytics work to ensure that EHR meetings Meaningful Use Stage 2 CMS requirements. | | | | | | | | | | |
| **Task** For those SNFs with EHR, Project Director and Sr. Director of Enterprise Data & Analytics work with the SNF and RHIO (Healthix) to facilitate integration within the RHIO and ensure enhanced communication between SNF and other PPS partners, in particular Richmond University Medical Center/Staten Island University. | | | | | | | | | | |
| **Task** Project Implementation Workgroup and hospital representatives, including Directors of Emergency Department from both acute care hospitals participate in assessment to identify key data points to be shared, and approach for enhanced communication between SNFs and acute care hospitals. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO. | | | | | | | | | | |
| **Milestone #9** Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | | | | | | | | | | |
| **Task** Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders. | | | | | | | | | | |
| **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** | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J. | | | | | | | | | | |
| **Task** Service and quality outcome measures are reported to all stakeholders. | | | | | | | | | | |
| **Task** Project Director identifies PPS partners to serve on the quality committee or "Long Term Care Project Workgroup", which is comprised of PPS partners participating in Project 2.b.vii. | | | | | | | | | | |
| **Task** Project Director notifies those selected for the Long Term Care Project Workgroup of their role, expectations and meeting schedule. | | | | | | | | | | |
| **Task** Long Term Care Project Workgroup convenes on an ongoing basis to identify approach to measuring outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | | | | | | | | | | |
| **Task** Project Director office identifies key quality metrics for Project 2.b.vii and provides this information to the Long Term Care Project Workgroup. | | | | | | | | | | |
| **Task** Long Term Care Project Workgroup applies key quality metrics to develop an approach for clinical quality improvement including:<br>1. An approach to conducting quality assessments across the SNFs<br>2. Methodologies for rapid cycle improvement at facility<br>3. Assessing root cause of transfers from SNFs to hospitals. | | | | | | | | | | |
| **Task** Long Term Care Project Workgroup applies approaches/methodologies identified in previous step and key quality metrics to develop implementation plans for clinical quality improvement across the SNFs. | | | | | | | | | | |
| **Task** Project Director shares clinical quality improvement plans with SNFs for review and feedback. | | | | | | | | | | |
| **Task** SNFs leverage plans to perform clinical quality assessments at SNF. | | | | | | | | | | |
| **Task** SNFs collect results of clinical quality assessments and provide to PMO. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Project Director collects and evaluates results of assessment. | | | | | | | | | | |
| **Task** Project Director measures and identifies outcomes of the clinical quality assessment and shares results with the Long Term Care Project Workgroup. | | | | | | | | | | |
| **Task** Long Term Care Project Workgroup reviews outcomes and identifies additional interventions that can be adopted by the SNFs to improve clinical quality outcomes. | | | | | | | | | | |
| **Task** Project Director collects the identified interventions and develops a report that is issued to all PPS partners involved in Project 2.b.vii. The report will identify the results of the clinical quality assessments as well as identified interventions to address areas for improvement at SNFs to reduce transfer to hospitals. | | | | | | | | | | |
| **Task** Project Director/support staff report findings to key stakeholders. | | | | | | | | | | |
| **Milestone #10** 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** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including identifying SNFs with/without EHR. For those SNFs without EHR, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification. | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems | | | | | | | | | | |

# New York State Department Of Health
# Delivery System Reform Incentive Payment Project
## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| across PPS network. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for SNF integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Project Director/support staff creates baseline and track improvement for defined metrics to monitor targeted patients. | | | | | | | | | | |
| **Task** For those SNFs without EHR, the Project Director will facilitate interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |
| **Task** SNFs are integrated with the RHIO and are able to track patients engaged in Project 2.b.vii. | | | | | | | | | | |

| 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 INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net. | | | | | | | | | | |
| **Task** INTERACT principles implemented at each participating SNF. | | | | | | | | | | |
| **Task** Nursing home to hospital transfers reduced. | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| **Task** INTERACT 3.0 Toolkit used at each SNF. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** Recruit/hire project management office staff to support long | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| term care initiatives. | | | | | | | | | | |
| **Task** Form Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Skilled Nursing Facilities (SNFs). | | | | | | | | | | |
| **Task** Project Director identifies project lead(s)/champion(s) from each SNF. | | | | | | | | | | |
| **Task** Project Director identifies PPS providers participating in project. | | | | | | | | | | |
| **Task** Project Director develops project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task** Project Director and Executive Director develop funds flow model for Project 2.b.vii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | | | | | | | | | | |
| **Task** Project Director request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task** Executive Director distributes provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (master services agreements and funds flow will include commitment to implementing the INTERACT 3.0 toolkit within the specified timeframe). | | | | | | | | | | |
| **Task** Executive Director finalizes and executes provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Project Director develops a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** Project Director develops INTERACT training strategy in conjunction with Project Implementation Workgroup. Training strategy aligns with PPS's workforce training strategy. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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**<br>Project Director requests and reviews proposals from INTERACT training vendors. PPS selects and enters into a contract with selected vendor. | | | | | | | | | | |
| **Task**<br>SNFs identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition). | | | | | | | | | | |
| **Task**<br>SNF staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model will be used. | | | | | | | | | | |
| **Task**<br>Project Director and/or support staff meets with SNFs to identify INTERACT implementation/staff training approach and timing as well as implementation of INTERACT 3.0 toolkit at each facility. | | | | | | | | | | |
| **Task**<br>SNFs conduct baseline assessment of the number of nursing home to hospital transfers within a one year period, prior to INTERACT implementation, to benchmark progress. SNFs provide baseline assessment to PMO. | | | | | | | | | | |
| **Task**<br>Project Director and PMO Director develops process/timeline for the collection of hospital transfer volume on a quarterly basis. | | | | | | | | | | |
| **Task**<br>SNFs submit high level implementation plan/strategy to PMO including overall approach to implementation of INTERACT 3.0 toolkit and training approach/timeline. | | | | | | | | | | |
| **Task**<br>SNFs implement INTERACT at their facility leveraging approved implementation/staff training approach. SNF staff trained in the INTERACT principles/toolkit along with project champion will be responsible for implementing training/toolkit throughout provider site. | | | | | | | | | | |
| **Task**<br>PMO provides ongoing support to SNFs as necessary, including providing follow up or additional INTERACT training sessions. | | | | | | | | | | |
| **Task**<br>Project Director develops assessment tool and schedule for on-site review/audit of participating SNFS as evidence of implementation of INTERACT toolkit. | | | | | | | | | | |
| **Milestone #2**<br>Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Facility champion identified for each SNF. | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| **Task** SNFs identify staff from organization to serve as facility champions (coach/leader) of the INTERACT program at designated facility. | | | | | | | | | | |
| **Task** Facility champions attend INTERACT training session, as needed (June 11 or 12, 2015). | | | | | | | | | | |
| **Task** Project Director works with Project Implementation Workgroup to develop role description for facility champion including identifying responsibility in the development of facility specific implementation plan/timeline. | | | | | | | | | | |
| **Task** Gain approval of INTERACT facility champion role description from participating SNFs. | | | | | | | | | | |
| **Task** Participating SNFs identify facility champion; communicate champions responsibilities as coach/leader at their facility to facilitate INTERACT implementation and adoption of INTERACT 3.0 toolkit; and provide required documentation (CV) to PMO. | | | | | | | | | | |
| **Milestone #3** Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. | | | | | | | | | | |
| **Task** Care pathways and clinical tool(s) created to monitor chronically-ill patients. | | | | | | | | | | |
| **Task** PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission. | | | | | | | | | | |
| **Task** Project Director identifies clinical resource to review and document best practices, standardized care pathways and clinical tools in conjunction with SNF providers and Clinical Committee. | | | | | | | | | | |
| **Task** Clinical PMO resource and support staff works with SNFs to collect and document existing protocols and best practices for care pathways and clinical tools used to monitor chronically ill patients including best practices that can be leveraged across | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| providers. | | | | | | | | | | |
| **Task** Project Director/support staff identifies industry standard care pathways and clinical tools to monitor chronically ill patients and conducts gap analysis using existing protocols. | | | | | | | | | | |
| **Task** PMO consolidates SNF best practices/protocols and documents methodology for monitoring of chronically ill patients and hospital avoidance. | | | | | | | | | | |
| **Task** PMO shares methodology with Clinical Committee for review and approval. | | | | | | | | | | |
| **Task** PMO shares methodology with SNFs for review and feedback around training needs. | | | | | | | | | | |
| **Task** SNFs identify staff that will require training on use of care pathways and clinical tools. | | | | | | | | | | |
| **Task** Project Director, with input from the SNFs, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools. | | | | | | | | | | |
| **Task** PMO develops a finalized and documented training program around care pathways to monitor critically ill patients. | | | | | | | | | | |
| **Milestone #4** Educate all staff on care pathways and INTERACT principles. | | | | | | | | | | |
| **Task** Training program for all SNF staff established encompassing care pathways and INTERACT principles. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** Project Director shares methodology with SNFs for feedback around training needs. | | | | | | | | | | |
| **Task** SNFs identify staff that will require training on use of care pathways and INTERACT principles. | | | | | | | | | | |
| **Task** Project Director/PMO support staff, with input from the SNFs, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools including identifying resources for training, approach and timeline. | | | | | | | | | | |
| **Task** Project Director develops a finalized and documented training | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| program around care pathways to monitor critically ill patients. | | | | | | | | | | |
| **Task** Project Director finalizes methodology and distributes to SNFs to implement at facilities. | | | | | | | | | | |
| **Task** Project Director provides training program to facility champions on methodology for care pathways and use of clinical tools. Training strategy applies a train the trainer approach and includes process for monitoring training implementation (including staff trained, timeline and outcomes). | | | | | | | | | | |
| **Task** SNF staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model will be used. | | | | | | | | | | |
| **Task** PMO provides ongoing support to SNFs as necessary, including providing follow up or additional INTERACT training sessions. | | | | | | | | | | |
| **Task** Facility champions facilitate on-site training for SNF staff identified as requiring training. | | | | | | | | | | |
| **Milestone #5** Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care. | | | | | | | | | | |
| **Task** Advance Care Planning tools incorporated into program (as evidenced by policies and procedures). | | | | | | | | | | |
| **Task** Project Director collects materials related to Advanced Care Planning tools and creates a toolkit to be used by SNFs. | | | | | | | | | | |
| **Task** Project Director, in conjunction with training vendor and Workforce Committee develops training program for SNFs on use of Advanced Care Planning tools (including incorporating into INTERACT training). | | | | | | | | | | |
| **Task** Project Director shares Advanced Care Planning toolkit with SNF leadership and facility champions to be adopted and used at SNFs. | | | | | | | | | | |
| **Task** PMO provides training to SNFs on Advanced Care Planning tools and use of toolkit. | | | | | | | | | | |
| **Task** SNF facility champions provide training to SNF staff on use of | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Advanced Care Planning tools (including as a component of INTERACT toolkit). | | | | | | | | | | |
| **Task** SNFs adopt Advanced Care Planning tools and use of toolkit. | | | | | | | | | | |
| **Milestone #6** Create coaching program to facilitate and support implementation. | | | | | | | | | | |
| **Task** INTERACT coaching program established at each SNF. | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| **Task** SNFs identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition). | | | | | | | | | | |
| **Task** SNF staff attend full day INTERACT training session (June 11 or 12, 2015). | | | | | | | | | | |
| **Task** Project Director meets with SNFs to identify training/coaching needs for the following:<br>1. INTERACT implementation/staff training approach and timing including training for Facility Champions.<br>2. Training for the implementation of INTERACT 3.0 toolkit at each facility. | | | | | | | | | | |
| **Task** Project Director/support staff leverages findings from SNF meetings to develop written INTERACT training/coaching approach and timing. | | | | | | | | | | |
| **Task** Project Implementation Workgroup approves the staff training/coaching approach and timing as well as coaching on use of INTERACT 3.0 toolkit for their facility. | | | | | | | | | | |
| **Task** Facility champion serves as coach/leader at their facility to facilitate INTERACT implementation and adoption of INTERACT 3.0 toolkit. | | | | | | | | | | |
| **Task** SNFs implement INTERACT at their facility leveraging approved implementation/staff training approach. SNF staff (Facility Champions) that attended the training will participate in the implementation and training/coaching process. | | | | | | | | | | |
| **Task** SNFs and their designated Facility Champions provide training to SNF staff on use of INTERACT 3.0 toolkit. | | | | | | | | | | |
| **Task** PMO provides ongoing support to SNFs and their Facility Champions as necessary, including providing follow up or | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| additional INTERACT training sessions. | | | | | | | | | | |
| **Milestone #7** Educate patient and family/caretakers, to facilitate participation in planning of care. | | | | | | | | | | |
| **Task** Patients and families educated and involved in planning of care using INTERACT principles. | | | | | | | | | | |
| **Task** Project Director meets with SNFs to identify and document ongoing protocols and best practices in place for patient and family education care planning. | | | | | | | | | | |
| **Task** Project Director incorporates findings from SNFs and INTERACT principles to develop patient and family education methodology. | | | | | | | | | | |
| **Task** Project Implementation Workgroup reviews the PMO's methodology and provides feedback/approves patient and family education methodology for planning of care using INTERACT principles. | | | | | | | | | | |
| **Task** Project Director develops and documents training methodology/approach for SNFs on the use patient and family education methodology. | | | | | | | | | | |
| **Task** Project Director shares training with SNFs to facilitate implementation/training of patient and family education methodology. | | | | | | | | | | |
| **Task** Facility champion serves as coach/leader at their facility to facilitate training/implementation of patient and family education methodology. | | | | | | | | | | |
| **Task** SNFs implement patient and family education methodology for planning of care with use of INTERACT principles. | | | | | | | | | | |
| **Task** PMO provides ongoing support to SNFs and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions. | | | | | | | | | | |
| **Milestone #8** Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity. | | | | | | | | | | |
| **Task** EHR meets Meaningful Use Stage 2 CMS requirements | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.) | | | | | | | | | | |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess IT infrastructure at participating SNFs including identifying SNFs with/without EHR. For those SNFs without EHR, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Project Director develops implementation plan including timeline for SNF integration with RHIO and ensure SHIN-NY requirements are met (PPS Funds flow will include funding to support integration). Implementation plan is a subset of PPS's roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** For those SNFs with EHR, Project Director and Sr. Director of Enterprise Data & Analytics work to ensure that EHR meetings Meaningful Use Stage 2 CMS requirements. | | | | | | | | | | |
| **Task** For those SNFs with EHR, Project Director and Sr. Director of Enterprise Data & Analytics work with the SNF and RHIO (Healthix) to facilitate integration within the RHIO and ensure enhanced communication between SNF and other PPS partners, in particular Richmond University Medical Center/Staten Island University. | | | | | | | | | | |
| **Task** Project Implementation Workgroup and hospital representatives, including Directors of Emergency Department from both acute care hospitals participate in assessment to identify key data points to be shared, and approach for enhanced communication between SNFs and acute care hospitals. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 #9**<br>Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | | | | | | | | | | |
| **Task**<br>Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders. | | | | | | | | | | |
| **Task**<br>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**<br>PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J. | | | | | | | | | | |
| **Task**<br>Service and quality outcome measures are reported to all stakeholders. | | | | | | | | | | |
| **Task**<br>Project Director identifies PPS partners to serve on the quality committee or "Long Term Care Project Workgroup", which is comprised of PPS partners participating in Project 2.b.vii. | | | | | | | | | | |
| **Task**<br>Project Director notifies those selected for the Long Term Care Project Workgroup of their role, expectations and meeting schedule. | | | | | | | | | | |
| **Task**<br>Long Term Care Project Workgroup convenes on an ongoing basis to identify approach to measuring outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | | | | | | | | | | |
| **Task**<br>Project Director office identifies key quality metrics for Project 2.b.vii and provides this information to the Long Term Care Project Workgroup. | | | | | | | | | | |
| **Task**<br>Long Term Care Project Workgroup applies key quality metrics to develop an approach for clinical quality improvement including:<br>1. An approach to conducting quality assessments across the SNFs<br>2. Methodologies for rapid cycle improvement at facility<br>3. Assessing root cause of transfers from SNFs to hospitals. | | | | | | | | | | |
| **Task**<br>Long Term Care Project Workgroup applies | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| approaches/methodologies identified in previous step and key quality metrics to develop implementation plans for clinical quality improvement across the SNFs. | | | | | | | | | | |
| **Task** Project Director shares clinical quality improvement plans with SNFs for review and feedback. | | | | | | | | | | |
| **Task** SNFs leverage plans to perform clinical quality assessments at SNF. | | | | | | | | | | |
| **Task** SNFs collect results of clinical quality assessments and provide to PMO. | | | | | | | | | | |
| **Task** Project Director collects and evaluates results of assessment. | | | | | | | | | | |
| **Task** Project Director measures and identifies outcomes of the clinical quality assessment and shares results with the Long Term Care Project Workgroup. | | | | | | | | | | |
| **Task** Long Term Care Project Workgroup reviews outcomes and identifies additional interventions that can be adopted by the SNFs to improve clinical quality outcomes. | | | | | | | | | | |
| **Task** Project Director collects the identified interventions and develops a report that is issued to all PPS partners involved in Project 2.b.vii. The report will identify the results of the clinical quality assessments as well as identified interventions to address areas for improvement at SNFs to reduce transfer to hospitals. | | | | | | | | | | |
| **Task** Project Director/support staff report findings to key stakeholders. | | | | | | | | | | |
| **Milestone #10** 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** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including identifying SNFs with/without EHR. For those SNFs without EHR, provider implementation plan/timelines for | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| implementation are developed. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification. | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for SNF integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Project Director/support staff creates baseline and track improvement for defined metrics to monitor targeted patients. | | | | | | | | | | |
| **Task** For those SNFs without EHR, the Project Director will facilitate interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |
| **Task** SNFs are integrated with the RHIO and are able to track patients engaged in Project 2.b.vii. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 |
|---|---|
| Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net. | |
| Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program. | |
| Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. | |
| Educate all staff on care pathways and INTERACT principles. | |
| Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care. | |
| Create coaching program to facilitate and support implementation. | |
| Educate patient and family/caretakers, to facilitate participation in planning of care. | |
| Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity. | |
| Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | |
| Use EHRs and other technical platforms to track all patients engaged in the project. | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.vii.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

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.vii.6 - IA Monitoring

**Instructions :**

The IA recommends a change in status to identify actual dates tasks will be completed.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Project 2.b.viii – Hospital-Home Care Collaboration Solutions

#### IPQR Module 2.b.viii.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.

The SI PPS views the following as major risks for implementation:

1. The implementation of agreed upon evidence-based guidelines and protocols for chronic condition management including training on care pathways by all participating home care providers has been identified as a risk to meeting project goals. The participating home care agencies are currently utilizing varying practices and protocols as well as different systems and tools for the management of at risk patients. However, to successfully implement Project 2.b.viii, all participating home care agencies will need to collaborate and agree upon a set of practices and INTERACT-like principles. In efforts to mitigate this risk, the SI PPS will utilize a clinical subcommittee with participation from all SI PPS home care agencies to establish protocols and procedures as well as assist in the development and implementation of a training strategy across organizations. The project implementation team will develop a roll-out timeline for each homecare agency, and overall, to monitor the speed of implementation across the providers.

2. The SI PPS identified timely implementation of a clinical interoperability system to enhance provider communication and coordination of care as a risk for meeting project requirements and goals. Integration of health data is critical to giving home care providers, primary care physicians, and care managers, among others, necessary information to avoid readmissions. However, the implementation of EHR, as well as building out interoperability capacity and training on the use and sharing of data will take significant time. To mitigate this risk, the SI PPS will work to build out agreed upon interventions and care transition protocols to be used across the SI PPS to begin to meet project goals in advance of meeting interoperability requirements. The Data/IT Committee, through the help of a focused PMO IT support team, will develop and implement a strategic plan to integrate providers' data exchange in the long term (as described in the IT workstream).

3. The SI PPS has received its total valuation from the DOH and has allocated a portion of the funding for this project to support project implementation costs including the hiring/training of additional staff, costs associated with the development of IT infrastructure and the expansion of telehealth capacity, and costs related to incentive/bonus payments to providers involved in this project. However, the initial budget and funds flow that was developed based on an estimated valuation do not align with the actual valuation allocated to the PPS and will impact funds flow and the funding allocated towards project implementation. To mitigate this risk and ensure project implementation is not impacted and that project milestones are met, the SI PPS is modifying its implementation strategy and funds flow approach for providers involved in this project. Further anticipating this risk, the SI PPS has included requests for the expansion of telehealth/telemedicine in its Capital Restructuring and Financing Program request to further support the goals of this project.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.viii.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 |
| Home Care Facilities | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 |
| **Total Committed Providers** | **4** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **4** | **4** | **4** |
| **Percent Committed Providers(%)** | | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** | **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 |
| Home Care Facilities | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| **Total Committed Providers** | **4** | **4** | **4** | **4** | **4** | **4** | **4** | **4** | **4** | **4** | **4** |
| **Percent Committed Providers(%)** | | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.viii.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** |
| DY2,Q4 | 250 |

| 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 | 13 | 30 | 50 | 63 | 125 | 188 | 250 | 63 | 125 |
| **Percent of Expected Patient Engagement(%)** | **0.00** | **5.20** | **12.00** | **20.00** | **25.20** | **50.00** | **75.20** | **100.00** | **25.20** | **50.00** |

| 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 | 188 | 250 | 63 | 125 | 188 | 250 | 0 | 0 | 0 | 0 |
| **Percent of Expected Patient Engagement(%)** | **75.20** | **100.00** | **25.20** | **50.00** | **75.20** | **100.00** | **0.00** | **0.00** | **0.00** | **0.00** |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.viii.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** Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice. | Project | N/A | In Progress | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Rapid Response Teams are facilitating hospital-home care collaboration, with procedures and protocols for:<br>- discharge planning<br>- discharge facilitation<br>- confirmation of home care services | Project | | In Progress | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Recruit/hire project management office staff including Director of Long Term Care Initiatives and support staff as needed. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director forms Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Home Care agencies and hospitals. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Project Director/support staff identifies project lead(s)/champion(s). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Project Director identifies PPS providers participating in project. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Project Director/support staff develops project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Project Director and Executive Director develop funds flow model for Project 2.b.viii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Project Director/support staff request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | |
| **Task** Executive Director distributes provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (master services agreements and funds flow will include commitment to implementing INTERACT-like principles). | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Executive Director finalizes and executes provider specific master services agreements and funds flow for participating PPS providers. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director develops a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director identifies clinical resource to review and document best practices, procedures and protocols for hospital/home care collaboration including the use of Rapid Response Teams including 1) discharge planning, 2) discharge facilitation, and 3) confirmation of home care services to facilitate patient discharge to home and ensure needed home care services are in place. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Clinical resource works with Home Care agencies to collect and document existing protocols and best practices, procedures and protocols for hospital/home care collaboration. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director conducts research to identify industry standards for hospital/home care collaboration and conducts gap analysis using existing protocols. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director consolidates home care agencies best practices/protocols and documents methodology for hospital/home care collaboration and hospital avoidance. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director shares methodology with Clinical Committee for review and approval | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** PMO shares methodology with Home Care agencies for review and feedback around training needs | 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 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Project implementation work identify staff for Rapid Response Teams to facilitate patient discharge to home and ensure needed home care services are in place. | | | | | | | |
| **Task**<br>Project Director, with input from the Home Care agencies, and in conjunction with the Workforce Committee and training vendor develops Rapid Response Team training programs on methodology to implement procedures and protocols to facilitate patient discharge to home and ensure needed home care services are in place. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>PMO develops a finalized and documented Rapid Response Team training program to facilitate patient discharge to home and ensure needed home care services are in place including discharge planning, discharge facilitation and confirmation of home care services | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #2**<br>Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management. | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>Staff trained on care model, specific to:<br>- patient risks for readmission<br>- evidence-based preventive medicine<br>- chronic disease management | Provider | Home Care Facilities | In Progress | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>Evidence-based guidelines for chronic-condition management implemented. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>Project Director identifies clinical resource to review and document best practices and protocols to support evidence-based medicine and chronic care management including patient risks for readmission, in conjunction with Home Care agencies and Clinical Committee. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task**<br>Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices for chronic care management, preventing patient readmissions, and evidence-based preventative medicine that can be leveraged across providers | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task**<br>Project Director/support staff identifies industry standards on chronic disease management, readmission risks and preventative medicine as well as conducts | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| gap analysis using existing home care protocols. | | | | | | | |
| **Task** Project Director consolidates best practices/protocols and documents a care model for chronic care management focused on identifying and responding to patients' risks for readmission and applying evidence-based preventative medicine. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director shares care model with Clinical Committee for review and approval. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director shares care model with Project Implementation Team for review and feedback around training needs | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Home Care agencies and hospitals identify staff that will require training on use of care model aimed at identifying and responding to patients' risks for readmission. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director, with input from the Home Care agencies and hospitals, and in conjunction with the Workforce Committee, and Director of Workforce/HR and training vendor develops training programs on care model. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** PMO develops a finalized and documented training program around care model to identify and respond to patients' risks for readmission. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #3** Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Care pathways and clinical tool(s) created to monitor chronically-ill patients. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission. | Provider | Safety Net Hospitals | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Director/support staff review and document best practices, standardized care pathways and clinical tools in conjunction with Project Implementation Team (see Milestone 2). | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices for chronic care management, preventing patient readmissions, and evidence-based preventative medicine that can be leveraged across providers (see Milestone 2). | | | | | | | |
| **Task** Project Director identifies industry standards care pathways and clinical tools to monitor chronically ill patients and conducts gap analysis using existing protocols (Milestone 2) | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director/support staff consolidates Home Care agencies and hospitals' best practices/protocols and documents methodology for monitoring of chronically ill patients and hospital avoidance; as well as strategic plan for monitoring of critically ill patients. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director/Chief Medical Officer shares methodology with Clinical Committee for review and approval. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director shares methodology with Home Care agencies and hospitals for review and feedback around training needs. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Home Care agencies and hospitals identify staff that will require training on use of care pathways and clinical tools. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director, with input from the Home Care agencies and hospitals, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** PMO develops a finalized and documented training program around care pathways to monitor critically ill patients. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #4** Educate all staff on care pathways and INTERACT-like principles. | Project | N/A | In Progress | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles. | Provider | Home Care Facilities | In Progress | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Project Director/support staff requests and reviews proposals from INTERACT training vendors. PPS selects and enters into a contract with selected vendor. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Home Care agencies identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition). | | | | | | | |
| **Task** Home Care agency staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model is implemented. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Project Director/support staff shares hospital/home care collaboration methodology, which incorporates INTERACT-like principles, with home care agencies for feedback around training needs. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Home Care agencies identify staff that will require training on use of methodology. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director/support staff with input from the Home Care agencies, and in conjunction with the Workforce Committee and training vendor develops training programs on methodology with INTERACT-like principles to facilitate patient discharge to home and assure needed home including identifying resources for training, approach and timeline. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director develops a finalized and documented training program around methodology with INTERACT-like principles. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director finalizes methodology and distributes to Home Care agencies to implement across staffing. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director provides training program to facility champions on methodology. Training strategy applies a train the trainer approach and includes process for monitoring training implementation (including staff trained, timeline and outcomes) | Project | | In Progress | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #5** Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Advance Care Planning tools incorporated into program (as evidenced by policies and procedures). | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Director collects materials related to Advanced Care Planning tools and creates a toolkit to be used by Home Care agencies. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| **Task** Project Director/support staff incorporates Advance Care planning tools in Home care agency care pathways/protocols training (in conjunction with training vendor and Workforce Committee). | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Project Director shares Advanced Care Planning toolkit with Home Care agencies leadership and Project Implementation Team/homecare agencies to be adopted and used at Home Care agencies | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** PMO provides training to Home Care agencies on Advanced Care Planning tools and use of toolkit. | Project | | In Progress | 10/01/2016 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Home Care agencies facility champions provide training to Home Care agencies staff on use of Advanced Care Planning tools. | Project | | In Progress | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Home Care agencies adopt Advanced Care Planning tools and use of toolkit. | Project | | In Progress | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #6** Create coaching program to facilitate and support implementation. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** INTERACT-like coaching program has been established for all home care and Rapid Response Team staff. | Provider | Home Care Facilities | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Home Care agencies identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Home Care agencies staff attend full day INTERACT training session (June 11 or 12, 2015). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Project Director meets with Home Care agencies to identify training/coaching needs for the following:<br>1. INTERACT Like implementation/staff training approach and timing<br>2. Gap analysis to identify existing ""INTERACT Like"" principles and gaps<br>3. Planning approach to training including timing and staff to be trained | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director leverages findings from Home Care agencies meetings to develop written INTERACT-like training/coaching approach and timing | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** INTERACT coaching program implemented across Home Care agencies and for rapid response team, leveraging approved implementation/staff training | Project | | In Progress | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| approach. | | | | | | | |
| **Task** PMO provides ongoing support to Home Care agencies as necessary, including providing follow up or additional INTERACT training sessions | Project | | In Progress | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #7** Educate patient and family/caretakers, to facilitate participation in planning of care. | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Patients and families educated and involved in planning of care using INTERACT-like principles. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices around patient and family/caretaker education (see Project Requirement 2). | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director meets with Home Care agencies to identify and document ongoing protocols and best practices in place for patient and family education care planning | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** In conjunction with Project Implementation Team, Project Director/support staff incorporates planning of care approach to educate patient and family members/caretakers into Advanced Planning Tools and care pathways. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director ensures coaching program incorporates patient/family education around care planning. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director shares training with Home Care agencies to facilitate implementation/training of patient and family education methodology | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Facility champion serves as coach/leader at their facility to facilitate training/implementation of patient and family education methodology | Project | | In Progress | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Home Care agencies implement patient and family education methodology for planning of care with use of INTERACT-like principles | Project | | In Progress | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** PMO provides ongoing support to Home Care agencies and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions | Project | | In Progress | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| **Milestone #8** Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management. | Project | N/A | In Progress | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model. | Project | | In Progress | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** In conjunction with Milestones 3 and 4, Project Director/support staff in conjunction with Project Implementation Team, engages with additional provider types not represented in Project Implementation Team to ensure integration of primary care, behavioral health, pharmacy into coordination of care and medication management model. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director/support staff in conjunction with Project Implementation Team and Workgroup develops Medication Management methodology. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director shares methodology with Clinical Committee for review and approval | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Milestone #9** Utilize telehealth/telemedicine to enhance hospital-home care collaborations. | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess telehealth/telemedicine programs in use at PPS provider facilities including identifying Home Care agencies and hospitals with telehealth/telemedicine programs/capabilities. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** PMO meets with PPS providers, with existing telehealth/telemedicine programs in use and documents the program's services, protocols, infrastructure needs and program costs. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director/Executive Director and Chief Medical Officer, in conjunction with key providers, develops a telehealth /telemedicine strategy for PPS (and this project specifically). | Project | | In Progress | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** | Project | | In Progress | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| As needed, PMO meets with telehealth/telemedicine vendors to identify vendor capabilities and services for the program. | | | | | | | |
| **Task** As needed, PMO hires telehealth/telemedicine program vendor to assist with the development and implementation of a telehealth/telemedicine program across all Home Care agencies and hospitals. | Project | | In Progress | 01/01/2016 | 01/01/2016 | 03/31/2016 | DY1 Q4 |
| **Task** PMO develops an implementation approach and timeline for implementation of a telehealth/telemedicine program across all Home Care agencies and hospitals to enhance hospital-home care collaboration to provide care transition services and prevent avoidable hospital use. | Project | | In Progress | 01/01/2016 | 01/01/2016 | 03/31/2016 | DY1 Q4 |
| **Task** PMO and telehealth/telemedicine vendor implements telehealth/telemedicine program across all home care agencies and hospitals. | Project | | In Progress | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Staff identified for training on telehealth/telemedicine program. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** PMO provides ongoing support to Home Care agencies and hospitals on use of telehealth/telemedicine program to enhance hospital-home care collaborations and prevent avoidable hospital use. | Project | | In Progress | 04/01/2016 | 03/30/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #10** Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services. | Project | N/A | In Progress | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators. | Project | | In Progress | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess IT infrastructure at participating Home Care agencies and other providers. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the clinical integration current state assessment and clinical integration strategy, develop implementation plan for a clinically interoperable EHR system across Home Care agencies and hospitals to enhance communication/reduce medication errors and duplicative services. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics work with the Home Care agencies, hospitals, and other providers and RHIO (Healthix) to | Project | | In Progress | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| facilitate integration within the RHIO and ensure enhanced communication between Home Care agencies and other PPS partners and reduced duplication of services or medical errors. | | | | | | | |
| **Task** Develop and document approach for use across all providers in Project 2.b.viii ensure application and adherence to use of EHR for enhanced communication and avoidance of medical errors/duplicative services. | Project | | In Progress | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #11** Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | Project | N/A | In Progress | 07/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **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 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J. | Project | | In Progress | 07/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Service and quality outcome measures are reported to all stakeholders. | Project | | In Progress | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Project Director identifies PPS partners to serve on the quality committee or "Long Term Care Project Workgroup", which is comprised of PPS partners participating in Project 2.b.viii | Project | | Completed | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director notifies those selected for the Long Term Care Project Workgroup of their role, expectations and meeting schedule. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Long Term Care Project Workgroup convenes on an ongoing basis to identify approach to measuring outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Chief Medical Officer in conjunction with Project Director and Long Term Care Workgroup identifies key quality metrics for Project 2.b.viii. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Long Term Care Project Workgroup applies key quality metrics to develop an approach for clinical quality improvement including: | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

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

## DSRIP Implementation Plan Project

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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. An approach to conducting quality assessments across the Home Care agencies<br>2. Methodologies for rapid cycle improvement at facility<br>3. Assessing root cause of transfers from Home Care agencies to hospitals. | | | | | | | |
| **Task**<br>Long Term Care Project Workgroup applies approaches/methodologies identified in previous step and key quality metrics to develop implementation plans for clinical quality improvement across the Home Care agencies. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Home Care agencies leverage plans to perform clinical quality assessments at Home Care agencies in conjunctions with other providers. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>Home Care agencies collect results of clinical quality assessments and provide to PMO. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>Project Director collects and evaluates results of assessment. | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Project Director measures and identifies outcomes of the clinical quality assessment and shares results with the Long Term Care Project Workgroup and Clinical Committee. | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Project Director develops ongoing plan around quality improvement. | Project | | In Progress | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task**<br>Project Director collects the identified interventions and develops a report that is issued to all PPS partners involved in Project 2.b.viii. The report will identify the results of the clinical quality assessments as well as identified interventions to address areas for improvement at Home Care agencies to reduce transfer to hospitals. | Project | | In Progress | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task**<br>Project Director develops ongoing plan around quality improvement. | Project | | In Progress | 10/03/2016 | 10/03/2016 | 12/31/2016 | DY2 Q3 |
| **Milestone #12**<br>Use EHRs and other technical platforms to track all patients engaged in the project. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>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**<br>Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| integration assessment, assess participating partners' ability to track patients engaged in this project including identifying Home Care agencies with/without EHR. | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for Home Care agencies integration with RHIO and ensure SHIN-NY requirements are met. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Home Care agencies are integrated with the RHIO and are able to track patients engaged in Project 2.b.viii. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director and Home Care agencies will identify patients for engagement based off admission | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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**<br>Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice. | | | | | | | | | | |
| **Task**<br>Rapid Response Teams are facilitating hospital-home care collaboration, with procedures and protocols for:<br>- discharge planning<br>- discharge facilitation<br>- confirmation of home care services | | | | | | | | | | |
| **Task**<br>Recruit/hire project management office staff including Director of Long Term Care Initiatives and support staff as needed. | | | | | | | | | | |
| **Task**<br>Project Director forms Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Home Care agencies and hospitals. | | | | | | | | | | |
| **Task**<br>Project Director/support staff identifies project lead(s)/champion(s). | | | | | | | | | | |
| **Task**<br>Project Director identifies PPS providers participating in project. | | | | | | | | | | |
| **Task**<br>Project Director/support staff develops project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task**<br>Project Director and Executive Director develop funds flow model for Project 2.b.viii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | | | | | | | | | | |
| **Task**<br>Project Director/support staff request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task**<br>Executive Director distributes provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (master services agreements and funds flow will include commitment to implementing INTERACT-like principles). | | | | | | | | | | |
| **Task**<br>Executive Director finalizes and executes provider specific | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Project Director develops a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** Project Director identifies clinical resource to review and document best practices, procedures and protocols for hospital/home care collaboration including the use of Rapid Response Teams including 1) discharge planning, 2) discharge facilitation, and 3) confirmation of home care services to facilitate patient discharge to home and ensure needed home care services are in place. | | | | | | | | | | |
| **Task** Clinical resource works with Home Care agencies to collect and document existing protocols and best practices, procedures and protocols for hospital/home care collaboration. | | | | | | | | | | |
| **Task** Project Director conducts research to identify industry standards for hospital/home care collaboration and conducts gap analysis using existing protocols. | | | | | | | | | | |
| **Task** Project Director consolidates home care agencies best practices/protocols and documents methodology for hospital/home care collaboration and hospital avoidance. | | | | | | | | | | |
| **Task** Project Director shares methodology with Clinical Committee for review and approval | | | | | | | | | | |
| **Task** PMO shares methodology with Home Care agencies for review and feedback around training needs | | | | | | | | | | |
| **Task** Project implementation work identify staff for Rapid Response Teams to facilitate patient discharge to home and ensure needed home care services are in place. | | | | | | | | | | |
| **Task** Project Director, with input from the Home Care agencies, and in conjunction with the Workforce Committee and training vendor develops Rapid Response Team training programs on methodology to implement procedures and protocols to facilitate patient discharge to home and ensure needed home care services are in place. | | | | | | | | | | |
| **Task** PMO develops a finalized and documented Rapid Response | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Team training program to facilitate patient discharge to home and ensure needed home care services are in place including discharge planning, discharge facilitation and confirmation of home care services | | | | | | | | | | |
| **Milestone #2**<br>Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management. | | | | | | | | | | |
| **Task**<br>Staff trained on care model, specific to:<br>- patient risks for readmission<br>- evidence-based preventive medicine<br>- chronic disease management | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 |
| **Task**<br>Evidence-based guidelines for chronic-condition management implemented. | | | | | | | | | | |
| **Task**<br>Project Director identifies clinical resource to review and document best practices and protocols to support evidence-based medicine and chronic care management including patient risks for readmission, in conjunction with Home Care agencies and Clinical Committee. | | | | | | | | | | |
| **Task**<br>Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices for chronic care management, preventing patient readmissions, and evidence-based preventative medicine that can be leveraged across providers | | | | | | | | | | |
| **Task**<br>Project Director/support staff identifies industry standards on chronic disease management, readmission risks and preventative medicine as well as conducts gap analysis using existing home care protocols. | | | | | | | | | | |
| **Task**<br>Project Director consolidates best practices/protocols and documents a care model for chronic care management focused on identifying and responding to patients' risks for readmission and applying evidence-based preventative medicine. | | | | | | | | | | |
| **Task**<br>Project Director shares care model with Clinical Committee for review and approval. | | | | | | | | | | |
| **Task**<br>Project Director shares care model with Project Implementation | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Team for review and feedback around training needs | | | | | | | | | | |
| **Task** Home Care agencies and hospitals identify staff that will require training on use of care model aimed at identifying and responding to patients' risks for readmission. | | | | | | | | | | |
| **Task** Project Director, with input from the Home Care agencies and hospitals, and in conjunction with the Workforce Committee, and Director of Workforce/HR and training vendor develops training programs on care model. | | | | | | | | | | |
| **Task** PMO develops a finalized and documented training program around care model to identify and respond to patients' risks for readmission. | | | | | | | | | | |
| **Milestone #3** Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. | | | | | | | | | | |
| **Task** Care pathways and clinical tool(s) created to monitor chronically-ill patients. | | | | | | | | | | |
| **Task** PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 |
| **Task** Project Director/support staff review and document best practices, standardized care pathways and clinical tools in conjunction with Project Implementation Team (see Milestone 2). | | | | | | | | | | |
| **Task** Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices for chronic care management, preventing patient readmissions, and evidence-based preventative medicine that can be leveraged across providers (see Milestone 2). | | | | | | | | | | |
| **Task** Project Director identifies industry standards care pathways and clinical tools to monitor chronically ill patients and conducts gap analysis using existing protocols (Milestone 2) | | | | | | | | | | |
| **Task** Project Director/support staff consolidates Home Care agencies | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 hospitals' best practices/protocols and documents methodology for monitoring of chronically ill patients and hospital avoidance; as well as strategic plan for monitoring of critically ill patients. | | | | | | | | | | |
| **Task** Project Director/Chief Medical Officer shares methodology with Clinical Committee for review and approval. | | | | | | | | | | |
| **Task** Project Director shares methodology with Home Care agencies and hospitals for review and feedback around training needs. | | | | | | | | | | |
| **Task** Home Care agencies and hospitals identify staff that will require training on use of care pathways and clinical tools. | | | | | | | | | | |
| **Task** Project Director, with input from the Home Care agencies and hospitals, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools | | | | | | | | | | |
| **Task** PMO develops a finalized and documented training program around care pathways to monitor critically ill patients. | | | | | | | | | | |
| **Milestone #4** Educate all staff on care pathways and INTERACT-like principles. | | | | | | | | | | |
| **Task** Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 |
| **Task** Project Director/support staff requests and reviews proposals from INTERACT training vendors. PPS selects and enters into a contract with selected vendor. | | | | | | | | | | |
| **Task** Home Care agencies identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition). | | | | | | | | | | |
| **Task** Home Care agency staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model is implemented. | | | | | | | | | | |
| **Task** Project Director/support staff shares hospital/home care collaboration methodology, which incorporates INTERACT-like principles, with home care agencies for feedback around training needs. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Home Care agencies identify staff that will require training on use of methodology. | | | | | | | | | | |
| **Task** Project Director/support staff with input from the Home Care agencies, and in conjunction with the Workforce Committee and training vendor develops training programs on methodology with INTERACT-like principles to facilitate patient discharge to home and assure needed home including identifying resources for training, approach and timeline. | | | | | | | | | | |
| **Task** Project Director develops a finalized and documented training program around methodology with INTERACT-like principles. | | | | | | | | | | |
| **Task** Project Director finalizes methodology and distributes to Home Care agencies to implement across staffing. | | | | | | | | | | |
| **Task** Project Director provides training program to facility champions on methodology. Training strategy applies a train the trainer approach and includes process for monitoring training implementation (including staff trained, timeline and outcomes) | | | | | | | | | | |
| **Milestone #5** Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care. | | | | | | | | | | |
| **Task** Advance Care Planning tools incorporated into program (as evidenced by policies and procedures). | | | | | | | | | | |
| **Task** Project Director collects materials related to Advanced Care Planning tools and creates a toolkit to be used by Home Care agencies. | | | | | | | | | | |
| **Task** Project Director/support staff incorporates Advance Care planning tools in Home care agency care pathways/protocols training (in conjunction with training vendor and Workforce Committee). | | | | | | | | | | |
| **Task** Project Director shares Advanced Care Planning toolkit with Home Care agencies leadership and Project Implementation Team/homecare agencies to be adopted and used at Home Care agencies | | | | | | | | | | |
| **Task** PMO provides training to Home Care agencies on Advanced Care Planning tools and use of toolkit. | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Home Care agencies facility champions provide training to Home Care agencies staff on use of Advanced Care Planning tools. | | | | | | | | | | |
| **Task** Home Care agencies adopt Advanced Care Planning tools and use of toolkit. | | | | | | | | | | |
| **Milestone #6** Create coaching program to facilitate and support implementation. | | | | | | | | | | |
| **Task** INTERACT-like coaching program has been established for all home care and Rapid Response Team staff. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 |
| **Task** Home Care agencies identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition). | | | | | | | | | | |
| **Task** Home Care agencies staff attend full day INTERACT training session (June 11 or 12, 2015). | | | | | | | | | | |
| **Task** Project Director meets with Home Care agencies to identify training/coaching needs for the following:<br>1. INTERACT Like implementation/staff training approach and timing<br>2. Gap analysis to identify existing ""INTERACT Like"" principles and gaps<br>3. Planning approach to training including timing and staff to be trained | | | | | | | | | | |
| **Task** Project Director leverages findings from Home Care agencies meetings to develop written INTERACT-like training/coaching approach and timing | | | | | | | | | | |
| **Task** INTERACT coaching program implemented across Home Care agencies and for rapid response team, leveraging approved implementation/staff training approach. | | | | | | | | | | |
| **Task** PMO provides ongoing support to Home Care agencies as necessary, including providing follow up or additional INTERACT training sessions | | | | | | | | | | |
| **Milestone #7** Educate patient and family/caretakers, to facilitate participation in planning of care. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Patients and families educated and involved in planning of care using INTERACT-like principles. | | | | | | | | | | |
| **Task** Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices around patient and family/caretaker education (see Project Requirement 2). | | | | | | | | | | |
| **Task** Project Director meets with Home Care agencies to identify and document ongoing protocols and best practices in place for patient and family education care planning | | | | | | | | | | |
| **Task** In conjunction with Project Implementation Team, Project Director/support staff incorporates planning of care approach to educate patient and family members/caretakers into Advanced Planning Tools and care pathways. | | | | | | | | | | |
| **Task** Project Director ensures coaching program incorporates patient/family education around care planning. | | | | | | | | | | |
| **Task** Project Director shares training with Home Care agencies to facilitate implementation/training of patient and family education methodology | | | | | | | | | | |
| **Task** Facility champion serves as coach/leader at their facility to facilitate training/implementation of patient and family education methodology | | | | | | | | | | |
| **Task** Home Care agencies implement patient and family education methodology for planning of care with use of INTERACT-like principles | | | | | | | | | | |
| **Task** PMO provides ongoing support to Home Care agencies and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions | | | | | | | | | | |
| **Milestone #8** Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management. | | | | | | | | | | |
| **Task** All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** In conjunction with Milestones 3 and 4, Project Director/support staff in conjunction with Project Implementation Team, engages with additional provider types not represented in Project Implementation Team to ensure integration of primary care, behavioral health, pharmacy into coordination of care and medication management model. | | | | | | | | | | |
| **Task** Project Director/support staff in conjunction with Project Implementation Team and Workgroup develops Medication Management methodology. | | | | | | | | | | |
| **Task** Project Director shares methodology with Clinical Committee for review and approval | | | | | | | | | | |
| **Milestone #9** Utilize telehealth/telemedicine to enhance hospital-home care collaborations. | | | | | | | | | | |
| **Task** Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess telehealth/telemedicine programs in use at PPS provider facilities including identifying Home Care agencies and hospitals with telehealth/telemedicine programs/capabilities. | | | | | | | | | | |
| **Task** PMO meets with PPS providers, with existing telehealth/telemedicine programs in use and documents the program's services, protocols, infrastructure needs and program costs. | | | | | | | | | | |
| **Task** Project Director/Executive Director and Chief Medical Officer, in conjunction with key providers, develops a telehealth /telemedicine strategy for PPS (and this project specifically). | | | | | | | | | | |
| **Task** As needed, PMO meets with telehealth/telemedicine vendors to identify vendor capabilities and services for the program. | | | | | | | | | | |
| **Task** As needed, PMO hires telehealth/telemedicine program vendor to assist with the development and implementation of a telehealth/telemedicine program across all Home Care agencies and hospitals. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** PMO develops an implementation approach and timeline for implementation of a telehealth/telemedicine program across all Home Care agencies and hospitals to enhance hospital-home care collaboration to provide care transition services and prevent avoidable hospital use. | | | | | | | | | | |
| **Task** PMO and telehealth/telemedicine vendor implements telehealth/telemedicine program across all home care agencies and hospitals. | | | | | | | | | | |
| **Task** Staff identified for training on telehealth/telemedicine program. | | | | | | | | | | |
| **Task** PMO provides ongoing support to Home Care agencies and hospitals on use of telehealth/telemedicine program to enhance hospital-home care collaborations and prevent avoidable hospital use. | | | | | | | | | | |
| **Milestone #10** Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services. | | | | | | | | | | |
| **Task** Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess IT infrastructure at participating Home Care agencies and other providers. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the clinical integration current state assessment and clinical integration strategy, develop implementation plan for a clinically interoperable EHR system across Home Care agencies and hospitals to enhance communication/reduce medication errors and duplicative services. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics work with the Home Care agencies, hospitals, and other providers and RHIO (Healthix) to facilitate integration within the RHIO and ensure enhanced communication between Home Care agencies and other PPS partners and reduced duplication of services or medical errors. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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**<br>Develop and document approach for use across all providers in Project 2.b.viii ensure application and adherence to use of EHR for enhanced communication and avoidance of medical errors/duplicative services. | | | | | | | | | | |
| **Milestone #11**<br>Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | | | | | | | | | | |
| **Task**<br>Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders. | | | | | | | | | | |
| **Task**<br>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**<br>PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J. | | | | | | | | | | |
| **Task**<br>Service and quality outcome measures are reported to all stakeholders. | | | | | | | | | | |
| **Task**<br>Project Director identifies PPS partners to serve on the quality committee or "Long Term Care Project Workgroup", which is comprised of PPS partners participating in Project 2.b.viii | | | | | | | | | | |
| **Task**<br>Project Director notifies those selected for the Long Term Care Project Workgroup of their role, expectations and meeting schedule. | | | | | | | | | | |
| **Task**<br>Long Term Care Project Workgroup convenes on an ongoing basis to identify approach to measuring outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | | | | | | | | | | |
| **Task**<br>Chief Medical Officer in conjunction with Project Director and Long Term Care Workgroup identifies key quality metrics for Project 2.b.viii. | | | | | | | | | | |
| **Task**<br>Long Term Care Project Workgroup applies key quality metrics to develop an approach for clinical quality improvement including:<br>1. An approach to conducting quality assessments across the | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Home Care agencies<br>2. Methodologies for rapid cycle improvement at facility<br>3. Assessing root cause of transfers from Home Care agencies to hospitals. | | | | | | | | | | |
| **Task**<br>Long Term Care Project Workgroup applies approaches/methodologies identified in previous step and key quality metrics to develop implementation plans for clinical quality improvement across the Home Care agencies. | | | | | | | | | | |
| **Task**<br>Home Care agencies leverage plans to perform clinical quality assessments at Home Care agencies in conjunctions with other providers. | | | | | | | | | | |
| **Task**<br>Home Care agencies collect results of clinical quality assessments and provide to PMO. | | | | | | | | | | |
| **Task**<br>Project Director collects and evaluates results of assessment. | | | | | | | | | | |
| **Task**<br>Project Director measures and identifies outcomes of the clinical quality assessment and shares results with the Long Term Care Project Workgroup and Clinical Committee. | | | | | | | | | | |
| **Task**<br>Project Director develops ongoing plan around quality improvement. | | | | | | | | | | |
| **Task**<br>Project Director collects the identified interventions and develops a report that is issued to all PPS partners involved in Project 2.b.viii. The report will identify the results of the clinical quality assessments as well as identified interventions to address areas for improvement at Home Care agencies to reduce transfer to hospitals. | | | | | | | | | | |
| **Task**<br>Project Director develops ongoing plan around quality improvement. | | | | | | | | | | |
| **Milestone #12**<br>Use EHRs and other technical platforms to track all patients engaged in the project. | | | | | | | | | | |
| **Task**<br>PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task**<br>Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| participating partners' ability to track patients engaged in this project including identifying Home Care agencies with/without EHR. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO. | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for Home Care agencies integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | | | | | | | | | | |
| **Task** Home Care agencies are integrated with the RHIO and are able to track patients engaged in Project 2.b.viii. | | | | | | | | | | |
| **Task** Project Director and Home Care agencies will identify patients for engagement based off admission | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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**<br>Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice. | | | | | | | | | | |
| **Task**<br>Rapid Response Teams are facilitating hospital-home care collaboration, with procedures and protocols for:<br>- discharge planning<br>- discharge facilitation<br>- confirmation of home care services | | | | | | | | | | |
| **Task**<br>Recruit/hire project management office staff including Director of Long Term Care Initiatives and support staff as needed. | | | | | | | | | | |
| **Task**<br>Project Director forms Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Home Care agencies and hospitals. | | | | | | | | | | |
| **Task**<br>Project Director/support staff identifies project lead(s)/champion(s). | | | | | | | | | | |
| **Task**<br>Project Director identifies PPS providers participating in project. | | | | | | | | | | |
| **Task**<br>Project Director/support staff develops project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task**<br>Project Director and Executive Director develop funds flow model for Project 2.b.viii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | | | | | | | | | | |
| **Task**<br>Project Director/support staff request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task**<br>Executive Director distributes provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (master services agreements and funds flow will include commitment to implementing INTERACT-like principles). | | | | | | | | | | |
| **Task**<br>Executive Director finalizes and executes provider specific | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Project Director develops a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** Project Director identifies clinical resource to review and document best practices, procedures and protocols for hospital/home care collaboration including the use of Rapid Response Teams including 1) discharge planning, 2) discharge facilitation, and 3) confirmation of home care services to facilitate patient discharge to home and ensure needed home care services are in place. | | | | | | | | | | |
| **Task** Clinical resource works with Home Care agencies to collect and document existing protocols and best practices, procedures and protocols for hospital/home care collaboration. | | | | | | | | | | |
| **Task** Project Director conducts research to identify industry standards for hospital/home care collaboration and conducts gap analysis using existing protocols. | | | | | | | | | | |
| **Task** Project Director consolidates home care agencies best practices/protocols and documents methodology for hospital/home care collaboration and hospital avoidance. | | | | | | | | | | |
| **Task** Project Director shares methodology with Clinical Committee for review and approval | | | | | | | | | | |
| **Task** PMO shares methodology with Home Care agencies for review and feedback around training needs | | | | | | | | | | |
| **Task** Project implementation work identify staff for Rapid Response Teams to facilitate patient discharge to home and ensure needed home care services are in place. | | | | | | | | | | |
| **Task** Project Director, with input from the Home Care agencies, and in conjunction with the Workforce Committee and training vendor develops Rapid Response Team training programs on methodology to implement procedures and protocols to facilitate patient discharge to home and ensure needed home care services are in place. | | | | | | | | | | |
| **Task** PMO develops a finalized and documented Rapid Response | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Team training program to facilitate patient discharge to home and ensure needed home care services are in place including discharge planning, discharge facilitation and confirmation of home care services | | | | | | | | | | |
| **Milestone #2**<br>Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management. | | | | | | | | | | |
| **Task**<br>Staff trained on care model, specific to:<br>- patient risks for readmission<br>- evidence-based preventive medicine<br>- chronic disease management | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| **Task**<br>Evidence-based guidelines for chronic-condition management implemented. | | | | | | | | | | |
| **Task**<br>Project Director identifies clinical resource to review and document best practices and protocols to support evidence-based medicine and chronic care management including patient risks for readmission, in conjunction with Home Care agencies and Clinical Committee. | | | | | | | | | | |
| **Task**<br>Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices for chronic care management, preventing patient readmissions, and evidence-based preventative medicine that can be leveraged across providers | | | | | | | | | | |
| **Task**<br>Project Director/support staff identifies industry standards on chronic disease management, readmission risks and preventative medicine as well as conducts gap analysis using existing home care protocols. | | | | | | | | | | |
| **Task**<br>Project Director consolidates best practices/protocols and documents a care model for chronic care management focused on identifying and responding to patients' risks for readmission and applying evidence-based preventative medicine. | | | | | | | | | | |
| **Task**<br>Project Director shares care model with Clinical Committee for review and approval. | | | | | | | | | | |
| **Task**<br>Project Director shares care model with Project Implementation | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Team for review and feedback around training needs | | | | | | | | | | |
| **Task** Home Care agencies and hospitals identify staff that will require training on use of care model aimed at identifying and responding to patients' risks for readmission. | | | | | | | | | | |
| **Task** Project Director, with input from the Home Care agencies and hospitals, and in conjunction with the Workforce Committee, and Director of Workforce/HR and training vendor develops training programs on care model. | | | | | | | | | | |
| **Task** PMO develops a finalized and documented training program around care model to identify and respond to patients' risks for readmission. | | | | | | | | | | |
| **Milestone #3** Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. | | | | | | | | | | |
| **Task** Care pathways and clinical tool(s) created to monitor chronically-ill patients. | | | | | | | | | | |
| **Task** PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission. | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| **Task** Project Director/support staff review and document best practices, standardized care pathways and clinical tools in conjunction with Project Implementation Team (see Milestone 2). | | | | | | | | | | |
| **Task** Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices for chronic care management, preventing patient readmissions, and evidence-based preventative medicine that can be leveraged across providers (see Milestone 2). | | | | | | | | | | |
| **Task** Project Director identifies industry standards care pathways and clinical tools to monitor chronically ill patients and conducts gap analysis using existing protocols (Milestone 2) | | | | | | | | | | |
| **Task** Project Director/support staff consolidates Home Care agencies | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 hospitals' best practices/protocols and documents methodology for monitoring of chronically ill patients and hospital avoidance; as well as strategic plan for monitoring of critically ill patients. | | | | | | | | | | |
| **Task** Project Director/Chief Medical Officer shares methodology with Clinical Committee for review and approval. | | | | | | | | | | |
| **Task** Project Director shares methodology with Home Care agencies and hospitals for review and feedback around training needs. | | | | | | | | | | |
| **Task** Home Care agencies and hospitals identify staff that will require training on use of care pathways and clinical tools. | | | | | | | | | | |
| **Task** Project Director, with input from the Home Care agencies and hospitals, and in conjunction with the Workforce Committee and training vendor develops training programs on care pathways and clinical tools | | | | | | | | | | |
| **Task** PMO develops a finalized and documented training program around care pathways to monitor critically ill patients. | | | | | | | | | | |
| **Milestone #4** Educate all staff on care pathways and INTERACT-like principles. | | | | | | | | | | |
| **Task** Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles. | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| **Task** Project Director/support staff requests and reviews proposals from INTERACT training vendors. PPS selects and enters into a contract with selected vendor. | | | | | | | | | | |
| **Task** Home Care agencies identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition). | | | | | | | | | | |
| **Task** Home Care agency staff attend full day INTERACT training session (June 11 or 12, 2015). A train the trainer model is implemented. | | | | | | | | | | |
| **Task** Project Director/support staff shares hospital/home care collaboration methodology, which incorporates INTERACT-like principles, with home care agencies for feedback around training needs. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Home Care agencies identify staff that will require training on use of methodology. | | | | | | | | | | |
| **Task** Project Director/support staff with input from the Home Care agencies, and in conjunction with the Workforce Committee and training vendor develops training programs on methodology with INTERACT-like principles to facilitate patient discharge to home and assure needed home including identifying resources for training, approach and timeline. | | | | | | | | | | |
| **Task** Project Director develops a finalized and documented training program around methodology with INTERACT-like principles. | | | | | | | | | | |
| **Task** Project Director finalizes methodology and distributes to Home Care agencies to implement across staffing. | | | | | | | | | | |
| **Task** Project Director provides training program to facility champions on methodology. Training strategy applies a train the trainer approach and includes process for monitoring training implementation (including staff trained, timeline and outcomes) | | | | | | | | | | |
| **Milestone #5** Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care. | | | | | | | | | | |
| **Task** Advance Care Planning tools incorporated into program (as evidenced by policies and procedures). | | | | | | | | | | |
| **Task** Project Director collects materials related to Advanced Care Planning tools and creates a toolkit to be used by Home Care agencies. | | | | | | | | | | |
| **Task** Project Director/support staff incorporates Advance Care planning tools in Home care agency care pathways/protocols training (in conjunction with training vendor and Workforce Committee). | | | | | | | | | | |
| **Task** Project Director shares Advanced Care Planning toolkit with Home Care agencies leadership and Project Implementation Team/homecare agencies to be adopted and used at Home Care agencies | | | | | | | | | | |
| **Task** PMO provides training to Home Care agencies on Advanced Care Planning tools and use of toolkit. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Home Care agencies facility champions provide training to Home Care agencies staff on use of Advanced Care Planning tools. | | | | | | | | | | |
| **Task** Home Care agencies adopt Advanced Care Planning tools and use of toolkit. | | | | | | | | | | |
| **Milestone #6** Create coaching program to facilitate and support implementation. | | | | | | | | | | |
| **Task** INTERACT-like coaching program has been established for all home care and Rapid Response Team staff. | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| **Task** Home Care agencies identify staff from organization to attend INTERACT training (provided by Continuing Care Leadership Coalition). | | | | | | | | | | |
| **Task** Home Care agencies staff attend full day INTERACT training session (June 11 or 12, 2015). | | | | | | | | | | |
| **Task** Project Director meets with Home Care agencies to identify training/coaching needs for the following:<br>1. INTERACT Like implementation/staff training approach and timing<br>2. Gap analysis to identify existing ""INTERACT Like"" principles and gaps<br>3. Planning approach to training including timing and staff to be trained | | | | | | | | | | |
| **Task** Project Director leverages findings from Home Care agencies meetings to develop written INTERACT-like training/coaching approach and timing | | | | | | | | | | |
| **Task** INTERACT coaching program implemented across Home Care agencies and for rapid response team, leveraging approved implementation/staff training approach. | | | | | | | | | | |
| **Task** PMO provides ongoing support to Home Care agencies as necessary, including providing follow up or additional INTERACT training sessions | | | | | | | | | | |
| **Milestone #7** Educate patient and family/caretakers, to facilitate participation in planning of care. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Patients and families educated and involved in planning of care using INTERACT-like principles. | | | | | | | | | | |
| **Task** Project Director in conjunction with Project Implementation Team works with Home Care agencies and hospitals to collect and document existing protocols and best practices around patient and family/caretaker education (see Project Requirement 2). | | | | | | | | | | |
| **Task** Project Director meets with Home Care agencies to identify and document ongoing protocols and best practices in place for patient and family education care planning | | | | | | | | | | |
| **Task** In conjunction with Project Implementation Team, Project Director/support staff incorporates planning of care approach to educate patient and family members/caretakers into Advanced Planning Tools and care pathways. | | | | | | | | | | |
| **Task** Project Director ensures coaching program incorporates patient/family education around care planning. | | | | | | | | | | |
| **Task** Project Director shares training with Home Care agencies to facilitate implementation/training of patient and family education methodology | | | | | | | | | | |
| **Task** Facility champion serves as coach/leader at their facility to facilitate training/implementation of patient and family education methodology | | | | | | | | | | |
| **Task** Home Care agencies implement patient and family education methodology for planning of care with use of INTERACT-like principles | | | | | | | | | | |
| **Task** PMO provides ongoing support to Home Care agencies and their Facility Champions as necessary, including providing follow up or additional INTERACT training sessions | | | | | | | | | | |
| **Milestone #8** Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management. | | | | | | | | | | |
| **Task** All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** In conjunction with Milestones 3 and 4, Project Director/support staff in conjunction with Project Implementation Team, engages with additional provider types not represented in Project Implementation Team to ensure integration of primary care, behavioral health, pharmacy into coordination of care and medication management model. | | | | | | | | | | |
| **Task** Project Director/support staff in conjunction with Project Implementation Team and Workgroup develops Medication Management methodology. | | | | | | | | | | |
| **Task** Project Director shares methodology with Clinical Committee for review and approval | | | | | | | | | | |
| **Milestone #9** Utilize telehealth/telemedicine to enhance hospital-home care collaborations. | | | | | | | | | | |
| **Task** Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess telehealth/telemedicine programs in use at PPS provider facilities including identifying Home Care agencies and hospitals with telehealth/telemedicine programs/capabilities. | | | | | | | | | | |
| **Task** PMO meets with PPS providers, with existing telehealth/telemedicine programs in use and documents the program's services, protocols, infrastructure needs and program costs. | | | | | | | | | | |
| **Task** Project Director/Executive Director and Chief Medical Officer, in conjunction with key providers, develops a telehealth /telemedicine strategy for PPS (and this project specifically). | | | | | | | | | | |
| **Task** As needed, PMO meets with telehealth/telemedicine vendors to identify vendor capabilities and services for the program. | | | | | | | | | | |
| **Task** As needed, PMO hires telehealth/telemedicine program vendor to assist with the development and implementation of a telehealth/telemedicine program across all Home Care agencies and hospitals. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** PMO develops an implementation approach and timeline for implementation of a telehealth/telemedicine program across all Home Care agencies and hospitals to enhance hospital-home care collaboration to provide care transition services and prevent avoidable hospital use. | | | | | | | | | | |
| **Task** PMO and telehealth/telemedicine vendor implements telehealth/telemedicine program across all home care agencies and hospitals. | | | | | | | | | | |
| **Task** Staff identified for training on telehealth/telemedicine program. | | | | | | | | | | |
| **Task** PMO provides ongoing support to Home Care agencies and hospitals on use of telehealth/telemedicine program to enhance hospital-home care collaborations and prevent avoidable hospital use. | | | | | | | | | | |
| **Milestone #10** Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services. | | | | | | | | | | |
| **Task** Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities, assess IT infrastructure at participating Home Care agencies and other providers. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the clinical integration current state assessment and clinical integration strategy, develop implementation plan for a clinically interoperable EHR system across Home Care agencies and hospitals to enhance communication/reduce medication errors and duplicative services. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics work with the Home Care agencies, hospitals, and other providers and RHIO (Healthix) to facilitate integration within the RHIO and ensure enhanced communication between Home Care agencies and other PPS partners and reduced duplication of services or medical errors. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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**<br>Develop and document approach for use across all providers in Project 2.b.viii ensure application and adherence to use of EHR for enhanced communication and avoidance of medical errors/duplicative services. | | | | | | | | | | |
| **Milestone #11**<br>Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | | | | | | | | | | |
| **Task**<br>Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders. | | | | | | | | | | |
| **Task**<br>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**<br>PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J. | | | | | | | | | | |
| **Task**<br>Service and quality outcome measures are reported to all stakeholders. | | | | | | | | | | |
| **Task**<br>Project Director identifies PPS partners to serve on the quality committee or "Long Term Care Project Workgroup", which is comprised of PPS partners participating in Project 2.b.viii | | | | | | | | | | |
| **Task**<br>Project Director notifies those selected for the Long Term Care Project Workgroup of their role, expectations and meeting schedule. | | | | | | | | | | |
| **Task**<br>Long Term Care Project Workgroup convenes on an ongoing basis to identify approach to measuring outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | | | | | | | | | | |
| **Task**<br>Chief Medical Officer in conjunction with Project Director and Long Term Care Workgroup identifies key quality metrics for Project 2.b.viii. | | | | | | | | | | |
| **Task**<br>Long Term Care Project Workgroup applies key quality metrics to develop an approach for clinical quality improvement including:<br>1. An approach to conducting quality assessments across the | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Home Care agencies<br>2. Methodologies for rapid cycle improvement at facility<br>3. Assessing root cause of transfers from Home Care agencies to hospitals. | | | | | | | | | | |
| **Task**<br>Long Term Care Project Workgroup applies approaches/methodologies identified in previous step and key quality metrics to develop implementation plans for clinical quality improvement across the Home Care agencies. | | | | | | | | | | |
| **Task**<br>Home Care agencies leverage plans to perform clinical quality assessments at Home Care agencies in conjunctions with other providers. | | | | | | | | | | |
| **Task**<br>Home Care agencies collect results of clinical quality assessments and provide to PMO. | | | | | | | | | | |
| **Task**<br>Project Director collects and evaluates results of assessment. | | | | | | | | | | |
| **Task**<br>Project Director measures and identifies outcomes of the clinical quality assessment and shares results with the Long Term Care Project Workgroup and Clinical Committee. | | | | | | | | | | |
| **Task**<br>Project Director develops ongoing plan around quality improvement. | | | | | | | | | | |
| **Task**<br>Project Director collects the identified interventions and develops a report that is issued to all PPS partners involved in Project 2.b.viii. The report will identify the results of the clinical quality assessments as well as identified interventions to address areas for improvement at Home Care agencies to reduce transfer to hospitals. | | | | | | | | | | |
| **Task**<br>Project Director develops ongoing plan around quality improvement. | | | | | | | | | | |
| **Milestone #12**<br>Use EHRs and other technical platforms to track all patients engaged in the project. | | | | | | | | | | |
| **Task**<br>PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task**<br>Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| participating partners' ability to track patients engaged in this project including identifying Home Care agencies with/without EHR. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO. | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for Home Care agencies integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | | | | | | | | | | |
| **Task** Home Care agencies are integrated with the RHIO and are able to track patients engaged in Project 2.b.viii. | | | | | | | | | | |
| **Task** Project Director and Home Care agencies will identify patients for engagement based off admission | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 |
|---|---|
| Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice. | |
| Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management. | |
| Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer. | |
| Educate all staff on care pathways and INTERACT-like principles. | |
| Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care. | |
| Create coaching program to facilitate and support implementation. | |
| Educate patient and family/caretakers, to facilitate participation in planning of care. | |
| Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management. | |
| Utilize telehealth/telemedicine to enhance hospital-home care collaborations. | |
| Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services. | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | |
| Use EHRs and other technical platforms to track all patients engaged in the project. | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.viii.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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# New York State Department Of Health
# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.b.viii.6 - IA Monitoring

**Instructions :**

The IA recommends a change in status to identify actual dates tasks will be completed.

Milestone 12: Add a task before current task #1 to develop methodology for how patients will be identified.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Project 2.d.i – Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

#### IPQR Module 2.d.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.

The SI PPS views the following as major risks for implementation:

1. The SI PPS has set a significant goal to engage 80,000 uninsured and non/low utilizing Medicaid patients by DY4. To meet this goal, the SI PPS will train 250 people in PAM and develop partnerships with CBOs to assist in patient activation activities. The SI PPS has 37 people trained in PAM and it will require significant effort to develop a PAM team. The SI PPS will need to execute a coordinated strategy to implement PAM measures, connect patients to healthcare and social services and develop a system to track implementation progress. To mitigate this risk, the SI PPS will include key PAM providers on its Governance Committees including the Clinical, Data/IT, Finance, and Workforce Committees to ensure that measures are in place to effectively track and incentivize CBOs and providers to meet implementation timelines.

2. In order to increase the volume of non-emergent primary, behavioral and dental care provided to the uninsured and non/low utilizing Medicaid patients, the SI PPS will expand its primary care and behavioral health outpatient capacity, infrastructure, and staffing. The SI PPS has included capital projects through the Capital Restructuring Finance Program for expanding primary care and behavioral health outpatient capacity and to serve the uninsured. These include significant expansion of FQHCs, hospital outpatient behavioral health practices and other behavioral health sites. If adequate funding is not received, the SI PPS's ability to meet deadlines and serve engaged patients will be impacted. To mitigate this risk, the SI PPS has included multiple capital projects and prioritized these projects in the PPS's application as well as included funding within its funds flow approach to support expansion including recruitment, implementation costs, and incentive payments for PCPs.

3. There is a risk that targeted patients will be reluctant to participate in PAM surveys and connect to primary care. Staten Island is comprised of an ethnically diverse population, presenting linguistic and cultural barriers for many residents attempting to self-manage care, and navigate the healthcare system. To mitigate this risk the SI PPS will develop culturally competent and linguistically appropriate education materials and health literacy strategies for this highly diverse population. Further, providers and CBOs that are already serving these populations will be primarily responsible for engaging these patients to increase population participation.

4. The SI PPS has received its total valuation from DOH and has allocated a portion of funding for this project to support implementation costs including the hiring/training of community health workers, the development of IT infrastructure, and incentive/bonus payments to providers participating in the project. A potential risk to project implementation is the availability of funds to properly compensate and incentivize community providers engaging patients in PAM, given the large actively engaged commitments and limitation in valuation funding. To mitigate this risk, the SI PPS has developed a funds flow model that includes salary support where needed, but also provides payments "per PAM" to providers engaging patients. The SI PPS is working with providers to implement PAM within current workflows to gain implementation efficiencies as well as partner with providers experienced in community outreach and patient engagement.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.d.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 |
| PAM(R) Providers | 250 | 37 | 67 | 97 | 127 | 157 | 188 | 219 | 250 | 250 | 250 |
| **Total Committed Providers** | **250** | **37** | **67** | **97** | **127** | **157** | **188** | **219** | **250** | **250** | **250** |
| **Percent Committed Providers(%)** | | **14.80** | **26.80** | **38.80** | **50.80** | **62.80** | **75.20** | **87.60** | **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 |
| PAM(R) Providers | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 |
| **Total Committed Providers** | **250** | **250** | **250** | **250** | **250** | **250** | **250** | **250** | **250** | **250** | **250** |
| **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

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.d.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 | 80,000 |

| 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 | 1,600 | 2,500 | 6,400 | 8,000 | 16,000 | 19,920 | 24,000 | 16,000 | 32,000 |
| **Percent of Expected Patient Engagement(%)** | **0.00** | **2.00** | **3.13** | **8.00** | **10.00** | **20.00** | **24.90** | **30.00** | **20.00** | **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 | 39,840 | 48,000 | 20,000 | 40,000 | 60,000 | 80,000 | 0 | 0 | 0 | 0 |
| **Percent of Expected Patient Engagement(%)** | **49.80** | **60.00** | **25.00** | **50.00** | **75.00** | **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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# New York State Department Of Health
# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.d.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** Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate. | Project | N/A | In Progress | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation. | Project | | In Progress | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Recruit/hire project management office staff including Director of Ambulatory Care Initiatives and support staff. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including PAM providers and CBOs. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Select project lead(s)/champion(s). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Identify PPS providers participating in project. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Identify additional CBOs to support the project. | Project | | In Progress | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop funds flow model for Project 2.d.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Request budgets from PPS providers detailing requests for project | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| implementation funds aimed at supporting project-related expenses. | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Finalize agreements with non-PPS CBOs for participation in project. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Milestone #2** Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Patient Activation Measure(R) (PAM(R)) training team established. | Project | | In Progress | 06/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify PPS partner staff to participate in train-the-trainer with Insignia Health. | Project | | Completed | 04/01/2015 | 05/31/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Complete train-the-trainer with Insignia Health. | Project | | Completed | 06/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop ongoing training schedule with Insignia Health and internal PPS resources. | Project | | In Progress | 06/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** As part of the Workforce Assessment (workforce workstream) conduct assessment of PPS workforce for expansion of patient activation training team. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop patient activation training materials and training program strategy with project workgroup. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Implement training program with PAM team. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #3** Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas. | Project | N/A | In Progress | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged. | Project | | In Progress | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Partner with MCOs to utilize Medicaid claims data for identification of NU and | Project | | In Progress | 10/01/2015 | 03/01/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| LU patients. | | | | | | | |
| **Task** Develop process for using CNA, MCO and other assessment data to prioritize "hotspot" geographic areas for outreach. | Project | | In Progress | 09/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Create "hot spot" map and disseminate to PPS partners and vendors. | Project | | In Progress | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop outreach plan in collaboration with Project Implementation Team, CBOs, Diversity and Inclusion Committee and Communications and Marketing Committee. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Identify organizations/staff for outreach in various hot spot areas. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop contracts/funds flow for partners identified to perform outreach. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #4** Survey the targeted population about healthcare needs in the PPS' region. | Project | N/A | In Progress | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Community engagement forums and other information-gathering mechanisms established and performed. | Project | | In Progress | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify potential community partners for surveys, community forums and focus groups. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Identify best practice tools for surveying community members about healthcare needs. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Schedule community forums with CBOs, non-profits, faith-based organizations, etc. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Partner with CBOs, nonprofits, faith-based organizations, public sector agencies, and local government to develop survey distribution/collection plan and focus groups plan. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Conduct community focus groups to elicit healthcare needs. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Implement survey tools across targeted population, collect and analyze data. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #5** Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. | Project | N/A | In Progress | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| **Task**<br>PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers". | Project | | In Progress | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Project Director in conjunction with Diversity and Inclusion Committee, and Project Implementation Workgroup identifies providers/CBO's located within "hot spots." | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Conduct assessment of patient activation techniques used by providers. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task**<br>Identify best practice techniques for patient activations through research and assessment of current provider outreach and engagement protocols and techniques. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Create patient activation training for providers. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>Implement training for providers on patient activation techniques. | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #6**<br>Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10).<br>• This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member.<br>• Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104. | Project | N/A | In Progress | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task**<br>Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP. | Project | | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task**<br>Develop agreements with MCOs to share data on the assigned PCPs of NU and LU enrollees. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Create procedures and protocols to reconnect beneficiary to PCPs once identified. | | | | | | | |
| **Task** Develop plan for outreach to NU and LU enrollees in conjunction with Project Implementation Workgroup and MCOs. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Create outreach communication materials in conjunction with MCOs. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Submit outreach materials to the State for review and approval. | Project | | In Progress | 07/01/2016 | 09/29/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Implement outreach strategies including training strategies. | Project | | In Progress | 10/03/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Milestone #7** Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period. | Project | N/A | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state). | Project | | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Project Director in conjunction with Project Implementation Group identifies beneficiary cohorts per state methodology; identify screening methodology to identify patients as NU/LU/UI. | Project | | In Progress | 10/05/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Determine baseline PAM for each cohort. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Determine benchmark for improvement intervals. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Create PAM cohort reports. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Determine plan for disseminating PAM cohort reports including data, frequency, and providers/stakeholders. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #8** Include beneficiaries in development team to promote preventive care. | Project | N/A | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services. | Project | | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| **Task**<br>In conjunction with Project Implementation Team (including Community Based Organizations) and Diversity and Inclusion Committee, identify beneficiaries for participation in program development in partnership with providers and CBO as approach to engagement. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Determine appropriate committees/workgroups for beneficiary participation. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>Invite beneficiaries to participate in meetings/workgroups and planning activities from representative groups. | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #9**<br>Measure PAM(R) components, including:<br>• Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service.<br>• If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score.<br>• Individual member's score must be averaged to calculate a baseline measure for that year's cohort.<br>• The cohort must be followed for the entirety of the DSRIP program.<br>• On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP.<br>• The PPS will NOT be responsible for assessing the patient via PAM(R) survey.<br>• PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes.<br>• Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. | Project | N/A | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>Performance measurement reports established, including but not limited to:<br>- Number of patients screened, by engagement level<br>- Number of clinicians trained in PAM(R) survey implementation<br>- Number of patient: PCP bridges established | Project | | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| - Number of patients identified, linked by MCOs to which they are associated<br>- Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis<br>- Member engagement lists to DOH (for NU & LU populations) on a monthly basis<br>- Annual report assessing individual member and the overall cohort's level of engagement | | | | | | | |
| **Task**<br>Project Director in conjunction with Project Implementation Team and MCOs identifies components of performance measurement reports including data points to be collecting, frequency of collection/reporting, responsible parties, etc.. | Project | | In Progress | 10/05/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task**<br>Identify data sources for performance measurement reports. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Performance measurement approach documenting and disseminated to PAM providers and other key stakeholders (including training as needed). | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Performance reporting approach developed including frequency and approach to reporting data to key stakeholders (internal/external) and DOH. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Begin creation of annual report for PAM project. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #10**<br>Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. | Project | N/A | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>Volume of non-emergent visits for UI, NU, and LU populations increased. | Project | | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventative services), as well as patient education) to increase use of non emergent care (as component of other Milestones). | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>Identify current patient population utilizing non emergent care (baseline) and targeted approach to increase volume. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Identify process to monitor use of emergent/non emergent care for attributed population. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Identify components of reports on non emergent care | | | | | | | |
| **Milestone #11** Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education. | Project | N/A | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Community navigators identified and contracted. | Provider | PAM(R) Providers | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education. | Provider | PAM(R) Providers | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Identify community navigator resources from PPS provider/PAM provider network (in conjunction with current state workforce assessment), or potential new hires to be training in connectivity to healthcare resources, and community resources. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify community based organizations for participation in the development of a group of community navigators. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Include agreement to provide community navigator resources in PPS partner master services agreements as appropriate. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Finalize and execute agreements with CBOs. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Identify best practice training programs for community navigators. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Implement training programs. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Create system for tracking community navigators engaged in project. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #12** Develop a process for Medicaid recipients and project participants to report complaints and receive customer service. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Policies and procedures for customer service complaints and appeals developed. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify PPS compliance officer. | Project | | Completed | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| **Task** Develop compliance program. | Project | | Completed | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify best practices for customer service complaints and appeals. | Project | | In Progress | 10/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop PPS policies and procedure for customer complaints and appeals. | Project | | In Progress | 02/01/2016 | 02/29/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Disseminate information on PPS policies and procedures to partners and the community. | Project | | In Progress | 03/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #13** Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R). | Project | N/A | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** List of community navigators formally trained in the PAM(R). | Provider | PAM(R) Providers | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Contract with training vendor around patient activation and education. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Complete train-the-trainer with Insignia Health. | Project | | Completed | 06/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Identify community navigators for training program. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop and implement training program for community navigators | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Develop and implement ongoing training program for community navigators and other providers engaged in PAM/outreach. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #14** Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources. | Project | N/A | In Progress | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas. | Provider | PAM(R) Providers | In Progress | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** In conjunction with Project Implementation Team, Health Homes, hospitals and other key stakeholders, Identify locations and events for regular community navigator placement. | Project | | In Progress | 11/02/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop agreements with partners for placement of community navigators. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Create protocols and processes around the placement of community navigators, education, and connection to appropriate resources. | | | | | | | |
| **Milestone #15** Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations. | Project | N/A | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Navigators educated about insurance options and healthcare resources available to populations in this project. | Project | | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Project Director performs an assessment to identify resources for insurance options and healthcare resources for UI and Medicaid enrollees. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop resource guide for community navigators. | Project | | In Progress | 11/02/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Create process to continuously updating guide to ensure information is current. | Project | | In Progress | 11/02/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop training materials for navigators about insurance options and healthcare resources. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Incorporate information into the navigator training program. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Develop quality metrics to determine if navigators increase utilization of non-emergent care among people assisted by the program | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #16** Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member. | Project | N/A | In Progress | 04/01/2015 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Timely access for navigator when connecting members to services. | Project | | In Progress | 04/01/2015 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Project Director performs assessment to identify intake and scheduling staff for linkage to community navigators. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director, in conjunction with Project Implementation Team develops policies and procedures for staff to receive navigator calls. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director/Director of Workforce/HR in conjunction with Workforce Committee/Training Workgroup, creates training materials for intake/scheduling staff. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Implement training programs. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| **Task** Identify primary care capacity issues among PPS partners. | Project | | In Progress | 11/02/2015 | 02/29/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Assess opportunities to increase primary care capacity across PPS partners. | Project | | In Progress | 03/01/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #17** Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project. | Project | N/A | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting. | Project | | In Progress | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including identifying providers with/without EHR. For those providers without EHR systems, provider implementation plan/timelines for implementation are developed. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH in ordered to perform population health analytics. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing data from the Flourish database and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

# New York State Department Of Health
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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Project Director reviews claims data to identify patients who are NU and LU Medicaid enrollees. | | | | | | | |
| **Task**<br>Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Sr. Director of Enterprise Data & Analytics coordinates with Insignia Health to import patients into the Flourish database and download PAM data from the Flourish database for tracking. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

| 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**<br>Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate. | | | | | | | | | | |
| **Task**<br>Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation. | | | | | | | | | | |
| **Task**<br>Recruit/hire project management office staff including Director of Ambulatory Care Initiatives and support staff. | | | | | | | | | | |
| **Task**<br>Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including PAM providers and CBOs. | | | | | | | | | | |
| **Task**<br>Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task**<br>Identify PPS providers participating in project. | | | | | | | | | | |
| **Task**<br>Identify additional CBOs to support the project. | | | | | | | | | | |
| **Task**<br>Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task**<br>Develop funds flow model for Project 2.d.i including funds for project implementation expenses and incentive payments | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (bonus payments) as well as funds for services not covered or under reimbursed. | | | | | | | | | | |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Finalize agreements with non-PPS CBOs for participation in project. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Milestone #2** Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement. | | | | | | | | | | |
| **Task** Patient Activation Measure(R) (PAM(R)) training team established. | | | | | | | | | | |
| **Task** Identify PPS partner staff to participate in train-the-trainer with Insignia Health. | | | | | | | | | | |
| **Task** Complete train-the-trainer with Insignia Health. | | | | | | | | | | |
| **Task** Develop ongoing training schedule with Insignia Health and internal PPS resources. | | | | | | | | | | |
| **Task** As part of the Workforce Assessment (workforce workstream) conduct assessment of PPS workforce for expansion of patient activation training team. | | | | | | | | | | |
| **Task** Develop patient activation training materials and training program strategy with project workgroup. | | | | | | | | | | |
| **Task** Implement training program with PAM team. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas. | | | | | | | | | | |
| **Task** Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged. | | | | | | | | | | |
| **Task** Partner with MCOs to utilize Medicaid claims data for identification of NU and LU patients. | | | | | | | | | | |
| **Task** Develop process for using CNA, MCO and other assessment data to prioritize "hotspot" geographic areas for outreach. | | | | | | | | | | |
| **Task** Create "hot spot" map and disseminate to PPS partners and vendors. | | | | | | | | | | |
| **Task** Develop outreach plan in collaboration with Project Implementation Team, CBOs, Diversity and Inclusion Committee and Communications and Marketing Committee. | | | | | | | | | | |
| **Task** Identify organizations/staff for outreach in various hot spot areas. | | | | | | | | | | |
| **Task** Develop contracts/funds flow for partners identified to perform outreach. | | | | | | | | | | |
| **Milestone #4** Survey the targeted population about healthcare needs in the PPS' region. | | | | | | | | | | |
| **Task** Community engagement forums and other information-gathering mechanisms established and performed. | | | | | | | | | | |
| **Task** Identify potential community partners for surveys, community forums and focus groups. | | | | | | | | | | |
| **Task** Identify best practice tools for surveying community members about healthcare needs. | | | | | | | | | | |
| **Task** Schedule community forums with CBOs, non-profits, faith-based organizations, etc. | | | | | | | | | | |
| **Task** Partner with CBOs, nonprofits, faith-based organizations, public sector agencies, and local government to develop survey distribution/collection plan and focus groups plan. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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**<br>Conduct community focus groups to elicit healthcare needs. | | | | | | | | | | |
| **Task**<br>Implement survey tools across targeted population, collect and analyze data. | | | | | | | | | | |
| **Milestone #5**<br>Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. | | | | | | | | | | |
| **Task**<br>PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers". | | | | | | | | | | |
| **Task**<br>Project Director in conjunction with Diversity and Inclusion Committee, and Project Implementation Workgroup identifies providers/CBO's located within "hot spots." | | | | | | | | | | |
| **Task**<br>Conduct assessment of patient activation techniques used by providers. | | | | | | | | | | |
| **Task**<br>Identify best practice techniques for patient activations through research and assessment of current provider outreach and engagement protocols and techniques. | | | | | | | | | | |
| **Task**<br>Create patient activation training for providers. | | | | | | | | | | |
| **Task**<br>Implement training for providers on patient activation techniques. | | | | | | | | | | |
| **Milestone #6**<br>Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10).<br>• This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member.<br>• Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP. | | | | | | | | | | |
| **Task** Develop agreements with MCOs to share data on the assigned PCPs of NU and LU enrollees. | | | | | | | | | | |
| **Task** Create procedures and protocols to reconnect beneficiary to PCPs once identified. | | | | | | | | | | |
| **Task** Develop plan for outreach to NU and LU enrollees in conjunction with Project Implementation Workgroup and MCOs. | | | | | | | | | | |
| **Task** Create outreach communication materials in conjunction with MCOs. | | | | | | | | | | |
| **Task** Submit outreach materials to the State for review and approval. | | | | | | | | | | |
| **Task** Implement outreach strategies including training strategies. | | | | | | | | | | |
| **Milestone #7** Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period. | | | | | | | | | | |
| **Task** For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state). | | | | | | | | | | |
| **Task** Project Director in conjunction with Project Implementation Group identifies beneficiary cohorts per state methodology; identify screening methodology to identify patients as NU/LU/UI. | | | | | | | | | | |
| **Task** Determine baseline PAM for each cohort. | | | | | | | | | | |
| **Task** Determine benchmark for improvement intervals. | | | | | | | | | | |
| **Task** Create PAM cohort reports. | | | | | | | | | | |
| **Task** Determine plan for disseminating PAM cohort reports including data, frequency, and providers/stakeholders. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 #8**<br>Include beneficiaries in development team to promote preventive care. | | | | | | | | | | |
| **Task**<br>Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services. | | | | | | | | | | |
| **Task**<br>In conjunction with Project Implementation Team (including Community Based Organizations) and Diversity and Inclusion Committee, identify beneficiaries for participation in program development in partnership with providers and CBO as approach to engagement. | | | | | | | | | | |
| **Task**<br>Determine appropriate committees/workgroups for beneficiary participation. | | | | | | | | | | |
| **Task**<br>Invite beneficiaries to participate in meetings/workgroups and planning activities from representative groups. | | | | | | | | | | |
| **Milestone #9**<br>Measure PAM(R) components, including:<br>• Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service.<br>• If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score.<br>• Individual member's score must be averaged to calculate a baseline measure for that year's cohort.<br>• The cohort must be followed for the entirety of the DSRIP program.<br>• On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP.<br>• The PPS will NOT be responsible for assessing the patient via PAM(R) survey.<br>• PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes.<br>• Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| well as to DOH on a quarterly basis. | | | | | | | | | | |
| **Task**<br>Performance measurement reports established, including but not limited to:<br>- Number of patients screened, by engagement level<br>- Number of clinicians trained in PAM(R) survey implementation<br>- Number of patient: PCP bridges established<br>- Number of patients identified, linked by MCOs to which they are associated<br>- Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis<br>- Member engagement lists to DOH (for NU & LU populations) on a monthly basis<br>- Annual report assessing individual member and the overall cohort's level of engagement | | | | | | | | | | |
| **Task**<br>Project Director in conjunction with Project Implementation Team and MCOs identifies components of performance measurement reports including data points to be collecting, frequency of collection/reporting, responsible parties, etc.. | | | | | | | | | | |
| **Task**<br>Identify data sources for performance measurement reports. | | | | | | | | | | |
| **Task**<br>Performance measurement approach documenting and disseminated to PAM providers and other key stakeholders (including training as needed). | | | | | | | | | | |
| **Task**<br>Performance reporting approach developed including frequency and approach to reporting data to key stakeholders (internal/external) and DOH. | | | | | | | | | | |
| **Task**<br>Begin creation of annual report for PAM project. | | | | | | | | | | |
| **Milestone #10**<br>Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. | | | | | | | | | | |
| **Task**<br>Volume of non-emergent visits for UI, NU, and LU populations increased. | | | | | | | | | | |
| **Task**<br>Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventative services), as well as patient education) to increase use of non emergent care (as component of other Milestones). | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Identify current patient population utilizing non emergent care (baseline) and targeted approach to increase volume. | | | | | | | | | | |
| **Task** Identify process to monitor use of emergent/non emergent care for attributed population. | | | | | | | | | | |
| **Task** Identify components of reports on non emergent care | | | | | | | | | | |
| **Milestone #11** Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education. | | | | | | | | | | |
| **Task** Community navigators identified and contracted. | 0 | 62 | 62 | 124 | 124 | 186 | 186 | 250 | 250 | 250 |
| **Task** Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education. | 0 | 62 | 62 | 124 | 124 | 186 | 186 | 250 | 250 | 250 |
| **Task** Identify community navigator resources from PPS provider/PAM provider network (in conjunction with current state workforce assessment), or potential new hires to be training in connectivity to healthcare resources, and community resources. | | | | | | | | | | |
| **Task** Identify community based organizations for participation in the development of a group of community navigators. | | | | | | | | | | |
| **Task** Include agreement to provide community navigator resources in PPS partner master services agreements as appropriate. | | | | | | | | | | |
| **Task** Finalize and execute agreements with CBOs. | | | | | | | | | | |
| **Task** Identify best practice training programs for community navigators. | | | | | | | | | | |
| **Task** Implement training programs. | | | | | | | | | | |
| **Task** Create system for tracking community navigators engaged in project. | | | | | | | | | | |
| **Milestone #12** Develop a process for Medicaid recipients and project participants to report complaints and receive customer service. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Policies and procedures for customer service complaints and appeals developed. | | | | | | | | | | |
| **Task** Identify PPS compliance officer. | | | | | | | | | | |
| **Task** Develop compliance program. | | | | | | | | | | |
| **Task** Identify best practices for customer service complaints and appeals. | | | | | | | | | | |
| **Task** Develop PPS policies and procedure for customer complaints and appeals. | | | | | | | | | | |
| **Task** Disseminate information on PPS policies and procedures to partners and the community. | | | | | | | | | | |
| **Milestone #13** Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R). | | | | | | | | | | |
| **Task** List of community navigators formally trained in the PAM(R). | 0 | 62 | 62 | 124 | 124 | 186 | 186 | 250 | 250 | 250 |
| **Task** Contract with training vendor around patient activation and education. | | | | | | | | | | |
| **Task** Complete train-the-trainer with Insignia Health. | | | | | | | | | | |
| **Task** Identify community navigators for training program. | | | | | | | | | | |
| **Task** Develop and implement training program for community navigators | | | | | | | | | | |
| **Task** Develop and implement ongoing training program for community navigators and other providers engaged in PAM/outreach. | | | | | | | | | | |
| **Milestone #14** Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources. | | | | | | | | | | |
| **Task** Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas. | 0 | 62 | 62 | 62 | 62 | 186 | 186 | 250 | 250 | 250 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** In conjunction with Project Implementation Team, Health Homes, hospitals and other key stakeholders, Identify locations and events for regular community navigator placement. | | | | | | | | | | |
| **Task** Develop agreements with partners for placement of community navigators. | | | | | | | | | | |
| **Task** Create protocols and processes around the placement of community navigators, education, and connection to appropriate resources. | | | | | | | | | | |
| **Milestone #15** Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations. | | | | | | | | | | |
| **Task** Navigators educated about insurance options and healthcare resources available to populations in this project. | | | | | | | | | | |
| **Task** Project Director performs an assessment to identify resources for insurance options and healthcare resources for UI and Medicaid enrollees. | | | | | | | | | | |
| **Task** Develop resource guide for community navigators. | | | | | | | | | | |
| **Task** Create process to continuously updating guide to ensure information is current. | | | | | | | | | | |
| **Task** Develop training materials for navigators about insurance options and healthcare resources. | | | | | | | | | | |
| **Task** Incorporate information into the navigator training program. | | | | | | | | | | |
| **Task** Develop quality metrics to determine if navigators increase utilization of non-emergent care among people assisted by the program | | | | | | | | | | |
| **Milestone #16** Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member. | | | | | | | | | | |
| **Task** Timely access for navigator when connecting members to services. | | | | | | | | | | |
| **Task** Project Director performs assessment to identify intake and scheduling staff for linkage to community navigators. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Project Director, in conjunction with Project Implementation Team develops policies and procedures for staff to receive navigator calls. | | | | | | | | | | |
| **Task** Project Director/Director of Workforce/HR in conjunction with Workforce Committee/Training Workgroup, creates training materials for intake/scheduling staff. | | | | | | | | | | |
| **Task** Implement training programs. | | | | | | | | | | |
| **Task** Identify primary care capacity issues among PPS partners. | | | | | | | | | | |
| **Task** Assess opportunities to increase primary care capacity across PPS partners. | | | | | | | | | | |
| **Milestone #17** Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project. | | | | | | | | | | |
| **Task** PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including identifying providers with/without EHR. For those providers without EHR systems, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH in ordered to perform population health analytics. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing data from the Flourish database and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director reviews claims data to identify patients who are NU and LU Medicaid enrollees. | | | | | | | | | | |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics coordinates with Insignia Health to import patients into the Flourish database and download PAM data from the Flourish database for tracking. | | | | | | | | | | |

| 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** Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate. | | | | | | | | | | |
| **Task** Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation. | | | | | | | | | | |
| **Task** Recruit/hire project management office staff including Director of Ambulatory Care Initiatives and support staff. | | | | | | | | | | |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including PAM providers and CBOs. | | | | | | | | | | |
| **Task** Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task** Identify PPS providers participating in project. | | | | | | | | | | |
| **Task** Identify additional CBOs to support the project. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task** Develop funds flow model for Project 2.d.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | | | | | | | | | | |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Finalize agreements with non-PPS CBOs for participation in project. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Milestone #2** Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement. | | | | | | | | | | |
| **Task** Patient Activation Measure(R) (PAM(R)) training team established. | | | | | | | | | | |
| **Task** Identify PPS partner staff to participate in train-the-trainer with Insignia Health. | | | | | | | | | | |
| **Task** Complete train-the-trainer with Insignia Health. | | | | | | | | | | |
| **Task** Develop ongoing training schedule with Insignia Health and internal PPS resources. | | | | | | | | | | |
| **Task** As part of the Workforce Assessment (workforce workstream) | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| conduct assessment of PPS workforce for expansion of patient activation training team. | | | | | | | | | | |
| **Task** Develop patient activation training materials and training program strategy with project workgroup. | | | | | | | | | | |
| **Task** Implement training program with PAM team. | | | | | | | | | | |
| **Milestone #3** Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas. | | | | | | | | | | |
| **Task** Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged. | | | | | | | | | | |
| **Task** Partner with MCOs to utilize Medicaid claims data for identification of NU and LU patients. | | | | | | | | | | |
| **Task** Develop process for using CNA, MCO and other assessment data to prioritize "hotspot" geographic areas for outreach. | | | | | | | | | | |
| **Task** Create "hot spot" map and disseminate to PPS partners and vendors. | | | | | | | | | | |
| **Task** Develop outreach plan in collaboration with Project Implementation Team, CBOs, Diversity and Inclusion Committee and Communications and Marketing Committee. | | | | | | | | | | |
| **Task** Identify organizations/staff for outreach in various hot spot areas. | | | | | | | | | | |
| **Task** Develop contracts/funds flow for partners identified to perform outreach. | | | | | | | | | | |
| **Milestone #4** Survey the targeted population about healthcare needs in the PPS' region. | | | | | | | | | | |
| **Task** Community engagement forums and other information-gathering mechanisms established and performed. | | | | | | | | | | |
| **Task** Identify potential community partners for surveys, community forums and focus groups. | | | | | | | | | | |
| **Task** Identify best practice tools for surveying community members about healthcare needs. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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**<br>Schedule community forums with CBOs, non-profits, faith-based organizations, etc. | | | | | | | | | | |
| **Task**<br>Partner with CBOs, nonprofits, faith-based organizations, public sector agencies, and local government to develop survey distribution/collection plan and focus groups plan. | | | | | | | | | | |
| **Task**<br>Conduct community focus groups to elicit healthcare needs. | | | | | | | | | | |
| **Task**<br>Implement survey tools across targeted population, collect and analyze data. | | | | | | | | | | |
| **Milestone #5**<br>Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. | | | | | | | | | | |
| **Task**<br>PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers". | | | | | | | | | | |
| **Task**<br>Project Director in conjunction with Diversity and Inclusion Committee, and Project Implementation Workgroup identifies providers/CBO's located within "hot spots." | | | | | | | | | | |
| **Task**<br>Conduct assessment of patient activation techniques used by providers. | | | | | | | | | | |
| **Task**<br>Identify best practice techniques for patient activations through research and assessment of current provider outreach and engagement protocols and techniques. | | | | | | | | | | |
| **Task**<br>Create patient activation training for providers. | | | | | | | | | | |
| **Task**<br>Implement training for providers on patient activation techniques. | | | | | | | | | | |
| **Milestone #6**<br>Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10).<br>• This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member.<br>• Work with respective MCOs and PCPs to ensure proactive | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104. | | | | | | | | | | |
| **Task** Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP. | | | | | | | | | | |
| **Task** Develop agreements with MCOs to share data on the assigned PCPs of NU and LU enrollees. | | | | | | | | | | |
| **Task** Create procedures and protocols to reconnect beneficiary to PCPs once identified. | | | | | | | | | | |
| **Task** Develop plan for outreach to NU and LU enrollees in conjunction with Project Implementation Workgroup and MCOs. | | | | | | | | | | |
| **Task** Create outreach communication materials in conjunction with MCOs. | | | | | | | | | | |
| **Task** Submit outreach materials to the State for review and approval. | | | | | | | | | | |
| **Task** Implement outreach strategies including training strategies. | | | | | | | | | | |
| **Milestone #7** Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period. | | | | | | | | | | |
| **Task** For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state). | | | | | | | | | | |
| **Task** Project Director in conjunction with Project Implementation Group identifies beneficiary cohorts per state methodology; identify screening methodology to identify patients as NU/LU/UI. | | | | | | | | | | |
| **Task** Determine baseline PAM for each cohort. | | | | | | | | | | |
| **Task** Determine benchmark for improvement intervals. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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**<br>Create PAM cohort reports. | | | | | | | | | | |
| **Task**<br>Determine plan for disseminating PAM cohort reports including data, frequency, and providers/stakeholders. | | | | | | | | | | |
| **Milestone #8**<br>Include beneficiaries in development team to promote preventive care. | | | | | | | | | | |
| **Task**<br>Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services. | | | | | | | | | | |
| **Task**<br>In conjunction with Project Implementation Team (including Community Based Organizations) and Diversity and Inclusion Committee, identify beneficiaries for participation in program development in partnership with providers and CBO as approach to engagement. | | | | | | | | | | |
| **Task**<br>Determine appropriate committees/workgroups for beneficiary participation. | | | | | | | | | | |
| **Task**<br>Invite beneficiaries to participate in meetings/workgroups and planning activities from representative groups. | | | | | | | | | | |
| **Milestone #9**<br>Measure PAM(R) components, including:<br>• Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service.<br>• If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score.<br>• Individual member's score must be averaged to calculate a baseline measure for that year's cohort.<br>• The cohort must be followed for the entirety of the DSRIP program.<br>• On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP.<br>• The PPS will NOT be responsible for assessing the patient via | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| PAM(R) survey.<br>• PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes.<br>• Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. | | | | | | | | | | |
| **Task**<br>Performance measurement reports established, including but not limited to:<br>- Number of patients screened, by engagement level<br>- Number of clinicians trained in PAM(R) survey implementation<br>- Number of patient: PCP bridges established<br>- Number of patients identified, linked by MCOs to which they are associated<br>- Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis<br>- Member engagement lists to DOH (for NU & LU populations) on a monthly basis<br>- Annual report assessing individual member and the overall cohort's level of engagement | | | | | | | | | | |
| **Task**<br>Project Director in conjunction with Project Implementation Team and MCOs identifies components of performance measurement reports including data points to be collecting, frequency of collection/reporting, responsible parties, etc.. | | | | | | | | | | |
| **Task**<br>Identify data sources for performance measurement reports. | | | | | | | | | | |
| **Task**<br>Performance measurement approach documenting and disseminated to PAM providers and other key stakeholders (including training as needed). | | | | | | | | | | |
| **Task**<br>Performance reporting approach developed including frequency and approach to reporting data to key stakeholders (internal/external) and DOH. | | | | | | | | | | |
| **Task**<br>Begin creation of annual report for PAM project. | | | | | | | | | | |
| **Milestone #10**<br>Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. | | | | | | | | | | |
| **Task**<br>Volume of non-emergent visits for UI, NU, and LU populations increased. | | | | | | | | | | |
| **Task**<br>Community navigators trained in connectivity to healthcare | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| coverage and community healthcare resources, (including primary and preventative services), as well as patient education) to increase use of non emergent care (as component of other Milestones). | | | | | | | | | | |
| **Task** Identify current patient population utilizing non emergent care (baseline) and targeted approach to increase volume. | | | | | | | | | | |
| **Task** Identify process to monitor use of emergent/non emergent care for attributed population. | | | | | | | | | | |
| **Task** Identify components of reports on non emergent care | | | | | | | | | | |
| **Milestone #11** Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education. | | | | | | | | | | |
| **Task** Community navigators identified and contracted. | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 |
| **Task** Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education. | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 |
| **Task** Identify community navigator resources from PPS provider/PAM provider network (in conjunction with current state workforce assessment), or potential new hires to be training in connectivity to healthcare resources, and community resources. | | | | | | | | | | |
| **Task** Identify community based organizations for participation in the development of a group of community navigators. | | | | | | | | | | |
| **Task** Include agreement to provide community navigator resources in PPS partner master services agreements as appropriate. | | | | | | | | | | |
| **Task** Finalize and execute agreements with CBOs. | | | | | | | | | | |
| **Task** Identify best practice training programs for community navigators. | | | | | | | | | | |
| **Task** Implement training programs. | | | | | | | | | | |
| **Task** Create system for tracking community navigators engaged in project. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 #12** Develop a process for Medicaid recipients and project participants to report complaints and receive customer service. | | | | | | | | | | |
| **Task** Policies and procedures for customer service complaints and appeals developed. | | | | | | | | | | |
| **Task** Identify PPS compliance officer. | | | | | | | | | | |
| **Task** Develop compliance program. | | | | | | | | | | |
| **Task** Identify best practices for customer service complaints and appeals. | | | | | | | | | | |
| **Task** Develop PPS policies and procedure for customer complaints and appeals. | | | | | | | | | | |
| **Task** Disseminate information on PPS policies and procedures to partners and the community. | | | | | | | | | | |
| **Milestone #13** Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R). | | | | | | | | | | |
| **Task** List of community navigators formally trained in the PAM(R). | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 |
| **Task** Contract with training vendor around patient activation and education. | | | | | | | | | | |
| **Task** Complete train-the-trainer with Insignia Health. | | | | | | | | | | |
| **Task** Identify community navigators for training program. | | | | | | | | | | |
| **Task** Develop and implement training program for community navigators | | | | | | | | | | |
| **Task** Develop and implement ongoing training program for community navigators and other providers engaged in PAM/outreach. | | | | | | | | | | |
| **Milestone #14** Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas. | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 |
| **Task** In conjunction with Project Implementation Team, Health Homes, hospitals and other key stakeholders, Identify locations and events for regular community navigator placement. | | | | | | | | | | |
| **Task** Develop agreements with partners for placement of community navigators. | | | | | | | | | | |
| **Task** Create protocols and processes around the placement of community navigators, education, and connection to appropriate resources. | | | | | | | | | | |
| **Milestone #15** Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations. | | | | | | | | | | |
| **Task** Navigators educated about insurance options and healthcare resources available to populations in this project. | | | | | | | | | | |
| **Task** Project Director performs an assessment to identify resources for insurance options and healthcare resources for UI and Medicaid enrollees. | | | | | | | | | | |
| **Task** Develop resource guide for community navigators. | | | | | | | | | | |
| **Task** Create process to continuously updating guide to ensure information is current. | | | | | | | | | | |
| **Task** Develop training materials for navigators about insurance options and healthcare resources. | | | | | | | | | | |
| **Task** Incorporate information into the navigator training program. | | | | | | | | | | |
| **Task** Develop quality metrics to determine if navigators increase utilization of non-emergent care among people assisted by the program | | | | | | | | | | |
| **Milestone #16** Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member. | | | | | | | | | | |
| **Task** Timely access for navigator when connecting members to services. | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| **Task** Project Director performs assessment to identify intake and scheduling staff for linkage to community navigators. | | | | | | | | | | |
| **Task** Project Director, in conjunction with Project Implementation Team develops policies and procedures for staff to receive navigator calls. | | | | | | | | | | |
| **Task** Project Director/Director of Workforce/HR in conjunction with Workforce Committee/Training Workgroup, creates training materials for intake/scheduling staff. | | | | | | | | | | |
| **Task** Implement training programs. | | | | | | | | | | |
| **Task** Identify primary care capacity issues among PPS partners. | | | | | | | | | | |
| **Task** Assess opportunities to increase primary care capacity across PPS partners. | | | | | | | | | | |
| **Milestone #17** Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project. | | | | | | | | | | |
| **Task** PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project including identifying providers with/without EHR. For those providers without EHR systems, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH in ordered to perform population health analytics. | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

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|---|---|---|---|---|---|---|---|---|---|---|
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing data from the Flourish database and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director reviews claims data to identify patients who are NU and LU Medicaid enrollees. | | | | | | | | | | |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics coordinates with Insignia Health to import patients into the Flourish database and download PAM data from the Flourish database for tracking. | | | | | | | | | | |

### 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 |
|---|---|
| Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate. | |
| Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement. | |

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

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### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas. | |
| Survey the targeted population about healthcare needs in the PPS' region. | |
| Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. | |
| Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10).<br>• This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member.<br>• Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104. | |
| Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period. | |
| Include beneficiaries in development team to | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| promote preventive care. | |
| Measure PAM(R) components, including:<br>• Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service.<br>• If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score.<br>• Individual member's score must be averaged to calculate a baseline measure for that year's cohort.<br>• The cohort must be followed for the entirety of the DSRIP program.<br>• On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP.<br>• The PPS will NOT be responsible for assessing the patient via PAM(R) survey.<br>• PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes.<br>• Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis. | |
| Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. | |

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# Delivery System Reform Incentive Payment Project

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## Staten Island Performing Provider System, LLC (PPS ID:43)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education. | |
| Develop a process for Medicaid recipients and project participants to report complaints and receive customer service. | |
| Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R). | |
| Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources. | |
| Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations. | |
| Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member. | |
| Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project. | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.d.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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# New York State Department Of Health
# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 2.d.i.6 - IA Monitoring

**Instructions :**

The IA recommends a change in status to identify actual dates tasks will be completed.

Milestone 15: Include task to develop quality metric that determines if information provided to beneficiaries resulted in desired results.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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.

The SI PPS views the following as major risks for implementation:

1. The project requirement for all participating PCPs to meet NCQA 2014 Level 3 PCMH standards by DY3 is identified as a risk to achieving project implementation. Although many PCPs have met old NCQA PCMH standards, some still lack EHR or are early in the medical home transformation process. To mitigate this risk, the SI PPS is developing PCMH implementation plans and will provide PCPs with centralized resources, training, and technical assistance. The SI PPS will also track progress and contract with vendors for support, as needed.

2. A key risk is the existing regulatory and financial framework which presents barriers to co-locating primary care and behavioral health services. To mitigate this risk, the SI PPS has requested waivers to allow for the provision of medical services at Article 31/32 providers, as well as the provision of behavioral health/substance abuse services in Article 28 clinics.

3. The SI PPS views prevailing attitudes and social stigma related to behavioral health services as a project risk to achieving integration goals. Existing primary care patients who are referred behavioral health services as a result of screenings conducted at PCMH sites, may not utilize these services due to negative social stigma associated with these services, or may not agree to the initial screening. To mitigate this risk, the project implementation team, in conjunction with the Clinical Committee and Workforce Implementation Team will develop and implement training for providers around co-location designed to help providers address stigma around these services, helping to ensure effective warm hand-offs and patient engagement.

4. The use of EHR to track engaged patients, document preventative care screenings, and integrate behavioral health and medical records is a project risk for PPS providers who do not currently have EHR or the ability to integrate records. The SI PPS recognizes this risk and will develop a strategic IT integration plan with interim steps for providers without her to ensure integration with the RHIO (Healthix). Additionally, as part of the Capital Restructuring Finance Program budget, the SI PPS has requested funds to assist providers without EHR to fully implement these systems.

5. In order to co-locate primary care services into behavioral health and substance abuse sites as well as co-locate behavioral health/substance abuse services at primary care sites, PPS providers will need to expand and renovate current facilities as well as build out staffing capacity. Within the Capital Restructuring Finance Program, the SI PPS has included numerous capital projects to support the co-location of primary care and behavioral health/substance abuse services, including expanding/renovating outpatient behavioral health and substance abuse facilities to integrate primary care as well as expanding/renovating primary care locations to allow for the integration of behavioral health services. If the Capital Restructuring Finance Program does not provide funding for this project, the SI PPS's ability to meet project deadlines and serve patients engaged through this project may be put at risk. To mitigate this risk, the SI PPS has also included multiple capital projects across various providers, to allow providers to serve recently engaged patients as the project progresses into later DSRIP years. Further, the SI PPS will include funding through its funds flow model to support co-location as well as the recruitment of physicians and an incentive system for primary care

physicians.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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** |
| 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 | 84 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| Non-PCP Practitioners | 294 | 0 | 0 | 0 | 98 | 98 | 98 | 98 | 196 | 196 | 196 |
| Clinics | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Behavioral Health | 54 | 0 | 0 | 0 | 18 | 18 | 18 | 18 | 36 | 36 | 36 |
| Substance Abuse | 11 | 0 | 0 | 0 | 3 | 3 | 3 | 3 | 7 | 7 | 7 |
| Community Based Organizations | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| All Other | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Committed Providers** | **455** | **0** | **0** | **0** | **119** | **119** | **119** | **119** | **239** | **239** | **246** |
| **Percent Committed Providers(%)** | | **0.00** | **0.00** | **0.00** | **26.15** | **26.15** | **26.15** | **26.15** | **52.53** | **52.53** | **54.07** |

| 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 | 84 | 16 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| Non-PCP Practitioners | 294 | 196 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 |
| Clinics | 9 | 2 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| Behavioral Health | 54 | 36 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 |
| Substance Abuse | 11 | 7 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| Community Based Organizations | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| All Other | 2 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 | 455 | 257 | 455 | 455 | 455 | 455 | 455 | 455 | 455 | 455 | 455 |
| Percent Committed Providers(%) | | 56.48 | 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

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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** |
| DY3,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 | 226 | 750 | 1,250 | 2,250 | 2,250 | 4,500 | 6,750 | 9,000 | 3,750 | 7,500 |
| **Percent of Expected Patient Engagement(%)** | **1.51** | **5.00** | **8.33** | **15.00** | **15.00** | **30.00** | **45.00** | **60.00** | **25.00** | **50.00** |

| 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 | 11,250 | 15,000 | 3,750 | 7,500 | 11,250 | 15,000 | 0 | 0 | 0 | 0 |
| **Percent of Expected Patient Engagement(%)** | **75.00** | **100.00** | **25.00** | **50.00** | **75.00** | **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

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 | 04/01/2015 | 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 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Recruit/hire project management office staff including Director of Ambulatory Initiatives and support staff. | | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care and behavioral health providers. | | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Select project lead(s)/champion(s). | | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Identify PPS providers participating in project . | | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop funds flow model for Project 3.a.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** | | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|
| Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director completes current state/needs assessment for project implementation including: Confirm waiver requirements by provider/facility location; complete assessment of capital/infrastructure requirements and impact on timeline; identify opportunities to collaborate with BH provider sites. | | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop implementation strategy/timeline by participating provider for colocation. | | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation. | | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings. | | Project | | In Progress | 08/03/2015 | 10/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS. | | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs). | | Project | | In Progress | 06/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Project Director, in conjunction with workgroup and individual | | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|
| ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition. | | | | | | | | |
| **Task** Identify PCMH technical assistance resources for providers, including vendor and PMO resources. | | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition. | | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #2** Develop collaborative evidence-based standards of care including medication management and care engagement process. | Model 1 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Regularly scheduled formal meetings are held to develop collaborative care practices. | | Project | | In Progress | 07/01/2015 | 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 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify evidence based practice guidelines and best practices for collaborative care. | | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project implementation committee develops PPS processes and workflows and operational protocols to implement and document collaborative care. | | Project | | In Progress | 10/01/2015 | 02/29/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Collect and assess existing protocols and guidelines for collaborative care including medication management and care engagement. | | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify training/implementation needs with providers. | | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor. | | Project | | In Progress | 03/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Collaborate with Diversity and Inclusion Committee and Project 2.d.i community member advisors in project development and implementation . | | Project | | In Progress | 03/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Develop plan for ongoing monitoring of implementation of | | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|
| collaborative care standards. | | | | | | | | |
| **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 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Policies and procedures are in place to facilitate and document completion of screenings. | | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Screenings are documented in Electronic Health Record. | | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **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 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **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 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director/project support identify screening tool/best practices for behavioral health screenings (including existing screening tools in use in PPS providers) and review with Clinical Committee. | | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Clinical Committee approves and formulizes guidelines for behavioral health screenings. | | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director disseminates guidelines for adoption by providers. | | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Outline workflow steps for screening including role/responsibility to screen; frequency; documentation; and transfer to behavioral health provider. | | Project | | In Progress | 11/02/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Conduct assessment of workflow, documentation requirements, and training needs. | | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor. | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 #4** Use EHRs or other technical platforms to track all patients engaged in this project. | Model 1 | Project | N/A | In Progress | 04/01/2015 | 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 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and integrate medical and behavioral health records including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards integration with the RHIO and integration of medical and behavioral health records. | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|
| Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director reviews claims data to identify patients in the project. | | Project | | In Progress | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients. | | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Providers are integrated with the RHIO, have integrated medical and behavioral records and are able to track patients engaged in Project 3.a.i. | | Project | | In Progress | 01/02/2017 | 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 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 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 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Primary care services are co-located within behavioral Health practices and are available. | | Provider | Primary Care Physicians | In Progress | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Primary care services are co-located within behavioral Health practices and are available. | | Provider | Behavioral Health | In Progress | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Recruit/hire project management office staff including Director of Behavioral Health/Substance Abuse Initiatives and support staff. | | Project | | In Progress | 04/01/2015 | 07/13/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation | | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|
| including primary care and behavioral health providers. | | | | | | | | |
| **Task** Select project lead(s)/champion(s). | | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Identify PPS providers participating in project. | | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop funds flow model for Project 3.a.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director completes current state/needs assessment for project implementation including: Confirm waiver requirements by provider/facility location; complete assessment of capital/infrastructure requirements and impact on timeline; identify opportunities to collaborate with BH provider sites. | | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Confirm DOH/OMH/OASAS approval of Limit Review Application to integrate services under the DSRIP Project 3.a.i. Licensure | | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|
| Thresholds and additional Waiver requirements. Submit additional requests as needed. | | | | | | | | |
| **Task** In conjunction with Workforce Committee, develop strategy/plan to meet workforce gaps at each BH/SA provider facility location including hiring of new providers or other staff, establishing full-time or part-time contract agreements with primary care providers to provide primary care services, etc. | | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop and implement strategy to meet applicable capital/infrastructure requirements by targeted timeline for co-location at each BH/SA provider facility. | | Project | | In Progress | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop implementation strategy/timeline by participating provider for colocation. | | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation. | | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings. | | Project | | In Progress | 09/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS. | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs). | | Project | | In Progress | 06/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition. | | Project | | In Progress | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Identify PCMH technical assistance resources for providers, including vendor and PMO resources. | | Project | | In Progress | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition. | | Project | | In Progress | 04/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 #6** Develop collaborative evidence-based standards of care including medication management and care engagement process. | Model 2 | 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 collaborative care practices. | | Project | | In Progress | 09/01/2015 | 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** In conjunction with Project Workgroup, Project Director Identifies evidence based practice guidelines and best practices for collaborative care. | | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director/support staff collects and assesses existing protocols and guidelines for collaborative care including medication management and care engagement. | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** In conjunction with Project implementation Workgroup, Project Director and support staff develops PPS processes and workflows and operational protocols to implement and document collaborative care based on models in use and best practices. | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Convene Clinical Committee to review and approve clinical guidelines/protocols for collaborative care, including policy & procedures for updates to the guidelines. | | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Identify training/implementation needs with providers. | | Project | | In Progress | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor. | | Project | | In Progress | 12/01/2016 | 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 | 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 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|
| 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. | | Project | | In Progress | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 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 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 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 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Project Director/project support identify screening tool/best practices for medical/preventative care screenings in behavioral health sites (including existing screening tools in use in PPS providers) that will address special needs of behavioral health population and medical needs and review with Clinical Committee | | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Clinical Committee approves and formalizes guidelines for medical / preventative care (including behavioral health and substance abuse) screenings or services. | | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director disseminates guidelines for adoption by providers. | | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Outline workflow steps for screening including role/responsibility to screen; frequency; documentation; and transfer to behavioral health provider. | | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Conduct assessment of workflow, documentation requirements, and training needs. | | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor. | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **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 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** EHR demonstrates integration of medical and behavioral health record within individual patient records. | | Project | | 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** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and integrate medical and behavioral health records including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards integration with the RHIO and integration of medical and behavioral health records. | | Project | | In Progress | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged | | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|
| patients for project milestone reporting. | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project Director reviews claims data to identify patients in the project. | | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients. | | Project | | In Progress | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Providers are integrated with the RHIO, have integrated medical and behavioral records and are able to track patients engaged in Project 3.a.i. | | Project | | In Progress | 09/30/2015 | 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** | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|
| 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. | | 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** 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 | | On Hold | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **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 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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**<br>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**<br>All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| **Task**<br>Behavioral health services are co-located within PCMH/APC practices and are available. | 0 | 0 | 0 | 5 | 10 | 10 | 10 | 10 | 15 | 15 |
| **Task**<br>Recruit/hire project management office staff including Director of Ambulatory Initiatives and support staff. | | | | | | | | | | |
| **Task**<br>Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care and behavioral health providers. | | | | | | | | | | |
| **Task**<br>Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task**<br>Identify PPS providers participating in project . | | | | | | | | | | |
| **Task**<br>Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task**<br>Develop funds flow model for Project 3.a.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | | | | | | | | | | |
| **Task**<br>Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task**<br>Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task**<br>Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task**<br>Develop a Project Implementation Workgroup schedule for | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** Project Director completes current state/needs assessment for project implementation including: Confirm waiver requirements by provider/facility location; complete assessment of capital/infrastructure requirements and impact on timeline; identify opportunities to collaborate with BH provider sites. | | | | | | | | | | |
| **Task** Develop implementation strategy/timeline by participating provider for colocation. | | | | | | | | | | |
| **Task** Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation. | | | | | | | | | | |
| **Task** Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings. | | | | | | | | | | |
| **Task** Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS. | | | | | | | | | | |
| **Task** Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs). | | | | | | | | | | |
| **Task** Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition. | | | | | | | | | | |
| **Task** Identify PCMH technical assistance resources for providers, including vendor and PMO resources. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition. | | | | | | | | | | |
| **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 | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| processes. | | | | | | | | | | |
| **Task** Identify evidence based practice guidelines and best practices for collaborative care. | | | | | | | | | | |
| **Task** Project implementation committee develops PPS processes and workflows and operational protocols to implement and document collaborative care. | | | | | | | | | | |
| **Task** Collect and assess existing protocols and guidelines for collaborative care including medication management and care engagement. | | | | | | | | | | |
| **Task** Identify training/implementation needs with providers. | | | | | | | | | | |
| **Task** Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor. | | | | | | | | | | |
| **Task** Collaborate with Diversity and Inclusion Committee and Project 2.d.i community member advisors in project development and implementation . | | | | | | | | | | |
| **Task** Develop plan for ongoing monitoring of implementation of collaborative care standards. | | | | | | | | | | |
| **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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| **Task** Project Director/project support identify screening tool/best | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| practices for behavioral health screenings (including existing screening tools in use in PPS providers) and review with Clinical Committee. | | | | | | | | | | |
| **Task** Clinical Committee approves and formulizes guidelines for behavioral health screenings. | | | | | | | | | | |
| **Task** Project Director disseminates guidelines for adoption by providers. | | | | | | | | | | |
| **Task** Outline workflow steps for screening including role/responsibility to screen; frequency; documentation; and transfer to behavioral health provider. | | | | | | | | | | |
| **Task** Conduct assessment of workflow, documentation requirements, and training needs. | | | | | | | | | | |
| **Task** Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor. | | | | | | | | | | |
| **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** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and integrate medical and behavioral health records including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards integration with the RHIO and integration of medical and behavioral health records. | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Project Director reviews claims data to identify patients in the project. | | | | | | | | | | |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | | | | | | | | | | |
| **Task** For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |
| **Task** Providers are integrated with the RHIO, have integrated medical and behavioral records and are able to track patients engaged in Project 3.a.i. | | | | | | | | | | |
| **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 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| **Task** Primary care services are co-located within behavioral Health practices and are available. | 0 | 0 | 0 | 4 | 4 | 4 | 4 | 8 | 8 | 8 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Primary care services are co-located within behavioral Health practices and are available. | 0 | 0 | 0 | 13 | 13 | 13 | 13 | 26 | 26 | 26 |
| **Task** Recruit/hire project management office staff including Director of Behavioral Health/Substance Abuse Initiatives and support staff. | | | | | | | | | | |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care and behavioral health providers. | | | | | | | | | | |
| **Task** Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task** Identify PPS providers participating in project. | | | | | | | | | | |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task** Develop funds flow model for Project 3.a.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | | | | | | | | | | |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** Project Director completes current state/needs assessment for project implementation including: Confirm waiver requirements by provider/facility location; complete assessment of capital/infrastructure requirements and impact on timeline; | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| identify opportunities to collaborate with BH provider sites. | | | | | | | | | | |
| **Task** Confirm DOH/OMH/OASAS approval of Limit Review Application to integrate services under the DSRIP Project 3.a.i. Licensure Thresholds and additional Waiver requirements. Submit additional requests as needed. | | | | | | | | | | |
| **Task** In conjunction with Workforce Committee, develop strategy/plan to meet workforce gaps at each BH/SA provider facility location including hiring of new providers or other staff, establishing full-time or part-time contract agreements with primary care providers to provide primary care services, etc. | | | | | | | | | | |
| **Task** Develop and implement strategy to meet applicable capital/infrastructure requirements by targeted timeline for co-location at each BH/SA provider facility. | | | | | | | | | | |
| **Task** Develop implementation strategy/timeline by participating provider for colocation. | | | | | | | | | | |
| **Task** Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation. | | | | | | | | | | |
| **Task** Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings. | | | | | | | | | | |
| **Task** Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS. | | | | | | | | | | |
| **Task** Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs). | | | | | | | | | | |
| **Task** Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition. | | | | | | | | | | |
| **Task** Identify PCMH technical assistance resources for providers, including vendor and PMO resources. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 #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** In conjunction with Project Workgroup, Project Director Identifies evidence based practice guidelines and best practices for collaborative care. | | | | | | | | | | |
| **Task** Project Director/support staff collects and assesses existing protocols and guidelines for collaborative care including medication management and care engagement. | | | | | | | | | | |
| **Task** In conjunction with Project implementation Workgroup, Project Director and support staff develops PPS processes and workflows and operational protocols to implement and document collaborative care based on models in use and best practices. | | | | | | | | | | |
| **Task** Convene Clinical Committee to review and approve clinical guidelines/protocols for collaborative care, including policy & procedures for updates to the guidelines. | | | | | | | | | | |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | | | | | | | | | | |
| **Task** Identify training/implementation needs with providers. | | | | | | | | | | |
| **Task** Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor. | | | | | | | | | | |
| **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. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| **Task** Project Director/project support identify screening tool/best practices for medical/preventative care screenings in behavioral health sites (including existing screening tools in use in PPS providers) that will address special needs of behavioral health population and medical needs and review with Clinical Committee | | | | | | | | | | |
| **Task** Clinical Committee approves and formalizes guidelines for medical / preventative care (including behavioral health and substance abuse) screenings or services. | | | | | | | | | | |
| **Task** Project Director disseminates guidelines for adoption by providers. | | | | | | | | | | |
| **Task** Outline workflow steps for screening including role/responsibility to screen; frequency; documentation; and transfer to behavioral health provider. | | | | | | | | | | |
| **Task** Conduct assessment of workflow, documentation requirements, and training needs. | | | | | | | | | | |
| **Task** Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor. | | | | | | | | | | |
| **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. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and integrate medical and behavioral health records including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards integration with the RHIO and integration of medical and behavioral health records. | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Project Director reviews claims data to identify patients in the project. | | | | | | | | | | |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |
| **Task** Providers are integrated with the RHIO, have integrated medical and behavioral records and are able to track patients engaged in Project 3.a.i. | | | | | | | | | | |
| **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 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. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** 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. | | | | | | | | | | |

| 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. | 16 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| **Task** Behavioral health services are co-located within PCMH/APC practices and are available. | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| **Task** Recruit/hire project management office staff including Director of Ambulatory Initiatives and support staff. | | | | | | | | | | |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care and behavioral health providers. | | | | | | | | | | |
| **Task** Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task** | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Identify PPS providers participating in project . | | | | | | | | | | |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task** Develop funds flow model for Project 3.a.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | | | | | | | | | | |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** Project Director completes current state/needs assessment for project implementation including: Confirm waiver requirements by provider/facility location; complete assessment of capital/infrastructure requirements and impact on timeline; identify opportunities to collaborate with BH provider sites. | | | | | | | | | | |
| **Task** Develop implementation strategy/timeline by participating provider for colocation. | | | | | | | | | | |
| **Task** Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation. | | | | | | | | | | |
| **Task** Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings. | | | | | | | | | | |
| **Task** Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| timeline and share best practices across the PPS. | | | | | | | | | | |
| **Task** Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs). | | | | | | | | | | |
| **Task** Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition. | | | | | | | | | | |
| **Task** Identify PCMH technical assistance resources for providers, including vendor and PMO resources. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition. | | | | | | | | | | |
| **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** Identify evidence based practice guidelines and best practices for collaborative care. | | | | | | | | | | |
| **Task** Project implementation committee develops PPS processes and workflows and operational protocols to implement and document collaborative care. | | | | | | | | | | |
| **Task** Collect and assess existing protocols and guidelines for collaborative care including medication management and care engagement. | | | | | | | | | | |
| **Task** Identify training/implementation needs with providers. | | | | | | | | | | |
| **Task** Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor. | | | | | | | | | | |
| **Task** Collaborate with Diversity and Inclusion Committee and Project | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2.d.i community member advisors in project development and implementation . | | | | | | | | | | |
| **Task** Develop plan for ongoing monitoring of implementation of collaborative care standards. | | | | | | | | | | |
| **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. | 16 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| **Task** Project Director/project support identify screening tool/best practices for behavioral health screenings (including existing screening tools in use in PPS providers) and review with Clinical Committee. | | | | | | | | | | |
| **Task** Clinical Committee approves and formulizes guidelines for behavioral health screenings. | | | | | | | | | | |
| **Task** Project Director disseminates guidelines for adoption by providers. | | | | | | | | | | |
| **Task** Outline workflow steps for screening including role/responsibility to screen; frequency; documentation; and transfer to behavioral health provider. | | | | | | | | | | |
| **Task** Conduct assessment of workflow, documentation requirements, and training needs. | | | | | | | | | | |
| **Task** Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 #4**<br>Use EHRs or other technical platforms to track all patients engaged in this project. | | | | | | | | | | |
| **Task**<br>EHR demonstrates integration of medical and behavioral health record within individual patient records. | | | | | | | | | | |
| **Task**<br>PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task**<br>Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and integrate medical and behavioral health records including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task**<br>Develop approach to monitor progress and obtain necessary documentation towards integration with the RHIO and integration of medical and behavioral health records. | | | | | | | | | | |
| **Task**<br>Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task**<br>Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task**<br>Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | | | | | | | | | |
| **Task**<br>Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task**<br>Project Director and Sr. Director of Enterprise Data & Analytics | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Project Director reviews claims data to identify patients in the project. | | | | | | | | | | |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | | | | | | | | | | |
| **Task** For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |
| **Task** Providers are integrated with the RHIO, have integrated medical and behavioral records and are able to track patients engaged in Project 3.a.i. | | | | | | | | | | |
| **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. | 16 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| **Task** Primary care services are co-located within behavioral Health practices and are available. | 8 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| **Task** Primary care services are co-located within behavioral Health practices and are available. | 26 | 39 | 39 | 39 | 39 | 39 | 39 | 39 | 39 | 39 |
| **Task** Recruit/hire project management office staff including Director of Behavioral Health/Substance Abuse Initiatives and support staff. | | | | | | | | | | |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care and behavioral health providers. | | | | | | | | | | |
| **Task** Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task** Identify PPS providers participating in project. | | | | | | | | | | |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Develop funds flow model for Project 3.a.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | | | | | | | | | | |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** Project Director completes current state/needs assessment for project implementation including: Confirm waiver requirements by provider/facility location; complete assessment of capital/infrastructure requirements and impact on timeline; identify opportunities to collaborate with BH provider sites. | | | | | | | | | | |
| **Task** Confirm DOH/OMH/OASAS approval of Limit Review Application to integrate services under the DSRIP Project 3.a.i. Licensure Thresholds and additional Waiver requirements. Submit additional requests as needed. | | | | | | | | | | |
| **Task** In conjunction with Workforce Committee, develop strategy/plan to meet workforce gaps at each BH/SA provider facility location including hiring of new providers or other staff, establishing full-time or part-time contract agreements with primary care providers to provide primary care services, etc. | | | | | | | | | | |
| **Task** Develop and implement strategy to meet applicable capital/infrastructure requirements by targeted timeline for co-location at each BH/SA provider facility. | | | | | | | | | | |
| **Task** Develop implementation strategy/timeline by participating provider for colocation. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation. | | | | | | | | | | |
| **Task** Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings. | | | | | | | | | | |
| **Task** Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS. | | | | | | | | | | |
| **Task** Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs). | | | | | | | | | | |
| **Task** Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition. | | | | | | | | | | |
| **Task** Identify PCMH technical assistance resources for providers, including vendor and PMO resources. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition. | | | | | | | | | | |
| **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** In conjunction with Project Workgroup, Project Director Identifies evidence based practice guidelines and best practices for collaborative care. | | | | | | | | | | |
| **Task** Project Director/support staff collects and assesses existing protocols and guidelines for collaborative care including medication management and care engagement. | | | | | | | | | | |
| **Task** In conjunction with Project implementation Workgroup, Project | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Director and support staff develops PPS processes and workflows and operational protocols to implement and document collaborative care based on models in use and best practices. | | | | | | | | | | |
| **Task** Convene Clinical Committee to review and approve clinical guidelines/protocols for collaborative care, including policy & procedures for updates to the guidelines. | | | | | | | | | | |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | | | | | | | | | | |
| **Task** Identify training/implementation needs with providers. | | | | | | | | | | |
| **Task** Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor. | | | | | | | | | | |
| **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. | 16 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| **Task** Project Director/project support identify screening tool/best practices for medical/preventative care screenings in behavioral health sites (including existing screening tools in use in PPS providers) that will address special needs of behavioral health population and medical needs and review with Clinical Committee | | | | | | | | | | |
| **Task** Clinical Committee approves and formalizes guidelines for medical / preventative care (including behavioral health and | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| substance abuse) screenings or services. | | | | | | | | | | |
| **Task** Project Director disseminates guidelines for adoption by providers. | | | | | | | | | | |
| **Task** Outline workflow steps for screening including role/responsibility to screen; frequency; documentation; and transfer to behavioral health provider. | | | | | | | | | | |
| **Task** Conduct assessment of workflow, documentation requirements, and training needs. | | | | | | | | | | |
| **Task** Develop training plan/implementation plan in conjunction with the Workforce Committee and training vendor. | | | | | | | | | | |
| **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** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and integrate medical and behavioral health records including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards integration with the RHIO and integration of medical and behavioral health records. | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Project Director reviews claims data to identify patients in the project. | | | | | | | | | | |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | | | | | | | | | | |
| **Task** For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |
| **Task** Providers are integrated with the RHIO, have integrated medical and behavioral records and are able to track patients engaged in Project 3.a.i. | | | | | | | | | | |
| **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 | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 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. | | | | | | | | | | |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3. | For Model 1, Milestone 1, the Behavioral Health Provider task to co-locate within PCMH practices is applied to 15 Behavioral Health providers in PPS network. The number of Behavioral Health providers included for this task is based on provider current capabilities to meet requirements associated with this Milestone. |
| Develop collaborative evidence-based standards of care including medication management and care engagement process. | |
| 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. | |
| Co-locate primary care services at behavioral health sites. | Model 2 or Milestone 5's task which requires PCPs to be co-located within Behavioral health practices, has been applied to 12 PCPs within the PPS network. These 12 PCPs will be located at the 10 Behavioral Health sites for this project. This similar task, which requires Behavioral Health providers to co-located at primary care sites, applies to the remaining 39 remaining Behavioral Health providers within the PPS network. |
| Develop collaborative evidence-based standards of care including medication management and care engagement process. | |
| 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. | |
| 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 | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| meeting requirements of the IMPACT model. | |
| 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. | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

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

**Instructions :**

Model 1, Milestone 2: Consider incorporating a community advisory board in planning. Need task related to ongoing review and monitoring of implementation of collaborative care standards.

Model 2, Milestone 2: Please ensure that the special needs of a BH population are taken into account, and the focused PC needs of a BH population are addressed.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Project 3.a.iv – Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs

#### IPQR Module 3.a.iv.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.

The SI PPS views the following as major risks for implementation this project:

1. Throughout the DSRIP planning phase, SI PPS substance abuse providers expressed concerns around the ability to recruit practitioners with the skill set required to implement this project successfully. Specifically, those providers believe it will be difficult to recruit a project medical director (board certified in addiction medicine) and additional staff needed to expand ambulatory detox/withdrawal management. To mitigate this risk, the SI PPS has allowed time for recruitment in project implementation timelines and is supporting recruitment efforts through resources and funds flow. The PPS project funds flow estimates include the allocation of additional funds to substance abuse providers to support recruitment efforts as well as support additional salaries for new positions. The SI PPS will also provide workforce/HR staff to assist PPS partners in recruitment efforts. Further, the SI PPS is considering developing partnerships with local colleges to develop training programs to support current and future staffing/certification needs for Project 3.a.iv.

2. Currently, Medicaid Managed Care Organizations (MCOs) have put limitations on reimbursement which impact substance abuse providers' ability to obtain authorization for Suboxone and other medications to treat patients in ambulatory detox. To mitigate this risk the SI PPS will involve MCOs in the development of best practices and care standards around ambulatory detox procedures to ensure care practices and protocols are in line with reimbursement agreements and to promote project care goals. Additionally, the Finance Committee, Finance Director and value based payment workgroup will work with the project implementation team to develop strategies for an MCO approach related to ambulatory detox.

3. Project requirements set the expectation that SI PPS providers have EHR systems in place that are connected to the RHIO (Healthix) to allow for sharing of health information amongst providers. The SI PPS has identified this as a project implementation risk as many of the PPS providers do not have EHR which limits their ability to fully integrate into the RHIO and track patients. To mitigate this risk, the SI PPS has made implementing EHR systems a priority among all project requirements. As part of the Capital Restructuring Finance Program (CRFP) the SI PPS has requested funds to assist providers without EHR to fully implement these systems. Further, the SI PPS PMO's Senior Director of Enterprise Data & Analytics will work with providers who identify EHR implementation as a risk to help facilitate the implementation process.

4. The SI PPS has identified that there is limited ambulatory detox capacity on Staten Island which requires significant expansion to support the goals of this project. Anticipating this need, the SI PPS has included capital projects in the CRFP to support expansion of ambulatory detox capacity. However, if the CRFP does not provide funding to support all of these projects (across multiple substance abuse providers), this may limit the SI PPS's ability to meet project deadlines and serve patients engaged through this project. To mitigate this risk, the SI PPS has included multiple capital projects and will allow flexibility in its implementation plan based on providers that are able to expand capacity through capital financing and other means within project timeframes. Some providers may not be able to expand until later DSRIP years and the PPS has

| |
|---|
| included this risk in project planning strategies. Additionally, as required, the SI PPS will include funding through its funds flow model to support the expansion of ambulatory detox capacity including necessary facility renovations. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.a.iv.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 | 84 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 84 | 84 | 84 |
| Non-PCP Practitioners | 294 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 294 | 294 | 294 |
| Hospitals | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 |
| Clinics | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 |
| Health Home / Care Management | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 |
| Behavioral Health | 54 | 0 | 0 | 0 | 18 | 18 | 18 | 18 | 36 | 36 | 36 |
| Substance Abuse | 11 | 0 | 0 | 0 | 3 | 3 | 3 | 3 | 7 | 7 | 7 |
| Pharmacies | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| Community Based Organizations | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| All Other | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| **Total Committed Providers** | **470** | **0** | **0** | **0** | **21** | **21** | **21** | **21** | **434** | **434** | **434** |
| **Percent Committed Providers(%)** | | **0.00** | **0.00** | **0.00** | **4.47** | **4.47** | **4.47** | **4.47** | **92.34** | **92.34** | **92.34** |

| 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 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| Non-PCP Practitioners | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 |
| Hospitals | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Clinics | 9 | 4 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
| Health Home / Care Management | 8 | 4 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| Behavioral Health | 54 | 36 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 |
| Substance Abuse | 11 | 7 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| Pharmacies | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Community Based Organizations | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| All Other | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| **Total Committed Providers** | **470** | **434** | **470** | **470** | **470** | **470** | **470** | **470** | **470** | **470** | **470** |
| **Percent Committed Providers(%)** | | **92.34** | **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

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.a.iv.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 | 700 |

| 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 | 56 | 70 | 100 | 140 | 70 | 175 | 263 | 350 | 147 | 280 |
| **Percent of Expected Patient Engagement(%)** | **8.00** | **10.00** | **14.29** | **20.00** | **10.00** | **25.00** | **37.57** | **50.00** | **21.00** | **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 | 392 | 490 | 175 | 350 | 525 | 700 | 0 | 0 | 0 | 0 |
| **Percent of Expected Patient Engagement(%)** | **56.00** | **70.00** | **25.00** | **50.00** | **75.00** | **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

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.a.iv.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 community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services. | Project | N/A | In Progress | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task** PPS has developed community-based addiction treatment programs that include outpatient SUD sites, PCP integrated teams, and stabilization services. | Project | | In Progress | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task** Recruit/hire project management office staff including Director of Behavioral Health/Substance Abuse Initiatives and support staff. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including substance abuse providers. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Select project lead(s)/champion(s). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Identify PPS providers participating in project including SUD providers committed to developing/expanding community based addiction treatment programs. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop funds flow model for Project 3.a.iv including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** PMO project director/staff completes assessment of existing SUD providers and practice models across PPS including: staff knowledge and skill in ambulatory detox, capital needs, staffing requirements, capacity, current reimbursement and reimbursement challenges; current documentation processes; existing referral relationships and protocols, existing care management, among others. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Milestone #2** Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols. | Project | N/A | In Progress | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | Provider | Hospitals | In Progress | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | Provider | Behavioral Health | In Progress | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | Provider | Substance Abuse | In Progress | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Regularly scheduled formal meetings are held to develop collaborative care practices among community treatment programs as well as between community treatment programs and inpatient detoxification facilities. | Project | | In Progress | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Coordinated evidence-based care protocols are in place for community withdrawal management services. Protocols include referral procedures. | Project | | In Progress | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director/PMO staff collects/reviews existing guidelines and best | Project | | In Progress | 08/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| practice models for community based withdrawal management referral protocols. | | | | | | | |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss referral protocols and implementation. | Project | | In Progress | 08/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Clinical guidelines, including referral protocols are documented for final review by the PPS Clinical Committee. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director/PMO convenes PPS Clinical Committee to review and approve referral protocols. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #3** Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents. | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has designated at least one qualified and certified physician with training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents. | Project | | In Progress | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS Executive Director, in coordination with PPS Clinical Committee identifies project medical director candidates for Project 3.a.i.v. with necessary requirements (from within the network and/or outside candidates). | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS recruits candidates as needed. | Project | | In Progress | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS Clinical Committee approves position. | Project | | In Progress | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #4** Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics. | Project | N/A | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide | Provider | Primary Care Physicians | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| withdrawal management services to target patients. | | | | | | | |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | Provider | Non-PCP Practitioners | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | Provider | Hospitals | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | Provider | Behavioral Health | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | Provider | Substance Abuse | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Project Director identifies providers approved for outpatient medication management as part of current state assessment including existing linkages between inpatient detox and community based treatment (Project Requirement 1, Substep l) . | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director and support staff, as part of development of clinical protocols and referral guidelines, establishes relationships between inpatient detox and outpatient treatment programs. | Project | | In Progress | 08/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Inpatient detoxification and community based provider relationships are documented within clinical protocols and training. | Project | | In Progress | 09/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #5** Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training. | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Coordinated evidence-based care protocols are in place for community withdrawal management services. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Staff are trained on community-based withdrawal management protocols and care coordination procedures. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** | Project | | In Progress | 08/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

# New York State Department Of Health
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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Project Director/PMO staff collects/reviews existing guidelines and best practice models for community based withdrawal management protocols based upon evidence based best practices. | | | | | | | |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. | Project | | In Progress | 08/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Clinical guidelines are documented for final review by the PPS Clinical Committee, including policies & procedures regarding frequency of updates to guidelines/protocols. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director/PMO convenes PPS Clinical Committee to review and approve clinical guidelines and policy & procedures for any future updates. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Based on guidelines and protocols developed by the PPS assess training requirements by provider. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, substance abuse, etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** As needed, develop contracts for the implementation of training across providers and the purchase of any training resources. | Project | | In Progress | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Develop written training program related to ambulatory detox protocols and care management services within SUD treatment programs. | Project | | In Progress | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Implement training program across PPS. | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Implement approach for incorporating and approving updates to evidence-based protocols as needed. | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Implement approach for ongoing training as needed. | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #6** | Project | N/A | In Progress | 08/01/2015 | 05/02/2017 | 06/30/2017 | DY3 Q1 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Develop care management services within the SUD treatment program. | | | | | | | |
| **Task** Coordinated evidence-based care protocols are in place for care management services within SUD treatment program. | Project | | In Progress | 10/01/2015 | 05/02/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Staff are trained to provide care management services within SUD treatment program. | Project | | In Progress | 10/01/2015 | 05/02/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. | Project | | In Progress | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director/PMO convenes PPS Clinical Committee to review and approve evidence-based guidelines/protocols for care management services including policy & procedures for frequency of updates to protocols. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Based on guidelines and protocols developed by the PPS, assess training requirements by provider. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, substance abuse, etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Develop written training program related to ambulatory detox protocols and care management services within SUD treatment programs. | Project | | In Progress | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Implement training program across PPS. | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Implement approach for incorporating and approving updates to evidence-based protocols as needed. | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Implement approach for ongoing training as needed. | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Convene discussions with health homes to review care management processes and avoid duplication of efforts. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| **Milestone #7** Form 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 | 01/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** PPS has engaged MCO to develop protocols for coordination of services under this project. | Project | | In Progress | 01/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Based on findings from current state assessment ( identify reimbursement challenges related to community based addiction programs. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Convene Project Implementation Workgroup to review findings regarding coverage for the service array under this project. | Project | | In Progress | 02/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established. | Project | | In Progress | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify potential areas where MCO's may address coverage issues to support the implementation of withdrawal management services. | Project | | In Progress | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Enter into agreement with one or more MCOs that address identified coverage issues. | Project | | In Progress | 04/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #8** 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** Project Director in conjunction with PPS IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying participating providers with/without EHR. For those providers without EHR, PPS will document provider implementation plan (s)/timelines for implementation. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Based on findings, develop approach to monitor progress and obtain necessary | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| documentation towards transition to EHR, Meaningful Use Stage 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO . | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. This step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** For those providers without EHR, the PMO will develop interim reporting and tracking strategy to enable tracking of patients. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, SpectraMedix, import Medicaid claims and member attribution data collected from NYS DOH . | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Create baseline and track improvement for defined metrics to monitor patients engaged in this project. | Project | | In Progress | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 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 community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services. | | | | | | | | | | |

# New York State Department Of Health
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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 has developed community-based addiction treatment programs that include outpatient SUD sites, PCP integrated teams, and stabilization services. | | | | | | | | | | |
| **Task** Recruit/hire project management office staff including Director of Behavioral Health/Substance Abuse Initiatives and support staff. | | | | | | | | | | |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including substance abuse providers. | | | | | | | | | | |
| **Task** Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task** Identify PPS providers participating in project including SUD providers committed to developing/expanding community based addiction treatment programs. | | | | | | | | | | |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task** Develop funds flow model for Project 3.a.iv including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | | | | | | | | | | |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** PMO project director/staff completes assessment of existing | | | | | | | | | | |

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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| SUD providers and practice models across PPS including: staff knowledge and skill in ambulatory detox, capital needs, staffing requirements, capacity, current reimbursement and reimbursement challenges; current documentation processes; existing referral relationships and protocols, existing care management, among others. | | | | | | | | | | |
| **Milestone #2** Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols. | | | | | | | | | | |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 0 | 0 | 0 | 18 | 18 | 18 | 18 | 36 | 36 | 36 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 0 | 0 | 0 | 3 | 3 | 3 | 3 | 7 | 7 | 7 |
| **Task** Regularly scheduled formal meetings are held to develop collaborative care practices among community treatment programs as well as between community treatment programs and inpatient detoxification facilities. | | | | | | | | | | |
| **Task** Coordinated evidence-based care protocols are in place for community withdrawal management services. Protocols include referral procedures. | | | | | | | | | | |
| **Task** Project Director/PMO staff collects/reviews existing guidelines and best practice models for community based withdrawal management referral protocols. | | | | | | | | | | |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss referral protocols and implementation. | | | | | | | | | | |
| **Task** Clinical guidelines, including referral protocols are documented for final review by the PPS Clinical Committee. | | | | | | | | | | |

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## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Project Director/PMO convenes PPS Clinical Committee to review and approve referral protocols. | | | | | | | | | | |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | | | | | | | | | | |
| **Milestone #3** Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents. | | | | | | | | | | |
| **Task** PPS has designated at least one qualified and certified physician with training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents. | | | | | | | | | | |
| **Task** PPS Executive Director, in coordination with PPS Clinical Committee identifies project medical director candidates for Project 3.a.i.v. with necessary requirements (from within the network and/or outside candidates). | | | | | | | | | | |
| **Task** PPS recruits candidates as needed. | | | | | | | | | | |
| **Task** PPS Clinical Committee approves position. | | | | | | | | | | |
| **Milestone #4** Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics. | | | | | | | | | | |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 84 | 84 | 84 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 294 | 294 | 294 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 target patients. | | | | | | | | | | |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 0 | 0 | 0 | 18 | 18 | 18 | 18 | 36 | 36 | 36 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 0 | 0 | 0 | 3 | 3 | 3 | 3 | 7 | 7 | 7 |
| **Task** Project Director identifies providers approved for outpatient medication management as part of current state assessment including existing linkages between inpatient detox and community based treatment (Project Requirement 1, Substep l) . | | | | | | | | | | |
| **Task** Project Director and support staff, as part of development of clinical protocols and referral guidelines, establishes relationships between inpatient detox and outpatient treatment programs. | | | | | | | | | | |
| **Task** Inpatient detoxification and community based provider relationships are documented within clinical protocols and training. | | | | | | | | | | |
| **Milestone #5** Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training. | | | | | | | | | | |
| **Task** Coordinated evidence-based care protocols are in place for community withdrawal management services. | | | | | | | | | | |
| **Task** Staff are trained on community-based withdrawal management protocols and care coordination procedures. | | | | | | | | | | |
| **Task** Project Director/PMO staff collects/reviews existing guidelines and best practice models for community based withdrawal management protocols based upon evidence based best practices. | | | | | | | | | | |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| services and implementation. | | | | | | | | | | |
| **Task** Clinical guidelines are documented for final review by the PPS Clinical Committee, including policies & procedures regarding frequency of updates to guidelines/protocols. | | | | | | | | | | |
| **Task** Project Director/PMO convenes PPS Clinical Committee to review and approve clinical guidelines and policy & procedures for any future updates. | | | | | | | | | | |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | | | | | | | | | | |
| **Task** Based on guidelines and protocols developed by the PPS assess training requirements by provider. | | | | | | | | | | |
| **Task** In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, substance abuse, etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | | | | | | | | | | |
| **Task** As needed, develop contracts for the implementation of training across providers and the purchase of any training resources. | | | | | | | | | | |
| **Task** Develop written training program related to ambulatory detox protocols and care management services within SUD treatment programs. | | | | | | | | | | |
| **Task** Implement training program across PPS. | | | | | | | | | | |
| **Task** Implement approach for incorporating and approving updates to evidence-based protocols as needed. | | | | | | | | | | |
| **Task** Implement approach for ongoing training as needed. | | | | | | | | | | |
| **Milestone #6** Develop care management services within the SUD treatment program. | | | | | | | | | | |
| **Task** Coordinated evidence-based care protocols are in place for care management services within SUD treatment program. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Staff are trained to provide care management services within SUD treatment program. | | | | | | | | | | |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. | | | | | | | | | | |
| **Task** Project Director/PMO convenes PPS Clinical Committee to review and approve evidence-based guidelines/protocols for care management services including policy & procedures for frequency of updates to protocols. | | | | | | | | | | |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | | | | | | | | | | |
| **Task** Based on guidelines and protocols developed by the PPS, assess training requirements by provider. | | | | | | | | | | |
| **Task** In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, substance abuse, etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | | | | | | | | | | |
| **Task** Develop written training program related to ambulatory detox protocols and care management services within SUD treatment programs. | | | | | | | | | | |
| **Task** Implement training program across PPS. | | | | | | | | | | |
| **Task** Implement approach for incorporating and approving updates to evidence-based protocols as needed. | | | | | | | | | | |
| **Task** Implement approach for ongoing training as needed. | | | | | | | | | | |
| **Task** Convene discussions with health homes to review care management processes and avoid duplication of efforts. | | | | | | | | | | |
| **Milestone #7** Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 has engaged MCO to develop protocols for coordination of services under this project. | | | | | | | | | | |
| **Task** Based on findings from current state assessment ( identify reimbursement challenges related to community based addiction programs. | | | | | | | | | | |
| **Task** Convene Project Implementation Workgroup to review findings regarding coverage for the service array under this project. | | | | | | | | | | |
| **Task** In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established. | | | | | | | | | | |
| **Task** Identify potential areas where MCO's may address coverage issues to support the implementation of withdrawal management services. | | | | | | | | | | |
| **Task** Enter into agreement with one or more MCOs that address identified coverage issues. | | | | | | | | | | |
| **Milestone #8** 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** Project Director in conjunction with PPS IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying participating providers with/without EHR. For those providers without EHR, PPS will document provider implementation plan (s)/timelines for implementation. | | | | | | | | | | |
| **Task** Based on findings, develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use Stage 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO . | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. This step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** For those providers without EHR, the PMO will develop interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, SpectraMedix, import Medicaid claims and member attribution data collected from NYS DOH . | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Create baseline and track improvement for defined metrics to monitor patients engaged in this project. | | | | | | | | | | |

| 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 community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services. | | | | | | | | | | |
| **Task** PPS has developed community-based addiction treatment programs that include outpatient SUD sites, PCP integrated teams, and stabilization services. | | | | | | | | | | |
| **Task** Recruit/hire project management office staff including Director of Behavioral Health/Substance Abuse Initiatives and support | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| staff. | | | | | | | | | | |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including substance abuse providers. | | | | | | | | | | |
| **Task** Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task** Identify PPS providers participating in project including SUD providers committed to developing/expanding community based addiction treatment programs. | | | | | | | | | | |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task** Develop funds flow model for Project 3.a.iv including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | | | | | | | | | | |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** PMO project director/staff completes assessment of existing SUD providers and practice models across PPS including: staff knowledge and skill in ambulatory detox, capital needs, staffing requirements, capacity, current reimbursement and reimbursement challenges; current documentation processes; existing referral relationships and protocols, existing care management, among others. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 #2**<br>Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols. | | | | | | | | | | |
| **Task**<br>PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| **Task**<br>PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 36 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 |
| **Task**<br>PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 7 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| **Task**<br>Regularly scheduled formal meetings are held to develop collaborative care practices among community treatment programs as well as between community treatment programs and inpatient detoxification facilities. | | | | | | | | | | |
| **Task**<br>Coordinated evidence-based care protocols are in place for community withdrawal management services. Protocols include referral procedures. | | | | | | | | | | |
| **Task**<br>Project Director/PMO staff collects/reviews existing guidelines and best practice models for community based withdrawal management referral protocols. | | | | | | | | | | |
| **Task**<br>Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss referral protocols and implementation. | | | | | | | | | | |
| **Task**<br>Clinical guidelines, including referral protocols are documented for final review by the PPS Clinical Committee. | | | | | | | | | | |
| **Task**<br>Project Director/PMO convenes PPS Clinical Committee to review and approve referral protocols. | | | | | | | | | | |
| **Task**<br>PPS gains agreement/sign off from participating providers on clinical guidelines. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents. | | | | | | | | | | |
| **Task** PPS has designated at least one qualified and certified physician with training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents. | | | | | | | | | | |
| **Task** PPS Executive Director, in coordination with PPS Clinical Committee identifies project medical director candidates for Project 3.a.i.v. with necessary requirements (from within the network and/or outside candidates). | | | | | | | | | | |
| **Task** PPS recruits candidates as needed. | | | | | | | | | | |
| **Task** PPS Clinical Committee approves position. | | | | | | | | | | |
| **Milestone #4** Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics. | | | | | | | | | | |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 36 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients. | 7 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| **Task** Project Director identifies providers approved for outpatient medication management as part of current state assessment including existing linkages between inpatient detox and community based treatment (Project Requirement 1, Substep l) . | | | | | | | | | | |
| **Task** Project Director and support staff, as part of development of clinical protocols and referral guidelines, establishes relationships between inpatient detox and outpatient treatment programs. | | | | | | | | | | |
| **Task** Inpatient detoxification and community based provider relationships are documented within clinical protocols and training. | | | | | | | | | | |
| **Milestone #5** Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training. | | | | | | | | | | |
| **Task** Coordinated evidence-based care protocols are in place for community withdrawal management services. | | | | | | | | | | |
| **Task** Staff are trained on community-based withdrawal management protocols and care coordination procedures. | | | | | | | | | | |
| **Task** Project Director/PMO staff collects/reviews existing guidelines and best practice models for community based withdrawal management protocols based upon evidence based best practices. | | | | | | | | | | |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. | | | | | | | | | | |
| **Task** Clinical guidelines are documented for final review by the PPS Clinical Committee, including policies & procedures regarding frequency of updates to guidelines/protocols. | | | | | | | | | | |
| **Task** Project Director/PMO convenes PPS Clinical Committee to | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| review and approve clinical guidelines and policy & procedures for any future updates. | | | | | | | | | | |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | | | | | | | | | | |
| **Task** Based on guidelines and protocols developed by the PPS assess training requirements by provider. | | | | | | | | | | |
| **Task** In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, substance abuse, etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | | | | | | | | | | |
| **Task** As needed, develop contracts for the implementation of training across providers and the purchase of any training resources. | | | | | | | | | | |
| **Task** Develop written training program related to ambulatory detox protocols and care management services within SUD treatment programs. | | | | | | | | | | |
| **Task** Implement training program across PPS. | | | | | | | | | | |
| **Task** Implement approach for incorporating and approving updates to evidence-based protocols as needed. | | | | | | | | | | |
| **Task** Implement approach for ongoing training as needed. | | | | | | | | | | |
| **Milestone #6** Develop care management services within the SUD treatment program. | | | | | | | | | | |
| **Task** Coordinated evidence-based care protocols are in place for care management services within SUD treatment program. | | | | | | | | | | |
| **Task** Staff are trained to provide care management services within SUD treatment program. | | | | | | | | | | |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss clinical guidelines including services and implementation. | | | | | | | | | | |
| **Task** Project Director/PMO convenes PPS Clinical Committee to | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| review and approve evidence-based guidelines/protocols for care management services including policy & procedures for frequency of updates to protocols. | | | | | | | | | | |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | | | | | | | | | | |
| **Task** Based on guidelines and protocols developed by the PPS, assess training requirements by provider. | | | | | | | | | | |
| **Task** In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships develop training strategy for participating providers (primary care, substance abuse, etc.) including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | | | | | | | | | | |
| **Task** Develop written training program related to ambulatory detox protocols and care management services within SUD treatment programs. | | | | | | | | | | |
| **Task** Implement training program across PPS. | | | | | | | | | | |
| **Task** Implement approach for incorporating and approving updates to evidence-based protocols as needed. | | | | | | | | | | |
| **Task** Implement approach for ongoing training as needed. | | | | | | | | | | |
| **Task** Convene discussions with health homes to review care management processes and avoid duplication of efforts. | | | | | | | | | | |
| **Milestone #7** Form 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 to develop protocols for coordination of services under this project. | | | | | | | | | | |
| **Task** Based on findings from current state assessment ( identify reimbursement challenges related to community based addiction programs. | | | | | | | | | | |
| **Task** Convene Project Implementation Workgroup to review findings regarding coverage for the service array under this project. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established. | | | | | | | | | | |
| **Task** Identify potential areas where MCO's may address coverage issues to support the implementation of withdrawal management services. | | | | | | | | | | |
| **Task** Enter into agreement with one or more MCOs that address identified coverage issues. | | | | | | | | | | |
| **Milestone #8** 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** Project Director in conjunction with PPS IT/Data Analytics Director and as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying participating providers with/without EHR. For those providers without EHR, PPS will document provider implementation plan (s)/timelines for implementation. | | | | | | | | | | |
| **Task** Based on findings, develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use Stage 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO . | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. This step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** For those providers without EHR, the PMO will develop interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics in conjunction with IT | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Vendor, SpectraMedix, import Medicaid claims and member attribution data collected from NYS DOH . | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Create baseline and track improvement for defined metrics to monitor patients engaged in this project. | | | | | | | | | | |

### 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 community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services. | |
| Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols. | |
| Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| other withdrawal management agents. | |
| Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics. | |
| Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training. | |
| Develop care management services within the SUD treatment program. | The last task in this Milestone was added per the IA's feedback 9/8/2015 |
| Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.a.iv.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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# New York State Department Of Health
# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.a.iv.6 - IA Monitoring

**Instructions :**

Milestone 6: PPS should add a task to convene discussions with health homes to review care management processes and avoid duplication of efforts.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Project 3.c.i – Evidence-based strategies for disease management in high risk/affected populations (adults only)

#### IPQR Module 3.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.

The SI PPS views the following as major risks for implementation:

1. The ability to engage 80 percent of PCPs in disease management evidence-based practices is viewed as a risk for meeting project requirements because it will require significant practitioner engagement and adoption of established protocols. Further, project success is dependent on further practitioner engagement in care coordination teams. To ensure practitioner engagement in disease management practices, the SI PPS will include representatives from practitioner groups in the development of the strategy to ensure buy in. To further mitigate this risk, the SI PPS will also develop a comprehensive practitioner engagement strategy to support project implementation (see practitioner engagement workstream). The SI PPS is also in the process of drafting operating agreements for all involved PPS partners to clearly define providers' roles, performance/reporting requirements, and the funds flow process to incentivize providers to meet project requirements.

2. Project requirements related to EHR use including actively tracking engaged patients, connecting to the RHIO (Healthix,) and meeting meaningful use Stage 2 CMS requirements are viewed as risks to achieving full project implementation within the established timelines. Full project implementation will require PPS providers to have a fully implemented EHR system in place to effectively track patients, report when patients are due for preventative services, and measure program effectiveness through project milestone reporting. During the planning phase of the DSRIP program, the SI PPS performed a high-level IT assessment to understand current IT capabilities of its PPS providers. The assessment indicated that a subset of PPS providers do not have EHR. This serves as a project implementation risk because it may take significant time for PPS providers without EHR to implement the systems and begin to actively track patients. To mitigate this risk and achieve full project implementation, the SI PPS has made implementing EHR systems a priority among project requirements. As such, the SI PPS will develop an IT integration strategic plan, which includes interim steps for PPS providers without EHR systems, to integrate them with the RHIO. As part of the Capital Restructuring Finance Program budget, the SI PPS has requested funds to assist providers without EHR to fully implement these systems. Through its Data/IT Committee, the SI PPS is working with providers to further facilitate the implementation process.

3. The project requirement for all participating PCPs to meet NCQA 2014 Level 3 PCMH standards by DY3 is identified as a risk to achieving project implementation. Although many PCPs have met old NCQA PCMH standards, some still lack EHR or are early in the medical home transformation process. To mitigate this risk, the SI PPS is developing PCMH implementation plans and will provide PCPs with centralized resources, training, and technical assistance. The SI PPS will also track progress and contract with vendors for support, as needed.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.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,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 | 84 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| Non-PCP Practitioners | 294 | 0 | 0 | 0 | 98 | 98 | 98 | 98 | 196 | 196 | 196 |
| Clinics | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 9 |
| Health Home / Care Management | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 8 | 8 |
| Behavioral Health | 54 | 0 | 0 | 0 | 18 | 18 | 18 | 18 | 36 | 36 | 36 |
| Substance Abuse | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 11 | 11 |
| Pharmacies | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 |
| Community Based Organizations | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 |
| All Other | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 6 | 6 |
| **Total Committed Providers** | **472** | **0** | **0** | **0** | **116** | **116** | **116** | **116** | **272** | **272** | **278** |
| **Percent Committed Providers(%)** | | **0.00** | **0.00** | **0.00** | **24.58** | **24.58** | **24.58** | **24.58** | **57.63** | **57.63** | **58.90** |

| 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 | 84 | 16 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| Non-PCP Practitioners | 294 | 196 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 |
| Clinics | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| Health Home / Care Management | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| Behavioral Health | 54 | 36 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
| Substance Abuse | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| Pharmacies | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Community Based Organizations | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| All Other | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| **Total Committed Providers** | **472** | **288** | **472** | **472** | **472** | **472** | **472** | **472** | **472** | **472** | **472** |
| **Percent Committed Providers(%)** | | **61.02** | **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

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.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** |
| DY3,Q4 | 10,000 |

| 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 | 750 | 1,500 | 1,500 | 3,000 | 4,500 | 6,000 | 2,500 | 5,000 |
| **Percent of Expected Patient Engagement(%)** | **0.00** | **5.00** | **7.50** | **15.00** | **15.00** | **30.00** | **45.00** | **60.00** | **25.00** | **50.00** |

| 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 | 7,500 | 10,000 | 2,500 | 5,000 | 7,500 | 10,000 | 0 | 0 | 0 | 0 |
| **Percent of Expected Patient Engagement(%)** | **75.00** | **100.00** | **25.00** | **50.00** | **75.00** | **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

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.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** Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Recruit/hire project management office staff including Director of Ambulatory Initiatives and support staff. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care providers. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Select project lead(s)/champion(s). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Identify PPS providers participating in project. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop funds flow model for Project 3.c.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Distribute provider specific master services agreements including project | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify best practice strategies/ protocols for the management of diabetes. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Formalize PPS guidelines for the management of diabetes. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify best practice processes and workflows for diabetes management. | Project | | In Progress | 06/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Formalize processes and workflows for diabetes management. | Project | | In Progress | 06/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop training materials for diabetes management guidelines. | Project | | In Progress | 10/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Implement training program. | Project | | In Progress | 05/01/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #2** Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has engaged at least 80% of their PCPs in this activity. | Provider | Primary Care Physicians | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Conduct an assessment of providers to identify expectations, appropriate level of engagement, preferred communication, training etc. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop provider dashboards aligned with guidelines and benchmarks for diabetes management. | Project | | In Progress | 01/01/2016 | 05/31/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Create and implement practitioner communication and engagement plan that includes distribution of dashboards around diabetes management including expectations, tracking and reporting guidelines. | Project | | In Progress | 01/01/2016 | 05/31/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Develop training on diabetes evidence based guidelines and best practices | Project | | In Progress | 10/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Develop methodology to evaluate effectiveness of training | Project | | In Progress | 10/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Implement training program for PCPs in the PPS | Project | | In Progress | 05/02/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| **Task** Based on training evaluation, identify opportunities for improving training program and PCP engagement | Project | | In Progress | 08/01/2016 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| **Milestone #3** Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Clinically Interoperable System is in place for all participating providers. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Care coordination processes are established and implemented. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** As component of IT/Clinical Integration assessment, Senior Director of Data and Analytics in conjunction with Project Director, assesses implementation of clinically interoperable systems for participating providers. | Project | | In Progress | 09/01/2015 | 10/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify plan for implementation of clinically interoperable system where gaps exist. | Project | | In Progress | 10/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director/support staff assesses current resources for care coordination teams and gaps. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop strategic plan for filling gaps in care coordination teams. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** In conjunction with Project Implementation Team and Clinical Committee, develop care coordination processes and workflows including developing responsible resources. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** In conjunction with Director of Workforce/HR and Workforce Committee, develop training program for care coordination, including health literacy, self-efficacy, and self-management. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Implement training program. | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #4** | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods. | | | | | | | |
| **Task** If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** If applicable, PPS has established linkages to health homes for targeted patient populations. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop process and workflows for using CNA and other assessment data to prioritize "hotspot" geographic areas for chronic disease programs. | Project | | In Progress | 11/02/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Execute agreement with Health Home for care coordination of at-risk populations to complement its current services for eligible patients. | Project | | In Progress | 05/15/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify best practices for clinical and community programs that support patient self-management of diabetes. | Project | | In Progress | 06/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Formalize processes and workflows for referring patients to self-management programs. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop agreements with self-management programs to enhance referrals to services and expand services. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop training program to expand self-management programs for diabetes. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Implement training program to expand self-management programs. | Project | | In Progress | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Develop process and workflows for using community focus groups to identify alternative "hotspot" areas for outreach. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Milestone #5** Ensure coordination with the Medicaid Managed Care organizations serving the target population. | Project | N/A | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** | Project | | In Progress | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project. | | | | | | | |
| **Task** Project Director in conjunction with Finance Director, assess current MCO services offered to high risk populations. | Project | | In Progress | 10/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Identify gaps in MCO services/coverage. | Project | | In Progress | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop agreements with MCOs to ensure coordination of service to high risk populations. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #6** Use EHRs or other technical platforms to track all patients engaged in this project. | Project | N/A | In Progress | 04/01/2015 | 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 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and perform and track recall activities including identifying providers with/without EHR. For those providers without EHR and/or recall systems, provider implementation plan/timelines for implementation are developed. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO. | Project | | In Progress | 12/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| systems across PPS network. | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | Project | | In Progress | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | Project | | In Progress | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | Project | | In Progress | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director reviews claims data to identify patients who have or are at risk for diabetes. | Project | | In Progress | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | Project | | In Progress | 04/01/2016 | 07/01/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Sr. Director of Enterprise Data & Analytics coordinates with RHIO to flag these patients within systems for tracking. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients. | Project | | In Progress | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Milestone #7** Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers. | Project | N/A | In Progress | 04/01/2015 | 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 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** | Provider | Primary Care Physicians | In Progress | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | | | | | | | |
| **Task** EHR meets connectivity to RHIO/SHIN-NY requirements. | Provider | Safety Net Primary Care Physicians | In Progress | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO/SHIN-NY requirements. | Provider | Safety Net Non-PCP Practitioners | In Progress | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO/SHIN-NY requirements. | Provider | Safety Net Behavioral Health | In Progress | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings. | Project | | In Progress | 09/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs). | Project | | In Progress | 06/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Identify PCMH technical assistance resources for providers, including vendor and PMO resources. | Project | | In Progress | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Establish a Data/IT Committee to develop a plan for meeting MU Stage 2 EP and RHIO connectivity. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' Meaningful Use certification and ability to connect to the RHIO including identifying providers with/without EHR. For those providers without EHR, provider implementation | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| plan/timelines for implementation are developed. | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, MU certification and integration with the RHIO. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met and EMR upgrade to meet MU Stage 2 requirements | Project | | In Progress | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** For those providers without EHR, the Project Director will develop interim strategy to enable sharing of information with the RHIO. | Project | | In Progress | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 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 evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings. | | | | | | | | | | |
| **Task** Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed. | | | | | | | | | | |
| **Task** Recruit/hire project management office staff including Director of Ambulatory Initiatives and support staff. | | | | | | | | | | |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care providers. | | | | | | | | | | |
| **Task** Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task** Identify PPS providers participating in project. | | | | | | | | | | |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Develop funds flow model for Project 3.c.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | | | | | | | | | | |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** Identify best practice strategies/ protocols for the management of diabetes. | | | | | | | | | | |
| **Task** Formalize PPS guidelines for the management of diabetes. | | | | | | | | | | |
| **Task** Identify best practice processes and workflows for diabetes management. | | | | | | | | | | |
| **Task** Formalize processes and workflows for diabetes management. | | | | | | | | | | |
| **Task** Develop training materials for diabetes management guidelines. | | | | | | | | | | |
| **Task** Implement training program. | | | | | | | | | | |
| **Milestone #2** Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices. | | | | | | | | | | |
| **Task** PPS has engaged at least 80% of their PCPs in this activity. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| **Task** Conduct an assessment of providers to identify expectations, appropriate level of engagement, preferred communication, training etc. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Develop provider dashboards aligned with guidelines and benchmarks for diabetes management. | | | | | | | | | | |
| **Task** Create and implement practitioner communication and engagement plan that includes distribution of dashboards around diabetes management including expectations, tracking and reporting guidelines. | | | | | | | | | | |
| **Task** Develop training on diabetes evidence based guidelines and best practices | | | | | | | | | | |
| **Task** Develop methodology to evaluate effectiveness of training | | | | | | | | | | |
| **Task** Implement training program for PCPs in the PPS | | | | | | | | | | |
| **Task** Based on training evaluation, identify opportunities for improving training program and PCP engagement | | | | | | | | | | |
| **Milestone #3** Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management. | | | | | | | | | | |
| **Task** Clinically Interoperable System is in place for all participating providers. | | | | | | | | | | |
| **Task** Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable. | | | | | | | | | | |
| **Task** Care coordination processes are established and implemented. | | | | | | | | | | |
| **Task** As component of IT/Clinical Integration assessment, Senior Director of Data and Analytics in conjunction with Project Director, assesses implementation of clinically interoperable systems for participating providers. | | | | | | | | | | |
| **Task** Identify plan for implementation of clinically interoperable system where gaps exist. | | | | | | | | | | |
| **Task** Project Director/support staff assesses current resources for care coordination teams and gaps. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Develop strategic plan for filling gaps in care coordination teams. | | | | | | | | | | |
| **Task** In conjunction with Project Implementation Team and Clinical Committee, develop care coordination processes and workflows including developing responsible resources. | | | | | | | | | | |
| **Task** In conjunction with Director of Workforce/HR and Workforce Committee, develop training program for care coordination, including health literacy, self-efficacy, and self-management. | | | | | | | | | | |
| **Task** Implement training program. | | | | | | | | | | |
| **Milestone #4** Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods. | | | | | | | | | | |
| **Task** If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities. | | | | | | | | | | |
| **Task** If applicable, PPS has established linkages to health homes for targeted patient populations. | | | | | | | | | | |
| **Task** If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations. | | | | | | | | | | |
| **Task** Develop process and workflows for using CNA and other assessment data to prioritize "hotspot" geographic areas for chronic disease programs. | | | | | | | | | | |
| **Task** Execute agreement with Health Home for care coordination of at-risk populations to complement its current services for eligible patients. | | | | | | | | | | |
| **Task** Identify best practices for clinical and community programs that support patient self-management of diabetes. | | | | | | | | | | |
| **Task** Formalize processes and workflows for referring patients to self-management programs. | | | | | | | | | | |
| **Task** Develop agreements with self-management programs to enhance referrals to services and expand services. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Develop training program to expand self-management programs for diabetes. | | | | | | | | | | |
| **Task** Implement training program to expand self-management programs. | | | | | | | | | | |
| **Task** Develop process and workflows for using community focus groups to identify alternative "hotspot" areas for outreach. | | | | | | | | | | |
| **Milestone #5** Ensure coordination with the Medicaid Managed Care organizations serving the target population. | | | | | | | | | | |
| **Task** PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project. | | | | | | | | | | |
| **Task** Project Director in conjunction with Finance Director, assess current MCO services offered to high risk populations. | | | | | | | | | | |
| **Task** Identify gaps in MCO services/coverage. | | | | | | | | | | |
| **Task** Develop agreements with MCOs to ensure coordination of service to high risk populations. | | | | | | | | | | |
| **Milestone #6** 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** PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and perform and track recall activities including identifying providers with/without EHR. For those providers without EHR and/or recall systems, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO. | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Project Director reviews claims data to identify patients who have or are at risk for diabetes. | | | | | | | | | | |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics coordinates with RHIO to flag these patients within systems for tracking. | | | | | | | | | | |
| **Task** For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers. | | | | | | | | | | |
| **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 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| **Task** EHR meets connectivity to RHIO/SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| **Task** EHR meets connectivity to RHIO/SHIN-NY requirements. | 0 | 0 | 0 | 98 | 98 | 98 | 98 | 196 | 196 | 196 |
| **Task** EHR meets connectivity to RHIO/SHIN-NY requirements. | 0 | 0 | 0 | 18 | 18 | 18 | 18 | 36 | 36 | 36 |
| **Task** Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation. | | | | | | | | | | |
| **Task** Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings. | | | | | | | | | | |
| **Task** Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS. | | | | | | | | | | |
| **Task** Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs). | | | | | | | | | | |
| **Task** Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition. | | | | | | | | | | |
| **Task** Identify PCMH technical assistance resources for providers, including vendor and PMO resources. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition. | | | | | | | | | | |
| **Task** Establish a Data/IT Committee to develop a plan for meeting MU Stage 2 EP and RHIO connectivity. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' Meaningful Use certification and ability to connect to the RHIO including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, MU certification and integration with the RHIO. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met and EMR upgrade to meet MU Stage 2 requirements | | | | | | | | | | |
| **Task** For those providers without EHR, the Project Director will develop interim strategy to enable sharing of information with the RHIO. | | | | | | | | | | |

| 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 evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings. | | | | | | | | | | |
| **Task** Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed. | | | | | | | | | | |
| **Task** Recruit/hire project management office staff including Director of Ambulatory Initiatives and support staff. | | | | | | | | | | |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care providers. | | | | | | | | | | |
| **Task** Select project lead(s)/champion(s). | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Identify PPS providers participating in project. | | | | | | | | | | |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task** Develop funds flow model for Project 3.c.i including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | | | | | | | | | | |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Task** Identify best practice strategies/ protocols for the management of diabetes. | | | | | | | | | | |
| **Task** Formalize PPS guidelines for the management of diabetes. | | | | | | | | | | |
| **Task** Identify best practice processes and workflows for diabetes management. | | | | | | | | | | |
| **Task** Formalize processes and workflows for diabetes management. | | | | | | | | | | |
| **Task** Develop training materials for diabetes management guidelines. | | | | | | | | | | |
| **Task** Implement training program. | | | | | | | | | | |
| **Milestone #2** Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** PPS has engaged at least 80% of their PCPs in this activity. | 16 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| **Task** Conduct an assessment of providers to identify expectations, appropriate level of engagement, preferred communication, training etc. | | | | | | | | | | |
| **Task** Develop provider dashboards aligned with guidelines and benchmarks for diabetes management. | | | | | | | | | | |
| **Task** Create and implement practitioner communication and engagement plan that includes distribution of dashboards around diabetes management including expectations, tracking and reporting guidelines. | | | | | | | | | | |
| **Task** Develop training on diabetes evidence based guidelines and best practices | | | | | | | | | | |
| **Task** Develop methodology to evaluate effectiveness of training | | | | | | | | | | |
| **Task** Implement training program for PCPs in the PPS | | | | | | | | | | |
| **Task** Based on training evaluation, identify opportunities for improving training program and PCP engagement | | | | | | | | | | |
| **Milestone #3** Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management. | | | | | | | | | | |
| **Task** Clinically Interoperable System is in place for all participating providers. | | | | | | | | | | |
| **Task** Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable. | | | | | | | | | | |
| **Task** Care coordination processes are established and implemented. | | | | | | | | | | |
| **Task** As component of IT/Clinical Integration assessment, Senior Director of Data and Analytics in conjunction with Project Director, assesses implementation of clinically interoperable systems for participating providers. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Identify plan for implementation of clinically interoperable system where gaps exist. | | | | | | | | | | |
| **Task** Project Director/support staff assesses current resources for care coordination teams and gaps. | | | | | | | | | | |
| **Task** Develop strategic plan for filling gaps in care coordination teams. | | | | | | | | | | |
| **Task** In conjunction with Project Implementation Team and Clinical Committee, develop care coordination processes and workflows including developing responsible resources. | | | | | | | | | | |
| **Task** In conjunction with Director of Workforce/HR and Workforce Committee, develop training program for care coordination, including health literacy, self-efficacy, and self-management. | | | | | | | | | | |
| **Task** Implement training program. | | | | | | | | | | |
| **Milestone #4** Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods. | | | | | | | | | | |
| **Task** If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities. | | | | | | | | | | |
| **Task** If applicable, PPS has established linkages to health homes for targeted patient populations. | | | | | | | | | | |
| **Task** If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations. | | | | | | | | | | |
| **Task** Develop process and workflows for using CNA and other assessment data to prioritize "hotspot" geographic areas for chronic disease programs. | | | | | | | | | | |
| **Task** Execute agreement with Health Home for care coordination of at-risk populations to complement its current services for eligible patients. | | | | | | | | | | |
| **Task** Identify best practices for clinical and community programs that support patient self-management of diabetes. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Formalize processes and workflows for referring patients to self-management programs. | | | | | | | | | | |
| **Task** Develop agreements with self-management programs to enhance referrals to services and expand services. | | | | | | | | | | |
| **Task** Develop training program to expand self-management programs for diabetes. | | | | | | | | | | |
| **Task** Implement training program to expand self-management programs. | | | | | | | | | | |
| **Task** Develop process and workflows for using community focus groups to identify alternative "hotspot" areas for outreach. | | | | | | | | | | |
| **Milestone #5** Ensure coordination with the Medicaid Managed Care organizations serving the target population. | | | | | | | | | | |
| **Task** PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project. | | | | | | | | | | |
| **Task** Project Director in conjunction with Finance Director, assess current MCO services offered to high risk populations. | | | | | | | | | | |
| **Task** Identify gaps in MCO services/coverage. | | | | | | | | | | |
| **Task** Develop agreements with MCOs to ensure coordination of service to high risk populations. | | | | | | | | | | |
| **Milestone #6** 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** PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| capabilities and clinical integration assessment, assess participating partners' ability to track patients engaged in this project and perform and track recall activities including identifying providers with/without EHR. For those providers without EHR and/or recall systems, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO. | | | | | | | | | | |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population, creating a longitudinal patient record. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Project Director reviews claims data to identify patients who have or are at risk for diabetes. | | | | | | | | | | |
| **Task** Project Director creates baseline and track improvement for defined metrics to monitor targeted patients. | | | | | | | | | | |
| **Task** Sr. Director of Enterprise Data & Analytics coordinates with | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| RHIO to flag these patients within systems for tracking. | | | | | | | | | | |
| **Task** For those providers without EHR, the Project Director will develop interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |
| **Milestone #7** Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers. | | | | | | | | | | |
| **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. | 16 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| **Task** EHR meets connectivity to RHIO/SHIN-NY requirements. | 16 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| **Task** EHR meets connectivity to RHIO/SHIN-NY requirements. | 196 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 |
| **Task** EHR meets connectivity to RHIO/SHIN-NY requirements. | 36 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 |
| **Task** Project Director assembles an Ambulatory Care Workgroup to address PCMH implementation. | | | | | | | | | | |
| **Task** Develop Ambulatory care workgroup meeting schedule for ongoing meetings and convene workgroup meetings. | | | | | | | | | | |
| **Task** Project Director, in conjunction with the Workgroup, develops a PPS plan to achieve PCMH 2014 Level 3 Requirements and timeline and share best practices across the PPS. | | | | | | | | | | |
| **Task** Project Director/support staff, performs a current state assessment of PCMH 2014 Level 3 requirements across participating ambulatory providers (PCPs). | | | | | | | | | | |
| **Task** Project Director, in conjunction with workgroup and individual ambulatory providers, develops a roadmap for each identified provider to achieve PCMH 2014 Level 3 recognition. | | | | | | | | | | |
| **Task** Identify PCMH technical assistance resources for providers, including vendor and PMO resources. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Develop approach to monitor progress and obtain necessary documentation towards PCMH recognition. | | | | | | | | | | |
| **Task** Establish a Data/IT Committee to develop a plan for meeting MU Stage 2 EP and RHIO connectivity. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics, as a component of the current state assessment of IT capabilities and clinical integration assessment, assess participating partners' Meaningful Use certification and ability to connect to the RHIO including identifying providers with/without EHR. For those providers without EHR, provider implementation plan/timelines for implementation are developed. | | | | | | | | | | |
| **Task** Develop approach to monitor progress and obtain necessary documentation towards transition to EHR, MU certification and integration with the RHIO. | | | | | | | | | | |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for provider integration with RHIO and ensure SHIN-NY requirements are met and EMR upgrade to meet MU Stage 2 requirements | | | | | | | | | | |
| **Task** For those providers without EHR, the Project Director will develop interim strategy to enable sharing of information with the RHIO. | | | | | | | | | | |

### 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 |
|---|---|
| Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings. | |
| Engage at least 80% of primary care providers | Response to IA Feedback 9/8/2015: |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| within the PPS in the implementation of disease management evidence-based best practices. | Incorporated task to address feedback. |
| Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management. | |
| Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods. | |
| Ensure coordination with the Medicaid Managed Care organizations serving the target population. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |
| Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers. | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.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 |
|---|---|

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.c.i.6 - IA Monitoring

**Instructions :**

| |
|---|
| Milestone 2: The IA recommends that the PPS add tasks to train providers on best practices and incorporate a methodology to determine how training efficacy will be measured so that course correction can occur if needed. |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Project 3.g.ii – Integration of palliative care into nursing homes

#### IPQR Module 3.g.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.

The SI PPS views the following as major risks for implementation:

1. This project requires the adoption of standardized service definitions and eligibility for palliative care across all participating skilled nursing facilities (SNFs). The SI PPS views varying definitions of palliative care services as a project risk. To mitigate this risk, the project implementation team will establish well-defined clinical guidelines by coordinating clinical teams and engaging with Managed Care Organizations (MCOs) around palliative care protocols and reimbursement. Further, the SI PPS will establish centralized training teams through the Workforce Committee and workforce implementation team to develop and implement a training plan to ensure clear and accepted palliative care use across the SI PPS.

2. The SI PPS has identified concern around recruitment of skilled palliative care practitioners to implement this project successfully. To mitigate this risk, the SI PPS has allowed time for recruitment in implementation timelines and is supporting recruitment efforts through resources and funds flow. The SI PPS will provide Workforce/HR staff to assist PPS partners in recruitment efforts and is considering partnering with local colleges to develop training programs to support current and future staffing/certification needs.

3. SI PPS providers have identified concerns around payment for services under MCOs. Currently there are limitations for billing of palliative care/hospice services provided by SNFs. To mitigate this risk, the SI PPS, through project implementation teams and the Finance Director/Finance Committee, will work with MCOs to develop a short/long term approach around palliative care reimbursement including pilot studies for reimbursement models. The PPS has also included funding for costs of services not covered.

4. During project implementation meetings, SNF providers discussed project deliverables around the use of DOH-5003 MOLST forms as a risk and expressed concern about the necessity/impact of using the MOLST form as opposed to other evidence-based practices. To mitigate this risk the SI PPS will utilize the Clinical Committee and project implementation team to better define practices and guidelines in line with project goals around the MOLST form.

5. Project requirements set the expectation that SI PPS providers have EHR systems in place that meet Meaningful Use requirements, are connected to the RHIO (Healthix), and are sharing health information across providers. This is a project risk as a number of SNFs do not have EHR or are just now starting the implementation process. To mitigate this risk, the SI PPS PMO's Senior Director of Enterprise Data & Analytics will perform a more in-depth IT infrastructure assessment and identify gaps to inform the IT Committee's strategic plan to integrate PPS providers into a shared IT infrastructure. Further, as part of the Capital Restructuring Finance Program, the SI PPS has requested funds to assist providers in implementing EHR.

6. The SI PPS views developing DSRIP reporting processes for PPS providers without EHR and then reworking these processes once EHR is implemented, as potentially creating a significant burden on providers as well as impacting reporting timelines. To support PPS providers with and

## Staten Island Performing Provider System, LLC (PPS ID:43)

without EHR, the SI PPS is dedicating staff from the PMO to track projects and provide required reporting documentation and implementing a Project Management Software, Performance Logic, accessible to PPS providers to support management and reporting. Further, the SI PPS plans to support PPS provider participation through incentive payments to assist in alleviating administrative burdens associated with DSRIP reporting.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.g.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 |
| Primary Care Physicians | 84 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 84 | 84 | 84 |
| Non-PCP Practitioners | 249 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 249 | 249 | 249 |
| Skilled Nursing Facilities / Nursing Homes | 10 | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 10 | 10 | 10 |
| Hospice | 2 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 2 | 2 |
| Community Based Organizations | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| All Other | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 | 3 |
| **Total Committed Providers** | **349** | **0** | **0** | **0** | **3** | **3** | **3** | **3** | **349** | **349** | **349** |
| **Percent Committed Providers(%)** | | **0.00** | **0.00** | **0.00** | **0.86** | **0.86** | **0.86** | **0.86** | **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 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 |
| Non-PCP Practitioners | 249 | 249 | 249 | 249 | 249 | 249 | 249 | 249 | 249 | 249 | 249 |
| Skilled Nursing Facilities / Nursing Homes | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| Hospice | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Community Based Organizations | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| All Other | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| **Total Committed Providers** | **349** | **349** | **349** | **349** | **349** | **349** | **349** | **349** | **349** | **349** | **349** |
| **Percent Committed Providers(%)** | | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** | **100.00** |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.g.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** |
| DY2,Q4 | 300 |

| 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 | 90 | 90 | 105 | 120 | 75 | 150 | 225 | 300 | 75 | 150 |
| **Percent of Expected Patient Engagement(%)** | **30.00** | **30.00** | **35.00** | **40.00** | **25.00** | **50.00** | **75.00** | **100.00** | **25.00** | **50.00** |

| 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 | 225 | 300 | 75 | 150 | 225 | 300 | 0 | 0 | 0 | 0 |
| **Percent of Expected Patient Engagement(%)** | **75.00** | **100.00** | **25.00** | **50.00** | **75.00** | **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 :**

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.g.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** Integrate Palliative Care into practice model of participating Nursing Homes. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has integrated palliative care into Nursing Homes in alignment with project requirements. | Provider | Skilled Nursing Facilities / Nursing Homes | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has integrated palliative care into Nursing Homes in alignment with project requirements. | Provider | Hospice | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Recruit/hire project management office staff including support staff for Long Term Care Inititiatives. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Skilled Nursing Facilities (SNFs) and Hospice providers. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Select project lead(s)/champion(s). | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Identify PPS providers participating in project. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | Project | | Completed | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Develop funds flow model for Project 3.g.ii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project-related expenses. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Distribute provider specific master services agreements including project | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| responsibility matrices, detailed funds flow, and contract terms and conditions (agreements will include SNFs commitment to integrate Palliative Care into practice model and the completion of and reporting on applicable project requirements). | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Milestone #2** Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the nursing home. | Project | N/A | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the nursing home. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** PMO project director/staff completes assessment of current state of palliative care in practice models at participating SNF partners including: staff knowledge and skill in palliative care; financial disincentives; current documentation processes; reimbursement challenges; and existing palliative care models (e.g. facility based palliative care, external palliative care; palliative care through hospice providers; not yet implemented) and training needs. | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify existing resources to support the expansion of palliative care including hospice providers on Staten Island (University Hospice and Visiting Nurse Services of New York), clinicians including palliative care specialists, and other resources. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Hold meetings with community and provider resources to develop scope of support and budgets for agreements with PPS/SNFs. | Project | | In Progress | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop proposed model to bring palliative care support to nursing homes and present to Project Implementation Workgroup and SNF medical directors (as needed). | Project | | In Progress | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Revise scope as needed and finalize agreements/partnerships between the | Project | | In Progress | 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

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| PPS and community and provider resources including hospice providers. | | | | | | | |
| **Milestone #3** Develop and adopt clinical guidelines agreed to by all partners including services and eligibility. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Director/PMO staff request existing palliative care guidelines for PPS providers (in conjunction with current state assessment of participating SNF partners (Project Requirement 2, Substep b.). | Project | | In Progress | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director/PMO staff reviews existing guidelines and best practice models for the delivery of palliative care into SNFs. | Project | | In Progress | 08/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss standardized clinical guidelines including services and implementation (including, where appropriate, the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form). | Project | | In Progress | 08/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Clinical guidelines are documented for final review by the PPS Clinical Committee. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director/PMO convenes PPS Clinical Committee to review and approve clinical guidelines. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | Project | | In Progress | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #4** Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS. | Project | N/A | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Staff has received appropriate palliative care skills training, including training on PPS care protocols. | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Based on palliative care guidelines and protocols developed by the PPS assess training requirements by provider. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| **Task** In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships including hospice develop Palliative Care training strategy including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | Project | | In Progress | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** As needed, develop contracts for the implementation of training across SNFs and the purchase of any training resources. | Project | | In Progress | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Develop written training program related to palliative care skills. | Project | | In Progress | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Implement palliative care training program across PPS. | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Implement approach for ongoing training as needed. | Project | | In Progress | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #5** Engage with Medicaid Managed Care to address coverage of services. | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** PPS has established agreements with MCOs that address the coverage of palliative care supports and services. | Project | | In Progress | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Based on findings from current state assessment (Project Requirement 2, Substep b) identify reimbursement challenges related to implementing palliative care into SNFs. | Project | | In Progress | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Convene Project Implementation Workgroup to review findings regarding coverage of palliative care supports and services. | Project | | In Progress | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established. | Project | | In Progress | 01/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Identify potential areas where MCO's may address coverage issues to support the implementation of palliative care services. | Project | | In Progress | 04/01/2015 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** Enter into agreement with one or more MCOs that address identified coverage issues. | Project | | In Progress | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #6** | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Use EHRs or other IT 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. | Project | | In Progress | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying SNFs with/without EHR. For those SNFs without EHR, PPS will document provider implementation plan (s)/timelines for implementation. | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Based on findings, develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO. | Project | | In Progress | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** For those SNFs without EHR,the PMO will develop interim reporting and tracking strategy to enable tracking of patients. | Project | | In Progress | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, Spectramedix, import Medicaid claims and member attribution data collected from NYS DOH. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | Project | | In Progress | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** | Project | | In Progress | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|
| Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for SNF integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | |
| **Task**<br>Create baseline and track improvement for defined metrics to monitor patients engaged in this project. | Project | | In Progress | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 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**<br>Integrate Palliative Care into practice model of participating Nursing Homes. | | | | | | | | | | |
| **Task**<br>PPS has integrated palliative care into Nursing Homes in alignment with project requirements. | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 10 | 10 | 10 |
| **Task**<br>PPS has integrated palliative care into Nursing Homes in alignment with project requirements. | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 2 | 2 |
| **Task**<br>Recruit/hire project management office staff including support staff for Long Term Care Inititiatives. | | | | | | | | | | |
| **Task**<br>Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Skilled Nursing Facilities (SNFs) and Hospice providers. | | | | | | | | | | |
| **Task**<br>Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task**<br>Identify PPS providers participating in project. | | | | | | | | | | |
| **Task**<br>Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task**<br>Develop funds flow model for Project 3.g.ii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | | | | | | | | | | |
| **Task**<br>Request budgets from PPS providers detailing requests for | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| project implementation funds aimed at supporting project-related expenses. | | | | | | | | | | |
| **Task**<br>Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (agreements will include SNFs commitment to integrate Palliative Care into practice model and the completion of and reporting on applicable project requirements). | | | | | | | | | | |
| **Task**<br>Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task**<br>Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Milestone #2**<br>Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the nursing home. | | | | | | | | | | |
| **Task**<br>The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the nursing home. | | | | | | | | | | |
| **Task**<br>PMO project director/staff completes assessment of current state of palliative care in practice models at participating SNF partners including: staff knowledge and skill in palliative care; financial disincentives; current documentation processes; reimbursement challenges; and existing palliative care models (e.g. facility based palliative care, external palliative care; palliative care through hospice providers; not yet implemented) and training needs. | | | | | | | | | | |
| **Task**<br>Identify existing resources to support the expansion of palliative care including hospice providers on Staten Island (University Hospice and Visiting Nurse Services of New York), clinicians including palliative care specialists, and other resources. | | | | | | | | | | |
| **Task**<br>Hold meetings with community and provider resources to develop scope of support and budgets for agreements with PPS/SNFs. | | | | | | | | | | |
| **Task**<br>Develop proposed model to bring palliative care support to nursing homes and present to Project Implementation | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Workgroup and SNF medical directors (as needed). | | | | | | | | | | |
| **Task** Revise scope as needed and finalize agreements/partnerships between the PPS and community and provider resources including hospice providers. | | | | | | | | | | |
| **Milestone #3** Develop and adopt clinical guidelines agreed to by all partners including services and eligibility. | | | | | | | | | | |
| **Task** PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. | | | | | | | | | | |
| **Task** Project Director/PMO staff request existing palliative care guidelines for PPS providers (in conjunction with current state assessment of participating SNF partners (Project Requirement 2, Substep b.). | | | | | | | | | | |
| **Task** Project Director/PMO staff reviews existing guidelines and best practice models for the delivery of palliative care into SNFs. | | | | | | | | | | |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss standardized clinical guidelines including services and implementation (including, where appropriate, the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form). | | | | | | | | | | |
| **Task** Clinical guidelines are documented for final review by the PPS Clinical Committee. | | | | | | | | | | |
| **Task** Project Director/PMO convenes PPS Clinical Committee to review and approve clinical guidelines. | | | | | | | | | | |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | | | | | | | | | | |
| **Milestone #4** Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS. | | | | | | | | | | |
| **Task** Staff has received appropriate palliative care skills training, including training on PPS care protocols. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Based on palliative care guidelines and protocols developed by the PPS assess training requirements by provider. | | | | | | | | | | |
| **Task** In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships including hospice develop Palliative Care training strategy including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | | | | | | | | | | |
| **Task** As needed, develop contracts for the implementation of training across SNFs and the purchase of any training resources. | | | | | | | | | | |
| **Task** Develop written training program related to palliative care skills. | | | | | | | | | | |
| **Task** Implement palliative care training program across PPS. | | | | | | | | | | |
| **Task** Implement approach for ongoing training as needed. | | | | | | | | | | |
| **Milestone #5** Engage with Medicaid Managed Care to address coverage of services. | | | | | | | | | | |
| **Task** PPS has established agreements with MCOs that address the coverage of palliative care supports and services. | | | | | | | | | | |
| **Task** Based on findings from current state assessment (Project Requirement 2, Substep b) identify reimbursement challenges related to implementing palliative care into SNFs. | | | | | | | | | | |
| **Task** Convene Project Implementation Workgroup to review findings regarding coverage of palliative care supports and services. | | | | | | | | | | |
| **Task** In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established. | | | | | | | | | | |
| **Task** Identify potential areas where MCO's may address coverage issues to support the implementation of palliative care services. | | | | | | | | | | |
| **Task** Enter into agreement with one or more MCOs that address identified coverage issues. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 #6**<br>Use EHRs or other IT platforms to track all patients engaged in this project. | | | | | | | | | | |
| **Task**<br>PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task**<br>Project Director and Sr. Director of Enterprise Data & Analytics as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying SNFs with/without EHR. For those SNFs without EHR, PPS will document provider implementation plan (s)/timelines for implementation. | | | | | | | | | | |
| **Task**<br>Based on findings, develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO. | | | | | | | | | | |
| **Task**<br>Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task**<br>For those SNFs without EHR,the PMO will develop interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |
| **Task**<br>Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, Spectramedix, import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task**<br>Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population. | | | | | | | | | | |
| **Task**<br>Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for SNF integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task** Create baseline and track improvement for defined metrics to monitor patients engaged in this project. | | | | | | | | | | |

| 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** Integrate Palliative Care into practice model of participating Nursing Homes. | | | | | | | | | | |
| **Task** PPS has integrated palliative care into Nursing Homes in alignment with project requirements. | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| **Task** PPS has integrated palliative care into Nursing Homes in alignment with project requirements. | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| **Task** Recruit/hire project management office staff including support staff for Long Term Care Inititiatives. | | | | | | | | | | |
| **Task** Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including Skilled Nursing Facilities (SNFs) and Hospice providers. | | | | | | | | | | |
| **Task** Select project lead(s)/champion(s). | | | | | | | | | | |
| **Task** Identify PPS providers participating in project. | | | | | | | | | | |
| **Task** Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | | | | | | | | | | |
| **Task** Develop funds flow model for Project 3.g.ii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or underreimbursed. | | | | | | | | | | |
| **Task** Request budgets from PPS providers detailing requests for project implementation funds aimed at supporting project- | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| related expenses. | | | | | | | | | | |
| **Task** Distribute provider specific master services agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions (agreements will include SNFs commitment to integrate Palliative Care into practice model and the completion of and reporting on applicable project requirements). | | | | | | | | | | |
| **Task** Finalize and execute provider specific master services agreements and funds flow for participating PPS providers. | | | | | | | | | | |
| **Task** Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | | | | | | | | | | |
| **Milestone #2** Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the nursing home. | | | | | | | | | | |
| **Task** The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the nursing home. | | | | | | | | | | |
| **Task** PMO project director/staff completes assessment of current state of palliative care in practice models at participating SNF partners including: staff knowledge and skill in palliative care; financial disincentives; current documentation processes; reimbursement challenges; and existing palliative care models (e.g. facility based palliative care, external palliative care; palliative care through hospice providers; not yet implemented) and training needs. | | | | | | | | | | |
| **Task** Identify existing resources to support the expansion of palliative care including hospice providers on Staten Island (University Hospice and Visiting Nurse Services of New York), clinicians including palliative care specialists, and other resources. | | | | | | | | | | |
| **Task** Hold meetings with community and provider resources to develop scope of support and budgets for agreements with PPS/SNFs. | | | | | | | | | | |
| **Task** Develop proposed model to bring palliative care support to nursing homes and present to Project Implementation | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Workgroup and SNF medical directors (as needed). | | | | | | | | | | |
| **Task** Revise scope as needed and finalize agreements/partnerships between the PPS and community and provider resources including hospice providers. | | | | | | | | | | |
| **Milestone #3** Develop and adopt clinical guidelines agreed to by all partners including services and eligibility. | | | | | | | | | | |
| **Task** PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. | | | | | | | | | | |
| **Task** Project Director/PMO staff request existing palliative care guidelines for PPS providers (in conjunction with current state assessment of participating SNF partners (Project Requirement 2, Substep b.). | | | | | | | | | | |
| **Task** Project Director/PMO staff reviews existing guidelines and best practice models for the delivery of palliative care into SNFs. | | | | | | | | | | |
| **Task** Project Director/PMO staff convenes Project Implementation Workgroup to review and discuss standardized clinical guidelines including services and implementation (including, where appropriate, the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form). | | | | | | | | | | |
| **Task** Clinical guidelines are documented for final review by the PPS Clinical Committee. | | | | | | | | | | |
| **Task** Project Director/PMO convenes PPS Clinical Committee to review and approve clinical guidelines. | | | | | | | | | | |
| **Task** PPS gains agreement/sign off from participating providers on clinical guidelines. | | | | | | | | | | |
| **Milestone #4** Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS. | | | | | | | | | | |
| **Task** Staff has received appropriate palliative care skills training, including training on PPS care protocols. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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** Based on palliative care guidelines and protocols developed by the PPS assess training requirements by provider. | | | | | | | | | | |
| **Task** In conjunction with Workforce Committee, Project Implementation Workgroup and provider resources/partnerships including hospice develop Palliative Care training strategy including identifying: who will complete training; how training will be documented; frequency of training; staff to be trained; approach to assessing impact of training. | | | | | | | | | | |
| **Task** As needed, develop contracts for the implementation of training across SNFs and the purchase of any training resources. | | | | | | | | | | |
| **Task** Develop written training program related to palliative care skills. | | | | | | | | | | |
| **Task** Implement palliative care training program across PPS. | | | | | | | | | | |
| **Task** Implement approach for ongoing training as needed. | | | | | | | | | | |
| **Milestone #5** Engage with Medicaid Managed Care to address coverage of services. | | | | | | | | | | |
| **Task** PPS has established agreements with MCOs that address the coverage of palliative care supports and services. | | | | | | | | | | |
| **Task** Based on findings from current state assessment (Project Requirement 2, Substep b) identify reimbursement challenges related to implementing palliative care into SNFs. | | | | | | | | | | |
| **Task** Convene Project Implementation Workgroup to review findings regarding coverage of palliative care supports and services. | | | | | | | | | | |
| **Task** In conjunction with Finance Committee, Director of Finance, and Value Based Payment Workgroup, Project Director/support staff convene meeting with Medicaid Managed Care to address coverage issues (in this and other projects); ongoing meeting schedule is established. | | | | | | | | | | |
| **Task** Identify potential areas where MCO's may address coverage issues to support the implementation of palliative care services. | | | | | | | | | | |
| **Task** Enter into agreement with one or more MCOs that address identified coverage issues. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 #6**<br>Use EHRs or other IT platforms to track all patients engaged in this project. | | | | | | | | | | |
| **Task**<br>PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task**<br>Project Director and Sr. Director of Enterprise Data & Analytics as a component of the current state assessment of IT capabilities across the PPS and clinical integration assessment, assesses participating partners ability to track patients engaged in this project and generate reports including identifying SNFs with/without EHR. For those SNFs without EHR, PPS will document provider implementation plan (s)/timelines for implementation. | | | | | | | | | | |
| **Task**<br>Based on findings, develop approach to monitor progress and obtain necessary documentation towards transition to EHR, Meaningful Use State 2 CMS requirements and Certification or EHR Proof of Certification, and integration with the RHIO. | | | | | | | | | | |
| **Task**<br>Project Director, Sr. Director of Enterprise Data & Analytics and Data/IT Committee build enterprise data warehouse containing attributed members data, including demographic, clinical and claims data. Step serves as a component of the roadmap to achieving clinical data sharing and interoperable systems across PPS network. | | | | | | | | | | |
| **Task**<br>For those SNFs without EHR,the PMO will develop interim reporting and tracking strategy to enable tracking of patients. | | | | | | | | | | |
| **Task**<br>Sr. Director of Enterprise Data & Analytics in conjunction with IT Vendor, Spectramedix, import Medicaid claims and member attribution data collected from NYS DOH. | | | | | | | | | | |
| **Task**<br>Project Director and Sr. Director of Enterprise Data & Analytics develop patient centered Clinical Data Repository for storing all member demographic, clinical claims and survey data for the attributed Medicaid population. | | | | | | | | | | |
| **Task**<br>Project Director and Sr. Director of Enterprise Data & Analytics develop approach for importing clinical data from the RHIO and/or SI PPS participating providers to monitor/track actively engaged patients for project milestone reporting. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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**<br>Project Director and Sr. Director of Enterprise Data & Analytics develop an implementation timing approach for SNF integration with RHIO and ensure SHIN-NY requirements are met. | | | | | | | | | | |
| **Task**<br>Create baseline and track improvement for defined metrics to monitor patients engaged in this project. | | | | | | | | | | |

### 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 |
|---|---|
| Integrate Palliative Care into practice model of participating Nursing Homes. | |
| Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the nursing home. | |
| Develop and adopt clinical guidelines agreed to by all partners including services and eligibility. | |
| Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS. | |
| Engage with Medicaid Managed Care to address coverage of services. | |
| Use EHRs or other IT platforms to track all patients engaged in this project. | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.g.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 |
|---|---|

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 3.g.ii.6 - IA Monitoring

**Instructions :**

The IA recommends a change in status to identify actual dates tasks will be completed.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Project 4.a.iii – Strengthen Mental Health and Substance Abuse Infrastructure across Systems

#### IPQR Module 4.a.iii.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** MEB promotion/disorder prevention partnership | In Progress | MEB promotion/disorder prevention partnership | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Hire project director | Completed | Recruit/hire SI PPPS behavioral health project director. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Identify CBOs for project lead | Completed | Identify a community based organization with experience in convening cross-sector partners, identifying evidence based approaches, and leadership in behavioral health promotion to serve as project lead (Community Based Organization, Staten Island Partnership for Community Wellness (SIPCW)). | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project lead proposal submission | Completed | Project lead (SIPCW) to submit proposal to SI PPS leadership team. | 05/01/2015 | 07/01/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project lead identified | In Progress | Project lead proposal approved and contract executed. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project kick off meeting | In Progress | Project kick off meeting with members of substance abuse/behavioral health workgroups. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project lead staffing identified | In Progress | Recruit/hire Staten Island Partnership for Community Wellness (SIPCW) staff members to support project 4.a.iii. | 08/01/2015 | 10/30/2015 | 12/31/2015 | DY1 Q3 |
| **Task** PPS announcement released | In Progress | Develop and release announcement to PPS partners on intention to develop and implement Project 4.a.iii as well as invite additional PPS partners to participate/collaborate on this project. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Project implementation team identified | In Progress | Identify and form an interdisciplinary project implementation team and form partnership agreements. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Identify MEB issues on Staten Island | In Progress | Analyze the Community Needs Assessment to identify conditions contributing to MEB issues on Staten Island. | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Hot spotting to identify MEB issues | In Progress | Conduct hot spotting activities to target residents with MEB issues (including Medicaid and uninsured residents). | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Identify organizations with existing MEB | In Progress | Identify Staten Island organizations with MEB services in place. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|
| services | | | | | | |
| **Task** Interview stakeholders to understand existing MEB services | In Progress | Conduct key informant interviews with identified organizations/providers and recipients of MEB services to gain a better understanding of services being provided, barriers to care, demographics being served, existing infrastructure and cultural competency of programs. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify MEB stakeholders to partner with | In Progress | Based on interview, identify and invite MEB stakeholders with the potential to impact the adoption and integration of MEB collaborative care in community. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop partnership agreements | In Progress | Develop partnership agreements with identified MEB stakeholders to inform/participate in the adoption and integration of MEB collaborative care. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop MEB implementation plan | In Progress | Develop a common agenda, goals, and implementation plan around MEB promotion/prevention. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Research MEB promotion/disorder prevention models | In Progress | Research evidence based MEB promotion/disorder prevention models for development of a borough wide plan. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Partner with DOHMH and City Hall to align MEB priorities | In Progress | Partner with NYC DOHMH and City Hall to align MEB infrastructure work with NYC Roadmap to Mental Health priorities. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop cultural competent MEB training materials | In Progress | Develop culturally competent training and outreach materials around MEB promotion and disorder prevention for both providers and community stakeholders. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Implement MEB promotion/disorder prevention initiatives | In Progress | Begin implementation of chosen initiatives including outreach, education and training on MEB health promotion, prevention, and treatment. | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Offer MEB trainings/workshops to clinicians and community members | In Progress | Provide MEB trainings and workshops to clinicians (primary care practices, Dos, NPs) and community members (PTAs, faith-based organizations, DOE/UFT, coaches, etc.). | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Engage community members | In Progress | Engage community members and recipients of care to develop messaging campaign on the importance of MEB promotion. | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Develop resource guide | In Progress | Develop a resource guide of existing local MEB services for community distribution (i.e., schools, elected officials). | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Launch media campaign | In Progress | Leverage partner resources to launch media campaign. | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** Expand efforts with DOH and OMH to implement 'Collaborative Care' in primary care settings throughout NYS | In Progress | Expand efforts with DOH and OMH to implement 'Collaborative Care' in primary care settings throughout NYS | 10/01/2015 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Establish Collaborative Care Implementation Team | In Progress | Identify and invite cross sector stakeholders (e.g., Insurance, DOE, Government partners - DOH, OMH, OASAS, OPWDD, NYC DOHMH) to serve on Collaborative | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|
| | | Care Implementation Team with the goal to address and promote MEB promotion and disorder prevention at primary care provider sites within the community and primary care linkages at MEB sites. | | | | |
| **Task** Identify existing resources to expand collaborative care | In Progress | Work with Clinical Committee to identify existing resources/providers (behavioral health and substance abuse providers, primary care providers (PCP),hospitals, and community based organizations) within Staten Island to engage in this project for the expansion of collaborative care in primary care settings (including expansion of services and locations). | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify existing capabilities/resources/programs | In Progress | Establish workgroups and meet with identified community organizations and PPS providers to gain a better understanding of existing capabilities, programs, infrastructure, protocols and ability to implement collaborative care in primary care and behavioral health settings. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop Collaborative Care Implementation Team agreements | In Progress | Develop Collaborative Care Implementation Team agreements to facilitate partnerships with identified community organizations and providers to collaborate on MEB health promotion, disorder prevention, treatment and management strategies on Staten Island. Agreements will clarify roles and responsibilities for members. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Convene the Collaborative Care Implementation Team | In Progress | Convene the Collaborative Care Implementation Team to develop an approach, establish workgroups, and identify strategies to support MEB collaborative care across Staten Island. | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop approach to track project implementation progress | In Progress | Develop an approach to track project implementation progress including data sets and baseline data for tracking purposes and timeframes for reporting. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Leverage existing resources to implement collaborative care approach | In Progress | Leverage existing resources, relationships with government and community partners and PPS provider network to implement Collaborative Care approach. | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Identify key representatives for implementing collaborative care | In Progress | Identify key representatives from partner organizations and PPS providers to support the PPS efforts in implementing a collaborative care model. Key representatives should include primary care providers, care management staff, and psychiatric consultants. | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Develop agreements with community organizations | In Progress | Form agreements with the community organizations and PPS providers, as needed, that will be involved in the development, implementation and integration of the collaborative care model at their facilities/locations. | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Schedule meetings with Collaborative Care Implementation Team/relevant workgroups | In Progress | Schedule monthly/periodic meetings with Collaborative Care Implementation Team and relevant workgroups to begin developing an approach for the implementation of collaborative care model. | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Identify Collaborative Care best practices | In Progress | Working with Project 3.a.i leads and the Clinical Committee, research and identify best practices and approaches to develop and implement the collaborative care model in primary care and behavioral health settings. | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|
| **Task** Conduct review to ensure that existing services are being leveraged by best practices | In Progress | Review the identified collaborative care best practices and approaches to ensure that previously identified existing services are being leveraged and that existing gaps are being addressed. | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Develop collaborative care approach/timing | In Progress | Develop an approach and timing for the implementation of collaborative care model in primary care and behavioral health settings across all providers who have agreed to be involved in this effort. | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Develop pilot programs and evidence-based best practice models | In Progress | Develop pilot programs and evidence-based best practices models to document and share expertise around the placement of primary care providers in behavioral health settings and behavioral health providers in primary care settings. | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Implement collaborative care model | In Progress | Implement the collaborative care model at participating primary care and behavioral health sites. | 01/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Milestone** Provide cultural and linguistic training on MEB health promotion, prevention and treatment | In Progress | Provide cultural and linguistic training on MEB health promotion, prevention and treatment | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Meet with key stakeholders to develop cultural and linguistic MEB training program | In Progress | Work with the Diversity and Inclusion Committee as well as identified PPS partners to develop approach towards the development of a cultural and linguistic training program on MEB prevention and treatment. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Assess community's MEB promotion needs | In Progress | Leverage existing resources (Community Needs Assessment and SIUH's Diversity and Inclusion program) to understand and assess community's needs with regards to MEB promotion. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Research MEB promotion evidence-based best practices | In Progress | Research and identify evidence-based best practices on MEB promotion that address a variety of audiences and ensure that best practices are culturally appropriate. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Review existing cultural and linguistic literature/programs at PPS partners | In Progress | Review PPS partners' existing literature and programs to identify existing resources to be leveraged as well as gaps that should be addressed in the training programs. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Apply findings to training programs | In Progress | Apply findings to create/expand training programs and/or training modules as well as literature to address language and cultural barriers with regard to mental health and substance abuse. | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Develop training schedule and identify individuals to be trained | In Progress | Develop training schedule and identified individuals to receive training. | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Provide MEB cultural and linguistic training to identified individuals | In Progress | Engage/train front line workers to deliver materials/curriculum geared towards improving outcomes with regards to MEB promotion, prevention and treatment. | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone** Share data and information on MEB health promotion and MEB disorder prevention and | In Progress | Share data and information on MEB health promotion and MEB disorder prevention and treatment | 10/01/2015 | 09/30/2017 | 09/30/2017 | DY3 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|
| treatment | | | | | | |
| **Task** NYC Population Health Improvement Project Committee identifies MEB issues in community | In Progress | Collaborate with OMH, OASAS, and other government partners (NYC Population Health Improvement Project Committee) to further identify project data needs or data sources for information sharing on MEB issues within the community. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify project data needs | In Progress | Identify project data needs including social and behavioral domains (education, financial resource strain, stress depression, physical activity, social isolation, partner violence, and neighborhood median-household income) among others. | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop data sharing infrastructure | In Progress | Develop and implement infrastructure for the identification, collection and sharing of appropriate data. | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Standardize MEB data | In Progress | Collect, standardize and assess data. | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Develop approach/timeline for PPS partner connectivity | In Progress | Develop approach and timeline to achieve full connectivity among PPS partners involved in this project with Healthix. | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** PPS partners are fully implemented with Healthix (RHIO) | In Progress | Achieve full implementation with Healthix. | 01/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** Full data/reporting capabilities achieved | In Progress | Achieve fully operable data collection and reporting capabilities. | 01/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |

### 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 |
|---|---|
| MEB promotion/disorder prevention partnership | |
| Expand efforts with DOH and OMH to implement 'Collaborative Care' in primary care settings throughout NYS | |
| Provide cultural and linguistic training on MEB health promotion, prevention and treatment | |
| Share data and information on MEB health promotion and MEB disorder prevention and | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| treatment | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 4.a.iii.2 - IA Monitoring

**Instructions :**

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### Project 4.b.ii – Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer

#### IPQR Module 4.b.ii.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** Establish or enhance incentive models to increase delivery of high-quality chronic disease prevention and management services | In Progress | Establish or enhance incentive models to increase delivery of high-quality chronic disease prevention and management services | 04/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task** Hire PMO staff | In Progress | Recruit/hire project management office staff. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Form a Project Implementation Workgroup | In Progress | Form a Project Implementation Workgroup with representatives from PPS providers participating in project implementation including primary care providers. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Select project lead | In Progress | Select project lead(s)/champion(s). | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Identify PPS providers participating in Project 4.b.ii | In Progress | Identify PPS providers participating in project. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop project responsibility matrices | In Progress | Develop project responsibility matrices (provider specific) that detail provider-level requirements for participation in the project and receipt of funds flow. Share matrices with providers for feedback and approval. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop funds flow model for Project 4.b.ii | In Progress | Develop funds flow model for Project 4.b.ii including funds for project implementation expenses and incentive payments (bonus payments) as well as funds for services not covered or under reimbursed. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Distribute operating agreements | In Progress | Distribute provider specific operating agreements including project responsibility matrices, detailed funds flow, and contract terms and conditions. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Finalize and execute operating agreements | In Progress | Finalize and execute provider specific operating agreements and funds flow for participating PPS providers. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Schedule Project Implementation Workgroup meetings | In Progress | Develop a Project Implementation Workgroup schedule for ongoing meetings and convene Project Implementation Workgroup meetings. | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|
| **Task** Identify organizations outside of PPS providing services specific to project goals | In Progress | Project Implementation Workgroup identifies PPS providers and other organizations outside of the PPS currently providing chronic disease prevention and management services. | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Meet with identified organizations | In Progress | Project Implementation Workgroup meets with identified providers/outside organizations to document existing services, programs, resources and infrastructure that can be leverage to achieve project goals, as well as any efforts to engage the community in chronic disease prevention and management. | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Document findings from meetings | In Progress | Project Implementation Workgroup documents findings from provider/outside organization interviews to develop a chronic disease prevention and management programs/strategy. | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Develop care protocols to ensure comprehensive screenings | In Progress | Project Implementation Workgroup develops care protocols to ensure that comprehensive preventative care screenings are conducted (including cancer screenings) and an approach to increase screening rates across high risk populations; as well as programs aimed at obesity prevention and overall wellness. | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** PMO provides ongoing program support to program participants | In Progress | PMO develops, as needed, incentive models around the implementation of best practice protocols aimed at disease prevention and management. | 04/03/2017 | 12/30/2017 | 12/31/2017 | DY3 Q3 |
| **Milestone** Promote utilization of preventive care services | In Progress | Promote utilization of preventive care services | 04/03/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task** Develop public announcement describing program | In Progress | Project Implementation Workgroup and PMO develop, in conjunction with the Staten Island Borough President's Office of Health and Wellness, develops community education program to increase awareness of preventive care resources in community and clinical settings. | 04/03/2017 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Participate in community outreach activities | In Progress | Identify and join existing borough workgroups including Staten Island Partnership for Community Wellness and the Borough President's Office (aimed at promoting pediatric wellness) to further promote chronic disease prevention and management program. | 04/03/2017 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Meet with additional outside organizations to participate in program | In Progress | Meet with any additional organizations that are identified through announcement/participation in workgroups or town halls, to describe program goals and identify ways in which the organization can assist in achieving or promoting program goals. | 04/03/2017 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** Identify partners to participate in community education program | In Progress | Identify partners to participate in community education program on preventive care, including Borough Hall, local media, CBOs, NYC DOHMH and other community groups. | 04/03/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task** Develop provider engagement approach | In Progress | Develop provider engagement approach to implement preventive care guidelines. | 10/02/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task** Identify partners for provider engagement | In Progress | Identify partners for provider engagement strategy, including the Staten Island Cancer Services Program, American Cancer Society, Staten Island Heart Society | 10/02/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|
| | | and other comparable organizations. | | | | |
| **Task** Adopt guidelines | In Progress | In partnership with community organizations and resources, identify and adopt guidelines for preventive care services (i.e.. Immunizations, cancer screenings, nutrition, physical activity, smoking cessation). | 10/02/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Milestone** Connect patients to high quality preventive care and chronic disease management resources | In Progress | Connect patients to high quality preventive care and chronic disease management resources | 04/01/2015 | 12/31/2018 | 12/31/2018 | DY4 Q3 |
| **Task** Identify preventive and chronic disease management services | In Progress | Identify clinical and community-based preventive and chronic disease management services (locations, services offered, hours of operation, capacity, cost/reimbursement). | 01/01/2018 | 06/30/2018 | 06/30/2018 | DY4 Q1 |
| **Task** Assess gaps | In Progress | Assess gaps in services or program funding. | 01/01/2018 | 06/30/2018 | 06/30/2018 | DY4 Q1 |
| **Task** Promote use of resources | In Progress | Partner with preventive services and chronic disease management programs to promote resources use and establish referral mechanisms. | 01/01/2018 | 06/30/2018 | 06/30/2018 | DY4 Q1 |
| **Task** Develop team of community navigators | In Progress | Develop team of community navigators through existing/new programs to link residents to preventive care and chronic disease management resources. | 01/01/2018 | 06/30/2018 | 06/30/2018 | DY4 Q1 |
| **Task** Expand preventive care services | In Progress | Expand upon existing mobile preventive care centers (mobile vans) and other models that deliver preventative care (wellness and health management services) in community settings. | 01/01/2018 | 06/30/2018 | 06/30/2018 | DY4 Q1 |
| **Task** Pursue funding for preventative care | In Progress | Pursue opportunity to provide preventative services in community based settings including the New York City Housing Authority, faith based organizations, and community based programs. | 04/02/2018 | 06/30/2018 | 06/30/2018 | DY4 Q1 |
| **Task** Identify primary care capacity issues | In Progress | Identify primary care capacity issues among PPS partners. | 04/01/2015 | 12/31/2018 | 12/31/2018 | DY4 Q3 |
| **Task** Create opportunities to increase access to primary care | In Progress | Assess opportunities to increase primary care capacity for Medicaid enrollees and the uninsured through expanded hours, workforce expansion and other mechanisms. | 04/01/2015 | 12/31/2018 | 12/31/2018 | DY4 Q3 |
| **Milestone** Adopt and use certified EHRs, especially those with clinical decision support and registry functionality. Utilize patient portals and other HIT to remind patients of preventive and follow-up care services and community resources for self-managements. Utilize RHIO or other HIE for sharing of clinical data. | In Progress | Adopt and use certified EHRs, especially those with clinical decision support and registry functionality. Utilize patient portals and other HIT to remind patients of preventive and follow-up care services and community resources for self-managements. Utilize RHIO or other HIE for sharing of clinical data. | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Assess EHR use/implementation | In Progress | Assess EHR implementation/use and patient portal utilization across Staten Island. | 09/01/2015 | 12/13/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Assess RHIO connectivity | In Progress | Assess RHIO connectivity across Staten Island. | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Milestone/Task Name | Status | Description | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|
| **Task** Identify partners for technical assistance (EHR) | In Progress | Identify partners to provide technical assistance and/or funding to increase utilization of EHR and portal. | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify partners for technical assistance (RHIO) | In Progress | Identify partners to provide technical assistance and/or funding to increase utilization of RHIO or other HIE. | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Identify opportunities to support clinical decision support | In Progress | Identify opportunities for promoting the use of clinical decision support and registry functionality to identify patients at risk for developing chronic disease or underutilizing primary care. | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

### 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 |
|---|---|
| Establish or enhance incentive models to increase delivery of high-quality chronic disease prevention and management services | |
| Promote utilization of preventive care services | |
| Connect patients to high quality preventive care and chronic disease management resources | |
| Adopt and use certified EHRs, especially those with clinical decision support and registry functionality. Utilize patient portals and other HIT to remind patients of preventive and follow-up care services and community resources for self-managements. Utilize RHIO or other HIE for sharing of clinical data. | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### IPQR Module 4.b.ii.2 - IA Monitoring

**Instructions :**

The IA recommends a change in status to identify actual dates tasks will be completed.

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

### 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 'Staten Island Performing Provider System, LLC ', that all information provided on this Quarterly report is true and accurate to the best of my knowledge**.

| | |
|---|---|
| **Primary Lead PPS Provider:** | STATEN ISLAND UNIV HOSP |
| **Secondary Lead PPS Provider:** | RICHMOND UNIVERSITY MED CTR |
| **Lead Representative:** | Joseph G Conte |
| **Submission Date:** | 09/24/2015 05:31 PM |
| **Comments:** | |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Status Log | | | | |
|---|---|---|---|---|
| **Quarterly Report (DY,Q)** | **Status** | **Lead Representative Name** | **User ID** | **Date Timestamp** |
| DY1, Q1 | Submitted | Joseph G Conte | jc484356 | 09/24/2015 05:31 PM |
| DY1, Q1 | Returned | Joseph G Conte | sv590918 | 09/08/2015 07:54 AM |
| DY1, Q1 | Submitted | Joseph G Conte | jc484356 | 08/06/2015 04:11 PM |
| DY1, Q1 | In Process | | system | 07/01/2015 12:12 AM |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Comments Log | | | |
|---|---|---|---|
| **Status** | **Comments** | **User ID** | **Date Timestamp** |
| Submitted | Remediation response to 9/8/2015 report | jc484356 | 09/24/2015 05:31 PM |
| Returned | Please address the IA comments provided in the specific sections of your Implementation Plan during the remediation period. | sv590918 | 09/08/2015 07:54 AM |
| Submitted | please respond to jconte@statenislandpps.org with any questions<br>thank you | jc484356 | 08/06/2015 04:11 PM |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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 |

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| 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

## Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

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

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

## DSRIP Implementation Plan Project

## Staten Island Performing Provider System, LLC (PPS ID:43)

| Project ID | Module | Status |
|---|---|---|
| | IPQR Module 4.b.ii.2 - IA Monitoring | |