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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Quarterly Report - Implementation Plan for Adirondack Health Institute, Inc.

**Year and Quarter:** DY2, Q3 **Quarterly Report Status:** Adjudicated

**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 |
| Section 11 | Workforce | Completed |

**Status By Project**

| Project ID | Project Title | Status |
|---|---|---|
| 2.a.i | Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management | Completed |
| 2.a.ii | Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) | Completed |
| 2.a.iv | Create a medical village using existing hospital infrastructure | 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.ii | Behavioral health community crisis stabilization 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.g.i | Integration of palliative care into the PCMH Model | Completed |
| 4.a.iii | Strengthen Mental Health and Substance Abuse Infrastructure across Systems | Completed |

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

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## Adirondack Health Institute, Inc. (PPS ID:23)

**Status By Project**

| Project ID | Project Title | Status |
|---|---|---|
| 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 | Completed |

# New York State Department Of Health
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## Adirondack Health Institute, Inc. (PPS ID:23)

## Section 01 – Budget

### IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY

**Instructions :**

READ ONLY - The Baseline Budget table was left for ease of reference during reporting.

| Budget Items | DY1 ($) | DY2 ($) | DY3 ($) | DY4 ($) | DY5 ($) | Total ($) |
|---|---|---|---|---|---|---|
| **Waiver Revenue** | 28,197,054 | 30,048,792 | 48,592,667 | 43,028,621 | 28,197,054 | 178,064,187 |
| **Cost of Project Implementation & Administration** | **10,235,673** | **12,371,985** | **15,585,991** | **9,884,472** | **5,340,351** | **53,418,472** |
| Administration | 4,230,800 | 4,430,000 | 4,492,800 | 4,624,434 | 4,760,017 | 22,538,051 |
| Implementation | 6,004,873 | 7,941,985 | 11,093,191 | 5,260,038 | 580,334 | 30,880,421 |
| **Revenue Loss** | **1,335,088** | **4,005,319** | **13,359,421** | **15,583,627** | **10,235,673** | **44,519,128** |
| **Internal PPS Provider Bonus Payments** | **2,670,175** | **6,764,538** | **8,460,967** | **10,418,768** | **10,858,714** | **39,173,162** |
| **Cost of non-covered services** | **890,059** | **1,780,142** | **2,671,884** | **2,671,479** | **890,058** | **8,903,622** |
| **Other** | **4,094,269** | **6,052,482** | **9,351,594** | **7,391,092** | **5,160,366** | **32,049,803** |
| Sustainability Fund | 712,047 | 4,272,340 | 4,987,517 | 2,849,578 | 1,424,093 | 14,245,575 |
| Innovation Fund | 0 | 0 | 2,671,884 | 3,116,725 | 3,115,205 | 8,903,814 |
| Contingency Fund | 3,382,222 | 1,780,142 | 1,692,193 | 1,424,789 | 621,068 | 8,900,414 |
| **Total Expenditures** | **19,225,264** | **30,974,466** | **49,429,857** | **45,949,438** | **32,485,162** | **178,064,187** |
| **Undistributed Revenue** | **8,971,790** | **0** | **0** | **0** | **0** | **0** |

### Current File Uploads

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

No Records Found

**Narrative Text :**

"The budget below does not vary in total from the application submission. We have provided further breakdown by providing additional subcategories in the 06012015 submission. We have included a line titled ""hold back for timing of funds flow"" to reflect the actual cash flow timing. As the PPS develops detailed project plans as outlined in this implementation plan, we anticipate that there will be modifications to the timing of the budget costs across the 5 year period and also modifications the budget costs category amounts.

The MAPP tool did not allow entry of negative values - the value in DY5 row labeled "other" in the amount of 2,242,947 is a negative amount.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Module Review Status

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)

**Instructions :**

Please include updates on waiver revenue budget items for this quarterly reporting period. Reported actual spending will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

**Benchmarks**

| Waiver Revenue DY2 | Total Waiver Revenue | Undistributed Revenue YTD | Undistributed Revenue Total |
|---|---|---|---|
| 30,048,792 | 178,064,187 | 18,999,872 | 162,027,383 |

| Budget Items | DY2 Q3 Quarterly Amount - Update | Cumulative Spending to Date (DY1 - DY5) | Remaining Balance in Current DY | Percent Remaining in Current DY | Cumulative Remaining Balance | Percent Remaining of Cumulative Balance |
|---|---|---|---|---|---|---|
| **Cost of Project Implementation & Administration** | **3,187,822** | **15,876,804** | **1,483,065** | **11.99%** | **37,541,668** | **70.28%** |
| Administration | 1,017,532 | | | | | |
| Implementation | 2,170,290 | | | | | |
| **Revenue Loss** | **0** | **0** | **4,005,319** | **100.00%** | **44,519,128** | **100.00%** |
| **Internal PPS Provider Bonus Payments** | **0** | **0** | **6,764,538** | **100.00%** | **39,173,162** | **100.00%** |
| **Cost of non-covered services** | **0** | **0** | **1,780,142** | **100.00%** | **8,903,622** | **100.00%** |
| **Other** | **160,000** | **160,000** | **5,892,482** | **97.36%** | **31,889,803** | **99.50%** |
| Sustainability Fund | 160,000 | | | | | |
| Innovation Fund | 0 | | | | | |
| Contingency Fund | 0 | | | | | |
| **Total Expenditures** | **3,347,822** | **16,036,804** | | | | |

**Current File Uploads**

| User ID | File Type | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

For PPS to provide additional context regarding progress and/or updates to IA.

### Module Review Status

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY

**Instructions :**

READ ONLY - The Baseline Funds Flow table was left for ease of reference during reporting.

| Funds Flow Items | DY1 ($) | DY2 ($) | DY3 ($) | DY4 ($) | DY5 ($) | Total ($) |
|---|---|---|---|---|---|---|
| **Waiver Revenue** | 28,197,054 | 30,048,792 | 48,592,667 | 43,028,621 | 28,197,054 | 178,064,187 |
| Practitioner - Primary Care Provider (PCP) | 1,316,915 | 2,725,139 | 4,957,900 | 5,283,276 | 3,976,534 | 18,259,764 |
| Practitioner - Non-Primary Care Provider (PCP) | 431,290 | 892,483 | 1,623,712 | 1,730,273 | 1,302,315 | 5,980,073 |
| Hospital | 3,374,595 | 6,983,169 | 12,704,619 | 13,538,396 | 10,189,867 | 46,790,646 |
| Clinic | 474,089 | 981,050 | 1,784,844 | 1,901,980 | 1,431,552 | 6,573,515 |
| Case Management / Health Home | 156,384 | 323,610 | 588,751 | 627,389 | 472,213 | 2,168,347 |
| Mental Health | 1,514,452 | 3,133,910 | 5,701,585 | 6,075,768 | 4,573,014 | 20,998,729 |
| Substance Abuse | 543,227 | 1,124,120 | 2,045,134 | 2,179,352 | 1,640,320 | 7,532,153 |
| Nursing Home | 576,150 | 1,192,248 | 2,169,082 | 2,311,433 | 1,739,733 | 7,988,646 |
| Pharmacy | 9,877 | 20,439 | 37,184 | 39,625 | 29,823 | 136,948 |
| Hospice | 0 | 0 | 0 | 0 | 0 | 0 |
| Community Based Organizations | 592,612 | 1,226,313 | 2,231,055 | 2,377,474 | 1,789,440 | 8,216,894 |
| All Other | 0 | 0 | 0 | 0 | 0 | 0 |
| Uncategorized | | | | | | 0 |
| PPS PMO | 10,235,673 | 12,371,985 | 15,585,991 | 9,884,472 | 5,340,351 | 53,418,472 |
| **Total Funds Distributed** | **19,225,264** | **30,974,466** | **49,429,857** | **45,949,438** | **32,485,162** | **178,064,187** |
| **Undistributed Revenue** | **8,971,790** | **0** | **0** | **0** | **0** | **0** |

**Current File Uploads**

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

No Records Found

**Narrative Text :**

The PPS and PPS Lead Administration costs from the Project Plan Application are shown in the "All Other" Item below.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

**Module Review Status**

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)

**Instructions :**

Please include updates on waiver revenue flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. Reported actual fund distribution will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

**Benchmarks**

| Waiver Revenue DY2 | Total Waiver Revenue | Undistributed Revenue YTD | Undistributed Revenue Total |
|---|---|---|---|
| 30,048,792.00 | 178,064,187.00 | 19,190,146.82 | 162,217,657.80 |

| Funds Flow Items | DY2 Q3 Quarterly Amount - Update | Percentage of Safety Net Funds - DY2 Q3 Quarterly Amount - Update | Safety Net Funds Flowed YTD | Safety Net Funds Percentage YTD | Total Amount Disbursed to Date (DY1-DY5) | Percent Spent By Project | | | | | | | | | | | DY Adjusted Difference | Cumulative Difference |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Projects Selected By PPS | | | | | | | | | | | | |
| | | | | | | 2.a.i | 2.a.ii | 2.a.iv | 2.b.vii | 2.d.i | 3.a.i | 3.a.ii | 3.a.iv | 3.g.i | 4.a.iii | 4.b.ii | | |
| Practitioner - Primary Care Provider (PCP) | 0 | 0.00% | 0 | 0.00% | 74,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,651,139 | 18,185,764 |
| Practitioner - Non-Primary Care Provider (PCP) | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 892,483 | 5,980,073 |
| Hospital | 715,024.58 | 65.83% | 2,168,804.42 | 78.46% | 3,922,210.35 | 7.49 | 2.12 | 79.77 | 2.06 | 1.08 | 2.46 | 1.67 | 0 | .19 | 2.39 | .75 | 4,218,863.12 | 42,868,435.65 |
| Clinic | 248,893.95 | 41.44% | 216,885.21 | 27.15% | 1,263,687.83 | 35.25 | 24.1 | 0 | 1.69 | 28.62 | 8.2 | 0 | 0 | 1.07 | 0 | 1.07 | 182,338.85 | 5,309,827.17 |
| Case Management / Health Home | 95,188 | 75.87% | 224,574.92 | 57.36% | 538,047.92 | 89.9 | 0 | 0 | 0 | 0 | 0 | .34 | 0 | 0 | 9.76 | 0 | 0 | 1,630,299.08 |
| Mental Health | 100,465.75 | 99.63% | 480,961.90 | 99.92% | 871,170.10 | 98.99 | 0 | 0 | 0 | .06 | 0 | .95 | 0 | 0 | 0 | 0 | 2,652,574.10 | 20,127,558.90 |
| Substance Abuse | 52,713.72 | 100.00% | 422,663.72 | 100.00% | 579,979.26 | 0 | 0 | 0 | 0 | 3.14 | 0 | 39.73 | 4.07 | 0 | 15.12 | 37.94 | 701,456.28 | 6,952,173.74 |
| Nursing Home | 24,000 | 100.00% | 247,986.66 | 100.00% | 247,986.66 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 944,261.34 | 7,740,659.34 |
| Pharmacy | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 20,439 | 136,948 |
| Hospice | 175,400 | 0.00% | 0 | 0.00% | 314,650 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Community Based Organizations | 170,765 | 0.00% | 0 | 0.00% | 424,036.04 | 70.18 | 0 | 0 | 0 | 3.15 | 0 | 0 | 0 | 0 | 26.67 | 0 | 920,149 | 7,792,857.96 |
| All Other | 142,492.42 | 72.62% | 249,424.78 | 35.16% | 1,202,253.92 | 52.76 | 4.86 | 0 | 28.57 | 0 | 0 | 0 | 0 | 0 | 0 | 13.81 | 0 | 0 |
| Uncategorized | 60,650 | 37.18% | 22,550 | 23.79% | 114,800 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Additional Providers | 0 | 0.00% | 0 | 32.71% | 243,050 | | | | | | | | | | | | | |
| PPS PMO | 1,559,253.56 | 100.00% | 4,127,462.96 | 100.00% | 6,050,657.12 | | | | | | | | | | | | 8,244,522.04 | 47,367,814.88 |
| **Total** | **3,344,846.98** | **74.98%** | **8,161,314.57** | **75.16%** | **15,846,529.20** | | | | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Current File Uploads

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

No Records Found

**Narrative Text :**

For PPS to provide additional context regarding progress and/or updates to IA.

### Module Review Status

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Waiver Quarterly Update Amount By Provider | | |
|---|---|---|
| **Provider Name** | **Provider Category** | **DY2Q3** |
| **Practitioner - Primary Care Provider (PCP)** | | **0** |
| | Practitioner - Primary Care Provider (PCP) | 0 |
| **Practitioner - Non-Primary Care Provider (PCP)** | | **0** |
| | Practitioner - Non-Primary Care Provider (PCP) | 0 |
| **Hospital** | | **715,024.58** |
| Glens Falls Hospital | Hospital | 244,338.45 |
| Champlain Valley Physicians H | Hospital | 231,259.09 |
| Moses Ludington Hospital | Hospital | 182,750 |
| Adirondack Medical Center | Hospital | 13,745.39 |
| Nathan Littauer Hospital | Hospital | 40,000 |
| Canton-Potsdam Hospital | Hospital | 826.20 |
| Alice Hyde Medical Center | Hospital | 2,105.45 |
| **Clinic** | | **248,893.95** |
| Planned Pthd Mohawk Hudson | Clinic | 16,048 |
| Hudson Headwaters Health Network | Clinic | 145,758.74 |
| United C P A Of North Country | Clinic | 77,535.20 |
| Com Hlth Ctr Of Smh & Nlh Inc | Clinic | 9,552.01 |
| **Case Management / Health Home** | | **95,188** |
| Franklin Cnty Public Hlth Ser | Case Management / Health Home | 16,600 |
| Warren/Washington Mha Inc | Case Management / Health Home | 55,615 |
| Mental Health Assoc Essex Mh | Case Management / Health Home | 323 |
| Warren County Health Serv | Case Management / Health Home | 22,650 |
| **Mental Health** | | **100,465.75** |
| Families First In Essex | Mental Health | 374 |
| Clinton Cnty Comm Svcs Board | Mental Health | 99,450 |
| The Family Counseling Ctr | Mental Health | 641.75 |
| **Substance Abuse** | | **52,713.72** |
| Citizen Advocates,Inc | Substance Abuse | 44,744.97 |
| Champlain Valley Fam Ctr | Substance Abuse | 7,968.75 |

* Safety Net Providers in Green

| Waiver Quarterly Update Amount By Provider | | |
|---|---|---|
| **Provider Name** | **Provider Category** | **DY2Q3** |
| **Nursing Home** | | **24,000** |
| Clinton County N H | Nursing Home | 9,450 |
| Wesley Health Cc Inc Snf | Nursing Home | 14,550 |
| **Pharmacy** | | **0** |
| | Pharmacy | 0 |
| **Hospice** | | **175,400** |
| High Peaks Hsp/Palliative Care, Inc | Hospice | 175,400 |
| **Community Based Organizations** | | **170,765** |
| The Moreau Community Center | Community Based Organizations | 85 |
| Mental Health Association Of Franklin County Dba Community Connections Of Franklin County | Community Based Organizations | 1,105 |
| Council For Prevention | Community Based Organizations | 35,763.75 |
| Hfm (Hamilton, Fulton And Montgomery) Prevention Council | Community Based Organizations | 9,775 |
| Warren County Career Center | Community Based Organizations | 17,500 |
| Clinton County Office For The Aging | Community Based Organizations | 21,506.25 |
| Glens Falls Independent Living Center, Dba Southern Adirondack Independent Living Center (Sail) | Community Based Organizations | 403.75 |
| Washington County Office For Aging And Disabilities Resource Center | Community Based Organizations | 11,750 |
| Open Door Mission | Community Based Organizations | 21.25 |
| Essex County Office For The Aging | Community Based Organizations | 18,100 |
| Warren-Hamilton Counties Office For The Aging | Community Based Organizations | 10,600 |
| Warren Washington Community Services Board | Community Based Organizations | 20,950 |
| Essex County Public Health | Community Based Organizations | 22,100 |
| Plattsburgh Housing Authority | Community Based Organizations | 1,105 |
| **All Other** | | **142,492.42** |
| Mountain View Pediatrics Pllc | All Other | 3,000.50 |
| Primary Care Hlth Ptrs Nyllp | All Other | 3,930.40 |
| Fort Hudson Certified Home Health A | All Other | 5,695 |

# New York State Department Of Health
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* Safety Net Providers in Green

| Waiver Quarterly Update Amount By Provider | | |
|---|---|---|
| **Provider Name** | **Provider Category** | **DY2Q3** |
| North Country Home Serv Inc | All Other | 61,871.85 |
| Essex Co Chap Nysarc Day | All Other | 14,150 |
| Franklin Cnty Public Hlth Ser | All Other | 19,205 |
| Health Serv Northern New York | All Other | 9,150 |
| L Woerner Inc | All Other | 11,560 |
| Hamilton Co Nurse Svc Psshsp | All Other | 13,250 |
| Northern Lights Health Care Partner | All Other | 679.67 |
| **Uncategorized** | | **60,650** |
| Washington County Public Health Nursing Service | Uncategorized | 14,850 |
| Hamilton County Community Services | Uncategorized | 22,550 |
| Franklin County Community Services | Uncategorized | 23,250 |

# New York State Department Of Health
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## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Waiver Quarterly Update Amount By Provider | | | |
|---|---|---|---|
| **Provider Name** | **Provider Category** | **IA Provider Approval/Rejection Indicator** | **DY2Q3** |
| **Additional Providers** | | | **0** |
| Gerald Cahill, Md | Additional Providers | Approved | 0 |
| Glens Falls Independent Living Center, Dba Southern Adirondack Independent Living | Additional Providers | Rejected | 0 |
| Hfm Prevention Council | Additional Providers | Rejected | 0 |
| Interim Health Care | Additional Providers | Approved | 0 |
| North Country Healthy Heart Network | Additional Providers | Approved | 0 |
| Open Door Soup Mission | Additional Providers | Approved | 0 |
| Planned Parenthood Of The North Country New York | Additional Providers | Rejected | 0 |
| Step By Step | Additional Providers | Rejected | 0 |
| The Moreau Community Center | Additional Providers | Approved | 0 |
| Washington County Economic Opportunity Council | Additional Providers | Approved | 0 |
| Center For Disability Services D/B/A Prospect Child And Family Center | Additional Providers | Approved | 0 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 1.5 - Prescribed Milestones

**Instructions :**

Please provide updates to baseline target dates and work breakdown tasks with target dates for required 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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>Complete funds flow budget and distribution plan and communicate with network | Completed | 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. | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | YES |
| **Task**<br>1. Distribute the Project Impact Assessment and Matrix (prepared as part of current state financial stability assessment) to network provider partners with explanation of the purpose of the matrix and how it will be used to finalize funds flow in determining expected impact of DSRIP projects and expectations of costs they will incur. Provide instructions and examples. | Completed | 1. Distribute the Project Impact Assessment and Matrix (prepared as part of current state financial stability assessment) to network provider partners with explanation of the purpose of the matrix and how it will be used to finalize funds flow in determining expected impact of DSRIP projects and expectations of costs they will incur. Provide instructions and examples. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>2. Complete a preliminary PPS Level budget for Administration, Implementation, Revenue Loss, Cost of Services not Covered budget categories (Excludes Bonus, Contingency and High Performance categories). | Completed | 2. Complete a preliminary PPS Level budget for Administration, Implementation, Revenue Loss, Cost of Services not Covered budget categories (Excludes Bonus, Contingency and High Performance categories). | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>3. Review the provider level projections of DSRIP impacts and costs submitted by network providers. During provider specific budget processes, develop provider level budgets including completion of Provider Specific funds flow plan. | Completed | 3. Review the provider level projections of DSRIP impacts and costs submitted by network providers. During provider specific budget processes, develop provider level budgets including completion of Provider Specific funds flow plan. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** | Completed | 4. Develop the funds flow approach and distribution plan with | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 4. Develop the funds flow approach and distribution plan with drivers and requirements for each of the funds flow budget categories. | | drivers and requirements for each of the funds flow budget categories. | | | | | | | |
| **Task** 5. Distribute funds flow approach and distribution plan to Finance Committee and network participating providers for review and input. | Completed | 5. Distribute funds flow approach and distribution plan to Finance Committee and network participating providers for review and input. | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 6. Revise plan based on consultation and finalize; obtain approval from Finance Committee. | Completed | 6. Revise plan based on consultation and finalize; obtain approval from Finance Committee . | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 7. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Finance Committee. | Completed | 7. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Finance Committee. | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 8. Communicate approved Provider Level Funds Flow plan to each network provider. Incorporate agreed upon funds flow plan and requirements to receive funds into the PPS Provider Partner Operating Agreements. | Completed | 8. Communicate approved Provider Level Funds Flow plan to each network provider. Incorporate agreed upon funds flow plan and requirements to receive funds into the PPS Provider Partner Operating Agreements. | 05/01/2016 | 06/30/2016 | 05/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 9. Distribute Funds Flow policy and procedure, and schedule DSRIP period close requirements, along with expected Funds distribution schedule, to PPS network provider partners. | Completed | 9. Distribute Funds Flow policy and procedure, and schedule DSRIP period close requirements, along with expected Funds distribution schedule, to PPS network provider partners. | 05/01/2016 | 06/30/2016 | 05/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 10. Develop communication and training program for providers on funds flow, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds. | Completed | 10. Develop communication and training program for providers on funds flow, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds. | 05/01/2016 | 06/30/2016 | 05/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

### IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|---|---|---|

No Records Found

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | 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 | |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Complete | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 1.6 - 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 | Original Start Date | Original End Date | 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 Type | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)

**Instructions :**

This table contains five budget categories for non-waiver revenue baseline budget reporting . Please add rows to this table as necessary in order to identify sub-categories.

| Budget Items | DY1 ($) | DY2 ($) | DY3 ($) | DY4 ($) | DY5 ($) | Total ($) |
|---|---|---|---|---|---|---|
| **Non-Waiver Revenue** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Cost of Project Implementation & Administration** | **0** | **0** | **0** | **0** | **0** | **0** |
| Administration | 0 | 0 | 0 | 0 | 0 | 0 |
| Implementation | 0 | 0 | 0 | 0 | 0 | 0 |
| **Revenue Loss** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Internal PPS Provider Bonus Payments** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Cost of non-covered services** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Other** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Total Expenditures** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Undistributed Revenue** | **0** | **0** | **0** | **0** | **0** | **0** |

**Current File Uploads**

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

No Records Found

**Narrative Text :**

**Module Review Status**

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)

**Instructions :**

Please include updates on non-waiver revenue budget items for this quarterly reporting period. Reported actual spending will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

**Benchmarks**

| Non-Waiver Revenue DY2 | Total Non-Waiver Revenue | Undistributed Non-Waiver Revenue YTD | Undistributed Non-Waiver Revenue Total |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

| Budget Items | DY2 Q3 Quarterly Amount - Update | Cumulative Spending to Date (DY1 - DY5) | Remaining Balance in Current DY | Percent Remaining in Current DY | Cumulative Remaining Balance | Percent Remaining of Cumulative Balance |
|---|---|---|---|---|---|---|
| **Cost of Project Implementation & Administration** | **0** | **0** | **0** | | **0** | |
| Administration | 0 | | | | | |
| Implementation | 0 | | | | | |
| **Revenue Loss** | **0** | **0** | **0** | | **0** | |
| **Internal PPS Provider Bonus Payments** | **0** | **0** | **0** | | **0** | |
| **Cost of non-covered services** | **0** | **0** | **0** | | **0** | |
| **Other** | **0** | **0** | **0** | | **0** | |
| **Total Expenditures** | **0** | **0** | | | | |

**Current File Uploads**

| User ID | File Type | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

### Module Review Status

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)

**Instructions :**

In the table below, please detail your PPS's projected flow of non-waiver funds by provider type.

| Funds Flow Items | DY1 ($) | DY2 ($) | DY3 ($) | DY4 ($) | DY5 ($) | Total ($) |
|---|---|---|---|---|---|---|
| **Non-Waiver Revenue** | 0 | 0 | 0 | 0 | 0 | 0 |
| Practitioner - Primary Care Provider (PCP) | 0 | 0 | 0 | 0 | 0 | 0 |
| Practitioner - Non-Primary Care Provider (PCP) | 0 | 0 | 0 | 0 | 0 | 0 |
| Hospital | 0 | 0 | 0 | 0 | 0 | 0 |
| Clinic | 0 | 0 | 0 | 0 | 0 | 0 |
| Case Management / Health Home | 0 | 0 | 0 | 0 | 0 | 0 |
| Mental Health | 0 | 0 | 0 | 0 | 0 | 0 |
| Substance Abuse | 0 | 0 | 0 | 0 | 0 | 0 |
| Nursing Home | 0 | 0 | 0 | 0 | 0 | 0 |
| Pharmacy | 0 | 0 | 0 | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 | 0 | 0 | 0 |
| Community Based Organizations | 0 | 0 | 0 | 0 | 0 | 0 |
| All Other | 0 | 0 | 0 | 0 | 0 | 0 |
| Uncategorized | 0 | 0 | 0 | 0 | 0 | 0 |
| PPS PMO | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Funds Distributed** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Undistributed Non-Waiver Revenue** | **0** | **0** | **0** | **0** | **0** | **0** |

**Current File Uploads**

| User ID | File Type | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

**Module Review Status**

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)

**Instructions :**

Please include updates on flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. Reported actual fund distribution will be compared to baseline projections and deviations will be evaluated.
Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

**Benchmarks**

| Non-Waiver Revenue DY2 | Total Non-Waiver Revenue | Undistributed Non-Waiver Revenue YTD | Undistributed Non-Waiver Revenue Total |
|---|---|---|---|
| 0.00 | 0.00 | 0.00 | 0.00 |

| Funds Flow Items | DY2 Q3 Quarterly Amount - Update | Percentage of Safety Net Funds - DY2 Q3 Quarterly Amount - Update | Safety Net Funds Flowed YTD | Safety Net Funds Percentage YTD | Total Amount Disbursed to Date (DY1-DY5) | DY Adjusted Difference | Cumulative Difference |
|---|---|---|---|---|---|---|---|
| Practitioner - Primary Care Provider (PCP) | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Practitioner - Non-Primary Care Provider (PCP) | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Hospital | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Clinic | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Case Management / Health Home | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Mental Health | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Substance Abuse | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Nursing Home | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Pharmacy | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Hospice | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Community Based Organizations | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| All Other | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Uncategorized | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Additional Providers | 0 | 0.00% | 0 | 0.00% | 0 | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Funds Flow Items | DY2 Q3 Quarterly Amount - Update | Percentage of Safety Net Funds - DY2 Q3 Quarterly Amount - Update | Safety Net Funds Flowed YTD | Safety Net Funds Percentage YTD | Total Amount Disbursed to Date (DY1-DY5) | DY Adjusted Difference | Cumulative Difference |
|---|---|---|---|---|---|---|---|
| PPS PMO | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| **Total** | **0** | | **0** | | **0** | | |

### Current File Uploads

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

No Records Found

**Narrative Text :**

### Module Review Status

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Non-Waiver Quarterly Update Amount By Provider | | |
|---|---|---|
| **Provider Name** | **Provider Category** | **DY2Q3** |
| **Practitioner - Primary Care Provider (PCP)** | | **0** |
| | Practitioner - Primary Care Provider (PCP) | 0 |
| **Practitioner - Non-Primary Care Provider (PCP)** | | **0** |
| | Practitioner - Non-Primary Care Provider (PCP) | 0 |
| **Hospital** | | **0** |
| | Hospital | 0 |
| **Clinic** | | **0** |
| | Clinic | 0 |
| **Case Management / Health Home** | | **0** |
| | Case Management / Health Home | 0 |
| **Mental Health** | | **0** |
| | Mental Health | 0 |
| **Substance Abuse** | | **0** |
| | Substance Abuse | 0 |
| **Nursing Home** | | **0** |
| | Nursing Home | 0 |
| **Pharmacy** | | **0** |
| | Pharmacy | 0 |
| **Hospice** | | **0** |
| | Hospice | 0 |
| **Community Based Organizations** | | **0** |
| | Community Based Organizations | 0 |
| **All Other** | | **0** |
| | All Other | 0 |
| **Uncategorized** | | **0** |
| | Uncategorized | 0 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Non-Waiver Quarterly Update Amount By Provider | | | |
|---|---|---|---|
| **Provider Name** | **Provider Category** | **IA Provider Approval/Rejection Indicator** | **DY2Q3** |
| **Additional Providers** | | | **0** |
| | Additional Providers | | 0 |

## Adirondack Health Institute, Inc. (PPS ID:23)

**IPQR Module 1.11 - IA Monitoring**

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

## 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 | Original Start Date | Original End Date | 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 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | YES |
| **Task** 8. Communications are issued to PPS partners and stakeholders to announce final Governance. | Completed | Announce final Governance | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 9. Members of the PPS Executive Governing Body are installed. | Completed | Install members of Executive Governing Body | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 10. Members of the PPS Committees are installed. | Completed | Members installed to PPS Committees | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 1. Adirondack Health Institute (AHI) convenes key stakeholders including Adirondacks ACO, Adirondack Medical Home Initiative, OneCare Vermont, and others to develop regional strategy for Population Health Management governance & capabilities. | Completed | Convene key stakeholders | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 2. Adirondack Health Institute (AHI) works with NYS DOH to secure approval of AHI as a Safety Net under DSRIP | Completed | Safety Net approval | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 3. Review AHI governance structure & by-laws to | Completed | Review Governance structure and by-laws | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| determine adequacy for DSRIP governing purposes. | | | | | | | | | |
| **Task**<br>4. Subsequent to the release of Funds Flow/Governance Requirements/Guidance from NYS DOH, AHI obtains legal consult to determine what Governance options remain feasible. | Completed | Obtain legal consult | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>5. Tools/resources are prepared to support decision-making on Governance: visual representations, slides, pros/cons. Materials include descriptions of sub-committees: name, size, function. Materials depict overlap with existing organizations, such as the Adirondacks ACO and Adirondack Medical Home Initiative, and opportunities for integration and/or alignment. | Completed | Tools and resources to support Governance | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>6. AHI PPS Interim Steering Committee & Regional Health Innovation Team leaders take part in facilitated discussion of Governance options, including ownership, authority, and sub-committee structure, and provide feedback for consideration by AHI Members and Board. | Completed | Discuss Governance with Steering Committee and Regional Health Innovation Teams | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>7. AHI Board endorses the Governance Model; AHI Members provide final approval of the selected Governance model. | Completed | Final approval | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Milestone #2**<br>Establish a clinical governance structure, including clinical quality committees for each DSRIP project | Completed | This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| **Task**<br>1. Charter is drafted for the Clinical Governance & Quality Committee. | Completed | governance and quality charter draft | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** | Completed | convene governance and quality committees | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 2. Clinical Governance & Quality Committee is convened; members review draft charter and proposed structure for clinical quality oversight of all projects. | | | | | | | | | |
| **Task**<br>3. Clinical Governance & Quality Committee members review current Project Team and Regional Health Innovation Team structure and determine how to communicate with, and utilize, these structures to support Quality Committee functions. | Completed | Review project team and RHIT structures | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>4. Clinical Governance & Quality Committee charter and project level structure is finalized. | Completed | finalize charter and project level structure | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>5. Clinical Governance & Quality Committee endorses workplan (prepared by PMO) for the identification & adoption of standard evidence-based protocols for each Domain 3 project and others as needed. | On Hold | endorse workplan for standard protocols for projects | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>6. Communication plan is put in place to engage staff in the process of identifying & adopting evidence-based protocols; and to ensure protocls (once adopted) are disseminated throughout the PPS. | On Hold | Communication plan for protocols | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>7. Plan is established to monitor implementation of evidence-based protocols, including methods of measuring adherence to protocols and providing feedback to persons responsible for oversight at each partner organization. | On Hold | plan established to monitor implementation of protocols | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>8. On-going meeting schedule is issued to meet workplan deliverables. | Completed | meeting schedule issued for workplan deliverables | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>9. Clinical Governance & Quality Committee | Completed | develop final measures for monitoring quality | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| reviews established metrics for monitoring performance & quality and develops final measures set. | | | | | | | | | |
| **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. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | YES |
| **Task** 1. Obtain legal consult and develop the PPS Governance Bylaws. | Completed | disseminate policies and procedures | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 2. PPS Executive Governance Body Meets: adopts bylaws and identifies key policies necessary for PPS | Completed | review and adopt policies | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 3. Policies are drafted, include: compliance, dispute resolution, and policies regarding partner participation in the PPS. | Completed | develop by-laws | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 4. PPS Executive Governance Body meets to review & adopt policies. | Completed | identify key policies | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 5. Policies and procedures are disseminated and communicated across the PPS. | Completed | draft policies | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Milestone #4** Establish governance structure reporting and monitoring processes | Completed | This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| **Task** 1. PPS recruits Director of the Project Management Office & project management staff. | Completed | recruit director of PMO | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 2. PPS Contracts with vendor for Project Management tool to support monitoring and reporting of progress at the workstream, and project, levels. | Completed | Contract with vendor for PM tool | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** | Completed | timeline and workplan for PM tool established | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 3. Workplan & Timeline for Project Management Tool Implementation is established. | | | | | | | | | |
| **Task** 4. Monitoring and Reporting flowchart is developed, depicting the flow of information from reports/dashboards to PPS Sub-Committees and Board. | Completed | Information flow chart developed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 5. Director of PMO works with Project Management Tool vendor to coordinate alignment with DOH reporting requirements. | Completed | Align Reporting Requirements | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 6. There will be a need to monitor and report on progress in advance of Project Management Tool implementation, as such, the PMO will put in place an interim plan (and the necessary tools) for monitoring & reporting. | Completed | Monitoring/Reporting | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 7. PPS Partners and stakeholders are provided with "role-appropriate" access to dashboards & reports. | Completed | Dashboards | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 8. Governance Communications flowchart is developed, depicting the flow of information amongst the various PPS Committees and Executive Governance Body. | Completed | Flowchart | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 9. Committee standing agendas are established, with each receiving regular reports from other committees as relevant. | Completed | Agendas | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 10. Governance Communications Strategy is developed, including use of a secure electronic platform for sharing of agendas and minutes among various governance bodies as appropriate to their functions & authorities. | Completed | Governance Communications Strategy | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Milestone #5** | Completed | Community engagement plan, including plans for two-way | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | NO |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement) | | communication with stakeholders. | | | | | | | |
| **Task**<br>1. Develop position description & recruit Community Engagement Manager. This position is responsible for CBO outreach and engagement, overall and specifically in relation to Project 2di. | Completed | Community Engagement Manager (Jessica Chanese) hired 6/22/2015. | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task**<br>2. Identify community based organizations that address the social determinants of health (employment, transportation, housing, legal, etc.) | Completed | Identify CBOs | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>3. Invite CBOs to participate in Regional Health Innovation Team meetings and project teams. | Completed | Invite to Meetings | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>4. Develop schedule of communications and events to stimulate CBO participation in DSRIP projects/activities AND to promote relationship building between health care provider organizations and CBOs. Coordinate these events in conjunction with the Adirondack Rural Health Network and the Population Health Improvement Program. | Completed | Communications Schedule | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>5. Provide resources (including speakers) to CBOs to educate them on Medicaid redesign and DSRIP and the role CBOs can play in improving population health. | Completed | Provide Resources | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Milestone #6**<br>Finalize partnership agreements or contracts with CBOs | In Progress | Signed CBO partnership agreements or contracts. | 04/01/2016 | 12/31/2016 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | NO |
| **Task**<br>1. Identify appropriate committees for CBO representation, including Finance | Completed | Identify committees | 04/01/2015 | 09/30/2015 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 2. AHI will host planning meetings and invite CBOs from the nine county area to engage them in the PPS | Completed | Planning meetings | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 3. AHI will create a DSRIP information distribution list that will include CBOs and others to engage and inform all entities about the DSRIP process | Completed | Distribution list | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 4. Determine a path for funds flow to CBOs as most are not safety net providers. | Completed | Fund Flow | 06/01/2015 | 12/31/2015 | 06/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 5. Work with CBOs providing services that support DSRIP projects including Healthy Heart Network (tobacco cessation), Adirondacks ACO, Hospices, county mental health associations, prevention councils, churches, homeless shelters, and others to determine desired participation level. | Completed | Work with CBOs | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 6. Negotiate and draft partnership agreements with key CBOs | Completed | Partnership Agreements | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 7. Sign partnership agreements | Completed | Sign Agreements | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #7** Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.) | In Progress | Agency Coordination Plan. | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | NO |
| **Task** 1. Building on existing partnerships and relationships, AHI will identify all appropriate agencies in the AHI PPS service area | Completed | Identify Agencies | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 2. AHI will host planning meetings and invite | Completed | Host Meetings | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| agencies from the nine county area to engage them in the PPS | | | | | | | | | |
| **Task** 3. AHI will create a DSRIP information distribution list that will include all public sector agencies such as Community Service Boards, Offices for the Aging, Public Health, disability agencies, and others to engage and inform them | Completed | Distribution List | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 4. Recruit participants from the various public agencies to be part of, and possibly take a leadership role in, the PPS planning and leadership structure including AHI's Regional Health Innovation Teams (RHITs) and the PPS Steering Committee | Completed | Recruit Participants | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 5. Develop an action plan for coordinating agency activities with the AHI PPS for discussion, review, and adoption by the Agencies and Municipal Authorities | Completed | Action Plan | 07/01/2016 | 03/31/2017 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| **Milestone #8** Finalize workforce communication and engagement plan | Completed | 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). | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| **Task** 1. Employee Engagement Work Group will utilize information on the key stakeholder organizations and ask organizations to identify one key contact person whose responsibility it will be to receive updates and communications regarding DSRIP and determine the best mode of dissemination to their organization. | Completed | Key Contact | 07/01/2015 | 03/17/2016 | 07/01/2015 | 03/17/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 2. Employee Engagement Work Group will identify communication needs and required key messages to employee groups, as well as the available communication channels that can be | Completed | Identify Needs | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| utilized for stakeholder engagement. | | | | | | | | | |
| **Task**<br>3. Employee Engagement Work Group will develop Workforce Communication and Engagement Strategy: Establish the vision, objectives and guiding principles as a means to engage key stakeholders, reviewed by Workforce Committee leadership and signed off by the executive body of the PPS. | Completed | Develop Strategy | 08/01/2015 | 03/31/2016 | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>4. Employee Engagement Work Group will develop Workforce Communication & Engagement Plan: Outline objectives, principles, target audience, channel, barriers and risks, milestones, and measuring effectiveness; reviewed by the Workforce Committee leadership and signed off by the executive body of the PPS. | Completed | Develop Plan | 08/01/2015 | 03/31/2016 | 08/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Milestone #9**<br>Inclusion of CBOs in PPS Implementation. | Completed | Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | NO |
| **Task**<br>6. Sign partnership agreements. | Completed | Sign Agreements | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>1. AHI will host planning meetings and invite CBOs from the nine county area to engage them in the PPS. | Completed | Planning meetings | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>2. AHI will create a DSRIP information distribution list that will include CBOs and others to engage and inform all entities about the DSRIP process. | Completed | Distribution list | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>3. Determine a path for funds flow to CBOs as most are not safety net providers. | Completed | Funds Flow | 06/01/2015 | 12/31/2015 | 06/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** | Completed | Work with CBOs | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 4. Work with CBOs providing services that support DSRIP projects including Health Heart Network (tobacco cessation), Adirondacks ACO, Hospices, community mental health associations, prevention councils, homeless shelters, and others to determine appropriate participation level. | | | | | | | | | |
| **Task**<br>5. Negotiate and draft partnership agreements with key CBOs | Completed | Partnership Agreements | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

### IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|---|---|---|
| Finalize governance structure and sub-committee structure | If there have been changes, please describe those changes and upload any supporting documentation as necessary. | Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box. |
| Finalize bylaws and policies or Committee Guidelines where applicable | If there have been changes, please describe those changes and upload any supporting documentation as necessary. | Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box. |

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| Finalize governance structure and sub-committee structure | ctrue | Rosters | 23_DY2Q3_GOV_MDL21_PRES1_ROST_DY2Q3_Committee_Member_Templates_8156.pdf | Committee Member Templates | 01/19/2017 02:55 PM |
| | ctrue | Templates | 23_DY2Q3_GOV_MDL21_PRES1_TEMPL_DY2Q3_Committee_Meeting_Schedule-Community_&_Beneficiary_Engagement_8151.xlsx | Committee Meeting Schedule - Community & Beneficiary Engagement | 01/19/2017 02:20 PM |
| | ctrue | Templates | 23_DY2Q3_GOV_MDL21_PRES1_TEMPL_DY2Q3_Committee_Meeting_Schedule-Workforce_8148.xlsx | Committee Meeting Schedule - Workforce | 01/19/2017 02:18 PM |
| | ctrue | Templates | 23_DY2Q3_GOV_MDL21_PRES1_TEMPL_DY2Q3_Committee_Meeting_Schedule-Steering_8146.xlsx | Committee Meeting Schedule - Steering | 01/19/2017 02:18 PM |
| | ctrue | Templates | 23_DY2Q3_GOV_MDL21_PRES1_TEMPL_DY2Q3_Committee_Meeting_Schedule- | Committee Meeting Schedule - Network | 01/19/2017 02:16 PM |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| | | | Network_8144.xlsx | | |
| | ctrue | Templates | 23_DY2Q3_GOV_MDL21_PRES1_TEMPL_DY2Q3_Committee_Meeting_Schedule-IT_&_Data_Sharing_8143.xlsx | Committee Meeting Schedule - IT & Data Sharing | 01/19/2017 02:16 PM |
| | ctrue | Templates | 23_DY2Q3_GOV_MDL21_PRES1_TEMPL_DY2Q3_Committee_Meeting_Schedule-Finance_8142.xlsx | Committee Meeting Schedule - Finance | 01/19/2017 02:15 PM |
| | ctrue | Templates | 23_DY2Q3_GOV_MDL21_PRES1_TEMPL_DY2Q3_Committee_Meeting_Schedule-Clin_Gov_&_Quality_8105.xlsx | Committee Meeting Schedule - Clinical Governance and Quality | 01/19/2017 11:38 AM |
| Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement) | ctrue | Other | 23_DY2Q3_GOV_MDL21_PRES5_OTH_Community_Engagement_Template_Governance_Milestone_5_DY2_Q3_8159.xlsx | Community Engagement Template | 01/19/2017 03:08 PM |
| Finalize partnership agreements or contracts with CBOs | dlarose | Other | 23_DY2Q3_GOV_MDL21_PRES6_OTH_DY2Q3_Contracting_Status_8310.docx | DY2Q3 Contracting Status | 01/23/2017 10:08 AM |
| | ctrue | Other | 23_DY2Q3_GOV_MDL21_PRES6_OTH_DY2_Q3_CBO_Template_Governance_Milestone_6_8162.xlsx | CBO Template | 01/19/2017 03:10 PM |
| | ctrue | Templates | 23_DY2Q3_GOV_MDL21_PRES6_TEMPL_CBO_Meeting_Schedule_Template_Governance_Milestone_6_DY2_Q3_JC_8161.xlsx | CBO Meeting Schedule Template | 01/19/2017 03:09 PM |
| 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.) | dlarose | Other | 23_DY2Q3_GOV_MDL21_PRES7_OTH_DY2Q3_Contracting_Status_8309.docx | DY2Q3 Contracting Status | 01/23/2017 10:06 AM |
| | ctrue | Templates | 23_DY2Q3_GOV_MDL21_PRES7_TEMPL_Public_Sector_Agency_Template_8164.xlsx | Public Sector Agency Template | 01/19/2017 03:11 PM |

### 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 | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| applicable | |
| 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 | The milestone completion date has been moved to 3/31/17 as we continue to finalize contracting. Please refer to the attached document for a more detailed look at AHI PPS's contracting status.<br><br>Thank you. |
| 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. | |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Complete | |
| **Milestone #2** | Pass & Complete | |
| **Milestone #3** | Pass & Complete | |
| **Milestone #4** | Pass & Complete | |
| **Milestone #5** | Pass & Complete | |
| **Milestone #6** | Pass & Ongoing | |
| **Milestone #7** | Pass & Ongoing | |
| **Milestone #8** | Pass & Complete | |
| **Milestone #9** | Pass & Complete | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone**<br>Mid-Point Assessment | Completed | Mid-Point Assessment Narrative | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Mid-Point Assessment | |

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

With more than 100 partners, AHI faces challenges with developing an effective governance structure that ensures excellence in stewardship, oversight, and representation.
The three risks to governance are:
• Loss of participation of safety net leaders in governing the PPS network due to increased demands on them to lead their own organizations in addition to the region's ACO, Medical Home Initiative, and Health Home.
• Active participation of key stakeholders including hospital, physician, behavioral health, long-term/home health and community benefit leadership.
• Trust by key stakeholders.

These risks will be mitigated by:
• Working collaboratively with leadership of the Adirondack ACO, Adirondack Medical Home, and other stakeholders to develop a governance structure that meets the needs of AHI's Health Home and Population Health Improvement Program that aligns with the ACO, Medical Home, and PPS initiative.
• Compensating clinical leaders' time.
• Ensuring meetings are warranted and time is used efficiently.
• Development and execution of a network communication strategy to include open forums, the MIX platform, and website.

### 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 Governance Workstream is perhaps the most dependent on other Workstreams, each of which supports the overarching responsibility of the Governance to lead the PPS. The PPS will be successful to the extent that governing bodies can rely on high quality data and analytics made available through a well-designed IT infrastructure. This infrastructure will produce information necessary to perform cost/benefit analyses and estimates of ROI, which the Board can rely on to make important decisions on the allocation of resources and strategic direction of the PPS. The Finance Workstream supports Governance through effective and credible funds flow management. This Workstream is key to partner engagement in the PPS, as the commitment funds serves both as an incentive and a tool to ameliorate negative impacts of healthcare transformation on some types of provider organizations. Workforce development is also central: no plan or model can succeed without strong relationships with unions and

workers, and a workforce that has the skills and capacity to meet the needs of the changing healthcare delivery system. Finally, provider/partner engagement is vital, as the leadership resources that partners bring to the table will be the driving forces in the development of and compliance with evidence-based protocols. Without provider leadership, the PPS will be hampered in efforts to achieve the high levels of coordination and clinical integration that are necessary for the system to operate under new models of care and achieve quality goals.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 |
|---|---|---|
| PPS Lead Applicant/Entity | AHI, Margaret Vosburgh CEO | Fiduciary responsibility; provide funding and staff resources; develop governance structure, bylaws, and policies; establish the project management office (staff, tools, processes) |
| Population Health Management Partner | ADK ACO, Karen Ashline | Board & Committee members. Partner with the PPS in Governance and IT Development; partner to align Clinical Governance & Quality with related initiatives (Medical Home, Health Home, MSSP, etc.); partner in development of regional PHM capabilities |
| Major hospital partners | Glens Falls Hospital, Adirondack Health, Champlain Valley Physician Hospital, St Lawrence Health System, Nathan Littauer Hospital (CEOs and Senior Administrators, Clinical Leaders, take part in a variety of forums) | Board and Committee members, project implementations, EBM protocol development, clinical leadership |
| Physician organizations and large practices | Hudson Headwaters Health Network, Plattsburgh Physician Group, North Country Physicians Organization (CEOs and Senior Administrators, Clinical Leaders, take part in a variety of forums) | Board and Committee members, project implementations, EBM protocol development, physician leadership |
| County Mental Health Departments | Rob York, DCS Warren-Washington County; Peter Trout, DCS Clinton County; Steve Valley, DCS Essex County, are the most active, all 9 County DCS are involved to varying degrees. | Board and Committee members, project implementations, EBM protocol development, behavioral health leadership |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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** | | |
| Health Home Care Management Agencies (AHI is Lead Health Home; care management agencies listed are downstream providers of Health Home services) | Alliance for Positive Health<br>Behavioral Health Services North<br>Citizen Advocates/ Northstar Behavioral Health<br>Essex County Mental Health Services<br>Glens Falls Hospital<br>HCR Home Care<br>Hudson Headwaters Health Network<br>Mental Health Association in Essex County<br>UVM Health Network- Champlain Valley Health Network<br>Warren-Washington Association for Mental Health<br>Community Maternity Services<br>United Helpers/Mosaic<br>United Helpers/ACT<br>Hamilton County Community Services | Care Management Protocols and Procedures, Project Implementations |
| Community-Based Organizations | Offices for the Aging, NYConnects, Mental Health Associations & Alliances, Consumer and Peer Groups, Churches, YMCAs, Civic groups | Align projects with county plans and initiatives; participate in some project implementations |
| Public Health & Community Services | County-based Public Health Departments, Community Services Boards, Local Governmental Units | Align projects with county plans and initiatives; participate in some project implementations |
| **External Stakeholders** | | |
| Key advisors, counselors, attorneys, consultants | Manatt, Phelps & Phillips, LLP, The Advisory Group, The Chartis Group, CohnReznick | Drafts governance documents, provider agreements, policies and procedures, contracts, etc. |

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 AHI PPS is putting in place the shared IT infrastructure that will support communication and decision-making across the PPS Board and sub-committees. The Governance will rely on a secure electronic platform for sharing of meeting agendas and minutes, with the appropriate role-based access to such documents. Additionally, all PPS partners will have ready access to a tool for sharing information on project progress. This IT infrastructure will enable the PPS to readily produce progress reports and make visible the PPS' progress against milestones, thus allowing the PPS to achieve a level of transparency with key stakeholders that is necessary for on-going trust and support of the providers and communities served. Overall, the expectation is that IT will support the necessary two-way communication across committees, partners, and teams.

### IPQR Module 2.8 - Progress Reporting

**Instructions :**

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

The success of Governance Workstream is measured by progress against a set of required milestones, including the timely creation of the structures (BOD and Committees), populating such structures with the appropriate members, the formal adoption of bylaws, policies and procedures for all key committees and sub-committees, and the development, negotiation and execution of all required provider agreements to allow the PPS to begin operation. Progress is also measured by the successful implementation of project management and performance monitoring systems (including data collection, analyses and reporting) to support decision-making.

### IPQR Module 2.9 - IA Monitoring

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

## 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 | Original Start Date | Original End Date | 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. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| **Task** 1. Establish the financial structure of the Governance organization and the roles and responsibilities of the Finance Committee in compliance with DSRIP governance guidelines and other applicable NYS or Federal rules. | Completed | 1. Establish the financial structure of the Governance organization and the roles and responsibilities of the Finance Committee in compliance with DSRIP governance guidelines and other applicable NYS or Federal rules. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 2. Develop charter for the PPS finance function and establish schedule for Finance Committee meetings. Includes coordination with other PPS functions and governance. | Completed | 2. Develop charter for the PPS finance function and establish schedule for Finance Committee meetings. Includes coordination with other PPS functions and governance. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 3. Develop PPS Org chart that depicts the complete finance function with reporting structure to Executive Body and any oversight committees. | Completed | 3. Develop PPS Org chart that depicts the complete finance function with reporting structure to Executive Body and any oversight committees. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 4. Obtain PPS Executive Body approval of PPS Finance Function charter and organization structure chart and populate finance committee. | Completed | 4. Obtain PPS Executive Body approval of PPS Finance Function charter and organization structure chart and populate finance committee. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 5. Define the Roles and Responsibilities of the | Completed | 5. Define the Roles and Responsibilities of the PPS Lead and Finance function and document in a Business Office Plan. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| PPS Lead and Finance function and document in a Business Office Plan. | | | | | | | | | |
| **Task**<br>6. Develop policies and procedures for oversight and accountability of the accounting function, funds flow, budgeting, and reporting as required by GAAP, DSRIP, and all required external compliance. Includes documentation of the internal controls environment. | Completed | 6. Develop policies and procedures for oversight and accountability of the accounting function, funds flow, budgeting, and reporting as required by GAAP, DSRIP, and all required external compliance. Includes documentation of the internal controls environment. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>7. Recruit and populate open positions and train members of the Finance Office. | Completed | 7. Recruit and populate open positions and train members of the Finance Office. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>8. Incorporate finance structure and governance into operating agreements and PPS lead entity agreement as necessary. | Completed | 8. Incorporate finance structure and governance into operating agreements and PPS lead entity agreement as necessary. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #2**<br>Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | Completed | This milestone must be completed by 3/31/2016. Network financial health 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 | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | YES |
| **Task**<br>1. Develop matrix of DSRIP Projects and identify expected impact on provider cost, patient volumes, revenue, loss of services or other based upon project goals and expected participation levels. Includes both quantitative and qualitative Impacts. Engage consultants as necessary and collaborate with other PPS lead entities to optimize knowledge base. | Completed | 1. Develop matrix of DSRIP Projects and identify expected impact on provider cost, patient volumes, revenue, loss of services or other based upon project goals and expected participation levels. Includes both quantitative and qualitative Impacts. Engage consultants as necessary and collaborate with other PPS lead entities to optimize knowledge base. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 2. Review DRAFT of Project Impact matrix with Finance Committee and Executive Committee. | Completed | 2. Review DRAFT of Project Impact matrix with Finance Committee and Executive Committee. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 3. Finalize Project Impact Matrix identifying project participation, expected impact of projects and provider specific view. | Completed | 3. Finalize Project Impact Matrix identifying project participation, expected impact of projects and provider specific view. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 4. Review and obtain approval of Project Impact Matrix from Finance Committee and Executive Body as basis for Sustainability and applicable portions of funds flow plan. | Completed | 4. Review and obtain approval of Project Impact Matrix from Finance Committee and Executive Body as basis for Sustainability and applicable portions of funds flow plan. | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 5. Develop a communication strategy for PPS providers and partners in advance of conducting assessment to improve transparency and improve overall quality of input into the matrix. | Completed | 5. Develop a communication strategy for PPS providers and partners in advance of conducting assessment to improve transparency and improve overall quality of input into the matrix. | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 6. Operating agreements for PPS participants to outline the required compliance with providing information for project matrix and protocol for addressing any compliance issues. | Completed | 6. Operating agreements for PPS participants to outline the required compliance with providing information for project matrix and protocol for addressing any compliance issues. | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 7. Update the Financial Assessment and Project Impact Assessment documents that were used for the Preliminary Financial assessment conducted in Nov 2014. Update for added metrics and provider specific metrics. | Completed | 7. Update the Financial Assessment and Project Impact Assessment documents that were used for the Preliminary Financial assessment conducted in Nov 2014. Update for added metrics and provider specific metrics. | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 8. Distribute Current State Financial Assessment and Project Impact Assessment documents to providers using the communication plan developed. | Completed | 8. Distribute Current State Financial Assessment and Project Impact Assessment documents to providers using the communication plan developed. | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 9. Accumulate and review results of Current | Completed | 9. Accumulate and review results of Current State Financial Assessment and Project Impact Assessment returned from | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| State Financial Assessment and Project Impact Assessment returned from providers. Reach out to providers that did not respond and follow up on any information that does not appear to be consistent with the instructions or varies significantly from the initial assessment data from Nov 2014. | | providers. Reach out to providers that did not respond and follow up on any information that does not appear to be consistent with the instructions or varies significantly from the initial assessment data from Nov 2014. | | | | | | | |
| **Task**<br>10. Prepare report of PPS Current State Financial Status which highlights any areas of concern and includes publicly available information in addition to data provided by participants. Report to be reviewed by Finance Committee and then presented to the Executive Committee. | On Hold | 10. Prepare report of PPS Current State Financial Status which highlights any areas of concern and includes publicly available information in addition to data provided by participants. Report to be reviewed by Finance Committee and then presented to the Executive Committee. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>11. Define procedure for ongoing monitoring of financial stability and obtain approval from Executive Body. Monitoring and reporting requirements to be incorporated into the operating agreements with participants of the PPS including protocol for handling non conformance issues. | Completed | 11. Define procedure for ongoing monitoring of financial stability and obtain approval from Executive Body. Monitoring and reporting requirements to be incorporated into the operating agreements with participants of the PPS including protocol for handling non conformance issues. | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>12. Based upon Financial Assessment and Project Impact Assessment – identify providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in projects, prepare initial Financially Fragile Watch List and obtain approval of Finance Committee. Communication plan for fragile watch list to be developed and documented and approved by the Executive | On Hold | 12. Based upon Financial Assessment and Project Impact Assessment – identify providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in projects, prepare initial Financially Fragile Watch List and obtain approval of Finance Committee. Communication plan for fragile watch list to be developed and documented and approved by the Executive Committee. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| Committee. | | | | | | | | | |
| **Task** 13. Develop PPS Financial Stability plan. The plan will include metrics, ongoing monitoring process, and other requirements as part of progressive sanctions by the PPS. | Completed | 13. Develop PPS Financial Stability plan. The plan will include metrics, ongoing monitoring process, and other requirements as part of progressive sanctions by the PPS. | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 14. Define process for evaluating metrics and implementing a Financial Stability Plan for the initial Fragile Watch List as any partners that subsequently are determined to be at risk. | Completed | 14. Define process for evaluating metrics and implementing a Financial Stability Plan for the initial Fragile Watch List as any partners that subsequently are determined to be at risk. | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 15. Obtain approval of Finance Committee and other oversight as documented in governance documents. | Completed | 15. Obtain approval of Finance Committee and other oversight as documented in governance documents. | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 16. Define role of project oversight for the Financial Stability Plan and Distressed Provider Plan. Document the process, including required monitoring and reporting for current and future plans. | Completed | 16. Define role of project oversight for the Financial Stability Plan and Distressed Provider Plan. Document the process, including required monitoring and reporting for current and future plans. | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 17. Implement PMO oversight for FSP and Distressed Provider Plans – for any active plans identified at during DSRIP implementation phase. | Completed | 17. Implement PMO oversight for FSP and Distressed Provider Plans – for any active plans identified at during DSRIP implementation phase. | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 18. Outline reporting requirements for initial plan and ongoing monitoring of for Distressed Provider Plan(s) which will include additional metrics and narrative for the provider. | Completed | 18. Outline reporting requirements for initial plan and ongoing monitoring of for Distressed Provider Plan(s) which will include additional metrics and narrative for the provider. | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 19. Define process for evaluating metrics and implementing a DPP for Financially Fragile providers. Include process for progressive sanctions as documented in governance materials. | Completed | 19. Define process for evaluating metrics and implementing a DPP for Financially Fragile providers. Include process for progressive sanctions as documented in governance materials. | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #3** Finalize Compliance Plan consistent with New York State Social Services Law 363-d | Completed | This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead). | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| **Task** 1. Assess NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead. | Completed | 1. Assess NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead. | 09/30/2015 | 12/31/2015 | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 2. Develop or augment existing written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance plan that are within the scope of responsibilities of the PPS Lead. | Completed | 2. Develop or augment existing written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance plan that are within the scope of responsibilities of the PPS Lead. | 09/30/2015 | 12/31/2015 | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 3. Develop process to ensure PPS network providers have implemented a compliance plan consistent with the NY State Social Services Law 363-d as required for the entire DSRIP contract period. | Completed | 3. Develop process to ensure PPS network providers have implemented a compliance plan consistent with the NY State Social Services Law 363-d as required for the entire DSRIP contract period. | 09/30/2015 | 12/31/2015 | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 4. Include a provision in the PPS Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State Social Services Law 363-d requirements for a provider. | Completed | 4. Include a provision in the PPS Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State Social Services Law 363-d requirements for a provider. | 09/30/2015 | 12/31/2015 | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 5. Put in place a process to required any new policy and procedure added after the initial PPS financial structure is established for DSRIP are reviewed for NY State Social Services Law 363-d. | Completed | 5. Put in place a process to required any new policy and procedure added after the initial PPS financial structure is established for DSRIP are reviewed for NY State Social Services Law 363-d. | 09/30/2015 | 12/31/2015 | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 6. Obtain Executive Body approval of the Compliance Plan (for the PPS Lead) and Implement. | Completed | 6. Obtain Executive Body approval of the Compliance Plan (for the PPS Lead) and Implement. | 09/30/2015 | 12/31/2015 | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

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## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #4** Develop a Value Based Payments Needs Assessment ("VNA") | In Progress | Administer VBP activity survey to network | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | YES |
| **Task** 1. Develop a VBP Work Group which includes representatives from across the care continuum of PPS system. Provide training on VBP core concepts with experts from region of engaged consultants - see step 3. | Completed | 1. Develop a VBP Work Group which includes representatives from across the care continuum of PPS system. Provide training on VBP core concepts with experts from region of engaged consultants - see step 3. | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 2. Develop VBP Work Group Charter with the primary goal of the AHI PPS VBP Work Group to coordinate outreach and educational initiatives that support VBP arrangements throughout our system. | Completed | 2. Develop VBP Work Group Charter with the primary goal of the AHI PPS VBP Work Group to coordinate outreach and educational initiatives that support VBP arrangements throughout our system. | 09/30/2015 | 12/31/2015 | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 3. Engage consultants or identify SME (Subject Matter Experts) in PPS region to assist the VBP workgroup as necessary. | Completed | 3. Engage consultants or identify SME (Subject Matter Experts) in PPS region to assist the VBP workgroup as necessary. | 09/30/2015 | 12/31/2015 | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 3A. Develop education and communication plan for providers to facilitate understanding of value based payment (VBP), to include levels of VBP, risk sharing, and provider/MCO contracting options. | Completed | 3A. Develop education and communication plan for providers to facilitate understanding of value based payment (VBP), to include levels of VBP, risk sharing, and provider/MCO contracting options. | 11/01/2015 | 12/31/2015 | 11/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 4. Develop training materials to be used for provider and PPS stakeholder outreach and educational campaign. Engage consultants as necessary based on expertise and coordinate with other DSRIP work stream leads. | In Progress | 4. Develop training materials to be used for provider and PPS stakeholder outreach and educational campaign. Engage consultants as necessary based on expertise and coordinate with other DSRIP work stream leads. | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task** 5. Conduct education and outreach campaign for PPS stakeholders, specifically providers, to increase knowledge among the PPS network of the various VBP models and to enable the PPS to employ those models in a coordinated | In Progress | 5. Conduct education and outreach campaign for PPS stakeholders, specifically providers, to increase knowledge among the PPS network of the various VBP models and to enable the PPS to employ those models in a coordinated approach. Existing DSRIP communication channels and best practices for training using various media will be employed | 12/01/2015 | 03/31/2017 | 12/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| approach. Existing DSRIP communication channels and best practices for training using various media will be employed and documented to optimize resources. | | and documented to optimize resources. | | | | | | | |
| **Task**<br>6. Develop a stakeholder engagement survey to establish a baseline assessment of the PPS's regional experience and readiness for VBP concepts and contracting. Key areas to assess include the following: degree of experience operating in VBP models and preferred compensation modalities; degree of sophistication in ability to negotiate plan contracts, monitor and report on service types; estimated volume of Medicaid Managed Care spending received by the network, estimate of total cost of care for specific services, provider ability and willingness to take downside risk in a risk sharing arrangement and existing systems in place to support new payment models. This will also be used to evaluate the preferred method of negotiating plan options with Medicaid Managed Care organization and the level of assistance needed to negotiate plan options with Medicaid Managed Care. | Completed | 6. Develop a stakeholder engagement survey to establish a baseline assessment of the PPS's regional experience and readiness for VBP concepts and contracting. Key areas to assess include the following: degree of experience operating in VBP models and preferred compensation modalities; degree of sophistication in ability to negotiate plan contracts, monitor and report on service types; estimated volume of Medicaid Managed Care spending received by the network, estimate of total cost of care for specific services, provider ability and willingness to take downside risk in a risk sharing arrangement and existing systems in place to support new payment models. This will also be used to evaluate the preferred method of negotiating plan options with Medicaid Managed Care organization and the level of assistance needed to negotiate plan options with Medicaid Managed Care. | 12/01/2015 | 03/31/2016 | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>7. Develop detailed plan to perform stakeholder engagement survey to the provider population to determine PPS baseline demographics. Includes developing instructions for survey with examples where possible. | Completed | 7. Develop detailed plan to perform stakeholder engagement survey to the provider population to determine PPS baseline demographics. Includes developing instructions for survey with examples where possible. | 12/01/2015 | 09/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>8. Conduct provider outreach sessions to in conjunction with the survey to supplement the stakeholder engagement survey and engage stakeholders in open discussion. | Completed | 8. Conduct provider outreach sessions to in conjunction with the survey to supplement the stakeholder engagement survey and engage stakeholders in open discussion. | 12/01/2015 | 09/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** | In Progress | 9. Compile stakeholder engagement survey results and | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |

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## DSRIP Implementation Plan Project

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 9. Compile stakeholder engagement survey results and findings from provider engagement sessions and analyze findings. | | findings from provider engagement sessions and analyze findings. | | | | | | | |
| **Task**<br>10. Develop strategy to engage MCOs in VBP assessment. Legal counsel to be engaged in advance to ensue compliance with regulations throughout discussions and planning. | Not Started | 10. Develop strategy to engage MCOs in VBP assessment. Legal counsel to be engaged in advance to ensue compliance with regulations throughout discussions and planning. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>10A. Conduct stakeholder engagement sessions with MCOs to understand potential for contracting with the PPS and discuss potential options and planning process. | Not Started | 10A. Conduct stakeholder engagement sessions with MCOs to understand potential for contracting with the PPS and discuss potential options and planning process. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>10B. Review results of MCO discussions and assess need to modify strategy from step 10. | Not Started | 10B. Review results of MCO discussions and assess need to modify strategy from step 10. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>11. AHI PPS PPS Board to sign off on preference for PPS central role in contracting. | Not Started | 11. AHI PPS PPS Board to sign off on preference for PPS central role in contracting. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>12. Develop initial PPS VBP Baseline Assessment, based on feedback from provider and MCO stakeholder engagement sessions and survey results. Summarize the findings and identify trends and any risks or unexpected issues that arose during the assessment process. Evaluate the responses to ensure the results are representative of regional providers. Review with Finance Committee. | Not Started | 12. Develop initial PPS VBP Baseline Assessment, based on feedback from provider and MCO stakeholder engagement sessions and survey results. Summarize the findings and identify trends and any risks or unexpected issues that arose during the assessment process. Evaluate the responses to ensure the results are representative of regional providers. Review with Finance Committee. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>13. Circulate the AHI PPS VBP Baseline Assessment for open comment among network providers to help ensure accuracy and understanding. | Not Started | 13. Circulate the AHI PPS VBP Baseline Assessment for open comment among network providers to help ensure accuracy and understanding. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>14. Update, revise and finalize AHI PPS VBP Baseline Assessment. | Not Started | 14. Update, revise and finalize AHI PPS VBP Baseline Assessment. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #5**<br>Develop an implementation plan geared towards addressing the needs identified within your VNA | In Progress | Submit VBP support implementation plan | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | YES |
| **Task**<br>1. Analyze health care bundle populations and total cost of care data provided by the Department of Health (DOH) to identify VBP opportunities that are more easily attainable and prioritize services moving into VBP along with survey results obtained during PPS VPB assessment. | Not Started | 1. Analyze health care bundle populations and total cost of care data provided by the Department of Health (DOH) to identify VBP opportunities that are more easily attainable and prioritize services moving into VBP along with survey results obtained during PPS VPB assessment. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>2. Identify VBP accelerators and challenges within AHI PPS related to the implementation of the VBP model, including existing ACO and MCO models with current VBP arrangements, existing bundled payments, or shared savings arrangements. | Not Started | 2. Identify VBP accelerators and challenges within AHI PPS related to the implementation of the VBP model, including existing ACO and MCO models with current VBP arrangements, existing bundled payments, or shared savings arrangements. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>3. Align providers and PCMHs to potential VBP accelerators and challenges to identify which providers and PCMHs are best aligned to expeditiously engage in VBP arrangements. | Not Started | 3. Align providers and PCMHs to potential VBP accelerators and challenges to identify which providers and PCMHs are best aligned to expeditiously engage in VBP arrangements. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>4. Identify providers and PCMHs within the PPS with the ability to negotiate VBP arrangements and operate in a VBP model. Providers and PCMHs will be divided into three categories (Advanced, Moderate and Low) based on 1) findings derived from the VBP Baseline Assessment, 2) their alignment with VBP accelerators and challenges, and 3) their ability to implement VBP arrangements for more easily attainable bundles of care based on DOH provided data. | Not Started | 4. Identify providers and PCMHs within the PPS with the ability to negotiate VBP arrangements and operate in a VBP model. Providers and PCMHs will be divided into three categories (Advanced, Moderate and Low) based on 1) findings derived from the VBP Baseline Assessment, 2) their alignment with VBP accelerators and challenges, and 3) their ability to implement VBP arrangements for more easily attainable bundles of care based on DOH provided data. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>5. Conduct engagement sessions between | Not Started | 5. Conduct engagement sessions between 'advanced' providers/PCMHs and MCOs to discuss the process and | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 'advanced' providers/PCMHs and MCOs to discuss the process and requirements necessary for engaging in VBP arrangements. | | requirements necessary for engaging in VBP arrangements. | | | | | | | |
| **Task** 6. Re-assess capability and infrastructure of providers and PCMHs that have been identified as 'advanced,' in order to assess for strengths and weaknesses in ability to continue as early adopters of VBP arrangements. | Not Started | 6. Re-assess capability and infrastructure of providers and PCMHs that have been identified as 'advanced,' in order to assess for strengths and weaknesses in ability to continue as early adopters of VBP arrangements. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task** 7. Develop a realistic and achievable timeline for "Advanced" providers and PCMHs to become early adopters of VBP arrangements, taking into account the ability to engage in VBP arrangements for the care bundles deemed more attainable and which are supported by DOH data. | Not Started | 7. Develop a realistic and achievable timeline for "Advanced" providers and PCMHs to become early adopters of VBP arrangements, taking into account the ability to engage in VBP arrangements for the care bundles deemed more attainable and which are supported by DOH data. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task** 8. Develop an implementation plan for VPB that includes the infrastructure and processes across the PPS to support the related VPB contract terms. | Not Started | 8. Develop an implementation plan for VPB that includes the infrastructure and processes across the PPS to support the related VPB contract terms. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task** 9. Develop phases 2 and 3 for "Moderate" and "Low" providers and PCMHs to adopt VBP arrangements using lessons learned, and develop early planning states for advanced providers to move into Level 2 arrangements when appropriate. | Not Started | 9. Develop phases 2 and 3 for "Moderate" and "Low" providers and PCMHs to adopt VBP arrangements using lessons learned, and develop early planning states for advanced providers to move into Level 2 arrangements when appropriate. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task** 10. Engage key financial stakeholders from MCOs, PPS and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing provider and PPS performance, methods of dispersing shared savings and infrastructure required to support performance monitoring and | Not Started | 10. Engage key financial stakeholders from MCOs, PPS and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing provider and PPS performance, methods of dispersing shared savings and infrastructure required to support performance monitoring and reporting. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| reporting. | | | | | | | | | |
| **Task**<br>11. Prepare a VBP Adoption Plan for the PPS outlining the timelines, milestones and risk mitigation plan. | Not Started | 11. Prepare a VBP Adoption Plan for the PPS outlining the timelines, milestones and risk mitigation plan. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>12. VPB Adoption Plan to be reviewed by key stakeholders and governing body of the PPS. | Not Started | 12. VPB Adoption Plan to be reviewed by key stakeholders and governing body of the PPS. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>13. Plan to be communicated to PPS participants for input and review. | Not Started | 13. Plan to be communicated to PPS participants for input and review. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>14. Update, modify and finalize VBP Adoption plan with appropriate approvals. | Not Started | 14. Update, modify and finalize VBP Adoption plan with appropriate approvals. | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Milestone #6**<br>Develop partner engagement schedule for partners for VBP education and training | In Progress | Initial Milestone Completion: Submit VBP education/training schedule<br>Ongoing Reporting: Submit documentation to support implementation of scheduled trainings, including training materials and attendance sheets through quarterly reports | 01/01/2017 | 12/31/2017 | 01/01/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 | YES |
| **Milestone #7**<br>≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher | Not Started | | 01/01/2018 | 12/31/2018 | 01/01/2018 | 12/31/2018 | 12/31/2018 | DY4 Q3 | YES |
| **Milestone #8**<br>≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments | Not Started | | 01/01/2019 | 12/31/2019 | 01/01/2019 | 12/31/2019 | 12/31/2019 | DY5 Q3 | YES |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| captured in VBPs has to be in Level 2 VBPs or higher | | | | | | | | | |

### IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|---|---|---|
| Finalize PPS finance structure, including reporting structure | If there have been changes, please describe those changes and upload any supporting documentation as necessary. | Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box. |

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| Finalize PPS finance structure, including reporting structure | dlarose | Other | 23_DY2Q3_FS_MDL31_PRES1_OTH_DY2Q3_Fin_Sus_M1_Ongoing_Reporting_20170127._9061.docx | DY2Q3 Fin Sus M1 Ongoing Reporting | 01/27/2017 10:37 AM |
| Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | dlarose | Other | 23_DY2Q3_FS_MDL31_PRES2_OTH_DY2Q3_Fin_Sus_M2_Ongoing_Reporting_20170127_9062.docx | DY2Q3 Fin Sus M2 Ongoing Reporting | 01/27/2017 10:39 AM |
| Finalize Compliance Plan consistent with New York State Social Services Law 363-d | dlarose | Other | 23_DY2Q3_FS_MDL31_PRES3_OTH_DY2Q3_Fin_Sus_Ongoing_Reporting_20170126_9011.docx | DY2Q3 Ongoing Reporting for M3 | 01/26/2017 04:45 PM |

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Finalize PPS finance structure, including reporting structure | |
| Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | |
| Finalize Compliance Plan consistent with New York State Social Services Law 363-d | |
| Develop a Value Based Payments Needs Assessment ("VNA") | |
| Develop an implementation plan geared towards addressing the needs identified within your VNA | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Develop partner engagement schedule for partners for VBP education and training | |
| ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher | |
| ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher | |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Complete | |
| **Milestone #2** | Pass & Complete | |
| **Milestone #3** | Pass & Complete | |
| **Milestone #4** | Pass & Ongoing | |
| **Milestone #5** | Pass & Ongoing | |
| **Milestone #6** | Pass & Ongoing | |
| **Milestone #7** | Pass & Ongoing | |
| **Milestone #8** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 | Original Start Date | Original End Date | 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 Type | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

AHI PPS has completed many of the milestones for the financial sustainability work stream including finalizing the finance and reporting structure, completing the network financial health assessment and sustainability strategy, and developing a compliance plan, but there remain challenges for AHI PPSs to assess and monitor the financial health of the PPS providers and to establish the role of AHI PPS in leading the transition to value based payment. These challenges include the following:

• Obtaining partner participation buy-in as AHI PPS moves from engagement to implementation phase of the project plans;
• Finding appropriate resources to analyze and validate data related to project performance;
• Determining whether AHI PPS is properly positioned to fully support financially fragile providers who are critical to the success of the PPS;
• Transitioning to value base payment is not accepted by the PPS partners at the pace required to meet DSRIP timelines;
• Resource limitations of PPS Partners, especially smaller entities, may prevent the entities from investing required resources needed to participate in the PPS and provide timely/adequate information;
• Developing a single plan that meets the needs of a wide range of partners, covering a large geographic area, where significant differences can exist from region to region within the service area; and
• Expertise on components of the DSRIP strategy, in particular VBP methods, not readily available or attainable to meet DSRIP timeline.

The challenges listed above will be mitigated in the following ways:

• AHI PPS will leverage the systems that will be used to measure and monitor DSRIP project performance and incorporate financial metrics in agreements with providers to monitor the financial health of the PPS providers.
• AHI PPS is developing tools that will be used to disseminate information, collaborate with participants, collect data, provide transparency, and timely quarterly reporting on the DSRIP projects internally to PPS and to NYSDOH.
• AHI PPS is developing a communications strategy to provide timely and clear information flow to PPS providers to garner support and active participation in meeting DSRIP project requirements and earning the full DSRIP payment.
• The AHI PPS funds distribution plan will be transparent to the providers and ensure that all plan requirements and related processes and payment schedules are clearly understood and communicated regularly.
• Through educational campaigns, AHI PPS will address the objectives of value based payment models, as well as the possible implications of engaging in value based payment arrangements, so providers can make informed decisions.
• AHI PPS will engage partners to develop a flexible, multi-phased approach to contracting on a VBP basis that also allows for AHI PPS providers with longstanding relationships to contract directly with the regions MCOs.
• AHI PPS will examine opportunities to facilitate and support contract negotiations between AHI PPS providers and MCOs to the greatest extent.
• AHI PPS will leverage existing relationship with Adirondack ACO and the Medical Home Pilot to further support contract negotiations between AHI

PPS providers and MCOs.

### 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 financial stability workstream is dependent on the progress of several related workstreams in order to achieve successes. Those workstreams that share interdependencies in key areas with financial stability are outlined below.

• Governance – A fully supportive governance process is essential to establishing the role of the AHI PPS as the PPS Lead. In addition, fully established roles within the governance structure for Finance, Compliance and Audit will inform and drive the finance committee charter, its oversight of the finance function and approach to funds flow. There will be specific situations that will require board communications and/or approvals when significant risk is involved. We anticipate that our PPS governance may need to be modified based on the results of VBP planning activities.
• DSRIP Network Capabilities and Project Implementation - The successful implementation of the AHI PPS value based reform strategy, and execution of value based contracts, will require a developed and functioning integrated delivery network and buy-in of the network partners to the value based payment strategy. Transparency and strong communication strategies will be important at all phases on the DSRIP program.
• Reporting Requirements – The DSRIP process has extensive reporting requirements linked to DSRIP payments – such as quarterly reports from network partners is a dependency for processing and receiving timely payments to partners. This reporting is dependent upon input and submission of reports and data from the individual network providers as well as other sources of data that will require the PPSs IT function to access.
• DSRIP Projects – The AHI PPS finance function must have an understanding of projects selected and participation level of providers for each (Provider Participation Matrix) in order to develop a meaningful funds plan for the PPS. In addition, the PPS and the providers must understand project costs, impacts and other needs as part of their process of evaluating financial stability and impact going forward.
• HIT – This workstream will be essential to providing technology to access data, including a financial reporting system, as well as the technology for reporting project level performance data that is closely linked to the payments received for DSRIP projects. The extent of the role of IT for the PPS Lead and the PPS itself is expected to evolve throughout the DSRIP period which will require adaptive strategies throughout the work streams, including the finance areas of funds flow, budgeting and value based payment initiatives.
• Workforce – The relationship between the finance and workforce workstreams is crucial to direct funds to providers for training/retraining, recruitment, and redeployment. Finance works closely with the workforce workstream to process payments to providers that have been approved by the workforce workgroups and committee. Finance will also communicate all spending related to workforce to ensure that the appropriate data related to the workforce strategy and impact is being gathered and reported to meet the DSRIP requirements.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 3.5 - Roles and Responsibilities

**Instructions :**

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

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| Chief Financial Officer | Eric Burton | Responsible for development and management of the Finance Office and its specific functions. The individual will provide guidance and oversight around the Funds Flow Plan, the Financial Stability Plan, and other relevant processes. The responsibilities include ensuring that funds are managed and distributed according to the approved plan, that reporting requirements are met and that communication regarding the Finance related functions is timely and accurate. |
| Finance Manager | Peter Oldytowski | Responsible for the daily operation of the Finance Office, including programmatic development of the infrastructure tools critical to the Funds Flow Plan and the related banking, accounts payable and general ledger functions. |
| Financial Analyst | Kaeleen Bowe | Responsible for assisting in the continuity of operations of the data aspects of the Finance Office and providing assistance to the Finance Office as it relates to data analysis, acquisition and reporting. This position will be responsible for developing and distributing the defined report data set(s) to the designated stakeholders as well as supporting the processing of funds flow to partners. |
| Accounts Payable Staff | AHI Staff | 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 write related to the DSRIP funds distribution. |
| Contracts Manager | Justine Mosher | This position will be responsible for working with the CFO to coordinate the contracting process between the PPS and the network providers. |
| Accounts Receivable Staff | AHI Staff | Responsible for the day-to-day operations of the Banking function, including the processing of the DSRIP funds received from DOH and reporting of the status of funds expected and received as well |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| | | as reconciliation of bank related statements. |
| Chief Compliance Officer | Jeff Hiscox | Will oversee the development and implementation of the compliance plan of the PPS Lead and related compliance requirements of the PPS as they are defined. Scope would include the PPS Lead compliance plan related to DSRIP. The compliance role should report to the Executive Body. |
| Audit | Cohn Reznick | External auditors reporting to the Finance Committee. The firm will perform the audit of the PPS and PPS Lead related to DSRIP services according to the audit plan approved by the Finance Committee and Executive Body |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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** | | |
| Kate Clark | Chief Administrative Officer | The Chief Administrative Officer has overarching responsibility for oversight of operational and programmatic aspects of the DSRIP initiative for the PPS. |
| Kate Clark | Project Management Office | PMO oversight and leadership for finance related projects, VBP strategy, and for the overall implementation plan deliverables that affect finance function reporting |
| Project Champions | DSRIP Project Leads | Collaboration with finance re: PPS Project Implementation, status of project, reporting required to meet DOH requirements, |
| Jeff Hiscox | PPS Compliance Committee<br>PPS Compliance Officer | Oversight of PPS Compliance Plan and related training, education, and reporting requirements of the plan |
| Finance Committee Chair | PPS Finance Committee | Board level oversight and responsibility for the PPS Finance function; Review and approval of finance related policies and procedures; oversight of PPS Lead role, responsibilities and deliverables; oversight of audit and compliance related processes |
| Jennette Hubinger - HR Manager<br>Margaret Vosburgh - CEO | PPS Human Resources | HR related functions of PPS for its employees and guidance related to the PPS workforce strategies. HR Manager reports directly to AHI PPS CEO. |
| StoredTech | PPS IT Consultants | Information Technology related requirements for the finance function; access to data for the finance function reporting requirements |
| CEOs of PPS Network Partners | Network Finance Partners | PPS Network Provider partners' CEOs are responsible for their organization's' execution of their DSRIP responsibilities, they will contribute to the success of the finance function and finance related strategies |
| CFO/Finance Team of PPS Network Partner | Network Finance Partners | Primary contact for the PPS Lead finance function for conducting DSRIP related business and responsible for their organization's execution of their DSRIP related finance responsibilities and participation in finance related strategies |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Boards of Directors for PPS | Governance | PPS Network Provider partners' BOD have overall responsibility for their organizations' execution of their DSRIP responsibilities, they will contribute to the success of the finance function and finance related strategies |
| Bob Cawley | Chief Information Officer | Directs, plans, organizes and controls all activities of the PPS Information Services Department to ensure the effective and efficient operation of all systems, applications, reporting and analytic processes. |
| Dwane Sterling | PPS Technology Director | Data security and confidentiality plan, Data exchange plan. |
| Pam Wilkes | PPS VBP Consultant | Provide expertise and leadership in the transition to a Value Based Payment structure throughout the Integrated Delivery System including assisting in developing new clinical models to integrate care and reduce costs, evaluate network committee, and educates independent physician groups in risk contracting. |
| **External Stakeholders** | | |
| Stephen Schwartz, CohnReznick External Audit Function | External Audit Function | External Audit Function |
| MCOs and other payers | MCOs and other payers identified by PPS for pursuit of PPS Value based reform strategies | The PPS Lead and PPS will have responsibilities related to implementing the PPSs value based strategy, the contracting process, and implementation / administration of executed value based agreements. |
| NY DOH | NY DOH defines the DSRIP requirements | The PPS Lead and PPS finance function has responsibility for the overall administration of DSRIP reporting to DOH and the funds flow process |
| Community Representatives | Community Representatives | Community needs and interests are significant influencers of DSRIP projects and will contribute to the adoption and buy-in across the network. Communication regarding DSRIP status, results, and future strategies will be important to maintain their contribution and influence. |
| Government Agencies / Regulators | Government Agencies / Regulators | County and State agencies and regulatory bodies will have oversight and influence in a number of DSRIP related areas - including the importance of waivers or regulatory relief, construction / renovation projects, and other items related to DSRIP. Communication with them regarding DSRIP status, results, future strategies and their role in DSRIP success will be important. |
| Medicaid Managed care Plans | Responsible for contracting with AHI PPS and individual providers on a VBP basis. | These will be determined pursuant to the development of AHI PPS's Baseline Assessment and VBP Adoption Plan. |

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# Delivery System Reform Incentive Payment Project

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## Adirondack Health Institute, Inc. (PPS ID:23)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| HIV Special Needs Plans | Responsible for contracting with AHI PPS and individual providers on a VBP basis for the HIV population specialty chronic population. | These will be determined pursuant to the development of AHI PPS's Baseline Assessment and VBP Adoption Plan. |

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 3.7 - IT Expectations

**Instructions :**

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

The development of shared IT infrastructure and data communications strategy across AHI PPS PPS will support the AHI PPS Finance Office and our work on the financial sustainability of the network by providing the network partners with capability for sharing and submitting reports and data pertaining to project performance and other DSRIP related business in a secure and compliant manner. We intend to link to the performance reporting mechanisms that will be utilized across the PPS to provide our finance team with current data that may be utilized to track project performance levels and expected DSRIP payments.

Other shared IT infrastructure and functionality across the PPS that will support or contribute to the success of the AHI PPS Finance Office includes:

• Population Health systems or technology that will support the need to access and report on data related to clinical services and outcomes – for DSRIP required metrics and to meet the needs under value based payment arrangements.

• Care Coordination technology and systems that supports broad network integration of services and health management capabilities.

• Communications platform to disseminate and accumulate information with our partners

• Leveraging existing medical home infrastructures

• Reporting and project management tool to collaborate and maintain transparency with our network partner

As DSRIP PPS plans develop, certain components of the IT infrastructure will be developed to be centralized with the PPS lead, some with will decentralized across providers or groups of providers and some may be centralized with the DOH and other third parties. The outcome of these decisions will impact significantly several facets of the AHI PPS DSRIP implementation plans.

The NYS CRFP initiated in conjunction with DSRIP will impact the IT infrastructure for the various work streams as funding for IT capital was requested by multiple AHI PPS providers and the AHI PPS. A population health management platform, EHR systems, tele health and other health data management software are among the capital requests. The results of the CRFP awards will impact the related DSRIP projects in terms of both funding and planning.

### IPQR Module 3.8 - Progress Reporting

**Instructions :**

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

We will align our PPS financial management and sustainability progress reporting with the reporting and oversight structures in place for the DSRIP

projects, through the AHI PPS PMO. The PMO will be responsible for monitoring progress against project requirements and process measures at a provider level, and the preparation of status reports for the quarterly reporting process for DOH. We will leverage this process and integrate where feasible, the financial reporting that we require in order to be able to monitor and manage the financial health of the network over the course of the DSRIP program.

The AHI PPS Finance Office will be responsible for consolidating all of the specific financial elements of this project reporting into specific financial dashboards for the AHI PPS Board and for the tracking of the specific financial indicators we are required to report on as part of the financial sustainability assessments and the ongoing monitoring of the financial impacts of DSRIP on the providers. Through ongoing reporting, if a partner trends negatively or if the financial impacts are not in line with expectations, the AHI PPS Finance Office will work with the provider in question to understand the financial impact and develop plans for corrective action.

The AHI PPS Finance Office will provide regular reporting to the Finance Committee, Executive Body and network partners as applicable regarding the financial health of the FHPP and updates regarding the Financially Fragile Watch List and the Distressed Provider Plans currently in place.

### IPQR Module 3.9 - IA Monitoring

**Instructions :**

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## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>Finalize cultural competency / health literacy strategy. | Completed | 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. | 09/01/2015 | 12/21/2015 | 09/01/2015 | 12/21/2015 | 12/31/2015 | DY1 Q3 | YES |
| **Task**<br>Develop metrics to evaluate and monitor ongoing impact of cultural competency / health literacy initiatives. Progress against these metrics will be evaluated on a semi-annual basis and results will be published. | Completed | Evaluate | 09/01/2015 | 12/21/2015 | 09/01/2015 | 12/21/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>By utilizing Community and Beneficiary Committee and the Workforce committee, with guidance from the Training and Resources Workgroup, the AHI PPS will ensure | Completed | Diverse Representation | 09/01/2015 | 12/21/2015 | 09/01/2015 | 12/21/2015 | 12/31/2015 | DY1 Q3 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| representation from a diverse group of stakeholders (providers, CBO, behavior health, education, local organizations) overseeing cultural competency and health literacy strategy. | | | | | | | | | |
| **Task**<br>Building on the Community Needs Assessment, conduct analysis to confirm key priorities for the AHI PPS in terms of health disparities between different cultural, socioeconomic and age groups. This will include an analysis of the driving factors behind these poorer outcomes, and the drivers of inappropriate or under-use of services by specific populations. The focus groups and survey conducted with beneficiaries in the 2. d. i. project will be shared to inform cultural differences across the region and health literacy needs of the Medicaid population to be served. | Completed | Conduct Analysis | 09/30/2015 | 12/21/2015 | 09/30/2015 | 12/21/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Building on the initial assessment carried out for the DSRIP application, assess cultural competency needs at the provider level. This gap analysis will compare the priority patient groups and health disparities with the facilities and services available at a provider / site level, as well as the linguistic capabilities of individuals at those providers. The analysis will also consider the role of CBOs and the capabilities available through our CBO partners. This analysis will be used to identify key targets (i.e. providers and/or geographic areas where the cultural competency of providers is in need of additional supports and resources). The assessment will cover: the patient environment; the simplicity / accessibility of services; and the extent to which existing community groups are actively promoting and/or providing services. | Completed | Assess Cultural | 09/30/2015 | 12/21/2015 | 09/30/2015 | 12/21/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** | Completed | Determine Standards | 11/01/2015 | 12/21/2015 | 11/01/2015 | 12/21/2015 | 12/31/2015 | DY1 Q3 | |

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## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| The Community and Beneficiary Engagement Committee and the Workforce Committee will determine the AHI PPS standards for culturally and linguistically appropriate services (building on national standards). These two groups will consider relevant evidence-based clinical and/or programmatic approaches for target communities, such as disease risk factors for specific ethnic/racial groups, cultural issues that impact adherence rates, psycho-social stressors, nutritional regimens that match ethnic traditions and/or financial affordability, and implicit biases in assessing patients. These standards will be approved by other PPS committees as deemed appropriate and by the Leadership Board. | | | | | | | | | |
| **Task**<br>Develop communications and engagement approach to build provider/partner buy-in to improve cultural competency and accessibility of services/facilities. | Completed | Develop approach | 11/01/2015 | 12/21/2015 | 11/01/2015 | 12/21/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>The Community and Beneficiary Engagement Committee and the Workforce Committee will share the Cultural Competency / Health Literacy Strategy with patient groups, CBOs, and PPS provider network. | Completed | Share Strategy | 11/01/2015 | 12/21/2015 | 11/01/2015 | 12/21/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop literature / material designed to improve health literacy of target populations of attributed members, with specific reference to the availability of services and the most appropriate ways to access / navigate the health system; develop plan to disseminate this material in PPS learning collaborative with providers within the network identified as having best practices in in cultural competency. | Completed | Develop Materials | 11/01/2015 | 12/21/2015 | 11/01/2015 | 12/21/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #2** | Completed | This milestone must be completed by 6/30/2016. Cultural | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | YES |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). | | competency training strategy, signed off by PPS Board. The strategy should include:<br>-- Training plans for clinicians, focused on available evidence-based research 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>Based on gap assessment and the adopted standards/approaches/strategies, develop a plan for competency/health literacy trainings that addresses needs, scope and goals including targeted sites, potential for telemedicine utilization and preferred mode of training dissemination such as a learning management system (Moodle). | Completed | Develop Plan | 02/01/2016 | 06/30/2016 | 02/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Identify cultural competency 'champions' throughout the AHI PPS network and corresponding points of contact with CBO partners; identify organizations/individuals interested in Train the Trainer approach. | Completed | Identify Champions | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>In collaboration with CBOs, and PPS partners, the Community and Beneficiary Engagement Committee and the Training and Resources Workgroup will review evidence based training interventions that are effective in improving ccultural competency, with a particular focus on the specific cultural/socio-demographic groups identified above. | Completed | Review Trainings | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Utilizing the evidence base, the Community and Beneficiary Engagement Committee and the Training and Resources Workgroup will oversee training development for frontline practitioners | Completed | Oversee Training | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| focused on the core competencies and skills required to deliver culturally competent, health literate care (with specific reference to the patient populations identified as priorities above). | | | | | | | | | |
| **Task**<br>In conjunction with Step 4, the Community Beneficiary Engagement Committee and the Training and Resources Workgroup will incorporate trainings into Workforce Training Strategy. In Workforce Implementation Plan Milestone "Develop Training Strategy" Steps 3, 4 and 5 outline how the strategy will be developed and how the effectiveness will be measured. | Completed | Incorporate Training | 02/01/2016 | 06/30/2016 | 02/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

### IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|---|---|---|

No Records Found

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | 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). | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Complete | |
| **Milestone #2** | Pass & Complete | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 | Original Start Date | Original End Date | 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 Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

A component of success of many of the work streams is dependent upon effective communication and active engagement by the participants.

The risks associated with Cultural Competency and Health Literacy are:
Communication:
• Ineffective communication by providers and lack of comprehension by the patient, coupled in some cases by cultural barriers, can create miscommunication and have a negative impact on health outcomes.
Partner/Practioner Engagement:
• Large geographic region makes in-person training and education prohibitive.
• Limited provider and staff time availability for training to carry out the Cultural Competency and Health Literacy Initiatives.
• Sustaining active participation in health literacy and cultural competency trainings
• As the PPSs health disparities are socioeconomic, age related, and disabilities, there can be a lack of understanding by providers about "cultural" differences or buy in that there is a need for training.

These risks will be mitigated by:
• Dissemination of gap assessment results to the Regional Health Improvement Team Leaders, the project Team Leaders, and to the AHI PPS Steering Committee, along with general media public service announcements, will heighten awareness about the importance of clear understanding and
communication between providers and patients and the potential impact on outcomes. The AHI PPS will undertake a comprehensive training program for providers through identifying and developing champions and trainers in their own organizations to increase their knowledge and efficacy related to Cultural
Competency and Health Literacy. Resources, literature and materials will be made available to providers to ensure accurate, timely health literate, culturally sensitive information is provided to patients.
• Using on-demand web based learning platforms and other methods that bring training to the provider will make it easier for providers to access training at their convenience in their offices or at home eliminating travel time and expense.
• Creating a regional, systemic approach for small practices with frequent staff turnover for ongoing training support to ensure health literacy and cultural competency principles are incorporated in the practice.
• The AHI PPS is developing a comprehensive training strategy that provides education at all levels in all PPS partner organizations – administrative, provider and front line staff – to introduce these concepts and link them with patient outcomes. AHI PPS conducted a survey of all PPS partners to better understand existing CC&HL activities and training. AHI PPS will capitalize on partner organizations that have already established strong CC&HL programs by incentivizing them through the contracting process as Champions to help bring these concepts to others in more of a peer to peer model.

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## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.)

Cultural Competency and Health Literacy is woven throughout several workstreams. As the core of this initiative is training, thereby requiring efficient planning and implementation with the Workforce workstream as well as the Practitioner Engagement workstream.

This initiative is also interdependent with Project 2.d.i - Patient Activation. As patients become informed, activated and engaged in their health, their confidence and efficacy in communicating their needs to their providers will increase. The PPS will prepare providers with skills and techniques through training and education, along with resources and materials to meet the needs of their patients. Patients will be completing PAM [Patient Activation Measure] tools and will receive referral to providers and CBOs for services.

There is also an interdependency with the development of the Population Health Management system. Demographic and community health data will drive the direction for trainings to be sure that providers and CBOs can be effective and serve patient need.

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### 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 |
|---|---|---|
| AHI PPS Community and Beneficiary Engagement Committee Chair/ Project 2.d.i (Patient Activation) Champion | Crystal Carter, Clinton County Office for the Aging | Responsible for review and approval of strategy and deliverables |
| Workforce Committee Chair | Mike Lee, Adirondack Health | Responsible for review and approval of strategy and deliverables |
| Community and Beneficiary Engagement Committee | Tess Barker<br>President & Chief Executive Officer<br>Planned Parenthood of the North Country New York; Jocelyn Blanchard<br>Director of Navigator Services<br>Southern ADK Independent Living; Sr. Charla Commins<br>Executive Director<br>Catholic Charities of Saratoga, Warren & Washington counties; Kim Cook<br>Director<br>Open Door Mission;<br>Michael Countryman<br>Executive Director<br>The Family Counseling Center of Fulton County;<br>Janet Mann, Care Mgt Support Coordinator<br>Northern ADK Medical Home, Adirondacks ACO;<br>Marty Mannix, Community member, Adirondacks ACO; Tracy Mills, Senior Director, Planning & New Business Development, Glens Falls Hospital; Claire Murphy, Executive Director, Washington County EOC; Ashley Patnode, Community Member; Paul Raino, Community Member, ADK ACO; Allison Reynolds, Prevention Educator. Council for Prevention;<br>Cynthia Nassivera-Reynolds, VP Transformation and Clinical Quality, Hudson Headwaters Health Network, Adirondacks ACO;<br>Joe Riccio, Director of Communication, ADK Health, ADK | Includes representatives from community based organizations, public agencies, and clinical provider organizations, as well as community members/project beneficiaries who guide the development and implementation of the PPS CCHL strategies, PPS Community Engagement plan, Project 2.d.i: Patient Activation activities, and other activities intended to engage community members in PPS initiatives |
| Workforce Committee | Includes 17 Individuals including: Chair, Mike Lee (Chief Human Resources Officer, Adirondack Health), Linda Beers (Essex County Public Health), Jill Borgos (Empire State College), Kyle Brock | Includes representatives from human resources, finance, administration from , educational institutions, , health care organizations representing primary care, acute care, home care, |

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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| | (Glens Falls Hospital), Marti Burnley (Hudson Headwaters Health Network), Debbie Couture (Behavioral Health Services North), Michelle Law (Franklin-Essex-Hamilton BOCES), Michelle LeBeau (UVM-CVPH), Becky Leahy (North Country Home Services),Darlene Lewis (Canton Potsdam Hospital), Mark Lukens, Behavioral Health Services North), Megan Murphy (AHI), Elizabeth Parsons (Fort Hudson Health System), Sadie Spada (The Adirondack Arc), Kathy Tucker (1199 SEIU), Diane Wildey (, SUNY Adirondack), Karen Zanni (Empire State College). | long term care services, public health departments as well as union representatives and AHI staff who will define how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off on. |
| Training and Resources Workgroup | Workgroup Leader: Diane Wildey (Dean Special Academic Services, SUNY ADK), and includes other interested parties related to training needs and strategies | Responsible for a comprehensive set of strategies for successful implementation of the workforce transformation agenda related to training needs, including informing and guiding development and implementation of the CCHL Training Strategy. Identify training gaps and key training resources available to achieve success in implementation plan activities. |
| AHI Vice President of Regional Planning and Development | Lottie Jameson, AHI | Provide oversight and input in to the development of CCHL initiatives. |
| AHI Director of Community Engagement and Workforce | Megan Murphy, AHI | Provide oversight and input in to the development of CCHL initiatives. . Serves as AHI representative on the Workforce Committee and Community and Beneficiary Engagement Committee. |
| AHI Workforce Manger | Kelly Owens, AHI | Responsible for incorporating Cultural Competency and Health Literacy into Workforce initiatives |
| AHI Community Engagement Manager | Jessica Chanese, AHI | Responsible for 2.d.i implementation and assuring that Cultural Competency and Health Literacy principles are integrated into the project implementation |
| Workforce Coordinators | Chelsea Truehart and JP Quintal | Assist with implementation of workforce deliverables and managing workforce workgroup initiatives, including those related to the CCHL workstream. |
| Community Engagement Coordinator & Facilitators | Melissa Davey, Amber Guyette, Victoria Knierim | Assist with implementation of Project 2.d.i: Patient Activation and CCHL deliverables, as well as other community engagement initiatives |

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## Adirondack Health Institute, Inc. (PPS ID:23)

### 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** | | |
| Margaret Vosburgh | CEO, AHI | Oversight in overall PPS activities |
| Eric Burton | CFO, AHI | Oversight in overall PPS activities |
| Bob Cawley | Director, Health Transformation for AHI PPS | Oversight in overall PPS activities |
| AHI Cultural Competency and Health Literacy Task Force (Phil Kahn, Communications Coordinator; Megan Thompson, Health Home Coordinator; Donna Gallup, EASE Coordinator; Melissa Davey, Community Engagement Coordinator) | Model implementation of CCHL strategies internally | Recommend and guide activities to align AHI internal practices with DSRIP CCHL workstream principles |
| PPS Community Based Organizations: Including but not limited to North Country Healthy Heart Network, Adirondacks ACO, Open Door Mission, Prevention Councils for all counties, Glens Falls, Plattsburgh, Malone, Essex, and Saratoga housing authorities, Moreau Community Center, and Catholic Charities | Help develop and execute workstream; recipients of educational programs | Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative |
| PPS Clinical Providers and staff, including but not limited to those at Glens Falls Hospital, Adirondack Health, UVHN: Alice Hyde, CVPH, Elizabethtown Community Hospital) ; HHHN; BHSN; Citizen Advocates | Help develop and execute workstream; recipients of educational programs | Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative |
| PPS public sector Agencies at state and local levels: Including but not limited to Clinton County: OFA, DSS, CSB, Mental Health; Essex County CSB, Mental Health, Public Health; Franklin County CSB, Public Health, OFA; Hamilton County CSB, Mental Health, Public Health; Fulton County Public Health, Mental Health; Saratoga County Mental Health; Warren County CSB, Mental Health; Washington County CSB, Mental | Help develop and execute workstream; recipients of educational programs | Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative |

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## Adirondack Health Institute, Inc. (PPS ID:23)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| Health, Public Health | | |
| **External Stakeholders** | | |
| Wilma Alvarado-Little, AlvaradoLittle Consulting, LLC | Consultant for CCHL strategy and CCHL training strategy development | Provides guidance and content to inform development of both the AHI PPS CCHL Strategy and AHI PPS CCHL Training Strategy |
| Clinical providers, community based organizations, and public agencies not associated with the PPS | Recipients of information, community/patient liaisons source of feedback | Participate in community forums, surveys, focus groups or other opportunities to contribute feedback |
| Patients and caregivers; other community members | Recipient of information/improved services, participate in focus groups and other contributions to design initiative | Participate in community forums, surveys, focus groups or other opportunities to contribute feedback |
| Training Vendors (TBD) | Training Vendor | Assist with coordination, development, and delivery of training activities as guided by the PPS training strategy and Training and Resources Workgroup with project manager input. |

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

Interoperable IT infrastructure will support the Cultural Competency and Health Literacy initiative. The PPS will be able to monitor, review and analyze the demographics for the people that are being served to be sure that appropriate interventions are being developed. If demographics shift, the Project Team and Workforce Committee will be able to develop appropriate training and education materials to address the changes. The interoperable systems will enable collecting utilization data and tracking outcomes for our target population.

### IPQR Module 4.8 - Progress Reporting

**Instructions :**

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

The AHI PPS will update the demographic information for the PPS region annually, including specific health disparities identified in the CNA and the gap analysis, to track any potential changes in the population over time.

The Community and Beneficiary Engagement Committee and Workforce Committee will develop metrics to track the effectiveness of the initiatives. These will include patient outcomes, evaluation results from trainings, and results from the focus groups and surveys as well as patient satisfaction results.

### IPQR Module 4.9 - IA Monitoring

**Instructions :**

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## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>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). | Completed | Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment. | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| **Task**<br>5. Map future state needs articulated in IT Strategic Plan against readiness assessment in order to identify key gaps in IT infrastructure, data sharing and provider capabilities | Completed | Identify key gaps | 11/12/2015 | 09/30/2016 | 11/12/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>1. Establish IT Governance Structure | Completed | Establish structure | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>2. Conduct IT Readiness Survey and analyze results (survey to include readiness for data sharing at the provider level and a mapping of the various systems in use throughout the network and their potential interoperability) | Completed | Readiness Survey | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>3. Share results of IT readiness assessment with network partners and discuss implications in provider IT leads' forum | Completed | Share results | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>4. Update and approve IT Strategic Plan | Completed | Strategic Plan | 11/12/2015 | 03/31/2016 | 11/12/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>6. Re-survey IT Readiness to obtain higher | Completed | Re-survey | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| participation rate. | | | | | | | | | |
| **Milestone #2**<br>Develop an IT Change Management Strategy. | Completed | 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 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| **Task**<br>1. Define IT Change Approval Process by Change Advisory Board (IT & DS Sub-Committee) | Completed | Define Process | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>2. Catalogue, define, and publish Standard/Non-Standard change scenarios | Completed | Change scenarios | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>3. Establish roles, responsibilities, and performance metrics for change process | Completed | Establish metrics | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>4. Identify, communicate, and escalate pathways for Change Advisory Board (IT & DS Sub-Committee), representing multiple entities | Completed | Pathways for Change Advisory Board | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>5. Approve and publish IT Change Strategy (including risk management), signed off by the AHI PPS Executive Body | Completed | Change Strategy | 11/12/2015 | 09/30/2016 | 11/12/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Milestone #3**<br>Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | Completed | 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 | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| | | 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). | | | | | | | |
| **Task**<br>1. Define data exchange needs based on the planning for the 11 DSRIP Projects and engagement with the network providers (as part of the current state assessment)<br>*IT & DS Committee to create Sub Committee responsible for development of clinical data sharing and interoperability roadmap. | Completed | Define Needs | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>2. Define system interoperability requirements, using HIE/RHIO Protocols (Performance, Privacy, Security, etc.) | Completed | Define requirements | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>3. Map current state assessment against data exchange and system interoperability requirements | Completed | Comparision | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>4. Incorporate Data Sharing Consent Agreements and Consent Change Protocols into partner agreements, including subcontractor DEAAs with all providers within the PPS; contracts with all relevant CBOs | Completed | Agreements | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>5. Evaluation of business continuity, and data privacy controls by IT & DS Committee | Completed | Evaluation by Committee | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>6. Develop transition plan for providers currently using paper-based data exchange | Completed | Transition plan | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>7. Develop training plan for front-line and support staff, targeting capability gaps identified in | Completed | Develop training plan | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| current state assessment | | | | | | | | | |
| **Task** 8. Finalize clinical data sharing and interoperability roadmap | Completed | Finalize roadmap | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** 9. Approval of clinical data sharing and interoperability roadmap by IT & DS Committee. | Completed | Approve roadmap | 11/12/2015 | 09/30/2016 | 11/12/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Milestone #4** Develop a specific plan for engaging attributed members in Qualifying Entities | In Progress | PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities. | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | NO |
| **Task** 1. Identify system needs, interfaces, and Action Plans for Existing/New Attributed Members | Completed | Identify needs | 07/01/2016 | 03/31/2017 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| **Task** 2. Perform a Gap analysis of existing communication channels used to engage with patients (call, text, mail etc.), comparing this to demographic information about member population (using CNA) | Completed | Gap analysis | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** 3. Establish new patient engagement channels, potentially including new infrastructure (portal, call center, interfaces) | Completed | Establish new channels | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** 4. Incorporate patient engagement metrics (including numbers signing up to QEs) into performance monitoring for the AHI PPS IT & DS Committee and establish reporting relationship (focused on this metric) with the AHI PPS PMO - DY2, Q1S | Completed | Incorporate metircs | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** 5. Establish patient engagement progress reporting to the AHI PPS PMO | Completed | Establish process | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Milestone #5** Develop a data security and confidentiality plan. | Completed | Data security and confidentiality plan, signed off by PPS Board, including:<br>-- Analysis of information security risks and design of controls to mitigate risks | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| | | -- Plans for ongoing security testing and controls to be rolled out throughout network. | | | | | | | |
| **Task** 1. Define data needs for PPS to access and establish protocols for Protected Data *Sub Committee to be set up by IT & DS Committee responsible for developing data security and confidentiality plan | Completed | Define needs | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 2. Establish Data Collection, Data Use, and Data Exchange Policies in conformance with HIPAA/HITECH, NYS rules & regulations and industry standard information security practices. | Completed | Establish policies | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 3. Data Security Audit or Monitoring Plan Established | Completed | Audit/Monitoring Plan | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 4. Identify Vulnerability Data Security Gap Assessment including physical systems and building security, employee responsibilities, identification and authentication, security of cloud-based systems, RHIO/SHIN-NY and telecommunication systems and implement mitigation strategies | Completed | Gap Assessment | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** 5. Approval of Data Security and Confidentiality plan by IT & DS Committee | Completed | Approval by Committee | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** 6. Create on-going Data Security Progress Reporting to IT & DS Committee | Completed | Progress Reporting | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |

## IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|---|---|---|

No Records Found

## NYS Confidentiality – High

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| 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). | dlarose | Other | 23_DY2Q3_IT_MDL51_PRES1_OTH_IT_Systems_DY2Q3_on_going_reporting_narrative_20170127_9151.docx | IT Systems_DY2Q3 on going reporting narrative | 01/27/2017 04:19 PM |
| Develop an IT Change Management Strategy. | ctrue | Other | 23_DY2Q3_IT_MDL51_PRES2_OTH_IT_Systems_DY2Q3_on_going_reporting_narrative_20170119_8175.docx | IT Systems Reporting Narrative | 01/19/2017 03:38 PM |
| Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | dlarose | Other | 23_DY2Q3_IT_MDL51_PRES3_OTH_IT_Systems_DY2Q3_on_going_reporting_narrative_20170127_9152.docx | IT Systems_DY2Q3 on going reporting narrative | 01/27/2017 04:21 PM |
| Develop a data security and confidentiality plan. | ctrue | Other | 23_DY2Q3_IT_MDL51_PRES5_OTH_IT_Systems_DY2Q3_on_going_reporting_narrative_20170119_8177.docx | IT Systems Reporting Narrative | 01/19/2017 03:41 PM |

### 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 | This Milestone was not moved back to in Progress during DY2Q2 remediation. Based on the note below that was in the DY2Q3 report from the IA we will provide additional board approval evidence in a future reporting period.<br>The PPS failed to demonstrate governing body approval of this milestone. The PPS submitted an agenda as evidence of governing body approval which is not sufficient. An agenda identifies topics to be discussed but fails to demonstrate any voting or approval of specific items by the governing body. The PPS must submit evidence of governing body approval for this milestone to be considered complete. |
| Develop a specific plan for engaging attributed members in Qualifying Entities | |
| Develop a data security and confidentiality plan. | |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Complete | |

## NYS Confidentiality – High

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

**Milestone Review Status**

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #2** | Pass & Complete | |
| **Milestone #3** | Pass & Ongoing | |
| **Milestone #4** | Pass & Ongoing | |
| **Milestone #5** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 | Original Start Date | Original End Date | 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 Type | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

IT systems risks and challenges that impact most, if not all, of the AHI PPS projects, specifically 2.a.i, 2.a.ii, 2.a.iv, 2.d.i, 3.a.i and 4.b.ii. . IT risks and challenges include:

• Variation in data collection, sharing and security capabilities among partner organizations.

• Inconsistent implementation of data sharing standards by EHR vendors.

• DOH restrictions on the use of Medicaid claims data critical to the success of the AHI PPS.

• Competing initiatives among AHI PPS partners that have individualized metrics and requirements.

• Limited RHIO resources available to implement connectivity

• Competing obligations, priorities and time constraints to the AHI PPS and partners' employers.

• AHI PPS partners engaged with multiple RHIOs.

The IT & DS Governance Committee working with the PMO, Quality Committee and others, as needed, will be responsible for finalizing and implementing mitigation plans. The AHI PPS strategies for mitigating the risks and challenges listed above include:

• Assisting partners with researching and obtaining the appropriate technology – messaging capability, eHR-lite or fully functioning eHR.

• Assisting practices with Transition Coaches to incorporate technology into their workflow.

• Working with eHR vendors, provider practices, and Hixny to develop standardization in the data elements included in CCD-A and other transactions.

• Contracting with Hixny for dedicated resources to support AHI PPS partners.

• Collaborating with other PPSs and HANYS to work with DOH to find an appropriate compromise that will protect beneficiaries while allowing all PPSs to use the data to achieve DSRIP goals.

• Utilization of the MAPP and Salient tools even with the inherent risk of siloing data that will make practice transformation and achievement of AHI PPS goals more difficult.

• Align metrics and processes where possible with other initiatives and deploy PHM and performance reporting solutions that support multiple metric sets using the same practice based sources to reduce impact on PPS partners.

• Transition coaches, data analysts, and human capital from larger PPS partners to assist smaller PPS organizations with implementation of appropriate technology and processes to support goals and deliverables.

Continuing to bring in IT resources to help ensure AHI PPS can support PHM, analytics and reporting needs.

• AHI PPS will provide staff support to PPS committees, work groups, and project teams through PMO and other resources.

• Advocating for AHI PPS members to join a single RHIO and reliance on SHIN-NY development to provide adequate data sharing between RHIOs.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.)

As is described throughout this implementation plan, the development of new and / or improved IT infrastructure is a crucial factor underpinning many other workstreams including, in particular, clinical integration, population health management and performance reporting. However, without the right business and financial support, the AHI PPS IT & DS Committee will not be able to drive the technological infrastructure development program to ensure the success of these workstreams. The interaction between the IT & DS and the PPS's clinical governance structure (especially the Practitioner Champions) will be vital to ensure that the IT infrastructure that we develop meets the needs of individual practitioners, providers and – particularly when it comes to population health management – the whole PPS network. During our development of the IT future state, we will work closely with the AHI PPS Finance Team to review available capital and DSRIP funding resources. Adding new technologies, interfaces, reporting and monitoring solutions, and other engagement channels within our PPS will also require additional IT staffing, which will depend heavily on the AHI PPS Workforce Strategy team. We will look to gain additional resources for IT call centers, support, analysis, and reporting. We will also look to other alternate means of staffing. Along with the need for new IT staff and systems, training the workforce to use new and expanded systems effectively will be crucial. To facilitate appropriate cooperation and communication, we recommend that members of the IT & DS Committee be embedded in the other relevant AHI PPS governance committees. The IT & DS Committee should also receive regualr updates from the PMO, Regional Health Innovation Teams (RHIT) and Project Champions or teams.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 5.5 - Roles and Responsibilities

**Instructions :**

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

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| Chief Information Officer | AHI Director Health Systems Transformation, Bob Cawley | IT Governance, Change Management, IT Architecture |
| Data, Infrastructure, and Security Lead | AHI Technology Director, Dwane Sterling | Data security and confidentiality plan, Data Exchange Plan |
| Project Management Lead | AHI Technology Director, Dwane Sterling | Project Portfolio, Risk Register, Vendor Contracts, Progress Reports |
| Analytics and Reporting Lead | AHI Data Analyst, Forrest Hillery | Business Analytics, Metrics Implementation and Reporting |
| Application Lead | AHI Technology Director, Dwane Sterling | Application Strategy and Data Architecture |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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** | | |
| Practitioner Champions | Interface between IT Transformation Group and front-line end users | Input into system design / testing and training strategy |
| Regional Health Innovation Teams (RHITs) | Interface between IT Transformation Group and front-line end users | Input into system design / testing and training strategy/integration of IT & DS priorities into projects |
| PMO Manager | Responsible for designing and managing EHR interfaces, and interoperability | Patient Engagement Plan |
| Chief Compliance Officer | Approver | Data Security Plan |
| **External Stakeholders** | | |
| Hixny | RHIO Platform Lead | Roadmap for delivering new capabilities |
| Consumers & Families | Recipients of care delivered by PPS partners, Partners in developing processes and systems | Roadmap for delivering new capabilities |
| Registries | Providers and Consumers of PPS data | Roadmap for delivering new capabilities |
| Public Health Departments | Providers and Consumers of PPS data, Partners in developing Community Health Needs Assessments and Plans | Roadmap for delivering new capabilities |
| eHR Vendors | Developing PPS Participant Data Collection and Sharing Capabilities | Roadmap for delivering new capabilities |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 5.7 - Progress Reporting

**Instructions :**

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

Our IT & Data Sharing Governance Committee will establish expectations with all partners to supply key artifacts and monthly reports on key performance metrics. We will monitor the development and acquisition of key data sharing capabilities across the network and perform ongoing use and performance reports. These will be necessary to ensure continuing progress against our IT change management strategy. Follow-up specific IT questionnaires and surveys will be used periodically to identify any additional gaps, under/non-utilization, or the need for re-training.
Our AHI PPS IT Transformation Group will be responsible for engaging attributed members in QEs and will report on this to the AHI PPS PMO.
The FITG will also report to the Clinical Quality Committee on the level of engagement of providers in new / expanded IT systems and processes, including data sharing and the use of shared IT platforms.
In addition, the FITG will use the following ongoing performance reports to measure continuous performance of all partners:
1. Annual Gap Assessment Report – Partner adoption of IT infrastructure, enablement of clinical workflows, and application of population analytics
2. Annual refresh of IT Strategic Plan
3. Annual Data Security Audit Findings and Mitigation Plan
4. Monthly workforce training compliance report
5. Monthly Project Portfolio 'Earned Value' report for all IT related projects within DSRIP project portfolio
6. Monthly HIE usage report depicting turnaround time for various data elements
7. Weekly shared services performance report
8. Weekly Performance report on vendor agreed SLAs

AHI PPS IT Transformation Group will also conduct a quarterly survey of IT stakeholders (in particular the users of new infrastructure / systems) to derive qualitative assessments of user satisfaction.

### IPQR Module 5.8 - IA Monitoring

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 | Original Start Date | Original End Date | 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 | 07/01/2015 | 12/31/2016 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | NO |
| **Task**<br>1. The Clinical Quality Committee and the Financial Governance Committee, in coordination with the Regional Health Innovation Team Leaders and the PPS Project Teams, identifies the individuals accountable for clinical and financial outcomes for patient care pathways. These individuals lead continuous improvement processes for the patient care pathways underlying their respective projects. As per the PPS Governance Implementation Plan, Clinical governance will be finalized by DY1, Q3, as such, this step will take place in DY1, Q4. | In Progress | Identify individuals | 04/01/2016 | 12/31/2016 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>2. The Leaders identified in task #1 are convened, receive information on their role and engage in dialogue to contribute to the development of the role, and needs for training / professional development are identified. Any needs identified are communicated to Workforce | In Progress | Leaders Convene | 04/01/2016 | 12/31/2016 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| Committee(s). | | | | | | | | | |
| **Task**<br>3. Establish a process for communicating performance related data (including, at minimum, the data provided to the PPS by NYS DOH) to leaders, teams, and providers, as needed for their specific role. Establish interim mechanism/tools for reporting (utilizing existing templates, dashboards, etc.), while building the PPS-wide Performance Measurement system. | Completed | Process for communicating | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>4. Perform a current state assessment of existing reporting processes across the PPS and define target state outcomes. Assessment will include focus on Behavioral Health and other provider types that may not have eHRs or similar systems with readily available reporting capability.<br>A. Identify work arounds for practices that do not possess advanced data collection and reporting capabilities.<br>B. Develop Remediation Plans for practices that do not possess advanced data collection and reporting capabilities. | In Progress | Assessment | 07/01/2015 | 12/31/2016 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>5. Develop initial PPS-wide Performance Measurement system for medical record-based outcome measures, as well as for those process measures that our project development groups are identifying as driving the outcomes we aim to realize. The initial system will likely consist of a set of manual reports that will need to be aggregated by AHI PPS, combined with reports from the MAPP tool until a more robust reporting process can be put in place. The final state solution will be dependent on establishing robust, consistent connectivity with all of the practices and implementation of a robust PHM solution. This will be defined in the Target State | Completed | Develop system | 11/12/2015 | 09/30/2016 | 11/12/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| Outcomes. | | | | | | | | | |
| **Task**<br>6. Reach agreement with at least one MCO to exchange key information (including additional quality metrics). AHI PPS will leverage the payor relationships developed through the Adirondack Medical Home Initiative (AMHI), an all payor Medical Home program in operation since 2010, as well as AHI's Health Home program which has been in operation since 2012. | Completed | MCO agreement | 11/12/2015 | 09/30/2016 | 11/12/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>7. In consultation with the Finance Committee, the Clinical Quality Committee will establish PPS-wide standardized care practices. These standards will be monitored and updated on a regular basis. | In Progress | Standardized care practice | 11/12/2015 | 12/31/2016 | 11/12/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>8. Establish regular two-way reporting structure to govern the monitoring of performance based on both claims-based, non-hospital CAHPS DSRIP metrics and DSRIP population health metrics (using AHI PPS' MAPP PPS-specific Performance Measurement Portal). | In Progress | Two-way reporting | 07/01/2015 | 12/31/2016 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>9. Finalize layered PPS-wide reporting structure: from the individual providers, through their associated projects' metrics and the Project Leadership Teams, up to the AHI PPS PMO. Performance and improvement information made available by the state (MAPP but also the further evolving Salient SIM tool) will be appropriately integrated into this reporting structure. This reporting structure will define how providers are to be held accountable for their performance against PPS-wide, statewide and national benchmarks. | Completed | Finalize reporting structure | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>10. Develop performance reports for PMO, | In Progress | Roadmap | 07/01/2015 | 12/31/2016 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |

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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| Clinical Quaity, Finance and other Governing Committees as appropriate. Establish roadmap for development of reporting dashboards, with different levels of detail for reports depending on the audience. Once developed, the monthly Executive Body dashboard reports will show on one (digital) page the overall performance of the PPS. The various dashboards will be linked and will have drill-down capabilities. | | | | | | | | | |
| **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. | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | NO |
| **Task**<br>1. After performing current state analyses and designing workflows, the AHI PPS Workforce Strategy Team will create a dedicated training team to integrate new reporting processes and clinical metric monitoring workflows into retraining curriculum. This curriculum will be coordinated with NCQA recognition efforts as much as possible. | Completed | Form training team | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>2. This dedicated training team will develop a framework for a performance reporting/ rapid cycle evaluation training regime. Initially, this regime will be dependent on availability of local reporting from the practice her. Ultimately, the PHM a performance Management system will be utilized. | Completed | Develop framework | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>3. Deliver training module to practitioner champions and AHI PPS' Regional Health Innovation Teams (RHITs); use their feedback to refine training program for practitioners throughout the network, including specific program for new hires<br>A. Identify potential training needs that are | Completed | Send model to be refined | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |

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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| specific to different provider types and settings, including Behavioral Health.<br>B. Develop Training Plans to address training needs. Plan will include follow up to assess effectiveness of training and identify remediation needs. | | | | | | | | | |
| **Task**<br>4. Validate schedule to roll out training to all provider sites across the PPS network, using training at central hubs for smaller providers; specific thresholds will also be defined for minimum numbers to undertake training, Due to the expansive geography of AHI PPS, we expect not only to hold regional in-person trainings but to utilize tele, video and web-conferencing when appropriate. | Completed | Schedule | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>5. In collaboration with the PPS PMO, the training team will identify decision-making practitioners and staff at each site / provider to train in advance of PPS-wide training; these individuals will become performance management champions in their individual providers / sites and will work alongside the practitioner champions for those sites | Completed | Identify staff at sites | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>6. Initiate training at provider sites. | Completed | Training | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |

## IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|---|---|---|

No Records Found

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | 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. | Date has been pushed out to allow time to get Board approval of the Performance Reporting and Communications Strategy. |
| Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Ongoing | |
| **Milestone #2** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 | Original Start Date | Original End Date | 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 Type | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

Designing and implementing a standard reporting workflow that will functionally work for the entire PPS will be a significant challenge due to:
• the geographic spread of the AHI PPS network - nine counties over 11,000 square miles;
• relatively small median practice size diminishes confidence in metrics at an operational level
• the diversity of the AHI provider network; and,
• long-standing professional independence with differing reporting cultures and workflows.
Performance management is at risk since AHI will rely on eHRs for initial clinical quality performance reporting. AHI PPS practice coaches and analysts will support the practices by leveraging experience and tools from practices with similar systems and characteristics. To achieve performance excellence, AHI will employ the following strategies to achieve performance excellence.
• Practice Champions will be engaged to assist the wide range of PPS participants with reaching consensus on the adoption of appropriate practices and standards across the PPS. Since many of the practices are engaged in other programs with their own set of goals, metrics, and standards, Practice Champions will also work with the participants to achieve appropriate alignment and consensus on the DSRIP standards.

• The board, quality committee, and practitioner champions will form a structure that requires adherence to performance reporting processes, and clearly identified accountability for specific outcomes, either on a project basis or across the whole PPS. Accountability will be designed to ensure front-line practitioners have the autonomy to determine the performance measures requiring greater emphasis. Reporting of performance measures will inform PPS leadership to the extent of improvement and areas of opportunity in patient care delivery.
In addition to improved quality of care, AHI Practitioner Champions will be responsible for encouraging practitioners throughout the network to participate in the PPS performance reporting systems. These professional incentives (improving quality of care) will be coupled with financial incentives, such as financial / personnel support for small practices to help them streamline their operations to support the increased reporting burden.

### 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.)

Our success with Performance Reporting has significant dependence on our Governance workstream. Without effective leadership and a clearly defined organizational structure, with clear responsibilities and lines of accountability, our ability to create a common culture and to embed performance reporting structures and processes will be severely hampered.
The Workforce Strategy workstream is also an important factor in our efforts to developing a consistent performance reporting culture and to

embed the performance reporting framework we will establish. Training on the use of these systems – as well as the vision of Forestland PPS as an organization where practitioners don't accept less than excellent quality – will need to be a central part of our broader training strategy for all the staff who are impacted by our workforce transformation.
The success of performance reporting relies on quick and accurate transfers of vital performance information. If providers cannot gather the right information, or an oversight committee fails to gather and distribute the aggregated data in a timely manner, the data will not be reported in such a way that it can be acted upon to improve clinical outcomes and ultimately improve performance throughout the network. A crucial dependency for our successful implementation of a performance reporting culture and processes is the work of the AHI PPS IT & DS Committee to customize existing systems and implement the new IT systems that will be required to support our reporting on patient outcome metrics.
Practitioner Engagement and Clinical Integration will both be absolutely crucial to the success of our efforts to create a common performance culture throughout the PPS network, and to embed the new performance reporting practices within business-as-usual clinical practice.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 |
|---|---|---|
| Project Leadership Teams | AHI PPS PMO, Practice Champions, RHITs | Responsible for project management of the 11 DSRIP projects, including their role in the performance reporting structures and processes in place across the PPS |
| Project-specific Finance / Clinical Performance Monitoring Leads | TBD | Members of Project Leadership Teams<br>Ultimately accountable for quality of patient care and financial outcomes per project<br>Accountable for the realization and continuous improvement of the multi-disciplinary care pathways underlying their respective projects |
| Practitioner Champions | Adirondack Medical Home Physician Leaders and new Champions to be recruited. | Responsible for spreading and embedding common culture of continuous performance monitoring and improvement throughout Practitioner Professional Peer Groups<br>Responsible to Clinical Quality Committee for practitioners' involvement in performance monitoring processes |
| AHI PPS IT & DS Committee | Please see Committee Member template. | Responsible for ensuring the implementation, support, and updating of all IT and reporting systems to support performance monitoring framework.<br>Also responsible for ensuring that the systems used provide valuable, accurate, and actionable measurement for providers and staff. |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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** | | |
| IT Staff within individual provider organizations | Reporting and IT System maintenance | Monitor, tech support, upgrade of IT and reporting systems. |
| Providers | Organizations immediately responsible for delivering on the performance monitoring processes established across the PPS. | Promote culture of excellence<br>Employ standardized care practices to improve patient care outcomes. |
| AHI PPS Steering Committee | Ultimately responsible for AHI PPS meeting or exceeding our targets | Prioritizing and improving patient care and financial outcomes for the entire AHI PPS.<br>Act as a high-profile, organization-wide champion for a common culture, standardized reporting processes, care guidelines, and operating procedures.<br>Hold monthly executive meetings with patient outcomes as the main agenda item and will review patient outcome reports prepared by the sub-Committees. |
| Forestland PPS Finance Committee | Responsible for collecting, analyzing, and handling financial outcomes from performance management system | Will elect key decision makers to champion the performance management cause within the DSRIP projects, and to interface with the Clinical Quality Committee. |
| AHI PPS Clinical Quality Committee | Ultimately responsible for all clinical quality improvement across the whole network | Monthly Executive Report for the Steering Committee which includes patient care metrics updates.<br>Will elect several key decision makers to champion the performance management cause within the DSRIP projects, and will interface with the Finance Committee. |
| **External Stakeholders** | | |
| Managed care organizations | Will provide key information to the Forestland PPS. Will also be necessary for arranging shared shavings agreements with the PPS in the later stages of DSRIP. | Provide data to PPS Shared savings |
| Patient representative organizations | Provide patient feedback to support performance monitoring and performance improvement | Input into performance monitoring and continuous performance improvement processes |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

Our PPS will be using a number of IT solutions to accurately measure, monitor, and report on DSRIP and non-DSRIP metrics. To this end, our IT & DS Committee will be responsible for interfacing with the clinical and finance leads of the DSRIP projects to ensure that dashboards, reports, and metrics-gathering software are accurate and have no usability issues.

Initially, existing performance reporting structures within the larger provider organizations in the PPS will be leveraged to provide the staff and IT infrastructure needed to build up the evolving PPS-wide Performance Measurement system as planned. In the interim, a system of Excel files transferred from the state's MAPP tool and Salient's SIM tool, to the leading workstream committee, through the project leads, and down to the individual providers will serve as a bridge before the robust final system is fully ready for deployment. We are currently considering several options for the procurement of PPS-wide performance reporting systems, including a collaborative buying solution with the region's ACO or our neighboring PPS, NCI. The final system will have to have the capabilities to aggregate information on projects & care processes from the providers to the workstream lead, and from the state to the providers, in a way that is accessible, while also sufficiently secure to protect patient information.

### IPQR Module 6.8 - Progress Reporting

**Instructions :**

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

This workstream's success will be measured by how our providers' understanding of their performance is improved by our implementation of performance measurement. We will continually measure the level of engagement and involvement of providers in the performance reporting systems and processes, we will define metrics to measure providers' involvement in the PPS performance reporting structure (e.g. active users of performance reporting IT systems, involvement in feedback discussions with Clinical Quality Committee about performance dashboards). We will also set targets for performance against these metrics. The Practitioner Champions and the Project-specific Performance Monitoring Leads will be held accountable for driving up these levels of involvement.

Our front-lines will measure the outcomes that matter most to patients, and use our reporting and IT systems to monitor, evaluate, and identify the contributing processes and intermediate outcomes. They will be surveyed and interviewed to determine the level at which they find that the performance reporting system provides them with the right information, and the level at which they find that the information is clear and – most importantly – actionable.

Performance reports will be compiled into the Executive Report, which will be the top item during the monthly Executive Body meetings. The quarterly reports will show the variation in patient care outcomes between quarters, which will be easily accomplished using our monthly model.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

Tracking change in the metrics included on these dashboards over time will be the primary tool we use to evaluate the impact of our performance reporting systems and our efforts to embed a culture of continuous improvement.

### IPQR Module 6.9 - IA Monitoring

**Instructions :**

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

## 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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>Develop Practitioners communication and engagement plan. | Completed | Practitioner communication and engagement plan. This should include:<br>-- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure<br>-- The development of standard performance reports to professional groups<br>--The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| **Task**<br>Identify and appoint 'Practitioner Champions' across the full continuum of care throughout the 9 county PPS region. | Completed | Practitioner Champions | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Include Practitioner Champions on Clinical Quality Committee (to be established by DY1 Q3). | Completed | Include | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Provide Practitioner Champions with resources - including standard performance reports - that they can share with peers and professional groups as appropriate. | Completed | Resources | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Establish a method to track when and how the Practitioner Champion's are disseminating information on PPS performance, or engaging in other communication activities, with their peer | Completed | Communication | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| groups. | | | | | | | | | |
| **Task**<br>AHI PPS Communications resource will develop a communication and engagement plan for review by the Clinical Quality Committee. This draft plan will include:<br>a. Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication<br>b. Process for managing grievances rapidly and effectively<br>c. High-level approach to creating learning collaboratives<br>d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices | Completed | Plan | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Identify existing resources & capabilities that can be leveraged to implement the practitioner communication & engagement plan. For example, leveraging professional networks, existing meetings/forums of practitioners, and communication tools - such as AHI webiste, and The MIX). | Completed | Leverage Resources | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Determine what additional communication resources / capabilities are needed to augment the existing resources identified in step 6, and acquire or develop the additional resources needed to implement the plan. | Completed | Additional Resources | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Identify the types of practitioner support services that are most needed to increase/maintain practitioner engagement (e.g., services designed to help practitioners and providers improve the efficiency of their operations, thereby | Completed | Identify Supports | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| freeing up time for the new collaborative care practices; back-office shared services; support with streamlining work flows; group-purchasing services/plans, etc.) | | | | | | | | | |
| **Task**<br>Determine which services identified above can be supplied via existing resources, and develop or build-out services (create additional capacity) where needed. | Completed | Build-out | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Finalize the plan by obtaining endorsement from Champions & Clinical Quality Committee | Completed | Finalize | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Milestone #2**<br>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. | Completed | Practitioner training / education plan. | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| **Task**<br>Develop content of training module(s) for practitioners & other professional groups, include:<br>a. Core goals of DSRIP program<br>b. AHI PPS projects & quality improvement goals<br>c. Cross-PPS work streams underpinning the delivery of the DSRIP projects, including value-based payment, case management and clinical integration | Completed | Training Modules | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Produce the content (developed in step1) in a variety of formats, including materials suitable for face to face meetings, web-based sessions, and brief memo or informational pieces for newsletters, etc. | Completed | Content | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Leverage Practitioner Champions and HR/Communications resources at Partner organizations and professional groups, to assist | Completed | Leverage Champions | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| in developping a plan for delivering the training modules / disseminating key messages. Utilize existing channels, such as conferences, annual meetings, etc. whenever possible. Coordinate with Workforce activities as appropriate. | | | | | | | | | |
| **Task**<br>Finalize the training/education plan. Ensure it includes multiple opportunity for two-way communication, and that the steps are designed to reach a majority of the target audience. | Completed | Finalize | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Establish a method to track Practitioner participation in training/educational activities. Using information obtained, modify the plan as needed to ensure a majority of practitioners rake part in the program(s). | Completed | Tracking Method | 11/12/2015 | 06/30/2016 | 11/12/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

## IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|---|---|---|

No Records Found

## Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| Develop Practitioners communication and engagement plan. | ctrue | Other | 23_DY2Q3_PRCENG_MDL71_PRES1_OTH_DY2Q3_Practitioner_engagement_M1_narrative_20170116_8170.docx | Practitioner Engagement Narrative | 01/19/2017 03:22 PM |
| 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. | ctrue | Other | 23_DY2Q3_PRCENG_MDL71_PRES2_OTH_6_AHI_PPS_Training_Strategy_rev._12.2016_8172.pdf | Training Strategy | 01/19/2017 03:24 PM |
| | ctrue | Other | 23_DY2Q3_PRCENG_MDL71_PRES2_OTH_DY2Q3_Practitioner_engagement_M2_narrative_20170116_8171.docx | Practitioner Engagement Narrative M2 | 01/19/2017 03:23 PM |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

### 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. | |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Complete | |
| **Milestone #2** | Pass & Complete | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 | Original Start Date | Original End Date | 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 Type | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 success of any collaborative effort requires effective communication and active engagement by all participants. Practitioner communication and engagement for AHI will be challenged due to:

• The large rural geographic spread of the AHI PPS provider network.

• The degree and extent of demands on providers by numerous initiatives currently underway in the region including, MSSP ACO, Adirondack Medical Home, payer specific programs, NCQA recognition, as well as adapting to the change to value-based payment models (including the proposed MACRA legislation)

• Loss of institutional knowledge due to staff turnover during the duration of the DSRIP program.

• Clinical resistance to change and shift in organizational culture.

These challenges will be mitigated by:

• Adirondack Pods and the Regional Healthcare Innovation Teams (RHITs) will be a catalyst for training for smaller provider organizations.

• Practitioner Champions will play a central role in the group training and education sessions for smaller provider organizations.

• Transformation coaches will provide assistance via remote and on-site consulting; data and reporting analysts will coordinate deployment of IT and data reporting infrastructure with the partners to minimize duplication and impact on the practices and partner organizations.

• Exploring innovative approaches to implementing organizational change throughout the PPS.

• Train the trainer program to include electronic and printed training materials to promote easily accessible and convenient in-service opportunities to engage practitioners during onboarding and at any point during the partner-provider relationship.

• Practitioner Champions will be the voice for evidence-based change which will be reinforced in all DSRIP communications.

• Utilization of the LinkedIn platform to identify examples of best practice that will be shared with PPS partners.

### 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.)

Our plans for practitioner engagement depend on effective, rapid and easy-to-access communications tools. We intend to continue to use a combination of communication tools, inclusive of our Vertical Response Emails, Website Blog, Go To Meetings and Webinars, and we intend to utilize the LinkedIn platform to facilitate communication and best practice sharing between practitioners working in different provider organizations.

Transformation Coaches are available throughout the PPS to provide on-site and remote consulting to practices in their transformation efforts.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

The role of the Practitioner Champions is central to our plans for practitioner engagement. It is important that they are able to play the role we intend them to play in the governance structure – advocating to the AHI PPS Steering Committee on behalf of the practitioners they represent and communicating information back down to those practitioners effectively.

To this end, our practitioner engagement is dependent on an effective governance structure and processes. Additionally, the Clinical Integration, Population Health Management (PHM), Performance Reporting, and Financial Sustainability work streams are integral to practitioner engagement. Making sure the practitioners have a good understanding of these work stream relationships and how these will drive payment within a value-based payment model is integral to the financial sustainability of the PPS.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 |
|---|---|---|
| AHI PPS Director of Communications | AHI Communications Manager | Oversee the development and implementation of the communication aspects of the practitioner engagement strategy |
| AHI PPS Workforce Manager | Kelly Owens | Oversee the development and implementation of the practitioner training program |
| AHI Director of Health System Transformation | Bob Cawley | Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Region Medical Home Initiative |
| Adirondacks ACO, Adirondack Region Medical Home Pilot | Karen Ashline | Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Region Medical Home Initiative |
| Adirondack Region Medical Home Pilot, Hudson Headwaters Health Network | Cyndi Nassivera-Reynolds | Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Region Medical Home Initiative & Hudson Headwaters Health Networks plans. |
| Physician Champion | Adirondack Medical Home Physician Leaders: Elizabeth Buck, David "Tucker" Slingerland, and additional Champions to be recruited. DSRIP Project 2.a.ii "Primary Care" Project Champion: David Beguin, MD | Represent physicians on the Clinical Quality Committee; responsible for driving their engagement in the DSRIP program |
| Nursing Champion | Care Management and Practice Clinical Staff from AMHI and ADK ACO practices as well as representatives from other regions | Represent nurses on the Clinical Quality Committee; responsible for driving their engagement in the DSRIP program |
| Community Care Champion | TBD | Represent care coordinators and other community care workers on the Clinical Quality Committee; responsible for driving their engagement in the DSRIP program |
| Regional / Organization-specific Practitioner Champions | TBD | Act as liaison between the Clinical Quality Committee and the PPS's downstream providers |
| AHI Practice Transformation Services Manager | RuthAnn Craven | Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Region Medical Home Initiative. Oversee Transformation Coach assistance provided to practices. |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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** | | |
| Practitioners throughout the network | Target of engagement activities | Attend training sessions; report to relevant Practitioner Champions |
| AHI PPS Workforce Transformation Group | Oversight of all training strategies, including practitioner education / training described above | Input into practitioner education / training plan |
| Clinical Quality Committee | Governance committee on which practitioner Champions sit | Monitor levels of practitioner engagement; forum for decision making about any changes to the practitioner engagement plan |
| **External Stakeholders** | | |
| Chambers, local businesses, social and civic organizations | Education to members about the AHI PPS initiatives | Outreach |
| Rural Health Network | Ensure rural physicians' communication plans support the AHI PPS initiatives | Advocacy/outreach |
| Patient and Families | Recipients of improved health care services can support PPS advocacy efforts | Advocacy/Outreach |
| Community Benefit Organizations | Content experts and patient liaison | Provide assistance in the development and execution of the work stream |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 7.7 - IT Expectations

**Instructions :**

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

The development of a shared IT infrastructure across the AHI PPS will enable the PMO to better execute our practitioner engagement plan. The IT infrastructure requirements include the support of communication between practitioners, which will be important for engaging practitioners in DSRIP and for the sharing of best practice(s). This is true both within the AHI PPS and between PPSs throughout the state. We are currently using LinkedIn, several project teams have user groups, and additional ones will be formed.
The AHI PPS is also planning to utilize Performance Logic's DSRIP Tracker for managing the DSRIP projects selected and will utilize the functionality within this tool as part of the engagement plan. This web-based project management tool will enable transparency and collaboration among participating partners within each project.
The ability for providers to share clinical information easily will also be important, not just for the improvements in clinical integration but also for the ongoing buy-in of individual practitioners. Hence, this infrastructure will include the input of Practitioner Champions and will be critical to the delivery of our practitioner engagement education and training materials.

### IPQR Module 7.8 - Progress Reporting

**Instructions :**

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

Measuring the success of the PPS practitioner engagement plan will begin with identification of Practitioner Champions. Input from these champions will contribute toward the progress reporting that will include the attendance levels at the practitioner engagement training events.

Additionally, questionnaires pre- and post-training will be designed to assess the impact of the DSRIP program training sessions. These will be designed in collaboration with our workforce transformation team. The results of these surveys will serve as an ongoing indicator of the success and required improvements to be made to our practitioner engagement plan.

We anticipate setting a target of delivering in-person education & training to a majority of practitioners in our network. We will use this metric to monitor the progress of this work stream. In addition, we will monitor the attendance at practitioner training events. The design of these training events will involve specific targets being set for the number of attendees per training.

Our Practitioner Champions will be responsible for generating interest and involvement in these training programs and will be held accountable against the participation targets set in the programs' design phase.

The use of our practitioner discussion forums on the MIX platform will be another indicator of the level of engagement of practitioners in the DSRIP

program. It will also allow us to identify specific groups of practitioners that are less engaged.

The Practitioner and Regional Champions will report regularly to the PMO and Clinical Quality Committee on the levels of engagement (and coordination and integration) they see amongst the group they represent.

### IPQR Module 7.9 - IA Monitoring

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>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 | 12/31/2016 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | NO |
| **Task**<br>1. The AHI PPS will work closely with the Adirondacks ACO, Adirondack Medical Home Initiative, AHI Health Home, Adirondack Rural Health Network (ARHN) and Population Health Improvement Program (PHIP) to develop the overall population health management approach and roadmap. This collaboration will continue beyond the planning phase and may include conducting an inventory of available data sets with individual demographic, health, and community status information, to supplement data available through the MAPP tool and/or other platforms. | Completed | Collaborate with other initiatives to develop the overall population health management approach and roadmap. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>2. The AHI PPS will utilize consulting services to assist in developing a proposed IT infrastructure that will be required to support the population health management needs of the PPS. The | Completed | Utilize consulting services to develop IT infrastructure | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| scope of work will include capturing the PPS-wide PHM requirements via interviews with PPS partners. | | | | | | | | | |
| **Task**<br>3. The AHI PPS will build on the regional community health needs assessment and planning process (conducted by AHI's Adirondack Rural Health Network (ARHN) and/or AHI's Population Health Improvement Program (PHIP) to produce an annual update of the CNA. | Completed | Build upon regional community health needs assessment to produce an annual update to CNA. | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>4. The AHI PPS had members of their Healthcare Information Technology Work Group attend the Population Health Management vendor fair being hosted by DOH (DST) that is scheduled in June. The purpose of attending this fair is to explore the possible solutions that could meet the IT Infrastructure requirements of the PPS. Additional PHM Vendor scoping efforts will also be underway. | Completed | HIT workgroup attended PHM vendor fair in June. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>5. In partnership with Adirondacks ACO, Adirondack Medical Home Initiative, AHI Health Home, ARHN and PHIP, the AHI PPS will work to identify priority practice groups to have access to registries; evaluate IT capacity and identify gaps in IT infrastructure at a provider level that need to be addressed to support effective access to these registries. | Completed | Identify priority practice groups to have access to registries, evaluate IT process at provider level. | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>6. Complete workforce assessment for priority practice groups' care management capabilities, including staff skills and resources required to manage the targeted populations in each geographic area. | Completed | Complete workforce assessment for priority practice groups' care management capabilities. | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>7. The AHI PPS will recruit project management resource(s) to work with the project 2.a.ii | Completed | Recruit project management resources | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| participating partners to finalize the PPS-wide roadmap for achieving NCQA 2014 PCMH Level 3 recognition. The scope of work for this project manager will be to assess current state with regard to PCMH 2014 Level 3 recognition, identifying key gaps and developing an overarching plan to achieve Level 3 recognition for all relevant providers. | | | | | | | | | |
| **Task**<br>8. Refine priority clinical issues from the Community Needs Assessment (at a whole-PPS level and also specific priorities for specific geographic areas) to ensure alignment between undertaken projects and clinical priorities, with particular focus on targeted population. Solicit participating provider feedback before finalization. | In Progress | refine priority clinical issues form CNA at a whole PPS level | 10/01/2015 | 12/31/2016 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>9. Develop care guidelines for providers on priority clinical issues; establish metrics for each clinical area to monitor progress in managing population health. | In Progress | Develop Care guidelines for providers on priority clinical issues | 10/01/2015 | 12/31/2016 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>10. AHI PPS Practice Transformation Team (Project 2aii) to finalize PPS-wide roadmap for achieving NCQA 2014 PCMH Level 3 recognition for all relevant provider sites. The project management resource dedicated to project 2.a.ii will work with the participating partners to finalize the PPS-wide roadmap for achieving NCQA 2014 PCMH Level 3 recognition for all relevant providers. | Completed | Practice Transformation Team to finalize roadmap for achieving NCQA 2014 PCMH Level 3 recognition | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>11. Deploy staff support at provider level (as part of practitioner engagement training plan) to train providers to use and apply information learned from the registries; how to implement established care guidelines; develop disease pathways etc. | Completed | Deploy staff support | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task**<br>12. The AHI PPS Clinical Quality Committee to review and finalize the population health management roadmap for approval by the PPS Steering Committee. | Completed | Clinical Quality Committee to review and finalize PHM roadmap | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **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 shift of activity from inpatient to outpatient settings. | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | NO |
| **Task**<br>1. The AHI PPS will establish a process for monitoring service utilization, as needed. In doing so, the AHI PPS will leverage one of their committee's (i.e. Network Committee or Quality Committee) in performing this function. This committee will report into the Program Management Office (PMO) and will be responsible for monitoring and reporting on reductions in avoidable hospital use, as well as modeling the impact of all DSRIP projects on inpatient activity. | In Progress | Establish a process for monitoring service utilization | 10/01/2015 | 12/31/2016 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>2. The AHI PPS will draft a model that forecasts the impact of all DSRIP projects on avoidable hospital use and utilization – both in terms of the impact on hospital services and in terms of the demand for community-based services (model will be established by DY1, Q4 and updated regularly with activity / utilization data to provide 'live' and 'forecast' pictures). | Completed | Draft a model to forecast the impact of DSRIP projects | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>3. Based on this modeling and in consultation with provider network, the AHI PPS will establish high-level forecasts of the following (this forecast capacity model will be updated on a regular basis throughout the 5 years).<br>a. Reduced avoidable hospital use over time | In Progress | High level forecasts | 01/01/2016 | 12/31/2016 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| b. Changes in required inpatient capacity; and<br>c. Resulting changes in required community / outpatient capacity | | | | | | | | | |
| **Task**<br>4. The AHI PPS will work with providers impacted by the forecast capacity change to determine their own 'first draft' capacity change plan. | In Progress | Forecast capacity change | 06/01/2016 | 12/31/2016 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>5. The AHI PPS PMO to lead consultation on first draft capacity change plan. Consultation will include Hospitals, Nursing Homes and local county Directors of Community Services (DCSs), as well as the AHI PPS Quality and/or Network Committee.<br>A. Distribute Draft Plan to key stakeholders and impacted providers.<br>B. Collect feedback through various means including in-person and web-enabled work sessions.<br>C. Document Feedback and proposed changes. | In Progress | First draft capacity change plan | 06/01/2016 | 12/31/2016 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |
| **Task**<br>6. The AHI PPS to finalize and publish final capacity change / bed reduction plan and schedule of annual updates on capacity changes across the network<br>A. Obtain consensus on modifications to draft plan.<br>B. Incorporate approved modifications into final plan.<br>C. Gain approval from AHI PPS Quality and/or Finance Committees.<br>D. Publish Final Plan using various means, including AHI website. | In Progress | Finalize and publish capacity change/bed reduction plan | 06/01/2016 | 03/31/2017 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |

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## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|---|---|---|

No Records Found

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Develop population health management roadmap. | Date has been pushed out to allow time to get Board approval of the PH Roadmap. |
| Finalize PPS-wide bed reduction plan. | |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Ongoing | |
| **Milestone #2** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 | Original Start Date | Original End Date | 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 Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 AHI PPS faces challenges to achieving a cohesive, integrated, and comprehensive approach to health care delivery that focuses on preventative care. The barriers to success are:

· Disconnect between population health management issues identified at the system level and care delivery at the practice/provider level. For example, insufficient access to cardiology providers in a geographic location where cardiovascular disease is a priority.

· Prolonged focus on analysis of a given population's health needs at the expense of responding quickly to developing new services or interventions.

· The risk that a population health management approach, described in provider training and education, will become reactive over time resulting in patient-facing care managers filling clinical care gaps for individual patients immediately which is inefficient and leads to provider fatigue.

AHI will mitigate the risks to achieving integrated health care in the following ways:

· Clinical integration and practitioner engagement will focus on integrating care management through the development of cross-disciplinary teams for multi-morbid patient groups.

· Care managers will assume an active role in the continuous management of patient pathways and have consistent engagement with the care management team.

· Utilize value stream mapping to identify clinical priorities with the greatest opportunity for eliminating waste and where the implementation of new, efficient support systems are likely to have the greatest effect at generating momentum amongst PPS partners.

· Reinforcement of the difference between population management-based care delivery and patient complaint-based delivery.

• AHI PPS will work through our committee structure, especially the IT & DS as well as CG & Quality, to deploy technology to complement existing capabilities while providing a consistent platform throughout the region.

### 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 development of effective population health management across the AHI PPS is highly dependent on the successful implementation of the following other work streams.

Practitioner Engagement: The PPS needs a strong and well-executed practitioner engagement plan that is focused on getting all of the practitioners on board with achieving our collective DSRIP goals. AHI's approach to decision support is partnering AHI Practice Transformation

## Adirondack Health Institute, Inc. (PPS ID:23)

resources with practices to leverage the PHM data available to enable meaningful changes to how health care is provided. We are committed to ensuring that primary care physicians in our network are armed with the tools to deliver the value that they are uniquely suited to provide to their patients and the health care system.

Clinical Integration: Population Health Management is dependent on effective clinical integration across the full continuum of care. This requires a significant investment in Healthcare IT that allows for rapid communication and meaningful data sharing. A robust and functional set of data gathering and monitoring tools is required within a population health management solution in order to be successful. Our IT Systems and Processes work stream will utilize existing investments within our region and identify the additional IT needs that will provide the population-level health metrics required to monitor the impact and success of our population health management work stream within the AHI PPS.

IT Systems and Processes: Data analysis is an integral part of PHM. Reports including mortality, health status, disease prevalence and patient experience must be available to providers, care managers and practice administrators to enable practices to measure cost and patient experience on a population-wide basis.

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## DSRIP Implementation Plan Project

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### IPQR Module 8.5 - Roles and Responsibilities

**Instructions :**

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

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| Population Health Management Work stream Lead | AHI Director, Health Systems Transformation (Bob Cawley) | Oversee the implementation of the population health management strategy<br>Report its progress to the PPS executive body |
| Program Management Office: Service Utilization Monitoring Team | AHI Data Analyst, Forrest Hillery, and Partner-based resources | Monitor the impacts of DSRIP projects in terms of inpatient & community capacity; oversee the modeling and implementation of capacity change (including bed reductions) linked to improvements in population health management and the resulting reduction in the need for hospital-based services |
| AHI PPS Practice Transformation Project Team (Project 2aii) | AHI Director, Health Systems Transformation (Bob Cawley), AHI Transformation Resources (Ruth Ann Craven) and Partner-based resources (some PPS partners have internal supports for practice transformation, and/or established contracts for this service) | Lead the development and implementation of a PPS-wide work plan for all relevant provider sites to achieve PCMH 2014 Level 3 Recognition. Work in coordination with the PPS's central IT team to ensure population health management IT needs are procured and developed. |

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# Delivery System Reform Incentive Payment Project

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### 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** | | |
| AHI PPS PMO | Oversight of DSRIP projects | Jointly responsible for Bed Reduction Plan |
| Hospitals represented on the AHI PPS Bed Reduction Working Group | Stakeholder to bed reduction plan | Represented on the Bed Reduction Working Group; will sign off on any bed reduction goals set at an individual provider level |
| Nursing homes represented on the AHI PPS Bed Reduction Working Group | Stakeholder to bed reduction plan | Represented on the Bed Reduction Working Group; will sign off on any bed reduction goals set at an individual provider level |
| Professional Peer Groups | Key role in the adoption of population health management practices amongst their members | Active engagement in the development of training & education materials |
| CBOs, including organizations focused on crime reduction, housing, and transportation | Vital component of ensuring the success of the population health management strategy | Work with care management teams in adapting care to better serve target populations |
| **External Stakeholders** | | |
| MCOs | Key partner in payment reform | Collaborate in PPS payment reforms (VBP) in line with VBP roadmap; provide insight into population health management approach to be implemented across the AHI PPS |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

One of the key principles of our approach to population health management is that all care will become 'data-driven'. Our IT & Data Sharing Committee and team will be responsible for ensuring that practitioners have access to the data and tools required to allow them to develop interventions and services that will address the wider determinants of population health for their local population. This effort will be facilitated by the adoption of an AHI PPS Population Health Management solution that will help our team monitor performance of both clinical and claims-based metrics and DSRIP population health metrics.

The analysis of population-level outcome data will also be the basis for our assessment of the impact of population health management on the priority groups and clinical areas identified in our population health management roadmap (see above).

The AHI PPS IT & Data Sharing Committee will also select appropriate RHIO(s), and leadership will require all partners to connect with the selected RHIO(s) to service our attributed population. This effort will be conducted in tandem with the EHR platforms, care management, and population health management systems that we have already implemented, or are currently implementing.

### IPQR Module 8.8 - Progress Reporting

**Instructions :**

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

As described above, we will monitor the impact of our population health management work stream through a combination of the DSRIP outcome measures and our own specific population health metrics.

These AHI PPS-specific metrics will be identified in the population health roadmap and will be monitored by the AHI PPS PMO and reported to the Clinical Quality Committee. For example, we believe we can augment the DSRIP outcome metrics for Domain 4.A. with additional metrics that will allow us to monitor the substance abuse issue in the AHI PPS.

Our goal will be to isolate metrics that are not wholly represented by the available DSRIP outcome measures, and to focus upon elements that our front-lines deem important, which is in line with our approach to Performance Management.

We will build continuous quality improvement into the population health road map, establishing time frames to re-evaluate the data sets, functionality of registries, and of our priority issues for population health management.

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Our group of Practitioner Champions will also play a role in identifying groups of providers that have been particularly successful in tackling the broader determinants of health and having a measurable impact on population health. These groups of providers will then become case studies to spread best practice(s) across the PPS network.

### IPQR Module 8.9 - IA Monitoring

**Instructions :**

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>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 | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | NO |
| **Task**<br>Prepare a Provider Landscape reference document: illustrate project by project, which partners are particpating and their role (project lead(s), project partner, project stakeholder), including representation across the care continuum and CBOs. | Completed | Prepare Landscape | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Develop the clinical integration needs assessment tool (on a project by project basis, outline people, process, technology, and data components relevant for clnical integration; include the requirements for data sharing and interoperability). Collaborate with other PPSs, share information on The MIX,utilize Target Operating Model Toolkit (in development by KPMG) if appropriate. | Completed | Develop Tool | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task**<br>Utilize the results of the assessment to perform a gap analysis of the provider network involved in each project. Utilize the resources of the Target Operating Model Toolkit as appropriate, to prepare an illustration of provider / regional gaps in the elements necessary to support integration. | Completed | Gap Analysis | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| **Milestone #2**<br>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 | 04/01/2015 | 12/31/2016 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | NO |
| **Task**<br>Convene PPS Project Team 2ai. Team members include administrators, clinicians, and community-based organizations. Cross-pollinate Teams and PPS Committee membership as relevant (Finance, IT & Data Sharing, Clinical Governance & Quality, Workforce, etc.) Each Team identifies a Clinical Champion and Operational Lead. | Completed | Convene | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>PPS Project Team 2ai (Create an IDS) members participate in a facilitated workgroup to define the desired "target state". The target state includes a description of the people, processes, technology, and data, necessary to support a clinically integrated model of care. | Completed | Define Target State | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Create the workplan (steps, dates, person / org | Completed | Workplan | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| responsible) to address the gaps identified between the current state and the target state. | | | | | | | | | |
| **Task** Identify resources needed to accomplish the workplan, including Subject Matter Experts, technology and other tools, and other human resources. Leverage existing resources (PPS Partners, ACO, Health Home, ec.) and work collaboratively to resource the plan. | Completed | Resources | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** Identify steps that represent a common theme or element that is shared across projects (e.g., technology to support role-based data sharing). | Completed | Common Steps | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** Develop strategies to encourage the types of behaviors and practices that are necessary to achieve the target state. For example: incorporate financial incentive into partner contracts for demonstrating such behaviors; provide low-cost shared back office service. | Completed | Develop Strategies | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** Obtain consultation as needed, include internal & external stakeholders, and produce a draft of the Clinical Integration Strategy. Engage the PPS Governing bodies in the development and finalization of the strategy. | Completed | Consultation | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** PPS Clinical Governance (which includes some if not all Clinical Champions), endorses the target state model and the workplan, which together, define the PPS' clinical integration strategy. | In Progress | Endorsement | 04/01/2016 | 12/31/2016 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 | |

## IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|---|---|---|

No Records Found

## NYS Confidentiality – High

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Perform a clinical integration 'needs assessment'. | We need to adjust the milestone completion date to March 31, 2017 due to incomplete contracts. There are several addendums and MPAs still outstanding. |
| Develop a Clinical Integration strategy. | The AHI PPS Clinical Governance and Quality Committee has a key role in completion of the Milestone and tasks; given that the Committee was established late in Q3 (met in December for the first time), their work began in DY1Q4 and is continuing. Milestone completion date will need to change to assure we are clear about our clinical integration strategy and have communicated it across key stakeholders. |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Ongoing | |
| **Milestone #2** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 | Original Start Date | Original End Date | 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 Type | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

Successful clinical integration requires health information technology to support adherence to new clinical pathways and the ability to operate collaboratively across settings of care.
The major risks to AHI are:
• Health information technology readiness; and,
• Standardized care pathways across disparate organizations.
Information technology initiatives take time and resources to implement. An AHI survey revealed that most behavioral health and long-term care settings rely on paper documentation and are not connected to the RHIO.
In consideration of the current state of HIT readiness and clinical integration, AHI will mitigate the risk by:
• Developing a multi-phased approach that will be limited to the extent the technology is in place to support the integrated model.
• Identifying high priority HIT capabilities and devoting significant resources to establishing them early in the implementation period.
• Establishing technology requirements for participation in the PPS as determined by the IT and Data Sharing Committee and Network Committee.
• Relying on the Clinical Governance and Quality Committee to establish standardization of care pathways that involve providers from multiple settings.
Putting a strategic communications plan in place to encourage buy-in from key change agents, including clinicians, operations, and administration.

### 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 Clinical Integration Workstream relies extensively on IT Systems and Processes. The dependency on technology is significant, as discussed under Risks & Mitigation. The PPS will include clinicians and other end-users of technology in IT planning processes, to ensure systems and processes are developed with the needs of real-world users at the forefront.

Another major dependency is with Practitioner Engagement. The Clinical Governance & Quality Committee, which will set standards, needs the trust and support of practitioners throughout the network in order to be effective.

An additional dependency is with Workforce. Some providers will need training and/or professional development to acquire skills in team-based care models.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 |
|---|---|---|
| Clinical Governance & Quality Committee | Bob Cawley, Director of Health System Transformation oversees Clinical Integration workstream until such time as the Committee is established and a chair is selected. | Oversee the development of the Clinical Integration Strategy; report on progress to the PPS Board |
| PPS Project Team 2ai - Integrated Delivery System Team | This team includes all AHI PPS Regional Health Innovation Team Leaders: Karen Ashline (Champlain Valley Physicians Hospital, Adirondack Medical Home Initiative, Adirondacks ACO); Peter Trout (Clinton County Community Services Board & Mental Health Clinic); Cyndi Nassivera-Reynolds (Hudson Headwaters Health Network); David "Tucker" Slingerland (Hudson Headwaters Health Network); Brian McDermott (Glens Falls Hospital); Laurence Kelly (Nathan Littauer Hospital); Geoff Peck (Nathan Littauer Hospital); Sue Hodgson (Canton-Potsdam Hospital and St. Lawrence Health System); Patti Hammond (Adirondack Health) and Beth Lawyer (Citizens Advocates). | Develop and manage the Clinical Integration Strategy; report on progress to the Clinical Governance & Quality Committee |
| PPS Project Team 2ai - Integrated Delivery System Team: Primary Care Representation | Hospital affiliated primary care representatives: Karen Ashline (Champlain Valley Physicians Hospital, Adirondack Medical Home Initiative, Adirondacks ACO); Brian McDermott (Glens Falls Hospital); Laurence Kelly (Nathan Littauer Hospital); Geoff Peck (Nathan Littauer Hospital); Sue Hodgson (Canton-Potsdam Hospital and St. Lawrence Health System); and Patti Hammond (Adirondack Health).<br><br>FQHC representatives: Cyndi Nassivera-Reynolds (Hudson Headwaters Health Network); and David "Tucker" Slingerland (Hudson Headwaters Health Network). | Liaison between primary care and the clinical integration process |
| PPS Project Team 2ai - Integrated Delivery System Team: Behavioral Health Representation | Peter Trout (Clinton County Community Services Board & Mental Health Clinic), Beth Lawyer (Citizen's Advocates). | Liaison between behavioral health and the clinical integration process |
| PPS Project Team 2ai - Integrated Delivery System Team: Care Management Representation | Providers of Health Home Care Management services: Karen Ashline (Champlain Valley Physicians Hospital, Adirondack Medical Home Initiative, Adirondacks ACO), Cyndi Nassivera-Reynolds (Hudson Headwaters Health Network), Beth Lawyer (Citizen's Advocates). | Liaison between care management and the clinical integration process |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| PPS Project Team 2ai - Integrated Delivery System Team: Community Representation | TBD | Liaison between community and the clinical integration process |
| PPS Project Team 2ai - Integrated Delivery System Team: Long-Term, Home, and Community-Based Services Representation | TBD | Liaison between long-term, home, and community-based services, and the clinical integration process |
| PPS Project Team 2ai – Integrated Delivery System: Managed Care Organization (MCO) Representation | TBD | Liaison between managed care organizations and the clinical integration process. |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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** | | |
| Non-clinical service providers | Their buy-in and support of new pathways, lines of accountability, responsibility and communication will be central to the success of this workstream. | Engage in the process, including:<br>- The consultation process; and<br>- The training |
| Clinical staff | Their buy-in and support of new pathways, lines of accountability, responsibility and communication will be central to the success of this workstream | Engage in the process, including:<br>- The consultation process; and<br>- The training |
| **External Stakeholders** | | |
| Patients | Care improved upon by the clinical integration of the PPS | Response to consultation on clinical integration strategy |
| Family members / Caregivers | Communication with practitioners, particularly on behalf of children, the elderly, or those without mental capacity | Response to consultation on clinical integration strategy |
| Community Based Organizations (CBOs) | Supporting the development and implementation of the clinical integration strategy | Response to consultation on clinical integration strategy |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

IT is needed to ensure the availability of the right information, to the right person/provider, at the right time. Each segment of the care continuum, and the clinics/sites within that segment, will be supported by a tailored IT plan, built on their current state of readiness, and designed to move them to a level that supports their effectiveness in clinically integrated care models.

The PPS has begun to establish a technology roadmap. An IT & Data Sharing Committee has been established. The Committee will work closely with the Clinical Governance and Quality Committee. The two Committees will work together to finalize the technology roadmap.

AHI PPS is participating in a Target Operating Model (TOM) pilot and will leverage this experience, and the toolkit, to support the Clinical Integration Workstream.

### IPQR Module 9.8 - Progress Reporting

**Instructions :**

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

Progress on the Clinical Integration Workstream will be measures against two prescribed milestones: completion of a clinical integration needs assessment, and the clinical integration strategy. Additionally, the Domain 3 quality measures are key indicators of the success of the clinical integration activities.

Progress will be monitored through surveys and/or focus groups of patients and providers that are designed to identify the specific links in patient pathways where information sharing and collaboration could be improved. Several items on the patient experience survey are relevant. AHI hosts a Summit each year, which provides an opportunity for focus groups.

### IPQR Module 9.9 - IA Monitoring:

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

## 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 Department of Health System Transformation includes the Project Management Office (PMO), overseen by a PMO Director, who together have responsibility for implementation plan deliverables.
A project team comprised of clinical and operational leads from PPS Partner organizations has been assembled to spearhead the activity necessary to accomplish implementation plan deliverables. The projects are grouped by behavioral health, primary care, and prevention, and assigned to a Project Manager (PM). The AHI PPS is currently recruiting for a PM to support 3ai – Integrating Behavioral Health into Primary Care, and 4aiii – Strengthening MEB Infrastructure. The PM assigned to the project is responsible for supporting the Team by coordinating meetings, setting meeting agendas, researching information and resources, and producing progress and performance reports. The PMO uses the Performance Logic DSRIP Tracker Tool for project management.
At this point in the DSRIP implementation plan, the Team has been very project focused with a heavy emphasis on timeline and reporting for tasks milestone completion. The PPS is on track to disseminate Project 2aii – PCMH and Project 2di – Community Engagement at the end of the summer which will pave the way for Partners to become actively involved in DSRIP Project activity. With contracts defining roles and responsibilities of AHI PPS and Partners, and the shift in focus to performance, the PPS has retained an advanced degree clinician and professor to support project managers by:
• developing work plans that foster community engagement and drive successful project outcomes;
• developing systems and processes to implement transformative strategies that the meet the triple aim;
• monitoring DSRIP milestones and timelines; and,
• developing and implementing strategies to meet the goals.
With the contractor for clinical effectiveness working with the PMO, we expect emphasis will be placed on common patient care pathways, and care coordination and management that are common to multiple projects.

### 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.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

The AHI PPS has 11 projects and is continuing to establish the PPS infrastructure. Project requirements, strategies, staff and budgets, are inter-related across projects and infrastructure work streams. As such, the functions of the PMO, the Project Teams, and the PPS Governance (including Finance, IT, Clinical Quality, etc.) will need to be integrated. Several strategies will be used to achieve this including interdisciplinary committees and workgroups, careful development of agendas to include the necessary status reports from related work streams, and communications platforms that allow for easy sharing of information across initiatives. The PPS is leveraging The MIX for discussion groups, and will also utilize the DSRIP Tracker Project Management platform, to manage the integrated functions.

The AHI PPS is currently taking steps to ensure the PMO is adequately resourced to manage the complexity described above. Four Project Managers have been recruited, two more are anticipated, and additional Project Management capacity is available via a contracted resource. The team will manage the overlapping project requirements, and will rely on the "Conceptualizing PPS Project Requirements" resource provided by the DSRIP Support Team.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 |
|---|---|---|
| AHI PPS PMO | Project Managers: Jill Rock, Betsey Towne, Jessica Chanese, Paula Jacobson, Ruth Ann Craven. | The PMO monitors progress and produces reports for PPS partners, Project Teams and Governing bodies, as well as the NYS DOH. The PMO is the central link between the Project Teams and the Workstreams (Finance, Workforce, IT, etc.). The PMO monitors progress and identifies risks for all Projects and Workstreams, and engages PPS leadership/Governance as needed. |
| Clinical Governance & Quality Committee | Oversees clinical quality for all projects | The PPS Clinical Governance & Quality Committee will establish a structure for managing Clinical Quality of all projects (sub-committees or workgroups will be established that cover 1 or more related projects). |
| Project Team Leaders | At this time, there are over 50 individuals leading projects in their regions. Given the large geography of the AHI PPS, we have organized into sub-regions, each area has leadership in place for their Project Teams. | Project co-leads (clinical & operational) drive the Project Implementation, supported by a Project Manager |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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** | | |
| AHI PPS Finance Committee | Financial Impact Monitoring | The Finance Committee will monitor the impact of the DSRIP Projects on the financial health of the network and providers. The Finance Committee will include AHI's CFO, who will work closely with the AHI PMO. |
| AHI PPS Workforce Committee & Workforce Manager | Manage the delivery of the workforce strategy through the project teams. | Manager will work closely with the Project Teams, to identify and develop the Workforce Strategies, and to coordinate efforts across projects to achieve efficiencies. The Workforce Manager will be reponsible for the quarterly reporting of Workforce numbers (supplied by the Project Teams) |
| AHI PPS IT & Data Sharing Committee | Identify and establish a plan for, the IT needs of the Projects. | The AHI PPS IT & Data Sharing Committee will be staffed by an AHI Senior Manager, who is the liaison between this Committee and the AHI PPS PMO The Committee will have the overall responsibility for management of the IT and Data Sharing initiatives. |
| Compliance Committee | Establish and Monitor the PPS Compliance Plan | Review PPS conduct in terms of adherence to the applicable guidelines, laws, and regulations. |
| Community & Beneficiary Engagement Committee | Manages PPS relationships with patients, consumers, and CBOs | Coordinat patient and community outreach and engagement activities. |
| **External Stakeholders** | | |
| Patient Advisory Councils | Patient Group | Some PPS partners have established Patient Advisory Councils, these groups will be engaged in the PPS to provide feedback, views, opinions, that can inform the development of the Projects. |
| Ellis Medicine PPS | Collaborating on Domain 4 Project Implementation | Collaborate on Domain 4 implementation, given overlapping service areas and providers; coordinate to avoid redundancy/overlap in project implementation |
| North Country Initiative PPS | Collaborating on Domain 4 Project Implementation | Collaborate on Domain 4 implementation, given overlapping service areas and providers; coordinate to avoid redundancy/overlap in project implementation |
| Albany Med PPS | Collaborating on Domain 4 Project Implementation | Collaborate on Domain 4 implementation, given overlapping |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| | | service areas and providers; coordinate to avoid redundancy/overlap in project implementation |
| Labor Representatives (union, staff of non-unionized employers) | Labor Representation | PPS Partners have identified labor representatives (the union rep, or a staff member for non-unionized employers) that are taking part in the Workforce Committee and providing input in the development of the Workforce Strategy. |
| Directors of Community Services / Commmunity Services Boards/ Local Governmental Units | Project Planning and Implementation Support | PPS has engaged with LGUs for project planning support including the development and incorporation of projects into county service plans as appropriate |
| OMH, OPWDD, OASAS | Project Implementation Support | Provide insight into best practices with respect to the implementation of all projects - particularly 2.a.i. and 3.a.i. |
| Office for the Aging | Project Implementation Support | Provide insight into best practices with respect to the implementation of all projects - particularly 2.b.viii and 3.g.i. |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 10.5 - IT Requirements

**Instructions :**

Information technology will play a crucial role in the development of an effective, integrated performing provider system. It is likely that most projects will require some level of supporting IT infrastructure. Please describe the key elements of IT infrastructure development that will play a role in multiple projects.

The Project Implementations will be supported by regional IT infrastructure. The HIT Workgroup is currently developing the PPS Technology Roadmap, which will include a timeline that reflects PPS-wide priorities. There are specific IT capabilities and data sharing protocols that will support multiple projects, and multiple project requirements. These high priority elements will be undertaken early in the IT implementation plan.

The AHI PPS conducted a high-level current state assessment that identified significant variation in the network in terms of providers access to, and use of, electronic patient information. The HIT Workgroup will transition to an IT & Data Sharing Committee, which will drive greater use of interoperable health IT platforms. The PMO will be responsible for ensuring that each of the DSRIP projects is tied into the IT planning and implementation in the appropriate fashion. The overarching multi-project IT initiative of the AHI PPS will be the Population Health Management System. The PHM functionality will be central to multiple projects.

### IPQR Module 10.6 - Performance Monitoring

**Instructions :**

Please explain how your DSRIP projects will fit into your development of a quality performance reporting system and culture.

The DSRIP projects are central to the development of a quality performance reporting system and culture. It is through each project team that the PPS promotes a culture of quality improvement and accountability. The Project Teams and PMO processes and tools provide the PPS with the opportunity to optimize and standardize processes that are necessary to realize the desired outcomes.

For each individual project, the project co-leads will oversee the creation and continuous improvement of the multi-disciplinary care pathways that support the delivery of the project. The leads will communicate performance, in relation to goals, to Project Teams and partner organizations. Project Leads will have a key role in the data & analytics work stream; they will contribute to the development of performance dashboards and other reporting tools. The leads will identify resources needed for Project success, including clinical specialists, CBOs, training, or other resources.

The AHI PPS PMO will be responsible for consolidating all performance reporting metrics and measures – including the project-specific performance dashboards described above, and the DSRIP outcome measures – and reporting the most critical or high-risk metrics up to the Clinical Governance & Quality Committee and the PPS steering committee.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 10.7 - Community Engagement

**Instructions :**

Please describe your PPS's planned approach for driving community involvement in the DSRIP projects, how you will contract with CBOs for these projects, how community engagement will contribute to the success of the projects, and any risks associated with this.

The AHI PPS has a multi-pronged approach to engaging the community in the PPS projects. The governance includes a Community & Beneficiary Engagement Committee. This group provides community representatives with a direct line of communication to the PPS Steering Committee. The PPS will also work closely with the Population Health Improvement Program Staff (AHI is the PHIP contractor in this region) and the area's Rural Health Networks to leverage existing community groups & forums to provide insight and guidance to the PPS with regards to the projects, and to assist the PPS in identifying opportunities for collaboration.

The role of any given community based organization varies by project. We expect extensive CBO engagement and contracting under project 2.d.i and many CBOs have already signed master participation agreements.

### IPQR Module 10.8 - IA Monitoring

**Instructions :**

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

## Section 11 – Workforce

### IPQR Module 11.1 - Workforce Strategy Spending (Baseline)

**Instructions :**

Please include details on expected workforce spending on a semi-annual basis. Funds may be shifted from one funding type category to another within the workforce strategy spending table, as long as the PPS adheres to their overall spend commitments. However, the PPS may apply a 25% discount factor to the DY1 Workforce Strategy Spend target. If the PPS applies this discount in DY1, the PPS will be expected to reallocate those funds appropriately in DY2-4 to fully meet their DY1-4 total commitment.

| Funding Type | Year/Quarter | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | DY1(Q1/Q2)($) | DY1(Q3/Q4)($) | DY2(Q1/Q2)($) | DY2(Q3/Q4)($) | DY3(Q1/Q2)($) | DY3(Q3/Q4)($) | DY4(Q1/Q2)($) | DY4(Q3/Q4)($) | DY5(Q1/Q2)($) | DY5(Q3/Q4($) | Total Spending($) |
| Retraining | 0.00 | 750,000.00 | 385,000.00 | 715,000.00 | 155,000.00 | 232,500.00 | 90,000.00 | 135,000.00 | 40,000.00 | 60,000.00 | 2,562,500.00 |
| Redeployment | 0.00 | 0.00 | 35,000.00 | 65,000.00 | 20,000.00 | 30,000.00 | 20,000.00 | 30,000.00 | 2,000.00 | 3,000.00 | 205,000.00 |
| New Hires | 0.00 | 125,000.00 | 350,000.00 | 650,000.00 | 245,000.00 | 367,500.00 | 90,000.00 | 135,000.00 | 18,000.00 | 27,000.00 | 2,007,500.00 |
| Other | 0.00 | 250,000.00 | 140,000.00 | 260,000.00 | 90,000.00 | 135,000.00 | 80,000.00 | 120,000.00 | 40,000.00 | 60,000.00 | 1,175,000.00 |
| **Total Expenditures** | **0.00** | **1,125,000.00** | **910,000.00** | **1,690,000.00** | **510,000.00** | **765,000.00** | **280,000.00** | **420,000.00** | **100,000.00** | **150,000.00** | **5,950,000.00** |

### Current File Uploads

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

No Records Found

**Narrative Text :**

For PPS to provide additional context regarding progress and/or updates to IA.

### Module Review Status

| Review Status | IA Formal Comments |
|---|---|
| Pass & Complete | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 11.2 - 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. Please note some milestones include minimum expected completion dates.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Define target workforce state (in line with DSRIP program's goals). | Completed | Finalized PPS target workforce state, signed off by PPS workforce governance body. | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| **Task** Step 4: Complete future state assessment identifying future workforce demand based on anticipated needs of project implementation. | Completed | complete assessment | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** Step 5: Report information/updates to Workgroups | Completed | report updates | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** Step 6: Final analysis approved by the Workforce Committee. | Completed | final analysis | 02/01/2016 | 06/30/2016 | 02/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** Step 1: Establish Workforce Workgroups (which include individuals with subject matter expertise and experience and representatives from AHI) who will be tasked with planning and implementation efforts as laid out in the implementation plan. The Workforce Workgroups are: Compensation and Benefits Workgroup, Employee Engagement Workgroup, Recruitment and Retention Workgroup and Training and Resources Workgroup. Other workgroups may be created if deemed necessary for planning and implementation. | Completed | establish workgroups | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Step 2: Contract with the Center for Health Workforce Studies to assist in plan development to capture the target workforce state. | Completed | contract to assist in development | 09/01/2015 | 02/29/2016 | 09/01/2015 | 02/29/2016 | 03/31/2016 | DY1 Q4 | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task** Step 3: Collaborate with the Albany Medical Center PPS and Alliance For Better Health Care PPS on job title descriptions that will assist in defining the professions within the target workforce state. | Completed | collaborate between PPS's | 10/15/2015 | 12/31/2015 | 10/15/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** Step 7: Complete report of projected impact by staff type and facility for DY5. | Completed | Complete report. | 05/01/2016 | 09/30/2016 | 05/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Milestone #2** Create a workforce transition roadmap for achieving defined target workforce state. | Completed | Completed workforce transition roadmap, signed off by PPS workforce governance body. | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| **Task** Step 4: The Workforce Committee will review and approve workforce transition roadmap (including timeline for the transition of the workforce from the current state to the future state). | Completed | review and approve transition roadmap | 03/02/2016 | 09/30/2016 | 03/02/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** Step 3: Utilizing information from the gap analysis and transition roadmap, complete an impact assessment identifying impact by role and organization (low, medium, high) | Completed | complete an impact assessment | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** Step 2: Based on the findings of the future state assessment and current state assessments, develop consolidated map of specific changes required to the workforce in order to achieve the essential workforce for successful project implementation. Define the timeline of when these changes will need to take place and what the dependencies are for all training, redeployment and hiring in line with project timeline and needs. | Completed | develop map of specific changes required | 01/15/2016 | 09/30/2016 | 01/15/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task** Step 1: Develop the Workforce Committee, which will be the governing body for workforce planning and programming. The Committee will define | Completed | Develop workforce committee | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

## Adirondack Health Institute, Inc. (PPS ID:23)

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|---|---|---|---|---|---|---|---|---|---|
| how and by whom decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off on. The Committee will be comprised of the Workforce Committee Chair, leaders of the designated workgroups, union representatives, human resources representatives, workforce experts, individuals with experience in curriculum development and representatives from AHI. | | | | | | | | | |
| **Task**<br>Step 5: Utilizing data from the current state analysis and transition roadmap, identify the origin and destination of staff who may be redeployed to understand the changes and impact to jobs and partner organizations. | Completed | Identify the origin and destination of redeployed staff | 06/30/2016 | 09/30/2016 | 06/30/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Milestone #3**<br>Perform detailed gap analysis between current state assessment of workforce and projected future state. | Completed | Current state assessment report & gap analysis, signed off by PPS workforce governance body. | 09/01/2015 | 09/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| **Task**<br>Step 7: The Workforce Committee will review and approve recruitment strategies for new hire and employee retention needs based on findings of the gap analysis. | Completed | review and approve strategies for recruitment | 12/01/2015 | 09/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>Step 6: The Recruitment and Retention Workgroup will develop strategies to attract potential new hires to new opportunities as a result of DSRIP project implementation. | Completed | develop recruitment and retention strategies | 11/15/2015 | 09/30/2016 | 11/15/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>Step 5: Analyze gap analysis and need for new hires along with training and redeployment needs. Review/revise workforce budget based on projections over the duration of project implementation | Completed | gap analysis | 07/28/2016 | 09/30/2016 | 07/28/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>Step 4: Map current state analysis against future workforce needs to identify workforce gaps and | Completed | Map current state against future needs to identify gaps | 03/21/2016 | 09/30/2016 | 03/21/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |

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

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|---|---|---|---|---|---|---|---|---|---|
| new hire needs. | | | | | | | | | |
| **Task**<br>Step 3: Perform current state assessment. | Completed | perform current state assessment | 01/26/2016 | 03/31/2016 | 01/26/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Step 2: Workforce Committee to approve the process to complete current state assessment. | Completed | approve process for assessment | 11/01/2015 | 12/31/2015 | 11/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>"Step 1: Retain the Center for Health Workforce Studies to perform current state assessment of staff availability across the PPS and partner organizations, which will identify:<br>- Staff who could fill future state roles through up-skilling and training;<br>- Staff who could potentially be redeployed directly into future state roles " | Completed | assess current state of staff across PPS | 09/01/2015 | 03/31/2016 | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Milestone #4**<br>Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | Completed | Compensation and benefit analysis report, signed off by PPS workforce governance body. | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | YES |
| **Task**<br>Step 5: The Compensation and Benefits Workgroup will develop a plan to identify the number of full and partial placements across the AHI PPS and identify the impact to compensation and benefits. The Workgroup includes representatives from unions and regional Departments of Labor to assist in analysis. | On Hold | identify redeployment numbers and identify the impact to compensation and benefits. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>Step 4: Utilizing data from the current state analysis and transition roadmap, identify the origin and destination of staff who may be redeployed to understand the changes and impact to jobs and partner organizations. | On Hold | utilize analysis and roadmap to understand the potential impact on partner organizations | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>Step 3: Collaborate with the Albany Medical Center PPS and Alliance For Better Health Care | Completed | Collaborate with other PPS's to define target professions | 10/15/2015 | 03/31/2016 | 10/15/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

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|---|---|---|---|---|---|---|---|---|---|
| PPS on job title descriptions that will assist in defining the professions within the target workforce state and compensation and benefits analysis. | | | | | | | | | |
| **Task**<br>Step 2: The Workforce Committee will approve the process to proceed with Compensation and Benefit Analysis. | Completed | approve compensation and benefit analysis process | 11/01/2015 | 12/31/2015 | 11/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>Step 1: The Compensation and Benefits Workgroup, working with the Center for Health Workforce Studies, will develop a baseline compensation and benefits analysis based on guidelines provided by NYS DOH. | Completed | develop a baseline compensation and benefits analysis | 01/01/2016 | 02/29/2016 | 01/01/2016 | 02/29/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>Step 7: The Workforce Committee will review and finalize compensation and benefit analysis and employee engagement policies | Completed | finalize compensation and benefit analysis and employee engagement policies | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>Step 6: Employee Engagement Work Group will direct the development and incorporation of policies for impacted staff who face partial placement, as well as those staff who refuse retraining or redeployment. The Employee Engagement Workgroup includes union and regional Departments of Labor to assist in planning. | Completed | development and incorporation of policies | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br># 5 The Workforce Committee will develop a plan to identify the number of full and partial placements accross the AHI PPS and identify the impact to compensation and benefits. The Committee includes both employer and union representation. | Completed | Develop a plan to identify placements across the AHI PPS | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>#1 The Compensation and Benefits Work Group, working with the Center for Health Workforce Studies, will develop a baseline compensation | On Hold | Work with Center for Health Workforce Studies. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| and benefits analysis tool based on guidelines provided by NYS DOH. | | | | | | | | | |
| **Task**<br>#7 The Workforce Committee will review and finalize the compensation and benefits analysis and employee engagement policies. | Completed | Finalize analysis and engagement policies. | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Milestone #5**<br>Develop training strategy. | Completed | Finalized training strategy, signed off by PPS workforce governance body. | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| **Task**<br>Step 1: The Training and Resources Work Group will outline current state training needs based on the gap analysis and transition roadmap which may also include surveys and interviews. | Completed | outline training needs | 02/01/2016 | 09/30/2016 | 02/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>Step 4: Develop and finalize Training Strategy based on transition roadmap, including goals, objectives and guiding principles for the detailed training plan; confirm process and approach to training (e.g. voluntary vs. mandatory etc.) as well as methods of tracking. | Completed | develop and finalize training strategy | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>Step 3: Develop a tool to measure training effectiveness in relation to established goals within the training strategy. | Completed | measure effectiveness of training | 03/01/2016 | 09/30/2016 | 03/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>Step 2: The Training and Resources Workgroup will identify training resources (education and other training resources) that are currently available within the PPS and identify resources that can be provided via web-based learning or are available outside the AHI PPS region. | Completed | identify resources | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>Step 6: The Workforce Committee will review and approve the training plan. | Completed | review and approve training plan | 07/30/2016 | 09/30/2016 | 07/30/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| **Task**<br>Step 5: Finalize detailed Training Plan (based on Training Strategy), including methods, channels and key messages required for training based on | Completed | finalize detailed plan | 02/01/2016 | 09/30/2016 | 02/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| project needs. This includes consideration of geography, language, level of education, training tools, and methods of delivery. | | | | | | | | | |

### IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|---|---|---|

No Records Found

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| Define target workforce state (in line with DSRIP program's goals). | ctrue | Other | 23_DY2Q3_WF_MDL112_PRES1_OTH_12.7.2016_WF_Committee_Meeting_Notes_8073.docx | Workforce Committee Notes 12/7/16 | 01/19/2017 10:06 AM |
| Create a workforce transition roadmap for achieving defined target workforce state. | ctrue | Other | 23_DY2Q3_WF_MDL112_PRES2_OTH_12.7.2016_WF_Committee_Meeting_Notes_8074.docx | Workforce Committee Notes 12/7/16 | 01/19/2017 10:11 AM |
| Perform detailed gap analysis between current state assessment of workforce and projected future state. | ctrue | Other | 23_DY2Q3_WF_MDL112_PRES3_OTH_12.7.2016_WF_Committee_Meeting_Notes_8075.docx | Workforce Committee Notes 12/7/16 | 01/19/2017 10:13 AM |
| Develop training strategy. | ctrue | Other | 23_DY2Q3_WF_MDL112_PRES5_OTH_workforce_training_schedule_DY2Q3Mapp_20160630_8168.xlsx | Workforce Training Schedule 20160630 | 01/19/2017 03:15 PM |
| | ctrue | Other | 23_DY2Q3_WF_MDL112_PRES5_OTH_12.7.2016_WF_Committee_Meeting_Notes_8076.docx | Workforce Committee Notes 12/7/16 | 01/19/2017 10:15 AM |

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Define target workforce state (in line with DSRIP program's goals). | Milestone completed in DY2 Q2. AHI PPS Transition Roadmap was approved in October 2016. Roadmap reviewed by the Workforce Committee on 12/7/16 with no updates identified. |
| Create a workforce transition roadmap for achieving defined target workforce state. | Milestone completed in DY2Q2. AHI PPS Transition Roadmap was approved in October 2016. Roadmap reviewed by the Workforce Committee on 12/7/16 with no updates identified. |
| Perform detailed gap analysis between current state assessment of workforce and projected future state. | Milestone completed in DY2Q2. AHI PPS Transition Roadmap was approved in October 2016. Roadmap reviewed by the Workforce Committee on 12/7/16 with no updates identified. |

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### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | Next compensation and benefits analysis is due 3/31/18. No update. |
| Develop training strategy. | AHI PPS Training Strategy was reviewed and approved by the Workforce Committee for DY2, Q2 reporting. Updates provided December 2016 will be tracked ongoing via the Training Schedule. |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Ongoing | |
| **Milestone #2** | Pass & Ongoing | |
| **Milestone #3** | Pass & Ongoing | |
| **Milestone #4** | Pass & Complete | |
| **Milestone #5** | Pass & Complete | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 11.3 - 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 | Original Start Date | Original End Date | 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 Type | 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
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## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies

**Instructions :**

Please describe the key challenges and risks that you foresee in achieving the milestones set out above, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

The key risks we have identified that could impact our ability to meet our baseline process measures in the future are:
1. Competition from the overlapping PPSs in the adjacent regions to AHI over high-demand positions. We will collaborate with neighboring PPSs in our region and strive for equitable access among PPSs for hiring high-demand staff. Regular meetings and discussions with key workforce staff in neighboring PPS will take place with the goal of ensuring the future state workforce needs of all PPSs are met and to identify opportunities for collaboration.
2. Difficulty recruiting for providers in the AHI PPS network (particularly for relatively low-paid roles), with the challenges in a rural area compared to other PPSs in the State that will also be recruiting for the same positions.

To mitigate this risk, the Recruitment and Retention Workgroup has been developed which is investigating strategies to building a pipeline of health care staff and a coalition of health care professionals who will speak to the need for these key positions in high schools, BOCES programs (including New Visions), and community colleges. The Recruitment and Retention Workgroup is also creating a marketing campaign regionally and beyond to help identify our region as an employment destination. In addition, a Recruitment and Retention Fund has been developed to assist partners with recruitment and retention efforts for key positions which will expand services for DSRIP related projects.
3. Many requirements and projects, including 2a i, depend on the successful implementation of an electronic health records system, as well as the necessary training and change management and engagement support to ensure that impacted staff are ready, willing, and able to succeed with the new system.
In order to execute the activities to support these endeavors in a timely and effective manner, AHI PPS continues to maintain discussions with consultants to provide technical assistance. Necessary training will be incorporated in to a training plan. Strict project management and reporting protocols will be instituted to ensure the PPS remains on track and on schedule with regard to getting our people, processes, and technology ready for success in the DSRIP future.
4. AHI PPS may have difficulty obtaining buy-in and support from frontline workers and key stakeholders, which in turn could impact DSRIP project success.
To mitigate this risk, the PPS has approved the Workforce Communication and Engagement Strategy to provide information and updates to share with partners to then be shared with their employees. This strategy included a survey to partners to identify the mechanisms used to communicate with their employees and its effectiveness. Tools to communicate with all employees will be developed from this information and shared for use, incorporated in to a tool that they have identified works best for their organization. All workforce groups (Workforce Committee, Workforce Advisory Council and four workgroups) have membership which includes union representation as a mechanism for communication and to gain support from employees.
5. Partners not completing necessary survey/assessment documentation for analysis of the PPS workforce.
To mitigate this, the PPS will carefully plan important information gathering tools to ensure the best response. The PPS will work with professional survey organizations to ensure the questions are clear and concise. Partners will be given adequate time to fill out the surveys as accurately as possible, frequent reminders will be sent out, and extensions will be given as needed to complete assessments. When possible and appropriate, the PPS will group surveys together to reduce the numbers of surveys for Partners.

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### IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

**Instructions :**

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

Given the importance of the workforce spending milestone and the importance of directing funds to providers in our network to support the training/retraining, recruitment and redeployment needs, the connection between workforce transformation and finance is crucial. Finance (both AHI finance and PPS finance) will be kept updated with workforce funding requests as initiated through the workforce workgroups and committee. Feedback from finance will be solicited to enhance the process. Finance and workforce will remain in frequent contact on the status of workforce spending to ensure that the PPS will meet the requirements of the workforce spending achievement value.

Additionally, there is a strong relationship between the training components of workforce transformation strategy and the cultural competency workstream. Training linked to cultural competency and health literacy will be needed for all levels of the workforce, including physicians, nurses care coordinators, etc., to ensure that all are able to communicate effectively with our entire patient population. The Training and Resources Workgroup and Workforce Committee will play an integral role the Cultural Competency and Health Literacy Training Strategy implemented throughout the PPS.

Lastly, workforce is closely tied to clinical integration as training/retraining and the addition of new staff will focus on creating more integrated multi-disciplinary teams that cross organizations boundaries. Redeployments may be necessary to ensure that the right staff are placed in the right location to support better clinical integration and success of DSRIP projects.

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### IPQR Module 11.6 - 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 |
|---|---|---|
| VP, Regional Health Planning and Development for AHI PPS | Lottie Jameson | Provide oversight and input into the development of workforce initiatives |
| Community Health Services Director for the AHI PPS | Megan Murphy | Provide oversight and input into the development of workforce initiatives. Serves as AHI representative on the Workforce Committee. |
| Workforce Manager | Kelly Owens/AHI | Dedicated Workforce Manager accountable for development of IP and execution of all workforce-related activities |
| Workforce Committee Chair | Mike Lee/ Adirondack Health System | Mike is the Chief Human Resources Officer for Adirondack Health System with extensive health care experience in acute care, long term care, hospice, homecare and health systems. He will provide leadership to the Workforce Committee and assist AHI Workforce staff in the successful implementation of workforce activities. |
| Training and Resources Work Group | Workgroup Leader: Diane Wildey (Dean Special Academic Services, SUNY ADK), and includes other interested parties related to training needs and strategies. | Responsible for a comprehensive set of strategies for successful implementation of the workforce transformation agenda related to training needs. Identify training gaps and key training resources available to achieve success in implementation plan activities. |
| Compensation and Benefits Work Group | Workgroup Leader: Sadie Spada (CEO, ADK Arc), and includes other interested individuals with an interest/expertise related to compensation and benefit information. | Responsible for a comprehensive set of strategies related to compensation and benefit in order to fully understand the impact of DSRIP Implementation upon the workforce and achieve prescribed milestones. |
| Employee Engagement Work Group | Workgroup Leaders: Michelle LeBeau (VP Human Resources, UVM-CVPH) and includes other interested individuals related to engaging the workforce in DSRIP related information | Responsible for a comprehensive set of strategies for successful implementation of the workforce transformation agenda related to communication and working with impacted employees. Develop a communication plan with all levels of the workforce related to DSRIP and strategy to work with impacted employees due to project implementation. |
| Other Workforce Training Vendors | TBD | Vendors to be determined to assist with training needs identified through the training strategy. |
| WF Training Vendor | Hudson Mohawk Area Health Education Center (HM AHEC) | Training vendor with experience in coordinating training in areas key to many projects that can support the execution of workforce related activities and provide necessary training sessions identified to support retraining needs. Provides experience leading Care |

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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| | | Coordination Training which will be in high demand. |
| WF Learning Management System (Training) Vendor | TBD | Training vendor with extensive experience in education of health care professionals in acute care setting with on-line training that can provide training to support training and retraining needs along with the ability to track training across the PPS. |
| Labor Representation | 1199 SEIU - United Health Workers East | Labor organization that, through participation on the Workforce Committee and each of its work groups, can provide insights and expertise into likely workforce impacts, staffing models, and key job categories that will require retraining, redeployment, or hiring. |
| Workforce Consultant | Center for Health Workforce Studies | Responsible for the coordination and execution of workforce activities and analyses, working with the Workforce Committee and Workforce Manager to achieve necessary milestones. |
| Workforce Leadership Team | Workforce Committee Chair, Work Group leaders, designation AHI PPS Workforce staff | Define how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off. |
| Workforce Committee | Includes 17 Individuals including: Chair, Mike Lee (Chief Human Resources Officer, Adirondack Health), Linda Beers (Essex County Public Health), Jill Borgos (Empire State College), Kyle Brock (Glens Falls Hospital), Marti Burnley (Hudson Headwaters Health Network), Debbie Couture (Behavioral Health Services North), Michelle Law (Franklin-Essex-Hamilton BOCES), Michelle LeBeau (UVM-CVPH), Becky Leahy (North Country Home Services),Darlene Lewis (Canton Potsdam Hospital), Mark Lukens, Behavioral Health Services North), Megan Murphy (AHI), Elizabeth Parsons (Fort Hudson Health System), Sadie Spada (The Adirondack Arc), Kathy Tucker (1199 SEIU), Diane Wildey (, SUNY Adirondack), Karen Zanni (Empire State College). | Includes representatives from human resources, finance, administration from , educational institutions, , health care organizations representing primary care, acute care, home care, long term care services, public health departments as well as union representatives and AHI staff who will define how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off on. |
| Workforce Coordinators | Jon Quintal/AHI<br>Chelsea Truehart/AHI | Assist with implementation of workforce deliverables and managing workforce workgroup intiatives. |
| Recruitment and Retention Workgroup | Workgroup Leaders: Darlene Lewis (VP, Human Resources Canton Potsdam Hospital) and Mark Lukens (Interim CEO, Behavioral Health Services North) and includes other interested parties related to the recruitment and retention efforts in the PPS region. | Responsible for a comprehensive set of strategies for successful implementation of the workforce transformation agenda related to the recruitment and retention of hard to fill/retain positions within the PPS and those positions of high need with successful project implementation. |

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

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### IPQR Module 11.7 - Key Stakeholders

**Instructions :**

Please identify the key stakeholders involved in your workforce transformation plans, both within and outside the PPS.

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| **Internal Stakeholders** | | |
| Margaret Vosburgh | CEO, AHI | Oversight in all PPS activities |
| Eric Burton | CFO, AHI | Financial oversight |
| Bob Cawley | Director, Health System Transformation for AHI PPS | Oversight in overall PPS activities |
| Phil Kahn | Communications Coordinator, AHI | Assist with execution of employee engagement and communication activities. |
| **External Stakeholders** | | |
| Workforce Advisory Council | Workforce advisory group | Subject matter experts and interested parties who will share information and recommendations related to implementation efforts including analyses of current and future state, transition roadmap, compensation and benefits analysis, and training strategy |
| 1199 SEIU - UHWE | Labor/Union Representation | Expertise and input around job impacts resulting from DSRIP projects. Participation on Workforce Committee, workgroups and Workforce Advisory Council. |
| United Food and Commercial Workers | Labor/Union Representation | Expertise and input around job impacts resulting from DSRIP projects. Participation on the Workforce Advisory Council. |
| New York State Nurses Association (NYSNA) | Labor/Union Representation | Expertise and input around job impact resulting from DSRIP projects. Participation in workgroups and Workforce Advisory Council. |
| Center for Health Workforce Studies | Workforce Vendor | Coordination and execution of workforce activities and analysis |
| Albany Medical Center PPS | Neighboring PPS | Neighboring PPS with shared counties. Collaboration on agreed upon efforts to avoid duplication and streamline resources. |
| Alliance For Better Health Care PPS | Neighboring PPS | Neighboring PPS with shared counties. Collaboration on agreed upon efforts to avoid duplication and streamline resources. |
| Samaritan Medical Center PPS | Neighboring PPS | Neighboring PPS with shared counties. Collaboration on agreed upon efforts to avoid duplication and streamline resources. |
| Hudson Mohawk Area Health Education Center | Training Vendor | Training vendor with experience in coordinating training in areas key to many projects that can support the execution of workforce related activities and provide necessary training sessions identified to support retraining needs. Provides experience leading Care |

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## Adirondack Health Institute, Inc. (PPS ID:23)

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| | | Coordination Training which will be in high demand. |
| LMS Training Vendor (TBD) | Training Vendor | Vendor providing on-line training and tracking ability related to training initiatives. |
| Training Vendors (TBD) | Training Vendor | Training vendor with experience in coordinating training in areas key to many projects that can support the execution of workforce related activities and provide necessary training sessions identified to support retraining needs. Provides experience leading Care Coordination Training which will be in high demand. |

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### IPQR Module 11.8 - IT Expectations

**Instructions :**

Please describe how the development of shared IT infrastructure across the PPS will support your plans for workforce transformation.

The relationship between IT and Workforce is an important one, and alignment between these two workstreams at AHI PPS will be critical to DSRIP success. First, once our training strategy and plan are implemented, we will rely on IT platforms significantly to track training progress (e.g. tracking who's been trained, the subject matter of the training, when the training took place, certification levels, etc.). This will require a cross-member organization learning management system (LMS) capability. Second, as AHI PPS begins to execute the workforce transition roadmap, we will rely on IT capabilities to track staff movement and changes across the PPS (e.g. redeployed staff, net new hires). AHI PPS will utilize a data collection system to track workforce changes in a timely fashion.

### IPQR Module 11.9 - Progress Reporting

**Instructions :**

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

The headline measures of the success of our workforce transformation program will be the targets of redeployed, retrained, and hired staff and the workforce budget, as articulated in the gap analysis and transition roadmap provided later in DY2. AHI PPS will work with a data consultant and data collection system to obtain and report this data every six months as required. Trends will be shared with the respective workgroups and committee and variances will be discussed.

DSRIP project managers will provide reports to the Workforce Manager to share with the AHI PPS Workforce Committee and Workgroups (Compensation and Benefits, Employee Engagement, Recruitment and Retention, and Training and Resources), in order to ensure the workforce committee and workgroups (particularly the Training & Resources Workgroup and Recruitment & Retention Workgroup) have a real-time view of how the recruitment, redeployment and retraining efforts are affecting the individual projects. This will allow us to manage any risks as they arise.

The Workforce Committee, with guidance and assistance from the Workforce Workgroups and dedicated AHI PPS Workforce Staff, will develop a process to manage the data collection and ratification for the quarterly progress reports, and will communicate this with all organizations in the PPS Network.

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### IPQR Module 11.10 - Staff Impact

**Instructions :**

Please upload the Workforce Staffing Impact (Projections) and the Workforce Staffing Impact (Actuals) tables provided for quarterly reporting.

**Current File Uploads**

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| dlarose | Other | 23_DY2Q3_WF_MDL1110_OTH_blank_supporting_document_9154.docx | Blank Document | 01/27/2017 04:48 PM |

**Narrative Text :**

**Module Review Status**

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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### IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

**Instructions :**

Please include details on workforce spending for DY2. The workforce spending actuals should reflect only what was spent during the relevant quarters and is not cumulative across semi-annual periods. The PPS can shift funding across categories; e.g., from Retraining to New Hires. Please note that the "Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2)" section is calculated based on the total yearly commitments.

| Benchmarks | |
|---|---|
| **Year** | **Amount($)** |
| Total Cumulative Spending Commitment through Current DSRIP Year(DY2) | 3,725,000.00 |

| Funding Type | Workforce Spending Actuals | | Cumulative Spending to Date (DY1-DY5)($) | Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2) |
|---|---|---|---|---|
| | DY2(Q1/Q2)($) | DY2(Q3/Q4)($) | | |
| Retraining | 170,634.12 | 0.00 | 376,391.20 | 20.35% |
| Redeployment | 0.00 | 0.00 | 0.00 | 0.00% |
| New Hires | 259,743.58 | 0.00 | 802,740.20 | 71.35% |
| Other | 138,242.86 | 0.00 | 379,538.59 | 58.39% |
| **Total Expenditures** | **568,620.56** | **0.00** | **1,558,669.99** | **41.84%** |

**Current File Uploads**

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| dlarose | Other | 23_DY2Q3_WF_MDL1111_OTH_blank_supporting_document_9155.docx | Blank Document | 01/27/2017 04:50 PM |

**Narrative Text :**

For PPS to provide additional context regarding progress and/or updates to IA.

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**Module Review Status**

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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**IPQR Module 11.12 - IA Monitoring:**

**Instructions :**

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

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

**Instructions :**

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

Challenge: Operational challenges in implementing and executing the project's milestones and tasks within the quarter for completion. Project Milestones 1 and 2 have resulted in some changed due dates Additionally, AHI PPS has experienced changing leadership, which has impacted the project significantly.. Efforts are underway to create the infrastructure to operate in an IDS fashion.

Mitigation: AHI PPS continues to engage our partners in the development of an IDS. This includes additional training opportunities to help develop broader understanding of IDS concepts and goals. AHI PPS has successfully recruited a new CEO that is leading efforts to review the PPS Lead organizational structure and composition of the governance committees to ensure that we have sufficient resources that are effectively deployed.

Challenge: Secure contracting agreements (Master Participation Agreement and Project Schedule A2s) with PPS Partners.

Mitigation: PPS Governance has agreed upon a second round of Engagement Funds to be distributed to PPS Partners. AHI PPS has distributed a Master Participation Agreement to all partners with 57 having been returned, as of 6/30/2016. Project specific schedules for most projects have been reviewed by the PPS Finance Committee which has recommended several to the PPS Steering Committee and has several more queued up for approval.

Challenge: Performance management and engagement across the AHI PPS network.

Mitigation: Reorganize and, if necessary, Increase AHI PPS resources to provide more focus on vital provider/partner engagement activities.

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

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. | DY3 Q4 | Project | N/A | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Utilize Network Committee (to be established under Governance) to develop work plan. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Define PPS administrative staffing plan, including identifying Network Management resources dedicated to managing and building an appropriate network. | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Analyze current state of network adequacy, taking into consideration the geographic distribution of Medicaid and uninsured populations, and their health needs, in relation to the set of providers that have signed a commitment letter to participate in the PPS. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Establish a network development strategy (short & long-term) focusing on adding new providers and/or expanding capacity in underserved areas. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Provide the Workforce Committee (to be established under Governance) with information on the Network Development. strategy, as it may be informative for the Workforce Development plans. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Work with Community and Beneficiary Engagement Committee (to be established under Governance) to develop CBO inclusion/adequacy strategy. | | | | | | | | | | |
| **Task** Develop list of target CBOs and define plan for ongoing engagement/inclusion. | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Work with Finance Committee to develop payer engagement strategy. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Develop list of target payers and define plan for engagement in PPS activities. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #2** Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | DY2 Q4 | Project | N/A | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS produces a list of participating HHs and ACOs. | | Project | | Completed | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Evaluate existing population health management capabilities, including those of the Adirondack Region Medical Home Initiative, the AHI Health Home, and the Adirondacks ACO. | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Establish a collaborative planning process. Include Medical Home, ACO, and HH, decision-makers in the PPS HIT Workgroup; provide PPS representation to the Medical Home Governance Committee and the Adirondacks ACO Informatics Committee. | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Align the committees that govern technology plans and investments (including population health management systems) and those that govern clinical quality, patient and beneficiary engagement, where feasible. Alignment plan will take into consideration the governance requirements of the various legal | | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| entities. | | | | | | | | | | |
| **Task** Incorporate Health Home outreach and care management capabilities in the appropriate project plans. | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Evaluate current state of measures alignment: prepare metrics crosswalk (ACO, Medical Home, HH, PPS). | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Work with the Clinical Quality Committees of the various entities (or a shared committee, if feasible), to establish a unified, regional quality dashboard and metrics set that is utilized by ACO, Medical Home, Health Home and PPS. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #3** Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services. | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 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 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS trains staff on IDS protocols and processes. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Utilize Clinical Quality Committee (to be established through Governance) to develop work plan. Clinical Quality Committee will include primary care, acute care, behavioral health, long-term care, public health and CBOs as appropriate. Clinical Quality Committee structure will be finalized, as required, by the end of DY1 Q3; following which the Committee will have one-quarter to create the work plan. | | Project | | Completed | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Identify and prioritize the list of processes for which the PPS / IDS will seek to develop standardized protocols. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** | | Project | | Completed | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Gather existing protocols from across participating organizations (PPS partners, ACO, Medical Home, etc.), as well as evidence on the effectiveness of such protocols, and determine which ones will be adopted by the Committee and thus become standardized across the region. | | | | | | | | | | |
| **Task** Identify process and quality measures to track in alignment with protocols to be implemented. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Develop timeline for adoption across region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Develop the tools/resources needed to support dissemination of protocols and guidelines that have been adopted, including summaries, flowcharts, memos, slides, and other communication tools. | | Project | | In Progress | 10/01/2016 | 12/31/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish method to track dissemination of protocols, and to monitor adherence to such protocols. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Utilize PMO to perform tracking (to previous task) and supply information to Clinical Quality Committee on an on-going basis. | | Project | | In Progress | 10/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #4** Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Hospital | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY | | Provider | Safety Net Mental Health | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |

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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| requirements. | | | | | | | | | | |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Nursing Home | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** PPS uses alerts and secure messaging functionality. | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Identify EHR vendor systems being used by participating safety net providers within the PPS. | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Confirm that each of the EHR vendor systems being used by participating safety net providers within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in project requirements, Milestones #5 and #7 below.) | | Project | | Completed | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider. | | Project | | Completed | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS. | | Project | | Completed | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS. | | Project | | In Progress | 10/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #5** Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 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 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Identify all of the EHR systems being used by participating safety net providers within the PPS. | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in project requirement #7 below.) | | Project | | Completed | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. | | Project | | In Progress | 10/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #6** Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **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 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Identify participating safety net providers that are actively using EHRs and other IT platforms. | | Project | | Completed | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Examine the population health management (PHM) functionality being used by any of our PPS partners. Some of the PPS partners may be performing their own health management (PHM) with the data within their own EHRs. | | Project | | Completed | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Gather and document DSRIP and PPS population health management requirements. These should also include input from participating safety net providers. | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Perform a PHM vendor scan to identify available functionality of population health management tools/solutions that could contribute toward satisfying this PPS requirement. | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Outline the plan and/or mechanism by which the PPS will utilize the data from the EHRs to perform population health management for all participating safety net providers. (Inclusive of functionality being developed by the state via the MAPP and Salient platforms.) | | Project | | Completed | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Align the above mentioned steps within the PPS's population health management road map that is being developed. Refer to the Population Health Management work stream section. | | | | | | | | | | |
| **Task** Begin to follow this PHM roadmap as part of the over-arching implementation plan of the PPS to achieve this project requirement. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Validate that the PPS is performing population health management by actively using EHRs and/or other IT platform, including use of targeted patient registries, for all participating safety net providers. | | Project | | Not Started | 07/01/2017 | 03/31/2018 | 07/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #7** Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Primary care capacity increases improved access for patients seeking services - particularly in high-need areas. | | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.) | | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Secure local subject matter experts (NCQA Certification/Meaningful Use/ Practice Transformation) to provider services to support the PPS with this project, particularly with steps 2 to 7. | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Gain commitments from each participating practice, including a signed contract and/or MOU, and the identification of a Physician Champion. | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish a PPS-wide detailed work plan and timeline that culminates with all participating PCPs meeting all requirements by the end of DY3, Q4. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** Identify and engage existing resources to provide services to support practices in meeting project requirements. (This will include contracting with PMO/PCMH/MU Consultants.) | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Hire experienced Practice Transformation Coach(es) and Project Manager to support the project. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Establish and execute a communications plan to support Certification goals: key messages, audiences methods of communication, timeline. Ensure resource are in place to execute Communications plan - coordinate with Communications & PMO. These activities will be provided on an on-going bases through the end of the Target Completion Date. | | Project | | In Progress | 10/01/2015 | 03/31/2018 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Create individual work plans, tailored to the needs of each participating practice. Present plans to practices; gain buy-in. Plan includes the required steps and level of effort on behalf of the practices to achieve the PCMH and MU certifications. | | Project | | In Progress | 10/01/2015 | 03/31/2018 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Gain buy-in from practice staff to be assigned ownership of tasks within the implementation plan and to contribute toward the project goals. | | Project | | In Progress | 10/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Conduct initial practice assessments of all required participating practices; document the "current state" - include workflow, resources, etc. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Conduct EHR readiness assessment. (see Project Requirement/Milestone #5 steps) | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Validate the "current state" document with each practice; schedule meetings, review Policies and Procedures, gain more information to be confident that the current state assessment is accurate. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Perform a gap analysis assessment for participating practices between current state of each practice and requirements to achieve 2014 Level 3 PCMH recognition and to meet MU standards. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** | | Project | | Completed | 07/01/2016 | 09/30/2016 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Allocate, and mobilize resources to each practice to fill gaps noted in task above. [Validate the "current state" document with each practice; schedule meetings, review Policies and Procedures, gain more information to be confident that the current state assessment is accurate.] Includes AHI PPS internal resources & contracted services. | | | | | | | | | | |
| **Task** Deliver Training and Education to practice staff to address needs/gaps. Identify and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Target Completion Date. | | Project | | In Progress | 10/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Include EHR Vendor in the practice transformation plan where needed; provide overall project management support for the practice to help them manage the vendor to achieve any vendor steps in the plan, such as required upgrades. | | Project | | In Progress | 10/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Conduct chart reviews and create NCQA documentation necessary for the application. Provide feedback, remediation, as needed. | | Project | | In Progress | 10/01/2016 | 09/30/2017 | 10/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** Complete and submit Meaningful Use Attestation with practice staff / providers. | | Project | | In Progress | 10/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Complete and submit NCQA Applications. | | Project | | Not Started | 01/01/2017 | 12/31/2017 | 01/01/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task** Obtain copies of the Meaningful Use Certification and of the NCQA 2014 Level 3 Certification to document completion of the requirement. | | Project | | Not Started | 10/01/2017 | 03/31/2018 | 10/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #9** Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | DY2 Q4 | Project | N/A | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted. | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Identify MCOs to partner with PPS, and engage in Committees as appropriate. | | Project | | In Progress | 10/01/2016 | 12/31/2016 | 10/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Develop strategy to engage MCOs in monthly forums to discuss | | Project | | In Progress | 10/01/2016 | 12/31/2016 | 10/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| utilization, performance, and payment reform issues. | | | | | | | | | | |
| **Task** Obtain legal counsel to ensure compliance with regulations throughout all payor engagement activities. | | Project | | Completed | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #10** Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. | DY3 Q4 | Project | N/A | In Progress | 01/01/2016 | 09/30/2018 | 01/01/2016 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| **Task** PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation | | Project | | In Progress | 01/01/2016 | 09/30/2018 | 01/01/2016 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| **Task** Providers receive incentive-based compensation consistent with DSRIP goals and objectives. | | Project | | In Progress | 01/01/2016 | 09/30/2018 | 01/01/2016 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| **Task** Research best practices on aligned provider compensation approaches. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish Provider Compensation Alignment Workgroup (including providers). | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Develop a communications plan, focusing on the "provider-facing" communications. | | Project | | In Progress | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify one or more Provider Champions who will participate in the development and implementation of "provider communications strategies" to promote aligned compensation models. | | Project | | In Progress | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Evaluate existing compensation models / approaches; identify high priority areas for alignment. | | Project | | In Progress | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Workgroup develops a plan to transition provider compensation to align with patient outcomes. | | Project | | In Progress | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Plan is vetted with Providers, administrators, and others as appropriate. | | Project | | In Progress | 10/01/2016 | 03/31/2017 | 11/15/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Implement plan and track progress. | | Project | | Not Started | 01/01/2017 | 09/30/2018 | 01/01/2017 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| **Milestone #11** Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| workers, peers, and culturally competent community-based organizations, as appropriate. | | | | | | | | | | |
| **Task** Community health workers and community-based organizations utilized in IDS for outreach and navigation activities. | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Research best practices on patient activation and engagement, continually review new literature, complete first research review by DY1 Q3. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Establish project management team and timelines associated with meeting project requirements for all participating partners. | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Utilize the 2.d.i Project Work Group to vet the practices and develop implementation plans that maximize the CBOs assets and ability to reach the target population. | | Project | | Completed | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Establish method for tracking progress on the implementation plan, utilize PMO to monitor progress and provide reports to 2di team, and to Patient and Community Engagement Committee. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** The PPS will create a standard performance-based contract that compensates CBOs and providers for outreach and navigation services, including incentives for successfully meeting patient activation metrics/goals. | | Project | | Completed | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** The PPS will contract with CBOs and health care providers that already have an established, trusted relationship with the target population, to perform outreach and navigation activities. | | Project | | Completed | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** The 2.d.i Project Work Group will work closely with the PPS Workforce Committee to develop training for providers and CBOs in using the Patient Activation Measure (PAM) tool and cultural competency trainings, such as Bridges Out of Poverty. | | Project | | Completed | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, | dlarose | Other | 23_DY2Q3_PROJ2ai_MDL2ai2_PRES1_OTH_DY2Q3_Contracting_Status_8686.docx | DY2Q3 AHI PPS Contracting Status | 01/25/2017 03:00 PM |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. | | | | | |

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. | Due to the adoption of the new HUB/PHN structure, we are allowing PHN leaders the opportunity of receiving the list of providers to ensure it includes all partners necessary and complete the work and to create sustainable IDS. In order to accomplish this, we are moving the milestone completion date to 3/31/17. Please see document attached for an update on PPS contracting. |
| Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | |
| Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services. | |
| Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3. | |
| Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | |
| Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | |
| Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3. | |
| Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | We are currently in routine discussion with MCO's, however, we are awaiting additional direction from DOH regarding specific requirements. Since we are unclear to the deliverables, we are electing to move the estimated complete date to 6/30/17. Once direction is received, we will adjust the date accordingly. |
| Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate. | |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Ongoing | |
| **Milestone #2** | Pass & Ongoing | |
| **Milestone #3** | Pass & Ongoing | |
| **Milestone #4** | Pass & Ongoing | |
| **Milestone #5** | Pass & Ongoing | |
| **Milestone #6** | Pass & Ongoing | |
| **Milestone #7** | Pass & Ongoing | |
| **Milestone #9** | Pass & Ongoing | |
| **Milestone #10** | Pass & Ongoing | |
| **Milestone #11** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 2.a.i.3 - PPS Defined Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone** The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan. | In Progress | The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan. | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | Completed | AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | In Progress | If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Team identifies any additional regulatory barriers to project implementation. | In Progress | Project Team identifies any additional regulatory barriers to project implementation. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions. | In Progress | AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in | In Progress | PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications. | 07/01/2015 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| resolving any barriers to successful submission of their applications. | | | | | | | | |
| **Task** PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | In Progress | PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** Mid-Point Assessment | Completed | Mid-point Assessment Narrative | 06/30/2016 | 06/30/2016 | 06/30/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan. | |
| Mid-Point Assessment | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

**IPQR Module 2.a.i.4 - IA Monitoring**

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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

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

**Instructions :**

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

One risk to the AHI PPS is provider fatigue. Specifically:
• A number of health care providers are having increased demands on their time because of engagement in multiple ongoing primary care initiatives that are available in the region such as Medical Home, Adirondacks ACO, payer specific programs, NCQA recognition, as well as adapting to the change to value-based payment models (including the proposed MACRA legislation).

To mitigate this risks, the PPS will:
• AHI Transformation resources will identify the collective challenges and collaborate with partners to leverage shared resources across the network and alleviate concurrent pressures on providers.

Another risk is the AHI PPS is still working on finalizing contracting with our participants, including some large primary care practices.
• These efforts were delayed for the AHI PPS in part because of the time it took to confirm Safety Net status for AHI.
• Until that status was confirmed, we were unable to finalize our governance which has impacted budgeting and contracting.

To mitigate this risk, the PPS has:
• Retained consultants and held frequent meetings of our Finance and Steering Committees in order to make up ground.

Another risk is the AHI PPS will be unable to meet the patient engagement speed and scale targets set for this project.
• The AHI PPS was very aggressive in our speed and scale targets.
• Several providers have indicated they feel the requirement of annual screening for each Medicaid beneficiary, regardless of age, gender or health status is not supported by evidence and are concerned they may not have the capacity to meet the requirement.

To mitigate this risk, the PPS is:
• Working with the providers to resolve these concerns, and
• Are undertaking a rapid cycle quality improvement project (PDSA) around patient engagement for this project.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|---|---|
| **Actively Engaged Speed** | **Actively Engaged Scale** |
| DY3,Q4 | 67,447 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|---|---|---|---|---|---|
| **PPS Reported** | Baseline Commitment | 47,250 | 49,500 | 51,750 | 54,000 |
| | Quarterly Update | 3,456 | 7,708 | 7,708 | 0 |
| | Percent(%) of Commitment | 7.31% | 15.57% | 14.89% | 0.00% |
| **IA Approved** | Quarterly Update | 0 | 6,177 | 0 | 0 |
| | Percent(%) of Commitment | 0.00% | 12.48% | 0.00% | 0.00% |

Warning: PPS Reported - Please note that your patients engaged to date (7,708) does not meet your committed amount (51,750) for 'DY2,Q3'

**Current File Uploads**

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| ctrue | Other | 23_DY2Q3_PROJ2aii_MDL2aii2_PES_OTH_Actively_Engaged_blank_supporting_document_8223.docx | Blank Supporting Document | 01/20/2017 10:02 AM |

**Narrative Text :**

For PPS to provide additional context regarding progress and/or updates to IA.

**Module Review Status**

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 2.a.ii.3 - Prescribed Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Ensure that all eligible participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 09/30/2017 | 04/01/2015 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** Secure local subject matter experts (NCQA Certification / Meaningful Use / Practice Transformation) to provide services to support the PPS with this project, particularly with the next 6 tasks. | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Gain commitments from each participating practice, including a signed contract and/or MOU, and the identification of a Physician Champion. | | Project | | In Progress | 09/01/2015 | 12/31/2016 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish a PPS-wide detailed work plan and timeline that culminates with all participating PCPs meeting all requirements by the end of DY3, Q4. | | Project | | Completed | 09/01/2015 | 03/31/2016 | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Identify and engage existing resources to provide services to support practices in meeting project requirements. (This will include contracting with PMO/PCMH/MU Consultants.) | | Project | | Completed | 07/01/2015 | 01/04/2016 | 07/01/2015 | 01/04/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Hire experienced Practice Transformation Coach(es) and Project Manager to support the project. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Establish and execute a communications plan to support Certification goals: key messages, audiences, methods of communication, timeline. Ensure resource are in place to execute Communications plan - coordinate with Communications & PMO. These activities will be provided on an on-going basis through the | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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|---|---|---|---|---|---|---|---|---|---|---|
| end of the Target Completion Date. | | | | | | | | | | |
| **Task** Create individual work plans, tailored to the needs of each participating practice. Present plans to practices; gain buy-in. Plan includes the required steps and level of effort on behalf of the practices to achieve the PCMH and MU certifications. | | Project | | Completed | 09/01/2015 | 03/31/2016 | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Gain buy-in from practice staff to be assigned ownership of tasks within the implementation plan and to contribute toward the project goals. | | Project | | Completed | 01/04/2016 | 03/31/2016 | 01/04/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Conduct initial practice assessments of all required participating practices; document the "current state" - include workflow, resources, etc... | | Project | | Completed | 01/04/2016 | 03/31/2016 | 01/04/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Conduct EHR readiness assessment. (Refer to tasks outlined under Milestone #5.) | | Project | | Completed | 01/04/2016 | 06/30/2016 | 01/04/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Validate the "current state" document with each practice; schedule meetings, review Policies & Procedures, gain more information to be confident that the current state assessment is accurate. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Perform a gap analysis assessment for participating practices between current state of each practice and requirements to achieve 2014 Level 3 PCMH recognition and to meet MU standards. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Allocate, and mobilize resources to each practice to fill gaps noted in the task above. Includes AHI PPS internal resources & contracted services. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Deliver Training and Education to practice staff to address needs/gaps. Identify and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Target Completion Date. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Include EHR Vendor in the practice transformation plan where needed; provide overall project management support for the practice to help them manage the vendor to achieve any vendor steps in the plan, such as required upgrades. | | Project | | Completed | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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|---|---|---|---|---|---|---|---|---|---|---|
| **Task** Conduct chart reviews and create NCQA documentation necessary for the application. Provide feedback, remediation, as needed. | | Project | | In Progress | 04/01/2016 | 09/30/2017 | 04/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** Complete and submit Meaningful Use Attestation with practice staff / providers. | | Project | | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Complete and submit NCQA Applications. | | Project | | In Progress | 01/04/2016 | 09/30/2017 | 01/04/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** Obtain copies of the Meaningful Use Certification and of the NCQA 2014 Level 3 Certification to document completion of the requirement. | | Project | | In Progress | 01/04/2016 | 03/31/2018 | 01/04/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #2** Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project. | DY2 Q4 | Project | N/A | Completed | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** PPS has identified physician champion with experience implementing PCMHs/ACPMs. | | Project | | Completed | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** As part of a PPS-wide collaborative planning process, the PPS will schedule and/or coordinate activities with all participating practices to meet this requirement. (This may coincide with the scheduling of the practice assessment.) | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** In the event that a practice does not have a physician with the knowledge of PCMH/APCM, the PPS will develop a plan for these practices that includes the review of the PCMH 2014 Level 3 standards and requirements. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Draft a physician champion contact list and/or formally announce the list of physician champions throughout the PPS. These physician champions will have the knowledge of PCMH/APCM implementation and represent their respective participating primary care practices within the PPS. (This responsibility may be shared or transferred among multiple physicians within a practice.) | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #3** Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as | DY2 Q4 | Project | N/A | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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|---|---|---|---|---|---|---|---|---|---|---|
| connectivity to care managers at other primary care practices. | | | | | | | | | | |
| **Task** Care coordinators are identified for each primary care site. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities. | | Project | | Completed | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** As part of a PPS-wide collaborative planning process, the PPS will begin to coordinate activities with all participating practices that will include the identification of care coordinators at each of the participating primary care practices within the PPS. (This may also coincide with the practice assessment as we examine the workflows within each practice.) | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Begin to outline a plan to address the issue of when a practice does not have the staff or resources internally to meet this requirement. As part of this plan, the PPS will explore opportunities for collaboration with other PPS participating organizations to provide onsite care coordination services for a practice. (There are PPS participants that are also members of the AHI Health Home. These organizations may be able to provide care management and/or coordination services onsite at primary care practices.) | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Draft an initial PPS Care Coordinator contact list that includes care coordinators assigned to each participating practice in the PPS. (This responsibility may be shared or transferred among multiple care coordinators within a practice.) | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Validate that the responsibilities of these care coordinators include care connectivity, internally, as well as connectivity to care managers at other primary care practices. (These care coordination activities will be provided on an on-going basis through the end of the Target Completion Date, and perhaps beyond for sustainability purposes.) | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #4** Ensure all PPS safety net providers are actively sharing EHR | DY3 Q4 | Project | N/A | Completed | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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|---|---|---|---|---|---|---|---|---|---|---|
| systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | | | | | | | | | | |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | Completed | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Providers Associated with Completion:**<br><br>Adams Robin E; Beguin David P Md; Beiras Darci; Benardot Emile Leon Md; Ching Anthony L Md; Colt-Connaway Shannon J; Curtis Danita; Dodds George Matthew Md; Fotidar Akhilesh Md; Hanafi Walid; Horowitz Lawrence M Do; Meyer Melissa L Md; O'Brien Richard Lee Do; Patnode Roger E Md; Richards Craig Warren Do; Shnaidman Clare; Solby Richard Adam Md; Spicer Scott Michael; Sunkara Maruthi M Md; Williams Andrew F Md | | | | | | | | | | |
| **Task**<br>PPS uses alerts and secure messaging functionality. | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Identify EHR vendor systems being used by participating safety net providers within the PPS. | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Confirm that each of the EHR vendor systems being used by participating safety net providers within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in Milestones #5 and #7 below.) | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #5**<br>Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task**<br>EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated | | Project | | Completed | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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|---|---|---|---|---|---|---|---|---|---|---|
| into the assessment criteria). | | | | | | | | | | |
| **Task** PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Identify all of the EHR systems being used by participating safety net providers within the PPS. | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in Milestone #7 below.) | | Project | | Completed | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #6** Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **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 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Identify participating safety net providers that are actively using EHRs and other IT platforms. | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Examine the population health management (PHM) functionality being used by any of our PPS partners. Some of the PPS partners may be performing their own population health management (PHM) with the data within their own EHRs. | | Project | | Completed | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Gather and document DSRIP and PPS population health management requirements. These should also include input from participating safety net providers. | | Project | | Completed | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Perform a PHM vendor scan to identify available functionality of population health management tools/solutions that could contribute toward satisfying this PPS requirement. | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

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|---|---|---|---|---|---|---|---|---|---|---|
| **Task** Outline the plan and/or mechanism by which the PPS will utilize the data from the EHRs to perform population health management for all participating safety net providers. (Inclusive of functionality being developed by the state via the MAPP and Salient platforms.) | | Project | | Completed | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Align the above mentioned steps within the PPS's population health management road map that is being developed. Refer to the Population Health Management work stream section. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Begin to follow this PHM roadmap as part of the over-arching implementation plan of the PPS to achieve this project requirement. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Validate that the PPS is performing population health management by actively using EHRs and/or other IT platform, including use of targeted patient registries, for all participating safety net providers... | | Project | | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #7** Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management. | DY3 Q4 | Project | N/A | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task** Practice has adopted preventive and chronic care protocols aligned with national guidelines. | | Project | | In Progress | 10/01/2015 | 12/31/2017 | 10/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task** Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management. | | Project | | In Progress | 10/01/2015 | 12/31/2017 | 10/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task** Begin to coordinate efforts with each practice to identify training needs of all staff that are specific to PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management. (This task will begin and coincide with the practice assessments.) | | Project | | Completed | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Develop a plan and proposed timeline in which training may be offered. Practices may register their staff to receive training. (This training may be done regionally and/or conducted onsite at a practice.) | | Project | | Completed | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |

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|---|---|---|---|---|---|---|---|---|---|---|
| Identify resources and Subject Matter Experts (SMEs) to develop the training curriculum, prepare the materials and conduct the required training. | | | | | | | | | | |
| **Task** Review and compile existing training materials on PCMH, evidence-based preventive and chronic disease management from the Adirondack Medical Home program. Leverage lessons learned from this program. | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Deliver Training and Education to practice staff to address needs/gaps. | | Project | | In Progress | 10/01/2015 | 12/31/2017 | 10/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task** Develop method to evaluate the quality of the Training and Education provided to practice staff. Continue to identify needs/gaps, and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Targeted Completion Date. | | Project | | In Progress | 01/01/2016 | 12/31/2017 | 01/01/2016 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Milestone #8** Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner. | DY2 Q4 | Project | N/A | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT). | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Protocols and processes for referral to appropriate services are in place. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** As part of the practice assessment, the PPS will evaluate workflows and identify the practices that are not using these screening protocols. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Based on the practice and/or EHR readiness assessments, the PPS will begin to coordinate efforts with each practice to develop a plan to ensure that all practices have these screenings intact. Identify any required EHR upgrades that may be necessary for tracking & reporting purposes. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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|---|---|---|---|---|---|---|---|---|---|---|
| Validate that all participating practices have implemented these screenings included within their workflow and that a referral process is in place to assure referral to appropriate care in a timely manner. | | | | | | | | | | |
| **Milestone #9** Implement open access scheduling in all eligible primary care practices. | DY3 Q4 | Project | N/A | In Progress | 01/01/2016 | 12/31/2017 | 01/01/2016 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task** PCMH 1B After Hours Access scheduling to meet NCQA standards established across all eligible PPS primary care sites. | | Project | | In Progress | 01/01/2016 | 09/30/2017 | 01/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all eligible PPS primary care sites. | | Project | | In Progress | 01/01/2016 | 09/30/2017 | 01/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** PPS monitors and decreases no-show rate by at least 15%. | | Project | | In Progress | 01/01/2016 | 12/31/2017 | 01/01/2016 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task** As part of the practice assessment, the PPS will evaluate each practice and their ability to implement open access scheduling. | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Based on the practice and/or EHR readiness assessments, the PPS will begin to coordinate efforts with each practice to develop a plan to ensure that all practices will meet this project requirement. | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Validate that all participating practices have implemented open access scheduling. | | Project | | In Progress | 01/01/2016 | 09/30/2017 | 01/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Ensure that all eligible participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project. | |
| Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices. | |
| Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | |
| Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | |
| Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | |
| Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management. | |
| Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner. | |
| Implement open access scheduling in all eligible primary care practices. | |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Ongoing | |
| **Milestone #2** | Pass & Complete | |
| **Milestone #3** | Pass & Ongoing | |
| **Milestone #4** | Pass & Ongoing | |
| **Milestone #5** | Pass & Ongoing | |
| **Milestone #6** | Pass & Ongoing | |
| **Milestone #7** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

**Milestone Review Status**

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #8** | Pass & Ongoing | |
| **Milestone #9** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 2.a.ii.4 - PPS Defined Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone**<br>Mid-Point Assessment | Completed | Mid-Point Assessment Narrative | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Mid-Point Assessment | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

**IPQR Module 2.a.ii.5 - IA Monitoring**

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Project 2.a.iv – Create a medical village using existing hospital infrastructure

#### IPQR Module 2.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.

1. Four hospitals planned MVs; 1 did not receive Capital. The remaining 3 will likely meet the DY4Q2 date for Project Implementation Speed and Scale. Due to 1 partner not receiving CRFP awards, the patient engagement speed and scale commitment may suffer to reach the total amount of targeted actively engaged patients of 4,472 in DY4Q4. First Actively Engaged Reporting is due September 2017.
. Mitigation- The organization who did not receive capital funding has the opportunity to apply to the AHI PPS Innovation Fund RFP, or choose to sign-on with AHI and receive funds through the disbursements on the Project Schedule A2.
2. Secure contracting agreements (Master Participation Agreement and Schedule A2s) with Medical Village Partners.
. Mitigation - PPS Finance Committee has determined a methodology for Engagement Funds II Distribution to PPS Partners. AHI PPS will determine a Contracting timeline to prioritize Master Participation Agreements, and Project Specific Schedule A2s.
3. Recruiting, hiring, and training staff in new service at medical village.
. Mitigation: Engage workforce committees to assist with staffing needs. Medical Village Teams are to develop a strategic plan which entails documenting a recruitment, retention and training needs for the medical village project.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 2.a.iv.2 - Patient Engagement Speed

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|---|---|
| **Actively Engaged Speed** | **Actively Engaged Scale** |
| DY4,Q4 | 4,472 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|---|---|---|---|---|---|
| **PPS Reported** | Baseline Commitment | 0 | 0 | 0 | 0 |
| | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | | | | |
| **IA Approved** | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | | | | |

**Current File Uploads**

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| ctrue | Other | 23_DY2Q3_PROJ2aiv_MDL2aiv2_PES_OTH_Actively_Engaged_blank_supporting_document_8229.docx | Blank Supporting Document | 01/20/2017 10:09 AM |

**Narrative Text :**

For PPS to provide additional context regarding progress and/or updates to IA.

**Module Review Status**

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 2.a.iv.3 - Prescribed Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose. | DY4 Q2 | Project | N/A | Completed | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>A strategic plan is in place which includes, at a minimum:<br>- Definition of services to be provided in medical village and justification based on CNA<br>- Plan for transition of inpatient capacity<br>- Description of process to engage community stakeholders<br>- Description of any required capital improvements and physical location of the medical village<br>- Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task**<br>Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Establish Medical Village Project Team, including leaders of each Medical Village project and assign project management support from PMO; ensure PPS leadership is involved in Team meetings when needed (e.g., CFO, CIO, etc.) | | Project | | Completed | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task**<br>Medical Village partners receive notice of CRFP awards. If awards are not sufficient, MV Project Leads explore all possible avenues for mitigation (including changes to scope/scale, other funding sources). Leads evaluate the feasibility of continuation, and make presentations to the PPS Governing bodies if needed. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>MV plan for each Medical Village is finalized, PMO provides Medical Village Project Leads with resources needed to complete plan. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** Medical Village plans are coordinated with Workforce, and needs for recruitment/re-training are incorporated into Workforce development activities as needed. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Educate the PPSs hospital partners on the Medical Village opportunity, identify potential Medical Village projects, and elicit "medical village concept" papers from each; ensure all MV hospitals apply for Capital via the CRFP process. | | Project | | Completed | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Milestone #2** Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds. | DY2 Q4 | Project | N/A | Completed | 06/01/2016 | 12/31/2016 | 06/01/2016 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds. | | Project | | Completed | 06/01/2016 | 12/31/2016 | 06/01/2016 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Medical Village Project Leads (with PMO support as needed), obtain approvals from their hospital administration/governance for the plan and timeline. | | Project | | Completed | 06/01/2016 | 12/31/2016 | 06/01/2016 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Applications are made for CON for Bed Reduction. | | Project | | Completed | 06/01/2016 | 12/31/2016 | 06/01/2016 | 12/29/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Establish process for tracking bed reduction and securing documentation from each Medical Village lead. | | Project | | Completed | 06/01/2016 | 12/31/2016 | 06/01/2016 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| **Milestone #3** Ensure that all eligible participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Ensure that primary care providers involved in Medical Village projects are also part of Project 2aii Project Team. | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** PMO provides Project 2aiv Manager & leaders with status/progress reports for Project 2aii. | | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #4** Ensure that all safety net providers participating in Medical | DY4 Q2 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Villages 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. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Hospital | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Mental Health | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Identify EHR vendor systems being used by participating safety net providers within the PPS. | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Confirm that each of the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in question below.) | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS. | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS. | | Project | | Not Started | 04/01/2017 | 03/31/2018 | 04/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Train staff on alerts and secure messaging. | | Project | | Not Started | 04/01/2017 | 03/31/2018 | 04/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Confirm that the EHR vendor systems and/or RHIO being used within the PPS includes direct exchange (secure messaging), | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| alerts and patient record look up, as needed. (Overlap with PCMH and MU requirements and plan addressed in question below.) | | | | | | | | | | |
| **Task**<br>REVISED Task; Confirm that the RHIO/SHIN-NY utilized by the providers in the PPS or the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Milestone #5**<br>Use EHRs and other technical platforms to track all patients engaged in the project. | DY2 Q4 | Project | N/A | In Progress | 07/01/2015 | 12/31/2016 | 07/01/2015 | 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 | | Completed | 06/01/2016 | 09/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Translate actively engaged definition into operational terms--incorporate any changes provided by DOH in anticipated revision of the actively engaged definition. | | Project | | Completed | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Identify target population | | Project | | Completed | 06/01/2016 | 09/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others. | | Project | | Completed | 06/01/2016 | 09/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2aii team and IT & Data Sharing Committee as needed. | | Project | | Completed | 06/01/2016 | 09/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation. | | Project | | Completed | 06/01/2016 | 09/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Provide training as needed to ensure all staff implement the tracking procedures consistently. | | Project | | In Progress | 06/01/2016 | 12/31/2016 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed. | | Project | | In Progress | 06/01/2016 | 12/31/2016 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #6** | DY4 Q2 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2 | | | | | | | | | | |
| **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 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Identify all of the EHR systems being used by participating safety net providers within the PPS. | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in Question 7 below). | | Project | | In Progress | 01/01/2016 | 03/31/2018 | 01/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. | | Project | | Not Started | 04/01/2017 | 03/31/2018 | 04/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #7** Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment. | DY2 Q4 | Project | N/A | Completed | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.). | | Project | | Completed | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Provide the Medical Village Project Team with CHNA to inform development of their plans (prepared under Requirement #1). | | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Review the plan (developed under Requirement #1), and ensure there is a clear justification, tied to CHNA, for the establishment of the selected services in the Medical Village. Document as to why these services can mitigate per evidence by CAN. | | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed | ctrue | Other | 23_DY2Q3_PROJ2aiv_MDL2aiv3_PRES2_OTH_Moses-Ludington_CON_(162127)_8000.pdf | Moses Ludington CON | 01/16/2017 01:32 PM |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| reduction proposed in the project must include active or "staffed" beds. | ctrue | Other | 23_DY2Q3_PROJ2aiv_MDL2aiv3_PRES2_OTH_MLH_Business_Plan_with_Timeline_7999.pdf | MLH Business Plan with Timeline | 01/16/2017 01:31 PM |
| | ctrue | Other | 23_DY2Q3_PROJ2aiv_MDL2aiv3_PRES2_OTH_GFH_Strategic_Plan_Update_12.30.16_7998.pdf | GFH Strategic Plan Update | 01/16/2017 01:30 PM |
| | ctrue | Other | 23_DY2Q3_PROJ2aiv_MDL2aiv3_PRES2_OTH_GFH_CON_Submission_(162593)_7997.pdf | GFH CON | 01/16/2017 01:29 PM |
| | ctrue | Other | 23_DY2Q3_PROJ2aiv_MDL2aiv3_PRES2_OTH_CVPH_Medical_Village_Bed_Reduction_Timeline_7996.docx | CVPH Medical Village Bed Reduction Timeline | 01/16/2017 01:28 PM |
| | ctrue | Other | 23_DY2Q3_PROJ2aiv_MDL2aiv3_PRES2_OTH_CVPH_CON_(162589)_7995.pdf | CVPH CON | 01/16/2017 01:27 PM |
| Use EHRs and other technical platforms to track all patients engaged in the project. | ctrue | Other | 23_DY2Q3_PROJ2aiv_MDL2aiv3_PRES5_OTH_MLH_Training_Reporting_Plan_8003.docx | MLH Training Reporting Plan | 01/16/2017 01:40 PM |
| | ctrue | Other | 23_DY2Q3_PROJ2aiv_MDL2aiv3_PRES5_OTH_CVPH_M5_Training_Reporting_Plan_8002.docx | CVPH M5 Training Reporting Plan | 01/16/2017 01:39 PM |
| | ctrue | Other | 23_DY2Q3_PROJ2aiv_MDL2aiv3_PRES5_OTH_CVPH_attestation_letter_to_AHI_PPS_8001.pdf | CVPH Attestation Letter to AHI PPS | 01/16/2017 01:38 PM |

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose. | |
| Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds. | This milestone is completed. All involved partners confirm submission of the electronic CON to DOH through the NYSE-CON system as of 12/29/2016. Timeline updates and details of IP bed desertification have been provided and signed off by hospital leadership. Tracking of continual progress of the bed reduction plans and timelines will be conducted through periodic MV partner Strategic Plan updates to PMO, and through monthly/quarterly calls and physical meetings. |
| Ensure that all eligible participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | |
| Ensure that all safety net providers participating in Medical Villages 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. | |
| Use EHRs and other technical platforms to track all patients engaged in the project. | Sept 2016 Update: Medical Village Meetings held in-person to review requirements tasks 1-6. All medical villages are on target and have completed these steps for 9/30/16. Forrest and Bob joined the meetings to walk through data requirements. Forrest will be working directly with Medical Village teams to review data samples for future actively engaged reporting metrics. Dec 2016 Update: Confirmed receipt of MLH MV partner data samples through encrypted file transfer to F. Hillery. CVPH MV partner attests encrypted sample file successfully created to track engaged patients and submitted. Reason for moved date: GFH transitioned to new EHR system in Nov 2016, not yet fully developed. GFH plans to submit sample report in upcoming weeks after the extract is built. CVPH and MLH submitted statements detailing training plans |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| | and quality auditing mechanisms. GFH unable to establish concrete plan until EHR implementation complete. |
| Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2 | |
| Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment. | |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Complete | |
| **Milestone #2** | Pass & Complete | |
| **Milestone #3** | Pass & Ongoing | |
| **Milestone #4** | Pass & Ongoing | |
| **Milestone #5** | Pass & Ongoing | |
| **Milestone #6** | Pass & Ongoing | |
| **Milestone #7** | Pass & Complete | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 2.a.iv.4 - PPS Defined Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone** The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan. | In Progress | The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan. | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | Completed | AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | In Progress | If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Team identifies any additional regulatory barriers to project implementation. | In Progress | Project Team identifies any additional regulatory barriers to project implementation. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions. | In Progress | AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in | In Progress | PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications. | 07/01/2015 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| resolving any barriers to successful submission of their applications. | | | | | | | | |
| **Task** PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | In Progress | PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** Mid-Point Assessment | Completed | Mid-Point Assessment Narrative | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan. | |
| Mid-Point Assessment | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

**IPQR Module 2.a.iv.5 - IA Monitoring**

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

Risk: Coordinating and managing the various initiatives, programs, and resources that are available to patients.
Potential impact to the timeline: If patients and providers are overwhelmed and ill equipped to quickly identify the correct resources needed this could delay servicing additional patients and slow down the implementation.
Mitigation strategy: Create a resource guide and train staff on content. Staff can then educate/inform patients of available options; this will allow for expedited decision making.

Risk: Data acquired can be difficult to utilize due to disparate reporting requirements.
Potential impact to the timeline: Dissimilar data can make quality reporting and utilization for universal improvements difficult and thus slow down the improvement process.
Mitigation strategy: Use of common PHM platforms and standardized EHRs will make collecting, reporting, and utilizing data more efficient.

Risk: Inability to share/acquire health information in real time.
Potential impact to the timeline: Lack of immediate communication leads to prolonged wait for medical intervention and illness progression.
Mitigation strategy: Mobile technologies will be utilized to facilitate timely and accurate documentation and information sharing.

Risk: Provider shortages.
Potential impact to the timeline: Already overwhelmed providers may resist implementing change due to time and workload restraints.
Mitigation strategy: Implement strategies to address workforce and workflow in regard to provider/patient ratios.

Risk: The lack of a common identification/stratification methodology across the region.
Potential impact to the timeline: Lack of common methodology means having to train staff on multiple models and this is inefficient and reduces productive work time.
Mitigation strategy: Having a regional group meet to address common methodologies will address this risk.

Risk: Partners have not entered into contractual agreements with the AHI PPS.
Potential impact to the timeline: Contracts not being in place generates a lack of incentive for partner participation and also impacts timing for milestone completion (i.e., Milestone 8 – Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.)
Mitigation strategy: Determine a contracting timeline to prioritize Master Participation Agreements and project specific Schedule A2's. This will allow for expedited partner engagement and flow of funds.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 2.b.viii.2 - Patient Engagement Speed

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|---|---|
| **Actively Engaged Speed** | **Actively Engaged Scale** |
| DY4,Q4 | 7,158 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|---|---|---|---|---|---|
| **PPS Reported** | Baseline Commitment | 0 | 1,042 | 1,824 | 2,606 |
| | Quarterly Update | 0 | 320 | 320 | 0 |
| | Percent(%) of Commitment | | 30.71% | 17.54% | 0.00% |
| **IA Approved** | Quarterly Update | 0 | 220 | 0 | 0 |
| | Percent(%) of Commitment | | 21.11% | 0.00% | 0.00% |

Warning: PPS Reported - Please note that your patients engaged to date (320) does not meet your committed amount (1,824) for 'DY2,Q3'

### Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| ctrue | Other | 23_DY2Q3_PROJ2bviii_MDL2bviii2_PES_OTH_Actively_Engaged_blank_supporting_document_8235.docx | Blank Supporting Document | 01/20/2017 10:39 AM |

**Narrative Text :**

For PPS to provide additional context regarding progress and/or updates to IA.

### Module Review Status

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 2.b.viii.3 - Prescribed Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **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. | DY3 Q4 | Project | N/A | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **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 | | Project | | Completed | 06/01/2016 | 09/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Assess current discharge process to identify areas for improvement to be addressed by Rapid Response Teams. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>Assess current workforce and identify available, appropriate staff and the need for recruitment. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>Create protocol and procedure guidelines to address best practices regarding<br>patient discharge to include proactive planning, facilitation, confirmation of service, and follow-up post discharge. | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Recruit, train and reassign staff to Rapid Response Team to address and facilitate best practices regarding patient discharge. | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Assess current workforce. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Identify available, appropriate staff and the need for recruitment. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Gather current discharge processes from hospitals participating in this project. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 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 | DY2 Q4 | Project | N/A | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| 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 | | Provider | Home Care Facilities | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Providers Associated with Completion:**<br><br>Com Hlth Ctr Of Smh & Nlh Inc; Essex County Public Health; Fort Hudson Certified Home Health A; Fort Hudson Home Care Inc Nhtd; Franklin Cnty Public Hlth Ser; Health Serv Northern New York; North Country Home Serv Inc; Northern Lights Health Care Partner; Warren County Health Serv | | | | | | | | | | |
| **Task**<br>Evidence-based guidelines for chronic-condition management implemented. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>In conjunction with Workforce Committee(s) and/or Teams, assess home care staff training needs. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Develop training plan to meet needs identified in task #3 (previous task). Plan to include goals & objectives, content/curriculum, method (in-person, web-based, etc), schedule, and plan for on-going training needs. | | Project | | Completed | 06/01/2016 | 09/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Establish a process for tracking training conducted, included evaluations, number trained, organizational affiliation, etc. | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Deliver training sessions. | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for chronic condition management. Include guidelines currently in use with PPS partners, and research best practices. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>Project Team reviews info obtained in task #7 (previous task), and develops PPS-wide eligibility and services guidelines, makes recommendation to Clinical Quality Committee for adoption. | | Project | | Completed | 06/30/2016 | 09/30/2016 | 06/30/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Clinical Quality Committee adopts eligibility and services guidelines. | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted. | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task**<br>Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems. | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #3**<br>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. | DY2 Q4 | Project | N/A | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Care pathways and clinical tool(s) created to monitor chronically-ill patients. | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>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 Hospital | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Providers Associated with Completion:**<br><br>Canton-Potsdam Hospital; Champlain Valley Physicians H; Nathan Littauer Hospital | | | | | | | | | | |
| **Task**<br>In the process of developing and implementing clinical guidelines and protocols for chronic condition management (see tasks under Milestone #2), PPS/Project Team includes care pathways and clinical tools for monitoring chronically ill patients with the goal of early identification of potential instability and intervention. | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #4**<br>Educate all staff on care pathways and INTERACT-like principles. | DY2 Q4 | Project | N/A | Completed | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles. | | Provider | Home Care Facilities | Completed | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Providers Associated with Completion:**<br><br>Com Hlth Ctr Of Smh & Nlh Inc; Essex County Public Health; Fort Hudson Certified Home Health A; Fort Hudson Home Care Inc Nhtd; Franklin Cnty Public Hlth Ser; North Country Home Serv Inc; Northern Lights Health Care Partner; Warren County Health Serv | | | | | | | | | | |
| **Task**<br>Conduct a current state assessment to identify which system, process, or tools home health agencies are currently using that align with INTERACT-like principles. | | Project | | Completed | 04/01/2016 | 06/28/2016 | 04/01/2016 | 06/28/2016 | 06/30/2016 | DY2 Q1 |
| **Task** | | Project | | Completed | 06/30/2016 | 09/30/2016 | 06/30/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Training sessions conducted specific to INTERACT tools and principles. | | | | | | | | | | |
| **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. | DY2 Q4 | Project | N/A | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Advance Care Planning tools incorporated into program (as evidenced by policies and procedures). | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Coordinate the development of Advance Care Planning tools with Project 3.g.i team – Palliative Care in PCMH. Work together to identify and/or develop the appropriate advance care planning tools. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for advance care planning. Include guidelines currently in use with PPS partners, and research best practices. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Team reviews information obtained in task #2 (above), and develops PPS-wide advance care planning guidelines / protocols, makes recommendation to Clinical Quality Committee for adoption. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Clinical Quality Committee adopts eligibility and services guidelines. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #6** Create coaching program to facilitate and support implementation. | DY2 Q4 | Project | N/A | In Progress | 06/01/2016 | 03/31/2017 | 06/01/2016 | 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 | 06/01/2016 | 03/31/2017 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** Collect, assess, and assign relevant materials to be used in training staff on facilitating and supporting the implementation of the INTERACT principles. | | Project | | In Progress | 06/01/2016 | 12/31/2016 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish coaching and supervision process, frequency and staff to be involved, as well as a process to record occurrences of training sessions. | | Project | | Not Started | 10/01/2016 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #7** Educate patient and family/caretakers, to facilitate participation in planning of care. | DY2 Q4 | Project | N/A | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Patients and families educated and involved in planning of care using INTERACT-like principles. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Working in conjunction with Patient and Community Engagement teams/resources, establish patient/family education methodology. | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Identify best practices, obtain resources/materials to utilize to educate and involve patient/family in care planning and implementing the principles of the INTERACT model. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Establish a method to track utilization of the materials, and to evaluate the methodology. Project Team to utilize this information to continually refine the methodology and/or materials. | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Disseminate information, and provide any needed training, by including this content in the trainings described under Milestones 1, 3, 4, and 5. | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #8** Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management. | DY3 Q4 | Project | N/A | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model. | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** While developing clinical guidelines, care pathways, and protocols (see tasks under Milestones #2 and #3), include comprehensive assessment of patient needs and care plan that incorporates all relevant services (physical, behavioral, | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| pharmacological) in the model. | | | | | | | | | | |
| **Task** Leverage existing care management supports (e.g. PCMH embedded care management, Health Home care management) to enhance coordination of care. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #9** Utilize telehealth/telemedicine to enhance hospital-home care collaborations. | DY3 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 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 | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Assess and document current state regarding use and scope of telehealth, telemedicine, to support Hospital to Home Care. Include evaluation of effectiveness and availability of infrastructure. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Determine what specific telehealth/telemedicine services are necessary to support Hospital to Home project success (e.g., home monitoring equipment? Remote access to a care manager? Specialist consults to PCPs?) | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Research options to meet needs determined in task #3 (above); determine cost and timeline, and gain commitment from Project Team and Committees. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Acquire needed resources to implement the selected telehealth strategies: contract with telehealth/telemedicine providers and/or vendors. | | Project | | In Progress | 10/01/2016 | 12/31/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Assess current staff, recruit additional staff, if necessary, and establish roles for implementation. Train staff accordingly to implement and maintain the telehealth/telemedicine programs. | | Project | | In Progress | 10/01/2016 | 12/31/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish method for evaluating telehealth program. | | Project | | Not Started | 10/01/2016 | 12/31/2016 | 01/06/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Gain commitment from Project Team and Committees regarding cost and timeline determined in task #4. | | Project | | In Progress | 06/30/2016 | 12/31/2016 | 06/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #10** Utilize interoperable EHR to enhance communication and avoid | DY3 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| medication errors and/or duplicative services. | | | | | | | | | | |
| **Task** Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators. | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Coordinate with Project 2.a.i and 2.a.ii to ensure requirement is met. Implementation Plan for interoperable EHRs is tracked under Project 2.a.i. | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #11** Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | DY3 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders. | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **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 | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J. | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Service and quality outcome measures are reported to all stakeholders. | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #12** Use EHRs and other technical platforms to track all patients engaged in the project. | DY2 Q4 | Project | N/A | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 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 | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition. | | Project | | Completed | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, | | Project | | Completed | 04/01/2016 | 06/30/2016 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| PHM platform(s), others. | | | | | | | | | | |
| **Task** Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Provide training as needed to ensure all staff implement the tracking procedures consistently. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

### Prescribed Milestones Current File Uploads

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

No Records Found

### 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. | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| 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. | |
| 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. | As of 12/31/16, the PPS had identified the target patient population for this project and PPS partners have been educated on reporting requirements and provided a reporting template to use to report patients engaged in this project. The PPS will be working with PPS partners within each sub-region to develop the reporting from their EHRs to track targeted patients and will continue to work with HIXNY and other vendors to develop data flows and systems to support more centralized identification and tracking of targeted patients. |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Complete | |
| **Milestone #2** | Pass & Complete | |
| **Milestone #3** | Pass & Complete | |
| **Milestone #4** | Pass & Complete | |
| **Milestone #5** | Pass & Complete | |
| **Milestone #6** | Pass & Ongoing | |
| **Milestone #7** | Pass & Complete | |
| **Milestone #8** | Pass & Complete | |
| **Milestone #9** | Pass & Ongoing | |
| **Milestone #10** | Pass & Ongoing | |
| **Milestone #11** | Pass & Ongoing | |
| **Milestone #12** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 2.b.viii.4 - PPS Defined Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone** The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan. | In Progress | The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan. | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | Completed | AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | In Progress | If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Team identifies any additional regulatory barriers to project implementation. | In Progress | Project Team identifies any additional regulatory barriers to project implementation. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions. | In Progress | AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in | In Progress | PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications | 07/01/2015 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| resolving any barriers to successful submission of their applications | | | | | | | | |
| **Task** PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | In Progress | PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** Mid-Point Assessment | Completed | Mid-Point Assessment Narrative | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan. | |
| Mid-Point Assessment | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

**IPQR Module 2.b.viii.5 - IA Monitoring**

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

Risk: Resource constraints limiting partner participation may adversely impact meeting speed and scale targets. Mitigation: The PPS will contract with CBOs and providers with established relationships with the target population to act as the face of this initiative. A standard performance-based contract will be used to compensate partners for implementation costs if patient activation metrics are met. Prior to finalizing contracting, partners' project related activities are supported by distribution of engagement funds and assistance from AHI Community Engagement (CE) staff. Community Engagement (CE) Facilitators are working with partners on embedding project activities into their current workflow.
Risk: AHI PPS region is large geographically with many low populated areas; "hot spots" may have small numbers of people. Mitigation: Data is being used to target efforts. AHI PPS will leverage its engagement of partners across diverse sectors and their relationships with other organizations that need to be recruited into the network. A hybrid model of contracting with partners and utilizing AHI CE Facilitators to implement project activities will optimize connection to the target population. Community based partners have ongoing relationships/contact with project beneficiaries, making implementation most effective when they drive it. If this isn't possible due to resource constraints, CE Facilitators can administer the PAM® survey at partner sites. CE Facilitators also administer the PAM® survey at community events and non-partner sites that have been anecdotally identified as hot spots.
Risk: Variable success of untested initiatives to connect with the target population may negatively impact meeting speed and scale targets. Mitigation: Developing evaluation strategies to quickly understand if outreach methods are working, need to be adjusted, or if new strategies need to be implemented. The AHI PPS has researched evidence-based strategies and will coach partners on best practices.
Risk: Projected number of targeted individuals may not be reached and activated, reducing the overall PPS payment. Mitigation: A pilot group of partner organizations from varied service sectors and geographic locations was established, who spearheaded implementation of the PAM® survey and other 2.d.i project activities as a means to learn and vet best practices for optimizing patient engagement. Feedback is sought from pilot group members and other stakeholders, such as the Community and Beneficiary Engagement (CBE) Committee, to get strategies and ideas for reaching as many eligible individuals as possible. CE staff have also partnered with AHI DSRIP Workforce team to train providers and CBO staff as PAM®/CFA® trainers and Bridges Out of Poverty® trainers, to maximize the PPS' capacity to implement activation/engagement strategies across a vast region.
Risk: Implementing an effective system to capture data; collecting and accurately reporting data is crucial to achieving optimal PPS payment. Mitigation: AHI CE staff and staff from 2.d.i partner organizations were trained to use the Flourish® web platform for reporting. Protocols will be developed for use of new HIT systems as they are implemented, and the PPS will ensure all users are adequately trained.
Risk: It may be expensive and time consuming to implement EHRs, Population Health Management tools, targeted patient registries, and other IT platforms to track actively engaged. Numerous EHR systems/the complexity of implementing a regional system could delay project completion. Mitigation: CE staff, the CBE Committee, and the IT Committee will determine a strategy for enabling important data points to be accessed by the right users at the right time, although lack of control over EHR vendors' ability to add needed functionality may extend the timeline.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 2.d.i.2 - Patient Engagement Speed

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|---|---|
| **Actively Engaged Speed** | **Actively Engaged Scale** |
| DY4,Q4 | 66,226 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|---|---|---|---|---|---|
| **PPS Reported** | Baseline Commitment | 8,000 | 28,000 | 32,800 | 40,000 |
| | Quarterly Update | 1,284 | 2,601 | 2,601 | 0 |
| | Percent(%) of Commitment | 16.05% | 9.29% | 7.93% | 0.00% |
| **IA Approved** | Quarterly Update | 0 | 2,583 | 0 | 0 |
| | Percent(%) of Commitment | 0.00% | 9.22% | 0.00% | 0.00% |

Warning: PPS Reported - Please note that your patients engaged to date (2,601) does not meet your committed amount (32,800) for 'DY2,Q3'

**Current File Uploads**

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| ctrue | Other | 23_DY2Q3_PROJ2di_MDL2di2_PES_OTH_Actively_Engaged_blank_supporting_document_8244.docx | Blank Supporting Document | 01/20/2017 11:07 AM |

**Narrative Text :**

For PPS to provide additional context regarding progress and/or updates to IA.

**Module Review Status**

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

**NYS Confidentiality – High**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 2.d.i.3 - Prescribed Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | 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. | DY2 Q4 | Project | N/A | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 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 | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** With input from PPS members and affiliates, generate list of CBOs w/ high levels of interaction w/ target populations. | | Project | | Completed | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Conduct informational webinars targeting CBO representatives to identify organizations potentially interested in collaboration. | | Project | | Completed | 06/01/2015 | 07/15/2015 | 06/01/2015 | 07/15/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Determine CBOs desired participation level | | Project | | Completed | 09/01/2015 | 12/21/2015 | 09/01/2015 | 12/21/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Draft and negotiate partnership agreements | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Meet with CBO leadership/designees to develop a strategy and timeline for conducting outreach efforts | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Begin facilitating outreach efforts through identified methods and channels. | | Project | | Completed | 07/01/2016 | 08/30/2016 | 07/01/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Sign Partnership Agreements | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #2** Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement. | DY2 Q4 | Project | N/A | Completed | 06/01/2015 | 07/30/2015 | 06/01/2015 | 07/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Patient Activation Measure(R) (PAM(R)) training team established. | | Project | | Completed | 06/15/2015 | 07/30/2015 | 06/15/2015 | 07/30/2015 | 09/30/2015 | DY1 Q2 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** Contact leadership of identified CBOs; invite them to introductory webinar | | Project | | Completed | 06/15/2015 | 07/05/2015 | 06/15/2015 | 07/05/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Conduct webinar to provide potential partner organizations with overview of 2.d.i, PAM, and expectations of participating organizations and individuals. | | Project | | Completed | 07/01/2015 | 07/15/2015 | 07/01/2015 | 07/15/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Collectively with AMC and AFBHC PPS, hold PAM Train the Trainer sessions facilitated by Insignia Health representatives. | | Project | | Completed | 07/15/2015 | 07/30/2015 | 07/15/2015 | 07/30/2015 | 09/30/2015 | DY1 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. | DY2 Q4 | Project | N/A | Completed | 08/15/2015 | 08/30/2016 | 08/15/2015 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged. | | Project | | Completed | 12/01/2015 | 08/30/2016 | 12/01/2015 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Determine available data sources and develop criteria for hot spots | | Project | | Completed | 08/15/2015 | 12/22/2015 | 08/15/2015 | 12/22/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Work with pilot group of trainees to develop plan to increase activation in hot spots including identifying additional organizations and providers to engage | | Project | | Completed | 01/01/2016 | 08/30/2016 | 01/01/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Repeat analysis at set intervals | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Conduct initial analysis | | Project | | Completed | 01/01/2016 | 08/30/2016 | 01/01/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #4** Survey the targeted population about healthcare needs in the PPS' region. | DY2 Q4 | Project | N/A | Completed | 01/13/2016 | 08/30/2016 | 01/13/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Community engagement forums and other information-gathering mechanisms established and performed. | | Project | | Completed | 01/13/2016 | 07/21/2016 | 01/13/2016 | 07/21/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Work with pilot group of PAM trainees to identify most effective method of soliciting feedback about healthcare needs in the PPS region - survey, focus group, and/or community forum/community engagement forums. | | Project | | Completed | 01/13/2016 | 08/30/2016 | 01/13/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Work with North Country PHIP Evaluation Manger to create implementation plan for method of feedback concerning healthcare needs | | | | | | | | | | |
| **Task** Initiate implementation plan | | Project | | Completed | 08/30/2016 | 08/30/2016 | 08/30/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Complete initial round of feedback | | Project | | Completed | 08/30/2016 | 08/30/2016 | 08/30/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Work with pilot group of PAM trainees to determine how to best disseminate findings | | Project | | Completed | 08/30/2016 | 08/30/2016 | 08/30/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Repeat method of feedback to continuously determine healthcare needs in the PPS region | | Project | | Completed | 08/30/2016 | 08/30/2016 | 08/30/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #5** Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. | DY2 Q4 | Project | N/A | In Progress | 12/01/2015 | 03/31/2017 | 12/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers". | | Project | | Completed | 12/01/2015 | 09/09/2016 | 12/01/2015 | 09/09/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Provide training and education opportunities | | Project | | In Progress | 12/01/2015 | 03/31/2017 | 12/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Survey providers located in "hot spots" to determine needed level of support and education in areas of patient activation and engagement - shared decision-making, measurements of health literacy, and/or cultural competency. | | Project | | Completed | 01/13/2016 | 12/31/2016 | 01/13/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Work with providers to identify key staff members within their organizations to act as master trainers and function as part of a PPS wide training team | | Project | | Completed | 03/01/2016 | 08/30/2016 | 03/01/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Develop training outline and training materials to address identified topics. | | Project | | Completed | 08/01/2016 | 12/31/2016 | 08/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Collaborate with providers to schedule and facilitate training sessions/ dissemination of educational materials within their organizations. | | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop online learning collaborative to facilitate continuing education and dissemination of information across the PPS. | | Project | | In Progress | 09/09/2016 | 03/31/2017 | 09/09/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **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. | DY2 Q4 | Project | N/A | In Progress | 08/01/2016 | 03/31/2017 | 08/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **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 | 08/01/2016 | 10/31/2016 | 08/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>AHI and MCOs implement outreach plan | | Project | | Not Started | 11/01/2016 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>Work with MCOs to determine what information on enrollees will be shared and the format | | Project | | In Progress | 08/01/2016 | 10/31/2016 | 08/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>AHI and MCOs create proactive outreach plan | | Project | | In Progress | 08/01/2016 | 10/31/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #7**<br>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. | DY2 Q4 | Project | N/A | Not Started | 10/01/2016 | 03/31/2017 | 02/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>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 | | Not Started | 10/01/2016 | 03/31/2017 | 02/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>Work with DOH and other PPS to reset baselines at the beginning of each performance period | | Project | | Not Started | 02/01/2017 | 03/31/2017 | 02/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** | | Project | | Not Started | 10/01/2016 | 11/30/2016 | 02/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Determine methodology for baseline of each beneficiary cohort likely with DOH/KPMG Project 11 Work Group | | | | | | | | | | |
| **Task** Implement methodology | | Project | | Not Started | 12/01/2016 | 01/31/2017 | 02/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #8** Include beneficiaries in development team to promote preventive care. | DY2 Q4 | Project | N/A | In Progress | 07/01/2016 | 12/31/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services. | | Project | | In Progress | 07/01/2016 | 12/31/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Utilize input to develop strategy to promote preventive care | | Project | | Completed | 07/01/2016 | 09/09/2016 | 07/01/2016 | 09/09/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Outreach to beneficiaries to recruit them to development team | | Project | | Completed | 10/15/2015 | 12/01/2015 | 10/15/2015 | 12/01/2015 | 12/31/2015 | DY1 Q3 |
| **Task** With input from team, determine frequency and duration of meetings and begin convening group. | | Project | | Completed | 10/15/2015 | 12/01/2015 | 10/15/2015 | 12/01/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Develop strategy for identifying benficiaries | | Project | | Completed | 08/15/2015 | 09/30/2015 | 08/15/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Milestone #9** Measure PAM(R) components, including: • 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. • 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. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • 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. • The PPS will NOT be responsible for assessing the patient via | DY2 Q4 | Project | N/A | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| 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 | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<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 | | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<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. | | Project | | Completed | 01/13/2016 | 08/30/2016 | 01/13/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<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® survey and designate a PAM® score | | Project | | Completed | 01/01/2016 | 08/30/2016 | 01/01/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>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. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>Provide member engagement lists to relevant insurance | | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis | | | | | | | | | | |
| **Milestone #10** Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. | DY2 Q4 | Project | N/A | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Volume of non-emergent visits for UI, NU, and LU populations increased. | | Project | | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Conduct data assessment of non-emergent care provided in PPS service area to achieve baseline. | | Project | | Completed | 08/01/2015 | 09/30/2015 | 08/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Repeat assessment of non-emergent care data at set intervals (i.e. annually) | | Project | | Completed | 01/13/2016 | 08/30/2016 | 01/13/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Partner with providers in areas with low utilization of preventative/non-emergent care to develop and implement a patient awareness campaign focusing on the benefits of accessing preventative care/avoidance of emergent care. Collaborate with existing patient engagement/patient advocacy groups and programs when applicable. | | Project | | In Progress | 01/13/2016 | 03/31/2017 | 01/13/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **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. | DY2 Q4 | Project | N/A | In Progress | 03/31/2016 | 03/31/2017 | 03/31/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Community navigators identified and contracted. | | Provider | PAM(R) Providers | In Progress | 10/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **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 | Not Started | 10/01/2016 | 03/31/2017 | 02/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Continuously look at hot spot data to determine additional potential partnerships | | Project | | In Progress | 09/29/2016 | 03/31/2017 | 09/29/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Using hot spot data, identify potential community based organizations serving target population in identified locations | | Project | | Completed | 03/31/2016 | 09/29/2016 | 03/31/2016 | 09/29/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Work with identified CBOs to determine willingness to partner | | Project | | Completed | 03/31/2016 | 08/30/2016 | 03/31/2016 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #12** | DY2 Q4 | Project | N/A | Completed | 08/01/2015 | 06/30/2016 | 08/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| 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. | | Project | | Completed | 08/01/2015 | 10/30/2015 | 08/01/2015 | 10/30/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Ensure all staff members interfacing with PAM participants are aware of the process for lodging a complaint or seeking customer support and understand their obligation to provide all survey recipients with the associated policy & procedures | | Project | | Completed | 11/01/2015 | 06/30/2016 | 11/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Collaborate with AHI's Enrollment Assistance Services and Enrollment (EASE) (navigators for the NY State of Health) and Health Home programs to develop a complaint process/customer service channel for beneficiaries, building on infrastructure already established within their programs. | | Project | | Completed | 08/01/2015 | 10/30/2015 | 08/01/2015 | 10/30/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Determine strategy to ensure non-EASE and Health Home participants have access to complaint process/customer service assistance. | | Project | | Completed | 11/01/2015 | 11/30/2015 | 11/01/2015 | 11/30/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Disseminate complaint procedure and customer service access information to participants through written materials distributed by EASE and Health Home staff, PAM Navigators, and representatives from provider offices/CBOs, as well as via mail and/or e-mail when necessary. | | Project | | Completed | 11/01/2015 | 06/30/2016 | 11/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #13** Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R). | DY2 Q4 | Project | N/A | In Progress | 07/15/2015 | 03/31/2017 | 07/15/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** List of community navigators formally trained in the PAM(R). | | Provider | PAM(R) Providers | In Progress | 07/15/2015 | 03/31/2017 | 07/15/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Cross-train navigators in "Bridges out of Poverty" methodology and practices to promote more effective communication and relationships with beneficiaries exhibiting behaviors associated with generational poverty | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Ensure all navigators have been trained in using PAM and exhibit comfort and competency when administering the tool. | | Project | | In Progress | 07/15/2015 | 03/31/2017 | 07/15/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Facilitate ongoing training sessions with navigators to enhance patient activation and engagement skills | | | | | | | | | | |
| **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. | DY2 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas. | | Provider | PAM(R) Providers | In Progress | 02/29/2016 | 03/31/2017 | 02/29/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Review data on hand-off practice to ensure effectiveness | | Project | | Not Started | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Research best practices in successful hand-offs/referrals | | Project | | Completed | 07/15/2015 | 09/30/2015 | 07/15/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** Implement initial hand-off practice | | Project | | Not Started | 10/01/2016 | 01/01/2017 | 02/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #15** Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations. | DY2 Q4 | Project | N/A | Not Started | 10/01/2016 | 03/31/2017 | 02/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Navigators educated about insurance options and healthcare resources available to populations in this project. | | Project | | Not Started | 10/01/2016 | 03/31/2017 | 02/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Utilize EASE staff, and staff in similar enrollment programs within CBOs, along with educational materials to inform and educate navigators. | | Project | | Not Started | 10/01/2016 | 03/31/2017 | 02/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #16** Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member. | DY2 Q4 | Project | N/A | In Progress | 10/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Timely access for navigator when connecting members to services. | | Project | | Not Started | 10/01/2016 | 03/31/2017 | 02/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Partner with primary care providers to establish and encourage working relationships between navigators and primary care practice staff, and to develop procedures to ensure ease of communication and access for navigators attempting to secure preventative services for community members. | | Project | | In Progress | 10/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #17** | DY2 Q4 | Project | N/A | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| 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. | | Project | | In Progress | 09/29/2016 | 03/31/2017 | 09/29/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Research and review EHR, HIT, and Population Health Management platform options to determine which platform (s) would be most effective for tracking patients. | | Project | | Completed | 08/01/2015 | 08/30/2016 | 08/01/2015 | 08/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Implement tracking system | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| 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. | ctrue | Other | 23_DY2Q3_PROJ2di_MDL2di3_PRES1_OTH_28173_-_Adirondack_Health_Institute_Adult_CGCAHPS_Report_8173.pdf | CGCAHPS Report for the Uninsured | 01/19/2017 03:28 PM |

### 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. | |
| 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 | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| 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 promote preventive care. | Beneficiary input in project development has been sought through beneficiary involvement in the AHI PPS Community and Beneficiary Engagement Committee, as well as through Community Forums. Additional avenues for increasing beneficiary participation are being explored, such as implementation of the Community Advisory Council, a beneficiary group, prior to submitting documentation for milestone completion. |
| 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 | |

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## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Narrative Text

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

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Ongoing | |
| **Milestone #2** | Pass & Complete | |
| **Milestone #3** | Pass & Complete | |
| **Milestone #4** | Pass & Complete | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #5** | Pass & Ongoing | |
| **Milestone #6** | Pass & Ongoing | |
| **Milestone #7** | Pass & Ongoing | |
| **Milestone #8** | Pass & Ongoing | |
| **Milestone #9** | Pass & Ongoing | |
| **Milestone #10** | Pass & Ongoing | |
| **Milestone #11** | Pass & Ongoing | |
| **Milestone #12** | Pass & Complete | |
| **Milestone #13** | Pass & Ongoing | |
| **Milestone #14** | Pass & Ongoing | |
| **Milestone #15** | Pass & Ongoing | |
| **Milestone #16** | Pass & Ongoing | |
| **Milestone #17** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 2.d.i.4 - PPS Defined Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone**<br>There are no PPS defined milestones | Completed | na | 06/01/2015 | 06/30/2015 | 06/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Milestone**<br>Mid-Point Assessment | Completed | Mid-Point Assessment Narrative | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| There are no PPS defined milestones | |
| Mid-Point Assessment | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

**IPQR Module 2.d.i.5 - IA Monitoring**

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

1) Acquisition, implementation, & training on new/upgraded EHRs.
2) Recruitment, training, & retention of qualified staff.
3) Developing & implementing new policy & procedures.
4) Integration of PC & BH when a patient has existing non-integrated providers.
5) Having time to perform screenings at PC visit.
6) Meeting NCQA 2014 Level 3 certification.
7) Medication Management
8) SBIRT
9) Access to specialty BH services.
10) Changing models of care causing increased patient case load for psychiatrists.

Timeline Impact:
1) Getting all providers/practices on-board with EHRs can be time consuming.
2) Being in a provider shortage area staffing could delay implementations at sites if providers cannot find enough qualified staff.
3) Time to write P&P along with time to train staff on new P&P could delay the start of the project.
4) The potential delay: a patient either changing providers to achieve integration or having the patient in with care coordinator to ensure non-integrated care is still being properly coordinated.
5) If providers feel there is not enough time under the current reimbursement model then the lack of provider compliance to perform the screening could delay commitment goals.
6) The time it takes to get a practice certified at this standard could delay implementing other parts of this project.
7) Delay if right tech solution not in place.
8) Confusion over SBIRT & the OASAS requirements for training on this could delay its use.
9) The access to timely appointment for those who are Severely Mentally Ill (SMI) could mean overflow of that population being treated in an inappropriate setting, thus using resources that were meant to add capacity & service persons that need BH services for less chronic issues. The overflow could delay the timeline by not getting enough new patients access to care.
10) If psychiatrists choose to leave an organization this would impact the timeline because there would be a decrease in the amount of patients an organization could see.

Mitigation:
1) Assist with funding of EHRs & assist those with interoperability needs for multiple EHRs. Assist providers in making realistic time commitments based on current EHR status/needs level.
2) Looking at family medicine residency programs to gain new physicians. Looking at salary support for LMSW's, allowing support for the 3 years to get clinical supervision; the goal is to get LMSW's set to be LCSW's & thus billable providers.

3) Leverage providers who have some experience with integrated care & encourage sharing of P&P between organizations.
4) Using Health Home care coordinators will assist with those patients who choose to have non-integrated services. The preference would be to utilize embedded care coordinators. For patients who choose to move into integrated care the PPS & partners will need to continue to assess capacity for service delivery.
5) Work with partners to have screenings embedded in EHRs so providers will have quick & easy access to the tools; training other staff, such as nurses/medical assistants, to execute the screening will increase the use of the tools & allow time for the provider to follow up on positive screens.
6) Work with project 2aii to ensure that practices have the resources needed to execute & achieve this requirement.
7) Work with providers & HIXNY to find most effect solution.
8) Many partners are looking at the PHQ-2 or PHQ-9 to avoid the confusion. Hold SBIRT trainings.
9) The specialty BH providers are examining their current caseloads as well as scheduling structure & capacity to figure out how to reduce waitlists & increase speedier access to care for those who are SMI.
10) Organizations that currently have low caseloads for psychiatrists will need to have buy in from the psychiatrists to move toward a different model of care. Getting this buy in as well as making the transition gradual will mitigate this risk

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 3.a.i.2 - Patient Engagement Speed

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|---|---|
| **Actively Engaged Speed** | **Actively Engaged Scale** |
| DY4,Q4 | 35,972 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|---|---|---|---|---|---|
| **PPS Reported** | Baseline Commitment | 0 | 6,619 | 8,274 | 16,547 |
| | Quarterly Update | 0 | 1,588 | 1,588 | 0 |
| | Percent(%) of Commitment | | 23.99% | 19.19% | 0.00% |
| **IA Approved** | Quarterly Update | 0 | 1,027 | 0 | 0 |
| | Percent(%) of Commitment | | 15.52% | 0.00% | 0.00% |

Warning: PPS Reported - Please note that your patients engaged to date (1,588) does not meet your committed amount (8,274) for 'DY2,Q3'

### Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| ctrue | Other | 23_DY2Q3_PROJ3ai_MDL3ai2_PES_OTH_Actively_Engaged_blank_supporting_document_8247.docx | Blank Supporting Document | 01/20/2017 12:13 PM |

**Narrative Text :**

For PPS to provide additional context regarding progress and/or updates to IA.

### Module Review Status

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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

| Models Selected | | |
|---|---|---|
| Model 1 ✓ | Model 2 ✓ | Model 3 ✗ |

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | 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 eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3. | DY3 Q4 | Model 1 | Project | N/A | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3. | | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Behavioral health services are co-located within PCMH/APC practices and are available. | | | Provider | Mental Health | In Progress | 04/01/2016 | 12/31/2017 | 04/01/2016 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task** Coordinate with Project Team 2.a.ii during this project to be apprised of provider progress toward certification. | | | Project | | In Progress | 04/01/2016 | 12/31/2017 | 04/01/2016 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task** Coordinate the availability and schedules of behavioral health services and providers to ensure adequate coverage within PCMH practices for the expected volume of patients and hours of service required. | | | Project | | In Progress | 04/01/2016 | 06/30/2017 | 04/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Coordinate the availability and schedules of behavioral health services and providers to ensure adequate coverage within PCMH practices for the expected volume of patients and hours of service required. | | | Project | | On Hold | 04/01/2016 | 07/01/2017 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Coordinate the availability and schedules of behavioral health services and providers to ensure adequate | | | Project | | On Hold | 04/01/2016 | 07/01/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|---|
| coverage within PCMH practices for the expected volume of patients and hours of service required. | | | | | | | | | | | |
| **Task** Identify practice location that will execute integrated services. | | | Project | | In Progress | 04/01/2016 | 12/31/2016 | 04/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Assess practice locations readiness for integration. | | | Project | | In Progress | 04/01/2016 | 12/31/2016 | 04/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Identify billing strategies for integrated services. | | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Work with MCOs to move toward values based payments model. | | | Project | | In Progress | 04/01/2016 | 06/29/2017 | 04/01/2016 | 06/29/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Ongoing monitoring of the integration of services process. | | | Project | | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #2** Develop collaborative evidence-based standards of care including medication management and care engagement process. | DY2 Q4 | Model 1 | Project | N/A | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Regularly scheduled formal meetings are held to develop collaborative care practices. | | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Coordinated evidence-based care protocols are in place, including medication management and care engagement processes. | | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify and assemble staff members to work on evidence-based care protocol processes. | | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Staff are trained on evidence-based care protocols, including medication management and care engagement processes. | | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #3** Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | DY4 Q2 | Model 1 | Project | N/A | In Progress | 01/01/2016 | 06/29/2017 | 01/01/2016 | 06/29/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Policies and procedures are in place to facilitate and | | | Project | | Completed | 01/01/2016 | 03/31/2016 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|---|
| document completion of screenings. | | | | | | | | | | | |
| **Task** Screenings are documented in Electronic Health Record. | | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 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 | 04/01/2016 | 06/29/2017 | 04/01/2016 | 06/29/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record. | | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Practice locations will identify which screening tool(s) they will implement. | | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Write policies and procedures for implementing screening tool(s) and EHR documentation. | | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Train staff on policies and procedures for executing and documenting screening tool(s). | | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Write policies and procedures for "warm transfer" process. | | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Train staff on "warm transfer" process. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Ongoing monitoring of screening and "warm transfer" process. | | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #4** Use EHRs or other technical platforms to track all patients engaged in this project. | DY2 Q4 | Model 1 | Project | N/A | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** EHR demonstrates integration of medical and behavioral health record within individual patient records. | | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone | | | Project | | Completed | 01/01/2016 | 03/31/2016 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|---|
| reporting. | | | | | | | | | | | |
| **Task** Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition. | | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others. | | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed. | | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation. | | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Provide training as needed to ensure all staff implement the tracking procedures consistently. | | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed. | | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #5** Co-locate primary care services at behavioral health sites. | DY4 Q2 | Model 2 | Project | N/A | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Primary care services are co-located within behavioral Health practices and are available. | | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2016 | 09/30/2017 | 07/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** Primary care services are co-located within behavioral Health practices and are available. | | | Provider | Mental Health | In Progress | 07/01/2016 | 09/30/2017 | 07/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** Coordinate with Project Team 2.a.ii during this project to be apprised of provider progress toward certification. | | | Project | | Completed | 01/01/2016 | 03/31/2016 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Task** Coordinate the availability and schedules of primary care providers to ensure adequate coverage within the behavioral health site for the expected volume of patients and hours of service required. | | | Project | | In Progress | 07/01/2016 | 09/30/2017 | 07/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** Identify practice location that will execute integrated services. | | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Assess practice locations readiness for integration. | | | Project | | In Progress | 07/01/2016 | 12/31/2016 | 07/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Identify billing strategies for integrated services. | | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Work with MCOs to move toward values based payments model. | | | Project | | In Progress | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Ongoing monitoring of the integration of services process. | | | Project | | In Progress | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #6** Develop collaborative evidence-based standards of care including medication management and care engagement process. | DY2 Q4 | Model 2 | Project | N/A | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Regularly scheduled formal meetings are held to develop collaborative care practices. | | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Coordinated evidence-based care protocols are in place, including a medication management and care engagement process. | | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify and assemble staff members to work on evidence-based care protocol processes. | | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Staff are trained on evidence-based care protocols, including medication management and care engagement processes. | | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #7** Conduct preventive care screenings, including physical and behavioral health screenings. | DY4 Q2 | Model 2 | Project | N/A | In Progress | 04/01/2016 | 06/29/2017 | 04/01/2016 | 06/29/2017 | 06/30/2017 | DY3 Q1 |
| **Task** | | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | 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 | 04/01/2016 | 06/29/2017 | 04/01/2016 | 06/29/2017 | 06/30/2017 | DY3 Q1 |
| **Task** At least 90% of patients receive primary care services, as defined by preventive care screenings at the established project sites (Screenings are defined as physical health screenings for primary care services and industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT for behavioral health). | | | Project | | In Progress | 04/01/2016 | 06/29/2017 | 04/01/2016 | 06/29/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR). | | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR). | | | Provider | Mental Health | In Progress | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Practice locations will identify which screening tool(s) they will implement. | | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Write policies and procedures for implementing screening tool(s) and EHR documentation. | | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Train staff on policies and procedures for executing and documenting screening tool(s). | | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Write policies and procedures for "warm transfer" process. | | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Train staff on "warm transfer" process. | | | Project | | Completed | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Ongoing monitoring of screening and "warm transfer" | | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|---|
| process. | | | | | | | | | | | |
| **Milestone #8** Use EHRs or other technical platforms to track all patients engaged in this project. | DY2 Q4 | Model 2 | Project | N/A | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 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 | 07/01/2016 | 03/31/2017 | 07/01/2016 | 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 | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition. | | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others. | | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed. | | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation. | | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Provide training as needed to ensure all staff implement the tracking procedures consistently. | | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed. | | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #9** Implement IMPACT Model at Primary Care Sites. | DY4 Q2 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Task** PPS has implemented IMPACT Model at Primary Care Sites. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 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. | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 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 | 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 | 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. | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #12** Designate a Psychiatrist meeting requirements of the IMPACT Model. | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 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 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #13** Measure outcomes as required in the IMPACT Model. | DY4 Q2 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 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 | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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. | DY4 Q2 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 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 | 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. | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 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 | 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 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3. | The date for two of the tasks was moved back due to resource issues that were recently addressed; a project manager was not available to develop a rubric by which to assess practice locations' readiness for integration. This staffing challenge has been mitigated as of January 2017. |
| 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) | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| 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. | |
| Develop collaborative evidence-based standards of care including medication management and care engagement process. | |
| Conduct preventive care screenings, including physical and behavioral health screenings. | |
| 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 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. | |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Ongoing | |
| **Milestone #2** | Pass & Ongoing | |
| **Milestone #3** | Pass & Ongoing | |
| **Milestone #4** | Pass & Ongoing | |
| **Milestone #5** | Pass & Ongoing | |
| **Milestone #6** | Pass & Ongoing | |
| **Milestone #7** | Pass & Ongoing | |
| **Milestone #8** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

**Milestone Review Status**

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #9** | Pass & Ongoing | |
| **Milestone #10** | Pass & Ongoing | |
| **Milestone #11** | Pass & Ongoing | |
| **Milestone #12** | Pass & Ongoing | |
| **Milestone #13** | Pass & Ongoing | |
| **Milestone #14** | Pass & Ongoing | |
| **Milestone #15** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 3.a.i.4 - PPS Defined Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone** The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan. | In Progress | The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan. | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | Completed | AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | In Progress | If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Team identifies any additional regulatory barriers to project implementation. | In Progress | Project Team identifies any additional regulatory barriers to project implementation. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions. | In Progress | AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in | In Progress | PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications. | 07/01/2015 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| resolving any barriers to successful submission of their applications. | | | | | | | | |
| **Task** PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | In Progress | PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** Mid-Point Assessment | Completed | Mid-Point Assessment Narrative | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan. | |
| Mid-Point Assessment | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

**IPQR Module 3.a.i.5 - IA Monitoring**

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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

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

**Instructions :**

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

Risk 1-BH organizations having access to EHR systems with secure messaging. This could potentially impact the completion of Milestones and submitting Actively Engaged data to the PPS.
Mitigation 1-For agencies applying for HCBS services, providers must be able to:
Input data into EHRs, Access data from EHRs, Share health information among providers, sustain financial viability, and reduce health care costs via reduction in ED/Inpatient services so they can align with DSRIP, PPS, HH, RHIO and SHIN-NY
Risk 2-Transportation access for patients in Crisis. If a Mobile Crisis Unit is not available a person in Crisis may not have transportation to the appropriate services which may lead to an Ambulance ride to the ED and a decrease in Actively Engaged numbers if Crisis Services are under-utilized.
Mitigation 2-Utilizing telehealth when possible in remote areas. Making sure patients are connected to a Care Manager which can refer to Medicaid transportation
Risk 3- Being aware of new community and law enforcement Crisis Services so patients won't be referred to the ED. This could impact the number of Actively engaged patients until more Crisis Outreach education is received
Mitigation 3 -CIT training for law enforcement and the community-CIT International primary purpose is to facilitate understanding, development and implementation of Crisis Intervention Team CIT training programs throughout the U.S. in order to promote and support collaborative efforts to create and sustain more effective interactions among law enforcement, mental health care providers, individuals with mental illness, their families and communities and to reduce the stigma of mental illness.
A central triage will also help refer these patients to the correct services
Risk 4-Staffing shortages for Crisis Programs-LMSWs and Psychiatric staff are difficult to find prior to adding new services to organizations. This could delay implementation of some of the milestones Mitigation 4-Workforce Manager and groups will help with recruitment and retention of staff.
Risk 5-Tracking and reporting Actively Engaged-HARPs will be starting to enroll participants in July and HCBS will take effect in October. Some of the main partners in this project are not billing Medicaid for their current crisis services. AHI will be working with organizations to capture current services and how to track engaged patients with an attestation form. CRFP monies were delayed for GFH's Crisis Care Center, CAI's combined Crisis Stabilization and Ambulatory Detox and program and CVFC's Ambulatory Detox Program. BHSN and MHA of Essex didn't receive CRFP. Plan B will be developed which may take time to find locations and if renovations are needed. All of the reasons above will affect AHI reaching Actively Engaged milestones
Mitigation 5- Working to get attestation forms for partners until HARPs and HCBS services are in place. They will need these forms for reporting. For the purposes of tracking and reporting Actively Engaged, PPS' are required to capture and report the CIN, consistent with the guidance for all projects. However, if the nature of the engagement is anonymous, the PPS would only need to track and report the number of anonymous engagements completed by network partners.
Risk 6- Contracting agreements among providers in the IDS
Mitigation 6- PPS Finance Committee determined a methodology for Engagement Funds II Distribution to Partners. AHI will determine a Contracting timeline to prioritize Master Participation Agreements, and Schedule A2s
Risk 7- Operational Challenges: AHI Leadership and DSRIP staffing resources for Clinical Governance and Quality Committee for oversight and

surveillance of compliance with protocols and quality of care.
Mitigation 7-AHI will leverage the shared governance model to allocate resources to achieve the vision and goals of the PPS in a balanced manner

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|---|---|
| **Actively Engaged Speed** | **Actively Engaged Scale** |
| DY4,Q4 | 7,845 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|---|---|---|---|---|---|
| **PPS Reported** | Baseline Commitment | 0 | 2,100 | 2,626 | 5,253 |
| | Quarterly Update | 0 | 818 | 818 | 0 |
| | Percent(%) of Commitment | | 38.95% | 31.15% | 0.00% |
| **IA Approved** | Quarterly Update | 0 | 352 | 0 | 0 |
| | Percent(%) of Commitment | | 16.76% | 0.00% | 0.00% |

Warning: PPS Reported - Please note that your patients engaged to date (818) does not meet your committed amount (2,626) for 'DY2,Q3'

**Current File Uploads**

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| ctrue | Other | 23_DY2Q3_PROJ3aii_MDL3aii2_PES_OTH_Actively_Engaged_blank_supporting_document_8250.docx | Blank Supporting Document | 01/20/2017 12:49 PM |

**Narrative Text :**

For PPS to provide additional context regarding progress and/or updates to IA.

**Module Review Status**

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. Identify and list organization(s) that will perform crisis outreach. | | Project | | Completed | 09/30/2015 | 06/30/2016 | 09/30/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 2. Identify and list organization(s) that will execute mobile crisis services. | | Project | | Completed | 09/30/2015 | 06/30/2016 | 09/30/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 3. Identify and list organization(s) that will provide intensive crisis services. | | Project | | Completed | 09/30/2015 | 06/30/2016 | 09/30/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 4. Hold kick off meetings where project teams meet and review plans for implementation of a crisis intervention program. | | Project | | Completed | 09/30/2015 | 12/31/2015 | 09/30/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 5. Ensure staff is licensed or designated by OMH/OASAS to provide specific crisis services described in the NYS Medicaid state plan. | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 6. Establish a marketing and promotion plan to market new crisis intervention program to the community, social service providers and health centers. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #2** Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services. | DY3 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments). | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify and list Health Homes, ER's and Hospitals in PPS. | | Project | | Completed | 09/30/2015 | 12/31/2015 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** Establish agreements with these providers in PPS. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Develop diversion management protocols with referral mechanisms. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #3** Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | DY3 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project. | | Project | | In Progress | 06/01/2016 | 03/31/2017 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify all MCOs in the PPS. | | Project | | Completed | 09/01/2015 | 03/31/2016 | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Schedule meetings with MCOs. | | Project | | In Progress | 03/31/2016 | 12/31/2016 | 03/31/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Engage in payment negotiation with MCOs to get community crisis stabilization services covered. | | Project | | In Progress | 06/01/2016 | 12/31/2016 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Execute MOUs with MCOs. | | Project | | In Progress | 06/01/2016 | 03/31/2017 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #4** Develop written treatment protocols with consensus from participating providers and facilities. | DY2 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Regularly scheduled formal meetings are held to develop consensus on treatment protocols. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Coordinated treatment care protocols are in place. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop various written treatment protocols, must include coordinated care. | | Project | | In Progress | 01/01/2016 | 12/31/2016 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop and outline a training program to train staff on various treatment protocols. | | Project | | In Progress | 03/01/2016 | 12/31/2016 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #5** Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. | DY2 Q4 | Project | N/A | In Progress | 09/30/2015 | 03/31/2017 | 09/30/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS includes at least one hospital with specialty psychiatric | | Project | | Completed | 09/30/2015 | 06/30/2016 | 09/30/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| services and crisis-oriented psychiatric services in provider network | | | | | | | | | | |
| **Task** PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | | Provider | Safety Net Hospital | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish a written agreement with the hospital. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Identify and list areas that need improvement to psychiatric service. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Implement improvement steps. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #6** Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring. | | Project | | Completed | 09/30/2015 | 09/30/2016 | 09/30/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | | Provider | Safety Net Hospital | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | | Provider | Safety Net Clinic | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | | Provider | Safety Net Mental Health | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish an agreement with the hospitals who will be expanding access to observation units. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Identify improvement areas and steps needed to improve, | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| consider creation of respite centers in certain geographic regions. | | | | | | | | | | |
| **Task** Implement improvement steps identified. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #7** Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS includes mobile crisis teams to help meet crisis stabilization needs of the community. | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Coordinated evidence-based care protocols for mobile crisis teams are in place. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify organization(s) and team members that will run mobile crisis. | | Project | | Completed | 09/30/2015 | 06/30/2016 | 09/30/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Identify and develop evidence-based protocols which meet HCBS standards. Other protocols should include transition of care including personal contact by crisis team member, deployment of the mobile crisis team results in a team debrief of the circumstances that lead to the deployment and how crisis was handled. | | Project | | In Progress | 09/30/2015 | 12/31/2016 | 09/30/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish agreements for psychiatric and Addiction Medicine consultation services to the crisis ream that include specific response times consistent with NYS and local regulatory body guidance. | | Project | | In Progress | 01/01/2016 | 12/31/2016 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop implementation plan for deployment of crisis mobilization unit. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify and implement evidence based tools to assess risk and stabilize crises. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop or utilize written training materials and guidelines, evidence-based, for mobile crisis team(s). | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop and outline a training program to train mobile crisis teams on evidence based protocols and implementation plan. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #8** | DY3 Q4 | Project | N/A | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | | | | | | | | | | |
| **Task**<br>EHR demonstrates integration of medical and behavioral health record within individual patient records. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Providers Associated with Completion:**<br><br>Adams Robin E; Beguin David P Md; Beiras Darci; Benardot Emile Leon Md; Ching Anthony L Md; Colt-Connaway Shannon J; Curtis Danita; Dodds George Matthew Md; Fotidar Akhilesh Md; Hanafi Walid; Horowitz Lawrence M Do; Meyer Melissa L Md; O'Brien Richard Lee Do; Patnode Roger E Md; Shnaidman Clare; Solby Richard Adam Md; Spicer Scott Michael; Sunkara Maruthi M Md; Williams Andrew F Md | | | | | | | | | | |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | In Progress | 01/01/2016 | 12/31/2016 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Hospital | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Providers Associated with Completion:**<br><br>Alice Hyde Medical Center; Champlain Valley Physicians H; Nathan Littauer Hospital | | | | | | | | | | |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Mental Health | In Progress | 01/01/2016 | 12/31/2016 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>Alerts and secure messaging functionality are used to facilitate crisis intervention services. | | Project | | In Progress | 04/16/2016 | 03/31/2017 | 04/16/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>Identify EHR vendor systems being used by participating safety net providers within the PPS. | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>Confirm that each of the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| participating provider. | | | | | | | | | | |
| **Task** Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS. | | Project | | In Progress | 04/11/2016 | 03/31/2017 | 04/11/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Train staff on alerts and secure messaging. | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #9** Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has implemented central triage service among psychiatrists and behavioral health providers. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** List participating psychiatrists, mental health, behavioral health and substance abuse providers who will be part of the central triage service and develop agreements with them. | | Project | | Completed | 09/30/2015 | 09/30/2016 | 09/30/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Identify organization(s) that will house a central crisis triage. | | Project | | Completed | 09/30/2015 | 09/30/2016 | 09/30/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Develop policies and procedures for triage services that include access to hotlines, decision making tools that lead to clinically appropriate interventions and the ability to deploy staff rapidly. | | Project | | In Progress | 09/30/2015 | 12/31/2016 | 09/30/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop a mechanism to report on the performance of the triage services. | | Project | | In Progress | 09/30/2015 | 03/31/2017 | 09/30/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Train staff on triage protocols, must provide written training materials. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop an education and outreach campaign regarding the triage protocol and the value of triage and diversion for emergency responders, community shelters, schools, nursing homes, behavioral health, primary care providers and advocacy groups. | | Project | | In Progress | 03/31/2016 | 03/31/2017 | 03/31/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #10** | DY2 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | | | | | | | | | | |
| **Task** PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a. | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **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 | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project. | | Project | | In Progress | 09/01/2016 | 03/31/2017 | 09/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Service and quality outcome measures are reported to all stakeholders including PPS quality committee. | | Project | | In Progress | 09/01/2016 | 03/31/2017 | 09/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Quality sub-committee will develop implementation plans. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Quality sub-committee will evaluate results of quality improvement initiatives. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #11** Use EHRs or other technical platforms to track all patients engaged in this project. | DY2 Q4 | Project | N/A | In Progress | 05/13/2016 | 03/31/2017 | 05/13/2016 | 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 | | Completed | 05/13/2016 | 09/30/2016 | 05/13/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner | | Project | | In Progress | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| platform(s), others. | | | | | | | | | | |
| **Task** Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2aii team and IT & Data Sharing Committee as needed. | | Project | | In Progress | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Provide training as needed to ensure all staff implement the tracking procedures consistently. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | |
| Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services. | |
| Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | |
| Develop written treatment protocols with consensus from participating providers and facilities. | |
| Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | |
| Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | |
| Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | |
| Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | |
| Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Ongoing | |
| **Milestone #2** | Pass & Ongoing | |
| **Milestone #3** | Pass & Ongoing | |
| **Milestone #4** | Pass & Ongoing | |
| **Milestone #5** | Pass & Ongoing | |
| **Milestone #6** | Pass & Ongoing | |
| **Milestone #7** | Pass & Ongoing | |
| **Milestone #8** | Pass & Ongoing | |
| **Milestone #9** | Pass & Ongoing | |
| **Milestone #10** | Pass & Ongoing | |
| **Milestone #11** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 3.a.ii.4 - PPS Defined Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone** The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan. | In Progress | The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan. | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | Completed | AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | In Progress | If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Team identifies any additional regulatory barriers to project implementation. | In Progress | Project Team identifies any additional regulatory barriers to project implementation. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions. | In Progress | AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in | In Progress | PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications. | 07/01/2015 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| resolving any barriers to successful submission of their applications. | | | | | | | | |
| **Task** PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | In Progress | PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** Mid-Point Assessment | Completed | Mid-Point Assessment Narrative | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan. | |
| Mid-Point Assessment | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

**IPQR Module 3.a.ii.5 - IA Monitoring**

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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.

Risk 1-Ambulatory Detox are new services for CVFC and Citizen Advocates so this may impact Actively Engaged Reporting for September 30th with needing 140 participants. CVFC is looking at early 2017 before up and running and Citizen Advocates, Inc. has a timeline of October 2016.
Mitigation 1-Both projects received capital funding to move forward but renovations have to happen as well as getting certification for Withdrawal Management services from OASAS. This may take some time and will affect Actively engaged. CVFC will be looking at an 820 certification and CAI an 816 certification.

Risk 2-In Plattsburgh finding a board certified addiction medicine Dr. This has potential to slow down the start of the Detox Services in Plattsburgh. Lack of appropriate medical staffing for the detox services.
Mitigation 2-Working with the Workforce Manager and OASAS to recruit a board certified addiction medicine Dr. and other licensed staff such as RNs and LPNs.
Recovery Coaches will be used when appropriate and the training can be brought to the PPS to increase the recovery coach pool.
Work with CVFC and CAI and the workforce manager to develop more Credentialed Alcoholism and Substance Abuse Counselors (CASAC) in the region.

Risk 3-Access to transportation for patients needing medically supervised detox services. If a patient does not have transportation to the appropriate services this could lead to a decrease in Actively Engaged numbers if Detox services are underutilized. The Plattsburgh site will be 12 miles from town.
Mitigation 3-Making sure patients are connected to a Care Manager which can refer to Medicaid transportation and ensure patient has appropriate resources.

Risk 4-Contracting agreements (Master Participation Agreement and Schedule A2s) among providers in the IDS
Mitigation 4-PPS Finance Committee has determined a methodology for Engagement Funds II Distribution to PPS Partners. AHI PPS will determine a Contracting timeline to prioritize Master Participation Agreements, and Project Specific Schedule A2s.

Risk 5-Operational Challenges: AHI PPS Leadership and DSRIP staffing resources for Clinical Governance and Quality Committee for oversight and surveillance of compliance with protocols and quality of care.
Mitigation 5-AHI will leverage the shared governance model to allocate resources in a manner that best achieves the vision and goals of the PPS in a balanced manner

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 3.a.iv.2 - Patient Engagement Speed

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|---|---|
| **Actively Engaged Speed** | **Actively Engaged Scale** |
| DY4,Q4 | 939 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|---|---|---|---|---|---|
| **PPS Reported** | Baseline Commitment | 0 | 133 | 185 | 333 |
| | Quarterly Update | 0 | 23 | 23 | 0 |
| | Percent(%) of Commitment | | 17.29% | 12.43% | 0.00% |
| **IA Approved** | Quarterly Update | 0 | 23 | 0 | 0 |
| | Percent(%) of Commitment | | 17.29% | 0.00% | 0.00% |

Warning: PPS Reported - Please note that your patients engaged to date (23) does not meet your committed amount (185) for 'DY2,Q3'

**Current File Uploads**

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| ctrue | Other | 23_DY2Q3_PROJ3aiv_MDL3aiv2_PES_OTH_Actively_Engaged_blank_supporting_document_8258.docx | Blank Supporting Document | 01/20/2017 01:33 PM |

**Narrative Text :**

For PPS to provide additional context regarding progress and/or updates to IA.

**Module Review Status**

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 3.a.iv.3 - Prescribed Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | 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. | DY4 Q2 | Project | N/A | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has developed community-based addiction treatment programs that include outpatient SUD sites, PCP integrated teams, and stabilization services. | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop community-based addiction treatment, ambulatory detox. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish community based addiction treatment project teams, including leaders of integrated primary care providers and other key partners (Hospitals, ER, mental health, health centers, social services, etc.) | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Obtain the licensure or waivers necessary in order to perform ambulatory detoxification services. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Obtain necessary space with appropriate medical equipment and ways to safely maintain medications. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Obtain written approval from OASAS for any space use alterations. | | Project | | Completed | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Hold kick off meetings with the project teams to dicuss and review plans. | | Project | | Completed | 10/01/2015 | 12/03/2015 | 10/01/2015 | 12/03/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Plan for marketing and promotion of community based addiction treatment program services. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish integrated stabilization services, including social services. | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #2** Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols. | DY4 Q2 | Project | N/A | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 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 | Hospital | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 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 | Mental Health | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 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 | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 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 | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Coordinated evidence-based care protocols are in place for community withdrawal management services. Protocols include referral procedures. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify all SUD treatment programs and obtain written agreements. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Identify all inpatient detox programs and obtain written agreements. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Establish a SUD provider group that includes community-based and inpatient providers that will meet regularly. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop collaborative care protocols between community-based and inpatient treatment providers which include referral procedures and care coordination with the continuum of recovery | | Project | | In Progress | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| and treatment supports. | | | | | | | | | | |
| **Task** Develop evidence-based practice guidelines for community withdrawal management services. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Implementation of referral procedures between community treatment programs and impatient detoxification services. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 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. | DY2 Q4 | Project | N/A | In Progress | 03/31/2016 | 03/31/2017 | 03/31/2016 | 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 | 03/31/2016 | 03/31/2017 | 03/31/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Create job description for a medical director, must have training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents. | | Project | | In Progress | 03/31/2016 | 03/31/2017 | 03/31/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Post job opening. | | Project | | In Progress | 03/31/2016 | 12/31/2016 | 03/31/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Actively recruit for medical director. | | Project | | In Progress | 03/31/2016 | 12/31/2016 | 03/31/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Hold interviews for medical director position. | | Project | | In Progress | 03/31/2016 | 12/31/2016 | 03/31/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Offer position to qualified applicant. | | Project | | In Progress | 03/31/2016 | 03/31/2017 | 03/31/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Execute signed contract of employment. | | Project | | In Progress | 03/31/2016 | 03/31/2017 | 03/31/2016 | 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. | DY4 Q2 | Project | N/A | In Progress | 07/01/2015 | 12/31/2016 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has established relationships between inpatient detoxification services and community treatment programs that | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 07/01/2016 | 12/31/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| have the capacity to provide 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 | Practitioner - Non-Primary Care Provider (PCP) | In Progress | 07/01/2016 | 12/31/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 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 | Hospital | In Progress | 07/01/2016 | 12/31/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 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 | Mental Health | In Progress | 07/01/2016 | 12/31/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 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 | 07/01/2016 | 12/31/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop and maintain a complete list of SUD providers approved for outpatient medication management of opioid addiction, including community-based and inpatient. | | Project | | Completed | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Identify which providers of SUD services are willing to work collaboratively with care managers as well as continued maintenance therapy. | | Project | | In Progress | 07/01/2015 | 12/31/2016 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Obtain written agreements of collaborative service approach. | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop a referral procedure for these SUD providers. | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #5** Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training. | DY2 Q4 | Project | N/A | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 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 | 04/01/2016 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** Staff are trained on community-based withdrawal management protocols and care coordination procedures. | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop evidence-based care protocols for coordinated ambulatory detox from alcohol, opiates, and sedatives. Protocols should include acute care processes, referral processes with community partners | | Project | | In Progress | 04/01/2016 | 12/31/2016 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish policies and procedures for how frequently updates to care protocols must be done. | | Project | | In Progress | 04/01/2016 | 12/31/2016 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop implementation plan across the region. | | Project | | In Progress | 04/01/2016 | 12/31/2016 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Train staff on ambulatory detox care protocols, must provide written training materials with a plan of continuing education. | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #6** Develop care management services within the SUD treatment program. | DY4 Q2 | Project | N/A | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Coordinated evidence-based care protocols are in place for care management services within SUD treatment program. | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Staff are trained to provide care management services within SUD treatment program. | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop formal referral and care coordination agreements with continuum of recovery and treatment supports, working with existing HHs in PPS. | | Project | | In Progress | 10/01/2015 | 12/31/2016 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop evidence-based care protocols for care management within SUD treatment program. | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop implementation plan across the region. | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Train staff on care management services, must provide written training materials. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Care managers have the knowledge to identify community support resources for patients with the SUD treatment program. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #7** Form agreements with the Medicaid Managed Care organizations | DY4 Q2 | Project | N/A | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| 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. | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Identify all MCOs in the PPS. | | Project | | Completed | 09/01/2015 | 03/31/2016 | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Schedule meetings with MCOs. | | Project | | In Progress | 03/01/2016 | 12/31/2016 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Engage in payment negotiation with MCOs to get ambulatory detox services covered. | | Project | | In Progress | 06/01/2016 | 12/31/2016 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Execute MOUs with MCOs. | | Project | | In Progress | 06/01/2016 | 03/31/2017 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #8** Use EHRs or other technical platforms to track all patients engaged in this project. | DY2 Q4 | Project | N/A | In Progress | 06/01/2016 | 03/31/2017 | 06/01/2016 | 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 | | Completed | 06/01/2016 | 06/20/2016 | 06/01/2016 | 06/20/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition. | | Project | | Completed | 06/01/2016 | 06/20/2016 | 06/01/2016 | 06/20/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Identify targeted patient population. | | Project | | Completed | 06/01/2016 | 09/14/2016 | 06/01/2016 | 09/14/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others. | | Project | | In Progress | 06/01/2016 | 12/31/2016 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed. | | Project | | In Progress | 06/01/2016 | 12/31/2016 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation. | | Project | | In Progress | 06/01/2016 | 03/31/2017 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** | | Project | | In Progress | 08/09/2016 | 03/31/2017 | 08/09/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Provide training as needed to ensure all staff implement the tracking procedures consistently. | | | | | | | | | | |
| **Task**<br>Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed. | | Project | | In Progress | 08/09/2016 | 03/31/2017 | 08/09/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

### Prescribed Milestones Current File Uploads

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

No Records Found

### 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 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. | The estimated completion date for Milestone 4 was delayed from 12/31/16 to 3/31/17 due to diminished project management staffing resources, which have been rectified as of 1/1/17. As a result of this staff turnover, AHI PPS will require additional time for tasks related to identifying which providers of SUD services are willing to work collaboratively with care managers as well as continued maintenance therapy (Task 4.7), obtaining written agreements of the collaborative service approach (Task 4.8), and developing a referral procedure for these SUD providers (Task 4.9). Discussions and work surrounding this milestone is occurring but formal documentation of agreements and procedures is not yet finalized. |
| 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. | |
| 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

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Use EHRs or other technical platforms to track all patients engaged in this project. | |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Ongoing | |
| **Milestone #2** | Pass & Ongoing | |
| **Milestone #3** | Pass & Ongoing | |
| **Milestone #4** | Pass & Ongoing | |
| **Milestone #5** | Pass & Ongoing | |
| **Milestone #6** | Pass & Ongoing | |
| **Milestone #7** | Pass & Ongoing | |
| **Milestone #8** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 3.a.iv.4 - PPS Defined Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone** The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan. | In Progress | The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan. | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | Completed | AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | In Progress | If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Team identifies any additional regulatory barriers to project implementation. | In Progress | Project Team identifies any additional regulatory barriers to project implementation. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions. | In Progress | AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in | In Progress | PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications. | 07/01/2015 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| resolving any barriers to successful submission of their applications. | | | | | | | | |
| **Task** PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | In Progress | PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** Mid-Point Assessment | Completed | Mid-Point Assessment Narrative | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan. | |
| Mid-Point Assessment | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

**IPQR Module 3.a.iv.5 - IA Monitoring**

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Project 3.g.i – Integration of palliative care into the PCMH Model

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

**Instructions :**

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

Risk 1: Lack of qualified/credentialed professionals with palliative care knowledge and expertise.
Potential impact to the timeline: Lack of providers means an inability to execute new and additional services in the palliative care arena.
Mitigation strategy: Lack of providers means an inability to execute new and additional services in the palliative care arena.
Risk 2: Historically palliative care services have not been utilized, are utilized infrequently, or not utilized as early on in a patient's case to increase the positive effects.
Potential impact to the timeline: Lack of knowledge around palliative care in general could slow down referrals and delay the timeline.
Mitigation strategy: Increase provider, patient, and community knowledge base around palliative care services.
Risk 3: Cost effectiveness of palliative care.
Potential impact to the timeline: Ensuring MCO's will pay for services may take negotiation of reimbursements and slow down getting patients into care.
Mitigation strategy: Work with evaluators to develop a statistical model for demonstrating outcomes of palliative care projects and prove cost effectiveness of care.
Risk 4: Smaller practices lack patient volume and resources to hire dedicated staff to support palliative care.
Potential impact to the timeline: Under-resourced providers will be reluctant to provide palliative care as it will put additional strain on the practice, thus reducing the number of patients able to benefit from this service.
Mitigation strategy: Potentially having central palliative care staff that can support multiple small practices would reduce the cost and burden.
Risk 5: Partners have not entered into contractual agreements with the AHI PPS.
Potential impact to the timeline: Contracts not being in place generates a lack of incentive for partner participation and may also impact timing for completion of milestones.
Mitigation strategy: Determine a contracting timeline to prioritize Master Participation Agreements and project specific Schedule A2's. This will allow for expedited partner engagement and flow of funds.
Risk 6: Meeting the revised actively engaged (AE) targets set forth by DOH (per the Patient Engagement Discount Report, March 2016) by way of the Palliative Care Outcome Scale (POS) tool.
Potential impact to the timeline: Aggressive timeline for implementation of the POS and lack of education on how to use the tool will be a short-term risk for the first reporting period (July 1 – September 30.)
Mitigation Strategy: Provide training for members of the PCP team on the POS assessment tool in order to meet AE targets beginning the second reporting period.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 3.g.i.2 - Patient Engagement Speed

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|---|---|
| **Actively Engaged Speed** | **Actively Engaged Scale** |
| DY4,Q4 | 4,052 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|---|---|---|---|---|---|
| **PPS Reported** | Baseline Commitment | 0 | 972 | 1,672 | 2,429 |
| | Quarterly Update | 0 | 2 | 2 | 0 |
| | Percent(%) of Commitment | | 0.21% | 0.12% | 0.00% |
| **IA Approved** | Quarterly Update | 0 | 2 | 0 | 0 |
| | Percent(%) of Commitment | | 0.21% | 0.00% | 0.00% |

Warning: PPS Reported - Please note that your patients engaged to date (2) does not meet your committed amount (1,672) for 'DY2,Q3'

**Current File Uploads**

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| ctrue | Other | 23_DY2Q3_PROJ3gi_MDL3gi2_PES_OTH_Actively_Engaged_blank_supporting_document_8270.docx | Blank Supporting Document | 01/20/2017 02:15 PM |

**Narrative Text :**

For PPS to provide additional context regarding progress and/or updates to IA.

**Module Review Status**

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 3.g.i.3 - Prescribed Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification. | DY4 Q2 | Project | N/A | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>PPS has identified primary care providers integrating palliative care services into their practice model. Primary care practices using PCMH and/or APCM have been included. The PPS has received agreement from those eligible PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3. | | Provider | Practitioner - Primary Care Provider (PCP) | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Providers Associated with Completion:**<br><br>Abrams Amanda Mary; Adams Michael Edward Md; Adams Robin E; Anderson Glen E; Anwer Naima; Bachman Paul Md; Baker-Porazinski Jennifer Md; Barth Suzanne J; Bartos Elizabeth Ann Md; Beaty Robert H Md; Beiras Darci; Bell Michael Md; Bergin Suzanne; Berrick Robert J; Blood Suzanne Marie Md; Borgos William M; Brandis Robert A Md; Bruce Karen P; Buckley Jacquelyn Anne Rpa; Budnikas Arunas A Md; Busch Harriet Phyllis Md; Caputo Pasqualino; Carstens Jan Synakowski Md; Celotti Michael J Do; Cerklewich Nicole; Chapman Glen D Md; Clark Melanie C; Clark Melissa Gail; Colt-Connaway Shannon J; Corey Anne Craig Md; Darrow Carla M; Day W Marvin Rpa; De Federicis Margarita Rosa; Decunzo Jacqueline Ford; Delsignore Catherine Anne; Demuro Rob; Detore Joanne Rpa; Devlin Kerin M; Donovan Jennifer Lynn; Doyle Mark Matthew; Earley Alicia; Evens Shannon T; Fish Ruth E; Flatau Irene Ruth Md; Fotidar Akhilesh Md; Fuller Michael Wesley; Gabler James O; Gallagher Kevin Andrew Md; Gara Philip Joseph Jr Md; Gates Laurie A; Gregory Ann M Np; Guile Alison Joanne Md; Hanafi Walid; Harrington Charlene B Rpa; Heywood Ann Jacqueline; Hopper James P Rpa; Horowitz Lawrence M Do; Howell Sarah Lynn; Hoy Christopher Dion Md; Hyson Christophe; Jacques Yamilee Aparecida; Kandora Thomas Francis Md; Kay Christina; Keil Lynn M; Kilayko Mary Clarisse L; Kimball Sean Lewis Md; Klausner Eric G Md; Lapham Paula M; Larson Daniel C Md; Latreille William R Jr Md; Lauzon Kathleen C; Leffler Stephanie; Leonard Kyle; Lindman Harry David Md; Lusignan Pamela F; Mccahill Woods Jr Md; Mcclure Marilyn Prichard; Mckeever Richard Nelson Md; Mcneil Carrie Lynn; Mctiernan Eugene James Md; Messitt Christopher Thomas Md; Miller Scott C; Narala Karuna Md; North James Michael Md; O'Brien Richard Lee Do; Pangia Kathleen; Papura William A Md; Parker William; Peff Peter Joseph; Pender Matthew C Md; Perreault Paul Roland Md; Pesses David R Md; Politi Anthony Md; Portuese Thomas; Potter Doreen L Rpa; Quinn Colleen M Md; Racine Maurice A Md; Reynolds Derek John; Rizzo Laura Ann; Rosenthal Laurel M; Rubenstein Barney Md; Rugge John K Jr Md; Runkel Gregory W Md; Sadal Raju A; Salerno Sheryl L; Sanchez Williams Myrna Angiol; Sandhu Jujhar Kaur; Sauer-Jones Kate Janette; Sawyer John A Md; Sheridan Wilhelmina Marie; Shnaidman Clare; Silverberg Howard E Md; Slingerland David; Smead Bryan Md; Socolof Elias Andrew Md; Solby Richard Adam Md; Solomon Joel Md; Sooriabalan Danushan; Spinelli Eileen Benassi Np; Stefanovich Stefan John Jr; Stevens Noelle M; Stratton Jennifer Lynn; Sunkara Maruthi M Md; Tagliagambe Mario Francis Jr; Thomas Gordon M Md; Tucker Tiffany M; Ultee Reinier Frank Md; Vacek James John Md; Valenza Julie R; Viola Tracey A; Watson Ashley Lynn; Way Daniel Gregory; Westad Frank H; Williams Elaine M | | | | | | | | | | |
| **Task**<br>Identify Palliative Care Project Champion (clinical leader) | | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task**<br>Ensure all primary care providers taking part in Project 3.g.i are also actively participating in Project 2.a.ii; Coordinate with Project 2.a.ii team to monitor progress. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>Obtain signed agreements from primary care providers/practices demonstrating commitment to achieve at least Level 1 of the | | Project | | Completed | 01/01/2016 | 03/31/2016 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| 2014 NCQA PCMH and/or APCM by Demonstration Year 3. | | | | | | | | | | |
| **Milestone #2** Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice. | DY2 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice. | | Project | | Completed | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Identify existing community and provider resources and define scope of services / support that they can provide. | | Project | | Completed | 01/01/2016 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Identify gaps in community & provider resources necessary to bring palliative services into the practice; acquire or develop additional resources as needed. | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #3** Develop and adopt clinical guidelines agreed to by all partners including services and eligibility. | DY2 Q4 | Project | N/A | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **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. PPS has trained staff addressing role-appropriate competence in palliative care skills. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for palliative care eligibility and services. Include guidelines currently in use with PPS partners, and research best practices. Include a protocol to screen patients for appropriate implementation of the DOH 5003 MOLST form. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Project Team reviews info obtained in step 1, and develops PPS-wide eligibility and services guidelines, makes recommendation to Clinical Quality Committee for adoption. | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Clinical Quality Committee adopts eligibility and services guidelines. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** | | Project | | Completed | 04/01/2016 | 06/30/2016 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted. | | | | | | | | | | |
| **Task** Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Milestone #4** Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS. | DY2 Q4 | Project | N/A | In Progress | 03/31/2016 | 03/31/2017 | 03/31/2016 | 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 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** In conjunction with Workforce Committee, assess workforce current knowledge of palliative care practices to identify specific training needs. | | Project | | In Progress | 04/01/2016 | 12/31/2016 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Develop the tools / resources needed to support dissemination of guidelines & protocols, including summaries, flowcharts, memos, slides, and other communication tools. Acquire or develop any additional content for the training needs identified in task #2. | | Project | | Completed | 04/01/2016 | 12/31/2016 | 04/01/2016 | 10/01/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Develop Palliative Care training plan, in conjunction with workforce committee. Plan must include materials to be utilized, dates of training occurrences and the number of employees who will be trained. | | Project | | In Progress | 03/31/2016 | 12/31/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Establish method to track palliative care training, dissemination of palliative care guidelines and protocols, and to monitor adherence to such protocols. | | Project | | In Progress | 10/01/2016 | 12/31/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Provide training, maintain documentation, determine plan for on-going training needs. | | Project | | Completed | 10/01/2016 | 03/31/2017 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Milestone #5** Engage with Medicaid Managed Care to address coverage of services. | DY4 Q2 | Project | N/A | In Progress | 01/01/2016 | 09/30/2017 | 01/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** PPS has established agreements with MCOs that address the coverage of palliative care supports and services. | | Project | | Not Started | 10/01/2016 | 09/30/2017 | 01/01/2017 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** | | Project | | Completed | 01/01/2016 | 03/31/2016 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| Identify all MCOs in the PPS. | | | | | | | | | | |
| **Task** Schedule meetings with MCOs. | | Project | | In Progress | 04/01/2016 | 12/31/2016 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Negotiate with MCOs to get palliative care supports and services covered. | | Project | | In Progress | 06/30/2016 | 12/31/2016 | 06/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Finalize agreements with MCOs for coverage of palliative care supports and services. | | Project | | Not Started | 10/01/2016 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #6** Use EHRs or other IT platforms to track all patients engaged in this project. | DY2 Q4 | Project | N/A | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 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 | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition. | | Project | | Completed | 03/31/2016 | 06/30/2016 | 03/31/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation. | | Project | | In Progress | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Provide training as needed to ensure all staff implement the tracking procedures consistently. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed. | | Project | | Completed | 07/01/2016 | 09/30/2016 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification. | |
| Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice. | |
| 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. | As of 12/31/2016, the PPS has identified the target population for this project and PPS partners have been educated on reporting requirements and provided a reporting template to use to report patients engaged in this project. The PPS will be working with PPS partners within each sub-region to develop the reporting from their EHRs to track targeted patients and will continue to work with HIXNY and other vendors to develop data flows and systems to support more centralized identification and tracking of targeted patients. |

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Complete | |
| **Milestone #2** | Pass & Ongoing | |
| **Milestone #3** | Pass & Complete | |
| **Milestone #4** | Pass & Ongoing | |
| **Milestone #5** | Pass & Ongoing | |
| **Milestone #6** | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 3.g.i.4 - PPS Defined Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone** The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan. | In Progress | The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan. | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | Completed | AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | In Progress | If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Project Team identifies any additional regulatory barriers to project implementation. | In Progress | Project Team identifies any additional regulatory barriers to project implementation. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions. | In Progress | AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in | In Progress | PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications. | 07/01/2015 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| resolving any barriers to successful submission of their applications. | | | | | | | | |
| **Task** PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | In Progress | PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status. | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** Mid-Point Assessment | Completed | Mid-Point Assessment Narrative | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan. | |
| Mid-Point Assessment | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

### IPQR Module 3.g.i.5 - IA Monitoring

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Project 4.a.iii – Strengthen Mental Health and Substance Abuse Infrastructure across Systems

#### IPQR Module 4.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 ability to strengthen the mental health and substance abuse system will require collaborative efforts with traditional and non-traditional providers to promote mental, emotional, and behavioral wellbeing. The AHI PPS faces a number of challenges with building an effective infrastructure. The challenges include:

• The AHI PPS covers a wide geography of nine counties and 11,000 square miles. A wide service area makes it difficult to provide trainings, especially if people have to travel multiple hours to attend a training session, which could reduce the number of individuals getting trained.

• Stereotypes, stigmas, and labels created by society and often the subject and/or story line of television drama often create feelings of embarrassment, unfair judgement, and whether real or perceived, unfair treatment. The result of a person with this type of response is the less active engagement in the care system.

• The time involved to develop and employ an appropriate method for handling data could prevent the PPS from meeting project deliverables according to plan.

• The time involved in developing training curriculum could have an impact on the speed at which trainers begin reach into the community.

• Attracting busy professionals already stretched by multiple priorities could prevent the PPS from implementing and executing the goals of the project.

AHI will mitigate the above challenges by:

• Strategically placing trainers throughout the PPS so more training can be offered in the areas the people needing to be trained live and work.

• Providing a safe training environment and practice use examples for how using informed approaches can improve a provider's work with patients this risk should be reduced.

• Accessing a data analyst and an evaluation manager to assist in creating the most effective model and process for collecting and distributing data.

• Using existing trainings and consultation with subject matter experts for curriculum design should provide a more streamlined approach and assist in getting trainers prepped and into the community sooner. Staggering the offerings of trainings will also allow for one curriculum to be delivered while another is being developed.

• Using DSRIP funding to incentivize or offset cost to the agency sending staff to training.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 4.a.iii.2 - PPS Defined Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone** Participate in MEB health promotion and MEB disorder prevention partnerships. | In Progress | Partnerships | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task** Identify partners/organizations/agencies to be involved in a PPS wide (regional) MEB coalition. | Completed | This task is complete. | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Form a PPS wide (regional) MEB coalition. | Completed | This group has formed and has met. | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 |
| **Task** Write a mission statement for the PPS wide (regional)MEB coalition. | Completed | Write | 11/30/2015 | 12/29/2015 | 11/30/2015 | 12/29/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Hold quarterly PPS wide (regional) MEB coalition meetings. | Completed | Meet | 04/01/2015 | 03/28/2016 | 04/01/2015 | 03/28/2016 | 03/31/2016 | DY1 Q4 |
| **Task** Form PPS sub region work groups that include key representatives from governmental agencies, healthcare, CBOs, and schools. | Completed | Sub region form | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** PPS sub region work groups to identify which training programs need to be executed based on the Community Needs Assessment data. | In Progress | ID trainings | 04/01/2016 | 03/31/2019 | 04/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Milestone** Obtain evidence-based MEB promotion and prevention resources. | In Progress | Resources | 04/01/2015 | 12/31/2016 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task** Identify all MEB trainings that need to be offered. | Completed | ID trainings | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Research evidence-based models. | Completed | Research | 10/01/2015 | 12/31/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** Purchase new evidence-based training materials as needed. | Completed | Purchase | 04/01/2016 | 12/31/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** | In Progress | Use current | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| Utilize current evidence-based models as appropriate. | | | | | | | | |
| **Milestone** Have an MEB integration plan. | In Progress | Plan | 04/01/2016 | 12/31/2016 | 04/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** The PPS wide MEB coalition will draft an integration plan that includes incorporating SEDL, trauma informed care, poverty constructs, and cross training for providers. | In Progress | Write | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS sub region work groups will review the draft integration plan and provide feedback to include additions, revisions, or deletions to draft. | In Progress | Review | 04/01/2016 | 12/31/2016 | 04/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** The PPS wide MEB coalition will review feedback from the sub region work groups and make changes to the integration plan draft if needed. | In Progress | Edit from feedback | 04/01/2016 | 12/31/2016 | 04/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** If needed a revised version of the integration plan will be reviewed by the sub region work groups for approval. | In Progress | Review for approval | 04/01/2016 | 12/31/2016 | 04/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Task** Once approval is given by the sub region work groups the PPS wide MEB coalition will finalize and distribute the MEB integration plan to the sub region project teams for use. | In Progress | Distribute | 04/01/2016 | 12/31/2016 | 04/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| **Milestone** Provide MEB health promotion and disorder prevention trainings. | In Progress | Deliver | 04/01/2015 | 12/31/2016 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task** Identify locations/organizations/groups who need to be trained. | Completed | Identify need | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Write job description for staff members to be hired. | Completed | Jobs | 04/01/2015 | 12/29/2015 | 04/01/2015 | 12/29/2015 | 12/31/2015 | DY1 Q3 |
| **Task** Hire staff in local regions who can execute trainings. | Completed | Hire | 04/01/2016 | 12/31/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** MEB coalition will to oversee the coordination and delivery of offered trainings/curriculums to a broad | In Progress | Oversight | 04/01/2016 | 12/31/2016 | 04/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| audience (school age to professional, if appropriate) based on sub regions needs. | | | | | | | | |
| **Task** Integrate evidence-based "kernels of knowledge" into training of health professionals so they acknowledge and reinforce desirable behaviors. | In Progress | Kernels | 10/01/2016 | 12/31/2016 | 10/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Milestone** Share data and information on MEB health promotion and MEB disorder prevention and treatment. | In Progress | Data | 04/01/2016 | 03/31/2019 | 04/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task** Measure local data on MEB well-being and MEB disorder prevention. | In Progress | Measure | 04/01/2016 | 03/31/2019 | 04/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task** Make available local and state data on MEB well-being and MEB disorder prevention. | Not Started | Share | 04/01/2017 | 03/31/2019 | 04/01/2017 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Milestone** Mid-Point Assessment | Completed | Mid-Point Assessment Narrative | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Participate in MEB health promotion and MEB disorder prevention partnerships. | |
| Obtain evidence-based MEB promotion and prevention resources. | |
| Have an MEB integration plan. | Date changed due to contracting being initiated and hiring of staff for PPS wide coalition to begin to work on integration plan in the following quarter. |
| Provide MEB health promotion and disorder prevention trainings. | |
| Share data and information on MEB health promotion and MEB disorder prevention and treatment. | |
| Mid-Point Assessment | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

**Module Review Status**

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

**IPQR Module 4.a.iii.3 - IA Monitoring**

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### 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 - 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.

Training primary care physicians on the guidelines that are developed and adopted. Physicians' time is at a premium and challenges to find time to attend trainings.
Training of mid-level staff on spirometry and an action plan for COPD.
Mitigation 1
Gaining organizational support by medical leadership to deliver trainings to physicians on adopting and implementing the guidelines
Working with workforce manager and regional teams to train staff and find a trainer.
Risk 2
Management of COPD patients in rural areas with telehealth to keep readmission rates lower. Getting patients set up with telehealth (monitoring of COPD symptoms) in rural areas can be costly and exhausting of smaller home care agencies who do not have the infrastructure.
Mitigation 2
Using telehealth program and larger home agencies to purchase appropriate equipment and/or to sub-contract appropriate telehealth/monitoring services
Risk 3
Getting physicians, home care agencies and skilled nursing facilities to be engaged in the project. Regionally, COPD rates exceed state rates and it will be important to get providers to support this project with a plan for sustainability.
Mitigation 3
Recruiting a physician champion who is utilizing the GOLD standards and has success proven success with lowered COPD readmission rates will be important for this project.
Working with providers in the PCMH project
Risk 4
Contracting agreements (Master Participation Agreement and Schedule A2s) among providers in the IDS.
Mitigation 4
PPS Finance Committee has determined a methodology for Engagement Funds II Distribution to PPS Partners. AHI PPS will determine a Contracting timeline to prioritize Master Participation Agreements, and Project Specific Schedule A2s.

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### IPQR Module 4.b.ii.2 - PPS Defined Milestones

**Instructions :**

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone** 1. Print media campaign is finalized to build public awareness about COPD prevention and programs | In Progress | finalize print media campaign | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. Coordinate with partners about messaging A. Ads to target persons with, or at risk for COPD, as well as their family members, providers and caregivers. B. Ads to promote COPD resources. | In Progress | Coordinate with partners to target at risk populations and promote resources | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 2. Contract with an advertising firm to create ads | Not Started | create ads | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 3. Place ads in local media outlets throughout PPS region. | Not Started | place ads | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 4. Re-evaluate media campaign to decide if different messaging or target population needs to be reached | Not Started | re-evaluate media campaign | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** 2. Care teams are fully staffed/trained and have the necessary patient education tools/materials in place | In Progress | care teams fully staffed/trained | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. Develop a training program for care managers that includes evidence based guidelines, management of COPD and preventative measures. | In Progress | develop training program | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 2. Develop a guide for COPD resources that includes referrals to educational programs, NYS Smokers Quitline information, as well as the local tobacco cessation programs, and pulmonary | In Progress | develop resource guide for COPD | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| fitness programs. | | | | | | | | |
| **Task** 3. Care managers are hired where needed in Primary Care settings to address COPD patients and needs in the community, utilizing Health Home Care Managers when appropriate. | In Progress | care managers available at PCP sites | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** 3. Home monitoring equipment is acquired and fully deployed | In Progress | acquire and deploy home monitoring equipment | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. Purchase appropriate home monitoring equipment for COPD patients. | In Progress | purchase appropriate equipment | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 2. Train care managers and providers on home monitoring equipment. | In Progress | train care managers and providers | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 3. Patient education on monitoring equipment and signed usage agreements in place. | In Progress | train patients and get agreements for use | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 4. Tracking system for home monitoring equipment | Not Started | equipment tracking system | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** 4. Adoption of Primary care evidence-based diagnosis and treatment guidelines for COPD | In Progress | diagnosis and treatment guidelines | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. Develop a COPD best practice provider group through the Medical Home Initiatives in PPS. | Completed | develop a best practice provider group | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 2. Hold meetings to discuss COPD evidence-based guidelines | Completed | meetings to discuss evidence based guidelines | 10/28/2015 | 03/31/2016 | 10/28/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 3. Adoption of regional guidelines to include early diagnosis and use of prevention for COPD | In Progress | adopt regional guidelines | 04/01/2016 | 12/31/2016 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 4. Implementation of evidence-based diagnosis and treatment guidelines in primary care settings. | In Progress | Implement diagnosis and treatment guidelines | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** 5. Embedded clinical decision supports for evidence-based care are in place in EHR's/or population health management tools as applicable, all practices | In Progress | clinical decision supports in place | 01/01/2016 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Task** 1. Care managers are equipped with tablets or other mobile technologies to access EHR's when covering patients in rural regions. | In Progress | care managers equipped with mobile devices | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 2. Adoption of EHR's to provide functionality and clinical decision support tools as well as provide patient reminders for preventative follow-up care. | In Progress | EHR's for functionality | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 3. Coordinate with HIT Workgroup and project 2.a.ii to ensure EHR's meet RHIO's HIE and SHIN-NY requirements. | In Progress | coordinate with HIT and 2.a.ii | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 4. Train staff on EHRs | In Progress | train staff on EHR's | 05/13/2016 | 03/31/2017 | 05/13/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** 6. Adoption by skilled nursing facilities of evidence-based diagnosis and treatment guidelines for COPD | In Progress | skilled nursing facilities adopt guidelines | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. develop a COPD coalition with staff at skilled nursing facilities | Completed | COPD coalition with skilled nursing facilities | 10/28/2015 | 12/31/2015 | 10/28/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 2. Hold meetings to discuss COPD evidence-based guidelines for COPD. | Completed | hold meetings to discuss COPD evidence-based guidelines | 12/14/2015 | 03/31/2016 | 12/14/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 3. Adoption of regional evidence-based guidelines for COPD | In Progress | regional guidelines adopted | 04/01/2016 | 12/31/2016 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 4. Implementation of evidence-based diagnosis and treatment guidelines into skilled nursing facilities. | In Progress | implement guidelines into skilled nursing facilities | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** 7. Supportive resources are established or enhanced | In Progress | establish or enhance supportive resources | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. Develop a COPD hotline. | Not Started | COPD hotline | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 2. Develop peer-run/lead supports for groups with COPD | Not Started | peer-run support groups | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** | In Progress | develop educational program | 04/01/2016 | 03/31/2017 | 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

## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| 3. Educational program is developed for patients and families with COPD | | | | | | | | |
| **Task** 4. Hire an educator to lead primary and secondary prevention activities across the region. | In Progress | hire educator to lead prevention activities | 10/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** 8. All primary sites are equipped with adequate spirometry testing | In Progress | adequate spirometry testing | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. List of primary sites and evaluation of spirometry equipment as needed | Completed | evaluate spirometry equipment | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 2. Purchase spirometry equipment for sites | In Progress | purchase equipment | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 3. Form an agreement these sites will use spirometry equipment | In Progress | agreement formulated for equipment use | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 4. Develop a policy and procedure on spirometry testing | In Progress | develop policy and procedure on spirometry testing | 07/01/2016 | 12/31/2016 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 5. Train appropriate staff on equipment policy and procedure. | In Progress | train staff on equipment policy and procedure | 05/13/2016 | 03/31/2017 | 05/13/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** 9. Opportunity to bring additional COPD services to more patients of the Adirondack Region | In Progress | additional services | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. Identify tele-health program opportunities for selected COPD patients. | In Progress | tele-health for COPD | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 2. Deployment of mobile primary care units to address transportation and geographic barriers. A. Certificate of Need will be obtained B. Mobile Units will be staffed C. Mobile units will be trained | Not Started | train mobile units, obtain certificate of need | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** 10. Current pulmonary fitness programs expanded or developed in PPS | In Progress | assess, develop and expand current pulmonary fitness programs. | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. Identify, list and evaluate current pulmonary fitness programs in PPS | Completed | identify, list and evaluate current pulmonary fitness programs | 07/01/2016 | 03/31/2017 | 07/01/2016 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| **Task** | Completed | identify lacking pulmonary fitness programs | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/30/2016 | 12/31/2016 | DY2 Q3 |

# New York State Department Of Health
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## Adirondack Health Institute, Inc. (PPS ID:23)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| 2. Identify areas in PPS lacking pulmonary fitness programs. | | | | | | | | |
| **Task** 3. Develop pulmonary fitness programs where the need has been identified | In Progress | develop programs where needed | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 4. Referral mechanism for patients with COPD to pulmonary fitness programs | Not Started | referral mechanism for COPD patients | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone** Mid-Point Assessment | Completed | Mid-Point Assessment Narrative | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| 1. Print media campaign is finalized to build public awareness about COPD prevention and programs | |
| 2. Care teams are fully staffed/trained and have the necessary patient education tools/materials in place | |
| 3. Home monitoring equipment is acquired and fully deployed | |
| 4. Adoption of Primary care evidence-based diagnosis and treatment guidelines for COPD | |
| 5. Embedded clinical decision supports for evidence-based care are in place in EHR's/or population health management tools as applicable, all practices | |
| 6. Adoption by skilled nursing facilities of evidence-based diagnosis and treatment guidelines for COPD | |
| 7. Supportive resources are established or enhanced | |
| 8. All primary sites are equipped with adequate spirometry testing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| 9. Opportunity to bring additional COPD services to more patients of the Adirondack Region | |
| 10. Current pulmonary fitness programs expanded or developed in PPS | |
| Mid-Point Assessment | |

### Module Review Status

| Review Status | IA Formal Comments |
|---|---|
| Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

**IPQR Module 4.b.ii.3 - IA Monitoring**

**Instructions :**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc.  (PPS ID:23)

### 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 'Adirondack Health Institute, Inc. ', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, and that, following initial submission in the current quarterly reporting period as defined by NY DOH, changes made to this report were pursuant only to documented instructions or documented approval of changes from DOH or DSRIP Independent Assessor.**

| | |
|---|---|
| **Primary Lead PPS Provider:** | ADIRONDACK HEALTH INSTITUTE INC |
| **Secondary Lead PPS Provider:** | |
| **Lead Representative:** | Margaret Vosburgh |
| **Submission Date:** | 03/20/2017 12:45 PM |

**Comments:**

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Status Log | | | | |
|---|---|---|---|---|
| **Quarterly Report (DY,Q)** | **Status** | **Lead Representative Name** | **User ID** | **Date Timestamp** |
| DY2, Q3 | Adjudicated | Margaret Vosburgh | sacolema | 03/31/2017 12:36 PM |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Comments Log | | | |
|---|---|---|---|
| **Status** | **Comments** | **User ID** | **Date Timestamp** |
| Adjudicated | The DY2, Q3 Quarterly Reports have been adjudicated. | sacolema | 03/31/2017 12:36 PM |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Section | Module Name | Status |
|---|---|---|
| Section 01 | IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY | Completed |
| | IPQR Module 1.2 - PPS Budget - Waiver Revenue (Quarterly) | Completed |
| | IPQR Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY | Completed |
| | IPQR Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly) | Completed |
| | IPQR Module 1.5 - Prescribed Milestones | Completed |
| | IPQR Module 1.6 - PPS Defined Milestones | Completed |
| | IPQR Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline) | Completed |
| | IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly) | Completed |
| | IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline) | Completed |
| | IPQR Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly) | Completed |
| | IPQR Module 1.11 - 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 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Section | Module Name | Status |
|---|---|---|
| | 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 |
| | 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 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Section | Module Name | Status |
|---|---|---|
| | 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 |
| | 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 |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Section | Module Name | Status |
|---|---|---|
| | IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects | Completed |
| | IPQR Module 10.5 - IT Requirements | Completed |
| | IPQR Module 10.6 - Performance Monitoring | Completed |
| | IPQR Module 10.7 - Community Engagement | Completed |
| | IPQR Module 10.8 - IA Monitoring | |
| Section 11 | IPQR Module 11.1 - Workforce Strategy Spending (Baseline) | Completed |
| | IPQR Module 11.2 - Prescribed Milestones | Completed |
| | IPQR Module 11.3 - PPS Defined Milestones | Completed |
| | IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies | Completed |
| | IPQR Module 11.5 - Major Dependencies on Organizational Workstreams | Completed |
| | IPQR Module 11.6 - Roles and Responsibilities | Completed |
| | IPQR Module 11.7 - Key Stakeholders | Completed |
| | IPQR Module 11.8 - IT Expectations | Completed |
| | IPQR Module 11.9 - Progress Reporting | Completed |
| | IPQR Module 11.10 - Staff Impact | Completed |
| | IPQR Module 11.11 - Workforce Strategy Spending (Quarterly) | Completed |
| | IPQR Module 11.12 - IA Monitoring | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Section | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| Section 01 | Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY | Pass & Ongoing | |
| | Module 1.2 - PPS Budget - Waiver Revenue (Quarterly) | Pass & Ongoing | |
| | Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY | Pass & Ongoing | |
| | Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly) | Pass & Ongoing | |
| | Module 1.5 - Prescribed Milestones | | |
| | Milestone #1 Complete funds flow budget and distribution plan and communicate with network | Pass & Complete | |
| | Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline) | Pass & Ongoing | |
| | Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly) | Pass & Ongoing | |
| | Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline) | Pass & Ongoing | |
| | Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly) | Pass & Ongoing | |
| Section 02 | Module 2.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize governance structure and sub-committee structure | Pass & Complete | |
| | Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project | Pass & Complete | |
| | Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable | Pass & Complete | |
| | Milestone #4 Establish governance structure reporting and monitoring processes | Pass & Complete | |
| | 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) | Pass & Complete | |
| | Milestone #6 Finalize partnership agreements or contracts with CBOs | Pass & Ongoing | |
| | 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.) | Pass & Ongoing | |
| | Milestone #8 Finalize workforce communication and engagement plan | Pass & Complete | |
| | Milestone #9 Inclusion of CBOs in PPS Implementation. | Pass & Complete | |
| Section 03 | Module 3.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize PPS finance structure, including reporting structure | Pass & Complete | |
| | Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | Pass & Complete | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Section | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d | Pass & Complete | |
| | Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA") | Pass & Ongoing | |
| | Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA | Pass & Ongoing | |
| | Milestone #6 Develop partner engagement schedule for partners for VBP education and training | Pass & Ongoing | |
| | Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher | Pass & Ongoing | |
| | Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher | Pass & Ongoing | |
| Section 04 | Module 4.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize cultural competency / health literacy strategy. | Pass & Complete | |
| | Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). | Pass & Complete | |
| Section 05 | Module 5.1 - Prescribed Milestones | | |
| | 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). | Pass & Complete | |
| | Milestone #2 Develop an IT Change Management Strategy. | Pass & Complete | |
| | Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | Pass & Ongoing | |
| | Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities | Pass & Ongoing | |
| | Milestone #5 Develop a data security and confidentiality plan. | Pass & Ongoing | |
| Section 06 | Module 6.1 - Prescribed Milestones | | |
| | Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication. | Pass & Ongoing | |
| | Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | Pass & Ongoing | |
| Section 07 | Module 7.1 - Prescribed Milestones | | |
| | Milestone #1 Develop Practitioners communication and engagement plan. | Pass & Complete | |
| | 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. | Pass & Complete | |
| Section 08 | Module 8.1 - Prescribed Milestones | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Section | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | Milestone #1 Develop population health management roadmap. | Pass & Ongoing | |
| | Milestone #2 Finalize PPS-wide bed reduction plan. | Pass & Ongoing | |
| Section 09 | Module 9.1 - Prescribed Milestones | | |
| | Milestone #1 Perform a clinical integration 'needs assessment'. | Pass & Ongoing | |
| | Milestone #2 Develop a Clinical Integration strategy. | Pass & Ongoing | |
| Section 11 | Module 11.1 - Workforce Strategy Spending (Baseline) | Pass & Complete | |
| | Module 11.2 - Prescribed Milestones | | |
| | Milestone #1 Define target workforce state (in line with DSRIP program's goals). | Pass & Ongoing | |
| | Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state. | Pass & Ongoing | |
| | Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state. | Pass & Ongoing | |
| | Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | Pass & Complete | |
| | Milestone #5 Develop training strategy. | Pass & Complete | |
| | Module 11.10 - Staff Impact | Pass & Ongoing | |
| | Module 11.11 - Workforce Strategy Spending (Quarterly) | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project ID | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| 2.a.i | Module 2.a.i.2 - Prescribed Milestones | | |
| | Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. | Pass & Ongoing | |
| | Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | Pass & Ongoing | |
| | Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services. | Pass & Ongoing | |
| | Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3. | Pass & Ongoing | |
| | Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | Pass & Ongoing | |
| | Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | Pass & Ongoing | |
| | Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3. | Pass & Ongoing | |
| | Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | Pass & Ongoing | |
| | Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. | Pass & Ongoing | |
| | Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate. | Pass & Ongoing | |
| 2.a.ii | Module 2.a.ii.2 - Patient Engagement Speed | Pass & Ongoing | |
| | Module 2.a.ii.3 - Prescribed Milestones | | |
| | Milestone #1 Ensure that all eligible participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | Pass & Ongoing | |
| | Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project. | Pass & Complete | |
| | Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices. | Pass & Ongoing | |
| | Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project ID | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | alerts and patient record look up by the end of Demonstration Year (DY) 3. | | |
| | Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | Pass & Ongoing | |
| | Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | Pass & Ongoing | |
| | Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management. | Pass & Ongoing | |
| | Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner. | Pass & Ongoing | |
| | Milestone #9 Implement open access scheduling in all eligible primary care practices. | Pass & Ongoing | |
| 2.a.iv | Module 2.a.iv.2 - Patient Engagement Speed | Pass & Ongoing | |
| | Module 2.a.iv.3 - Prescribed Milestones | | |
| | Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose. | Pass & Complete | |
| | Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds. | Pass & Complete | |
| | Milestone #3 Ensure that all eligible participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | Pass & Ongoing | |
| | Milestone #4 Ensure that all safety net providers participating in Medical Villages 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. | Pass & Ongoing | |
| | Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project. | Pass & Ongoing | |
| | Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2 | Pass & Ongoing | |
| | Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment. | Pass & Complete | |
| 2.b.viii | Module 2.b.viii.2 - Patient Engagement Speed | Pass & Ongoing | |
| | Module 2.b.viii.3 - Prescribed Milestones | | |
| | 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. | Pass & Complete | |
| | Milestone #2 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. | Pass & Complete | |
| | 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. | Pass & Complete | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project ID | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | Milestone #4 Educate all staff on care pathways and INTERACT-like principles. | Pass & Complete | |
| | 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. | Pass & Complete | |
| | Milestone #6 Create coaching program to facilitate and support implementation. | Pass & Ongoing | |
| | Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care. | Pass & Complete | |
| | Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management. | Pass & Complete | |
| | Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations. | Pass & Ongoing | |
| | Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services. | Pass & Ongoing | |
| | Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions. | Pass & Ongoing | |
| | Milestone #12 Use EHRs and other technical platforms to track all patients engaged in the project. | Pass & Ongoing | |
| 2.d.i | Module 2.d.i.2 - Patient Engagement Speed | Pass & Ongoing | |
| | Module 2.d.i.3 - Prescribed Milestones | | |
| | 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. | Pass & Ongoing | |
| | Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement. | Pass & Complete | |
| | 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. | Pass & Complete | |
| | Milestone #4 Survey the targeted population about healthcare needs in the PPS' region. | Pass & Complete | |
| | Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. | Pass & Ongoing | |
| | Milestone #6 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. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project ID | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | Milestone #8 Include beneficiaries in development team to promote preventive care. | Pass & Ongoing | |
| | Milestone #9 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. | Pass & Ongoing | |
| | Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service. | Pass & Complete | |
| | Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R). | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations. | Pass & Ongoing | |
| | Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| 3.a.i | Module 3.a.i.2 - Patient Engagement Speed | Pass & Ongoing | |
| | Module 3.a.i.3 - Prescribed Milestones | | |
| | Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project ID | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3. | | |
| | Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| | Milestone #5 Co-locate primary care services at behavioral health sites. | Pass & Ongoing | |
| | Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process. | Pass & Ongoing | |
| | Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings. | Pass & Ongoing | |
| | Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| | Milestone #9 Implement IMPACT Model at Primary Care Sites. | Pass & Ongoing | |
| | Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | Pass & Ongoing | |
| | Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | Pass & Ongoing | |
| | Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model. | Pass & Ongoing | |
| | Milestone #13 Measure outcomes as required in the IMPACT Model. | Pass & Ongoing | |
| | Milestone #14 Provide "stepped care" as required by the IMPACT Model. | Pass & Ongoing | |
| | Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| 3.a.ii | Module 3.a.ii.2 - Patient Engagement Speed | Pass & Ongoing | |
| | Module 3.a.ii.3 - Prescribed Milestones | | |
| | Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | Pass & Ongoing | |
| | Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services. | Pass & Ongoing | |
| | Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | Pass & Ongoing | |
| | Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities. | Pass & Ongoing | |
| | Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. | Pass & Ongoing | |
| | Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project ID | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | Pass & Ongoing | |
| | Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | Pass & Ongoing | |
| | Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | Pass & Ongoing | |
| | Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | Pass & Ongoing | |
| | Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| 3.a.iv | Module 3.a.iv.2 - Patient Engagement Speed | Pass & Ongoing | |
| | Module 3.a.iv.3 - Prescribed Milestones | | |
| | Milestone #1 Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services. | Pass & Ongoing | |
| | Milestone #2 Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | Milestone #5 Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training. | Pass & Ongoing | |
| | Milestone #6 Develop care management services within the SUD treatment program. | Pass & Ongoing | |
| | Milestone #7 Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | Pass & Ongoing | |
| | Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| 3.g.i | Module 3.g.i.2 - Patient Engagement Speed | Pass & Ongoing | |
| | Module 3.g.i.3 - Prescribed Milestones | | |
| | Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification. | Pass & Complete | |
| | Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice. | Pass & Ongoing | |
| | Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility. | Pass & Complete | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Project ID | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS. | Pass & Ongoing | |
| | Milestone #5 Engage with Medicaid Managed Care to address coverage of services. | Pass & Ongoing | |
| | Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project. | Pass & Ongoing | |
| 4.a.iii | Module 4.a.iii.2 - PPS Defined Milestones | Pass & Ongoing | |
| 4.b.ii | Module 4.b.ii.2 - PPS Defined Milestones | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

### Providers Participating in Projects

| | Selected Projects | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Project 2.a.i** | **Project 2.a.ii** | **Project 2.a.iv** | **Project 2.b.viii** | **Project 2.d.i** | **Project 3.a.i** | **Project 3.a.ii** | **Project 3.a.iv** | **Project 3.g.i** | **Project 4.a.iii** | **Project 4.b.ii** |
| Provider Speed Commitments | DY3 Q4 | DY3 Q4 | DY4 Q2 | DY3 Q4 | DY2 Q4 | DY4 Q2 | DY3 Q4 | DY4 Q2 | DY4 Q2 | | |

| **Provider Category** | | **Project 2.a.i** | | **Project 2.a.ii** | | **Project 2.a.iv** | | **Project 2.b.viii** | | **Project 2.d.i** | | **Project 3.a.i** | | **Project 3.a.ii** | | **Project 3.a.iv** | | **Project 3.g.i** | | **Project 4.a.iii** | | **Project 4.b.ii** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **Selected / Committed** | | **Selected / Committed** | | **Selected / Committed** | | **Selected / Committed** | | **Selected / Committed** | | **Selected / Committed** | | **Selected / Committed** | | **Selected / Committed** | | **Selected / Committed** | | **Selected / Committed** | | **Selected / Committed** | |
| Practitioner - Primary Care Provider (PCP) | Total | 268 | 240 | 268 | 240 | 268 | - | 268 | - | 268 | - | 268 | 123 | 268 | - | 0 | 0 | 268 | 123 | 0 | - | 0 | - |
| | Safety Net | 21 | 13 | 21 | 13 | 21 | 0 | 21 | 0 | 21 | 13 | 21 | 3 | 21 | 0 | 0 | 0 | 21 | 3 | 0 | - | 0 | - |
| Practitioner - Non-Primary Care Provider (PCP) | Total | 688 | 595 | 1 | - | 0 | - | 0 | - | 0 | - | 688 | 69 | 0 | - | 0 | 0 | 688 | 69 | 0 | - | 0 | - |
| | Safety Net | 44 | 43 | 0 | - | 0 | 2 | 0 | 14 | 0 | 43 | 44 | 19 | 0 | 0 | 0 | 0 | 44 | 19 | 0 | - | 0 | - |
| Hospital | Total | 10 | 9 | 7 | - | 5 | - | 6 | - | 4 | - | 6 | - | 4 | - | 10 | 1 | 6 | - | 1 | - | 6 | - |
| | Safety Net | 9 | 9 | 6 | - | 4 | 3 | 5 | 8 | 3 | 9 | 5 | - | 3 | 3 | 9 | 1 | 5 | - | 0 | - | 5 | - |
| Clinic | Total | 27 | 23 | 27 | 23 | 27 | - | 27 | - | 27 | - | 27 | 11 | 27 | - | 27 | 3 | 27 | 7 | 1 | - | 3 | - |
| | Safety Net | 22 | 21 | 22 | 21 | 22 | 0 | 22 | - | 22 | 21 | 22 | 11 | 22 | 4 | 22 | 3 | 22 | 5 | 0 | - | 2 | - |
| Case Management / Health Home | Total | 32 | 14 | 0 | - | 0 | - | 3 | - | 3 | - | 5 | - | 6 | - | 32 | 1 | 3 | - | 3 | - | 3 | - |
| | Safety Net | 10 | 10 | 0 | - | 0 | 0 | 1 | - | 1 | - | 3 | - | 4 | 4 | 10 | 1 | 1 | - | 2 | - | 1 | - |
| Mental Health | Total | 137 | 119 | 1 | - | 0 | - | 0 | - | 2 | - | 137 | 19 | 4 | - | 137 | 12 | 0 | - | 3 | - | 0 | - |
| | Safety Net | 30 | 23 | 1 | - | 0 | 2 | 0 | 3 | 2 | - | 30 | 7 | 4 | 6 | 30 | 3 | 0 | - | 3 | - | 0 | - |
| Substance Abuse | Total | 16 | 14 | 0 | - | 2 | - | 0 | - | 3 | - | 16 | 4 | 3 | - | 16 | 3 | 0 | - | 3 | - | 0 | - |
| | Safety Net | 16 | 14 | 0 | - | 2 | 2 | 0 | 1 | 3 | - | 16 | 4 | 3 | 3 | 16 | 3 | 0 | - | 3 | - | 0 | - |
| Nursing Home | Total | 23 | 21 | 0 | - | 0 | - | 0 | - | 1 | - | 0 | - | 0 | - | 0 | - | 2 | - | 0 | - | 4 | - |
| | Safety Net | 23 | 17 | 0 | - | 0 | - | 0 | 10 | 1 | - | 0 | - | 0 | - | 0 | - | 2 | - | 0 | - | 4 | - |
| Pharmacy | Total | 6 | 1 | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | 0 | 0 | - | 0 | - | 0 | - |
| | Safety Net | 5 | 1 | 0 | - | 0 | 0 | 0 | 1 | 0 | 1 | 0 | - | 0 | - | 0 | 0 | 0 | - | 0 | - | 0 | - |
| Hospice | Total | 5 | 2 | 0 | - | 0 | - | 1 | - | 0 | - | 0 | - | 0 | - | 0 | - | 5 | 2 | 0 | - | 0 | - |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

| Provider Category | | Project 2.a.i | | Project 2.a.ii | | Project 2.a.iv | | Project 2.b.viii | | Project 2.d.i | | Project 3.a.i | | Project 3.a.ii | | Project 3.a.iv | | Project 3.g.i | | Project 4.a.iii | | Project 4.b.ii | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Selected / Committed | | Selected / Committed | | Selected / Committed | | Selected / Committed | | Selected / Committed | | Selected / Committed | | Selected / Committed | | Selected / Committed | | Selected / Committed | | Selected / Committed | | Selected / Committed | |
| | Safety Net | 1 | 0 | 0 | - | 0 | 0 | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 1 | 0 | 0 | - | 0 | - |
| Community Based Organizations | Total | 14 | 23 | 0 | - | 1 | - | 4 | - | 6 | - | 1 | 5 | 3 | - | 2 | 1 | 3 | 5 | 4 | - | 3 | - |
| | Safety Net | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - |
| All Other | Total | 633 | 324 | 4 | - | 1 | - | 7 | - | 0 | - | 632 | 17 | 0 | - | 633 | 4 | 632 | 9 | 0 | - | 6 | - |
| | Safety Net | 106 | 62 | 0 | - | 0 | 5 | 3 | 14 | 0 | 62 | 106 | 17 | 0 | 6 | 106 | 4 | 106 | 9 | 0 | - | 4 | - |
| Uncategorized | Total | 2 | - | 0 | - | 0 | - | 0 | - | 0 | - | 1 | - | 1 | - | 0 | - | 0 | - | 1 | - | 1 | - |
| | Safety Net | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - |
| Additional Providers | Total | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - |
| | Safety Net | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - |

### Additional Project Scale Commitments

**Instructions:**
Please indicate the scale of the categories below that meet all of the project requirements committed to in the Project Plan Application. Documentation must be submitted in Excel format in the quarter when the PPS provider speed commitments for a particular project are due. This documentation should include the target category(e.g. Medical Villages, Emergency Departments with Care Triage, Community-based navigators, etc.), the project ID(e.g. 2.a.iv,2.a.v,3.a.ii, etc.), and the name of the providers/entities/individuals associated with this project, if applicable.

| Project Scale Category | Project | Selected | Committed |
|---|---|---|---|
| Expected Number of Medical Villages Established | 2.a.iv | 3 | 4 |
| Home Care Facilities | 2.b.viii | 12 | 15 |
| PAM(R) Providers | 2.d.i | 160 | 75 |
| Expected Number of Crisis Intervention Programs Established | 3.a.ii | 4 | 4 |

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Provider Name | Provider Category | 2.a.i | 2.a.ii | 2.a.iv | 2.b.viii | 2.d.i | 3.a.i | 3.a.ii | 3.a.iv | 3.g.i | 4.a.iii | 4.b.ii |
| Hindson James F Md Pc Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Solomon Joel Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Villajuan Bernardo Ramos Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Federman Dorothy S Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Patnode Roger E Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Cook George S Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Loinaz Federico Alfredo Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Thomas Gordon M Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Sullivan James M Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Horowitz Lawrence M Do | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Pesses David R Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Budnikas Arunas A Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Latreille William R Jr Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Gara Philip Joseph Jr Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Vacek James John Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Mccahill Woods Jr Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Chalom Mark Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Rogers Robert T Ii | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Racine Maurice A Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Dewar John E Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Brandis Robert A Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Schwerman Joseph J Pc Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Maggio Charles A Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Rugge John K Jr Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Smead Bryan Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Busch Harriet Phyllis Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Way Daniel Gregory | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Hoy Christopher Dion Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Kandora Thomas Francis Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Schuessler Donald C Jr Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Chapman Glen D Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Lataillade Pierre Henry Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Bachman Paul Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Kelly Benson J | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Van Bellingham Wendy Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Berk Gary R Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Calabrese Gerald Leonard Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Layden John Joseph Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Pender Matthew C Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Ultee Reinier Frank Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Beaty Robert H Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Tulloch Michael Joseph Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Rubenstein Barney Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Palmateer Daniel R Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Haas Douglas L Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Rider Russell Edward Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Anderson David J Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Schwartzman Michael S Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Carstens Jan Synakowski Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Perreault Paul Roland Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Larson Daniel C Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Bollinger Frances C | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Bartos Elizabeth Ann Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Baltazar Cynthia Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Crossman Max L Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Spinelli Eileen Benassi Np | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Desai Nimesh Jitendra Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Fuhrman Solomon M Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Flatau Irene Ruth Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Hare H Gerald Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Berrick Robert J | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Gabler James O | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Klausner Eric G Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Mccullum Kevin P Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Gates Laurie A | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Silverberg Howard E Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Mckeever Richard Nelson Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Thakur Magendra Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| North James Michael Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Paska David | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Burnett John S Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Beguin David P Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Sanchez Williams Myrna Angiol | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Barth Suzanne J | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Sabo Kathryn A | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Al-Hussein Nabeel Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Darrow Carla M | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Guile Alison Joanne Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Meyer Melissa L Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Mctiernan Eugene James Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Blood Suzanne Marie Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Adams Michael Edward Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Gupta Sanjeev Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Lauzon Kathleen C | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Rayeski Suzanne Marie Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Runkel Gregory W Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Reali Dean Anthony Do | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Corey Anne Craig Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Socolof Elias Andrew Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Andrew Lafrance Np-Family Health | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Rosenthal Laurel M | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Socolof Roslyn Weiss Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Carney Nancy Draper | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Ching Anthony L Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Comeau Christopher E Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Papura William A Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Fotidar Akhilesh Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Hogan-Moulton Amy E Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Masaba Edit Kalmar Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Byron Paul Joseph | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Colt-Connaway Shannon J | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Sawyer John A Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Teetz Rick David Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Lindman Harry David Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Hausrath Stephen G Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Demuro Rob | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Healey Gregory J Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Richards Craig Warren Do | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Hyson Christophe | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Tagliagambe Mario Francis Jr | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Sturm Toni Marie Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Solby Richard Adam Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Kesari Parvathi Sudhir Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Terrence Kathleen Mailey Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Politi Anthony Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| O'Brien Richard Lee Do | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Moore Heidi J Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Coates Andrew Donnally Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Peguero Luz E Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Bell Michael Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Devlin Kerin M | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Loucks Barbara | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Moore Robert W Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Mcclure Marilyn Prichard | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Harrington Charlene B Rpa | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Sunkara Maruthi M Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Moore Stephanie Polk Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Zbigniew Wolczynski | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Waldorf Todd | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Ordonez Julia I Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Auer Patricia A | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Fish Ruth E | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Gregory Ann M Np | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Hilborne Kenneth | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Lusignan Pamela F | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Westad Frank H | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Williams Elaine M | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Detore Joanne Rpa | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Day W Marvin Rpa | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Anderson Glen E | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Valenza Julie R | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Quinn Colleen M Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Stefanovich Stefan John Jr | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Potter Doreen L Rpa | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Carbone Amy Johnson Rpa | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Miller Scott C | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Keil Lynn M | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Herren Kathy Mazur Rpa | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Medved Marina Do | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Medved Vladimir Do | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Ellis Patricia | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Borgos William M | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Hopper James P Rpa | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Cleveland Byrd Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Benardot Emile Leon Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Baker-Porazinski Jennifer Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Cichetti Neil Joseph Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Cichetti Joanne Wilson Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Moon Timothy Wayne Do | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Lapham Paula M | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Levitz Mary | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Rasmussen Heidi Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Garami Anthony Arthur Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Gabay Michelle | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Hicks James C | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Cossey Jason L | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Stevens Noelle M | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Siddiqui Nawed A Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Dombek-Lang Teresa V Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Bero Florence C Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Celotti Michael J Do | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Leffler Stephanie | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Adams Robin E | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Atkinson Timothy Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Stoutenburg John Patrick Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Williams Andrew F Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Stratton Jennifer Lynn | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Messitt Christopher Thomas Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Gallagher Kevin Andrew Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Kay Christina | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Salerno Sheryl L | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Curtis Danita | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Kerrigan Brian Richard Do | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Phillips Rachel I Rn | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Gutman Alan J Rpa | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Lynch Michael William Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Dodds George Matthew Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Lepage Brenda | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Dempsey David | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Mcgonagle Mary | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Narala Karuna Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Davis Harry | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Patty Rissacher Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Decker Melissa | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Kimball Sean Lewis Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Spicer Scott Michael | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Slingerland David | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Parker William | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Shnaidman Clare | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Caputo Pasqualino | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Gaiotti-Grubbs Darci Ann | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Peff Peter Joseph | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Gardner Theresa M | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Vida Aimee C | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Mandeep Saluja Md | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Lovier John Arthur Jr | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Lang Deborah B | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Buckley Jacquelyn Anne Rpa | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Sheridan Wilhelmina Marie | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Allen Mary Anne Aurelia | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Cassingham Amy Louise | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Fish Erica Ann | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Mcneil Carrie Lynn | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Beiras Darci | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Pangia Kathleen | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Morris-Dickinson Gwendolyn Sue | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Rizzo Laura Ann | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Freeman Janis | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Portuese Thomas | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Vanwagner Alecia | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Earley Alicia | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Ghaffari Zandi Shahbanoo | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Knowles Terry Do | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Cooper Joanne | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Watson Ashley Lynn | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Kilayko Mary Clarisse L | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Sooriabalan Danushan | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Schmitt Patricia Ann | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Evens Shannon T | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Farrell Andrea | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Viola Tracey A | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Fuller Michael Wesley | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Hettena Avi J | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Brown Laurie F | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Bruce Karen P | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Piit Flos Carmeli Ilogon | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Glickman Mary Halloran | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Heywood Ann Jacqueline | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Hanafi Walid | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Bansal Vineet | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Sadal Raju A | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| De Federicis Margarita Rosa | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Bergin Suzanne | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Anwer Naima | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Howell Sarah Lynn | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Delsignore Catherine Anne | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Clark Melissa Gail | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Reynolds Derek John | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Cougler Ernie Sterling | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Jacques Yamilee Aparecida | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Sauer-Jones Kate Janette | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Abrams Amanda Mary | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Tucker Tiffany M | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Donovan Jennifer Lynn | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Fuller Aaron Elzer | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Dinsmore Lauren Elizabeth | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Clark Melanie C | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Doyle Mark Matthew | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Edwards Mallory Catherine | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Sandhu Jujhar Kaur | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Hanson Anne Catherine | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Frank-Dixon Kristen Lianne | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| France Kenneth | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Cerklewich Nicole | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| All Rita Lynn | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Fuller Erin | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Leonard Kyle | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Decunzo Jacqueline Ford | Practitioner - Primary Care Provider (PCP) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Reason Edward Lewis Md | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |
| Kumar Brijesh Md | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |
| Derbyshire Ella Ruth | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |
| Magcalas Philip Matthew | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |
| Ouyang David | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |
| David Mccall, M.D., P.C. | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |
| Hanson Mark Daniel | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |
| Dolly Olga Jeanne | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |
| Sarah Thompson | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |
| Gilchrist Wendy Ann Md | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |
| Grassi Kevin | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |
| Grasso Kathryn L | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |
| Wikoff Abigail | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |
| Heintz Steven Giffin Md | Practitioner - Primary Care Provider (PCP) | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Nicholson John M W Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Villafuerte Cererino Reyes | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Morrissey James F Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Welch David G Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Sponzo Robert William Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Menzel Charles H Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gort Dennis A Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hixson Edward G Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Miller Nelson L Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Carroll William E Do | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kim Duck J Pc Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mitchell Robert Alexander Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mycek John A Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Valentine Edward L Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Werblin Robert Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cady Robert B Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Schnure Joel J Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hinsman David C Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| De Snyder Jerome Julius Dds | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mazzotta Sebastian Angelo Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hastings Brent W Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Collins Robert L Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Griffin John Patrick Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Wakeman Gary R | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| King John F Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Disney George Alan Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Carson Eric Robert Od | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Close Jan S | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Melbourne John Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ruelos Emilio Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Esper John A Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Associates In Gynecological C | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Conjalka Michael S Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Maddocks Raymond A Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Orsak Kathleen P Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Schechter Jay F Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Franke Mark Lee Dds | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Labinson Robert M Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Rapoport Dov Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Pringle Robert Charles Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mcphillips Susan Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jenks James E Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Finkowski Michael J Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hoffman Mark Michael Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mitta Srinivas Rao Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Stoian Alexandru Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lieb Irwin Michael Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Yovanoff James Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Homenick Michael P Phd | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Imobersteg Albert Michael Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Good Wallace H Jr Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Shah Rajiv Shantilal Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Freed Howard Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bhagat Anjni Girish Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | ✓ | | | | ✓ | | | ✓ | | |
| Harnick Robert Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jhaveri Jayant J | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Reese Linda Jeanne | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dowling Peter E Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Pillemer Eric Anthony Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bakirtzian Bedros Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jagoda Albert G Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mcshane Karen E Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Filippone Nicholas D Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Judkins David Allen Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Wasenko John J Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Astill-Vaccarino Joanne L Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Heysler Rebecca A Np | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Fisher William Thomas Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Anhalt Daniel Joseph Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Curry Stephan Robert Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Balassone Margaret Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kuettel Thomas J Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mcauliffe John Daniel Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kopels Morris Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Johnston Patrick M Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Crawford Elizabeth D | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ditta Salvadore M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Nijjar Gurkirpal S Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Stock Matthew L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Pabst Theodore Shuster Iii Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Boss Donna Jean | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Finch Richard Paul | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bolan Kevin P Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Buscemi Melchiore L Md Pc | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Reddy Suguna C | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jones Richard Eaton Dpm | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gaedtke Dorit D Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Viscardo William Martin Jr Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Davidowitz Marvin Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Serfilippi Geoffrey Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Stinson David K Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Collins Keith Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Culliton Timothy A Dpm | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Greenhouse Jeffrey A Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Sultan Ahmad Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Nocilla Frank John Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bunn William Bruce Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Wolkowicz Joel Mark Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Biasetti Scott A Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Corcoran Richard F | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dewell Jay V Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Rietsema Wouter Jam Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dembowski Charles Andrew Od | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Brandy Christopher F Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Astruc Manuel Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Eberle Robert L Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dargie Peter J Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Moberg Paul Quimby Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Decunzo Louis Peter Jr Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Alagna Paul G Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bernstein Jeffrey P Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Scanlan-Rathbun Nancy M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dalpe Joanne Linda Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Zale Gregory Paul Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ferrera Peter Charles Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Sandwick Lorraine Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gharagozloo Ali M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Shriver Kren K | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Butz Jr. Robert A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Malerba Robert Fortune Ii | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Markessinis Paul | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Roldan Ernesto | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hayes Jennifer Whalen Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Sanni Noaman Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Spronk Wayne Glenn Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mulligan Stephane Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ares Carlos Alfredo Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ali Syed Haider Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Koloms Debra Anne Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jagalur Manohar R Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Menia Todd Gene Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Burke Grace Yvonne | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kabir Mohammad Humayun Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kurtz Bryan E Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Canales Luis Ivan Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bain Sean R Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Czerwinski Maria H Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Layden Michael A Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Connery Lisa Eve Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hahm Robert | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Robinson Michael C Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Oberg Gary David | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Morihisa John | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Broderick John D Jr Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Litwicki Daniel J Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Papandrea Mary Ellen | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Carillo Dominick John | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Smith Bradley G Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Matthis Katharine Moose | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mallette Dyan Marie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| 142-36-5727wright James | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Peters Robert Lcsw | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Toole Nancy E Lcsw | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Murphy Kathleen A Cnm | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Klim Kathleen | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Mckinley Annie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Roland Claude Rene Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lam Patrick K Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Volk Charles Philip Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Rao Leela | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Staub William F Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Patricia My Lan Nguyen | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| O'Donnell Paul C Od | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ludlow Jonathan Paul Od | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Becker Warren Alan Do | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Makhoul Nidal Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hedden David Kirke | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Glozman Alexandr Josifovich | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cutre Carolyn Od | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Broege Phyllis | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kelly Gregory Ashley Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Thompson Lars David Md Pc | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Saleem Muhammad Usef | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Munro Scott Mcainsh Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Deming Karie Ann | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bowler Jane Marie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mousaw Laurie Conroe Cnm | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Movsas Sheryl Beth Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Vladimir Sabayev Pulmonary Pc | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hinson Robin Marie Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Higgins Richard Phd | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hogan Robert G Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Letham Linda W | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hixson Karen A Np | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Rowley Patrick J Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ventre Giuseppe Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Benak Robert Lewis Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hartung Russell William Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Osborne Ladd B Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Schenkel John Lawrence Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dishman Leonardo Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Upton Michael D Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hill Catherine Rooks | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hinman Stephen Paul Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kokernot Bruce Glenn | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Achar Naveen Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jewell Lorna Leah | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Young Keith | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Berry Iii Ralph L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dorflinger Joseph Lcsw | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Sherry Donna Catherine Dds | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kent Michelle Lynn Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Frostick David W Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hagadorn Michael L Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Suna Carla Joyce | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Butler Tamar A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Rowley Jennifer | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Fish Rowan | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Florio Gerard A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Chank Shelly M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dolan Kathryn | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mutryn-Macgiff Margaret | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| West Karen | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Knef Daniel W Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Thornton Allen | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kane Rebecca A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bielinski John Jr Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

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## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Conard Joanna L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Conner William | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Scidmore Gary N | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Wolfe Christophe A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jackson Christophe H | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Raga Gary D | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Deprey Ellen M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Warrington Thomas C | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Knill Kelly A Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ellis Jami L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Brown Susan B | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Eckstein-Vangelder Amy L Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Brown Jacklynn V Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Van Auken Jean E | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Judge Erin M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Connors Terence V Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Khalifa Gamal G Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Alloy David A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Loftus Matthew S | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Marynczak Julian M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Tomb Suzanne E Csw | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Macco Lynne E Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Somoza Clara Emma Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Glick Brian H Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Miller Kathi J Cnm | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hinge Matthew Jude | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Soucy Anne J Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kamal Farhana Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Alexander-Decker Christine A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dodd Jack Edward Jr | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Markwith Alisa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Stepanets Gregory B | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Treadwell Nanette D Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gregg Michael | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Keating Patricia Lcsw | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lowenstein Berta | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Samach Andrew Jay Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kennedy Tracy | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Fedorowicz Arthur Ryszard Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ritz Howard J Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Carter-Kelly Staci Lynn Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Nye Gary | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Glass Howard A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Crowl Lauren L Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Burke Jae L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Buehler-Brandt Mary A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Van Dorn Dana L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Anderson Julie A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Scarpelli Peter Anthony | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Marinis William K | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Simmons Ronald E | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Feyer Rainer G | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Solby Stacey J | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Miller Beatrice E | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Morrissey Nancy L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Peca Margaret B | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mejias Vivian Socorro Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Simor Ginger Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ferguson-Yarush Michelle | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Rosenberger Peter | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dowidowicz Anthony J | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hogan James E Pra | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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## Adirondack Health Institute, Inc. (PPS ID:23)

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Anderson Julie K Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| 01010001ahern Elizabeth R | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kisiel Michelle M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Duus Jan E Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gillani Aqeel Abbas Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Caffrey Nancy A Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Fuentes Francisco | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Michaelson David I Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Palma Christopher Scott Do | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Small Dennis C Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Deangelo Renae S | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bashir Iqbal Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cumm Shaun Thomas | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Roberts Roxanne A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hughes Mary | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kernan Kathryn Cnm | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Shannon Sharon Houle | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bajaj Ritu | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Baker Danielle M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Biss Lynette M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Holz Christine E | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mahood Harry Wallace Jr | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Masson Jamie Lyn | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Spitalny Kenneth Charles | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Blackburn Chame Curtis Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Goertzen Danielle Kristy L Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Loving Alice Virginia Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Filanova Vincent Dds | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Zhu Gaoyong Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lorenc Jason Daniel Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Wolfe Heidi | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Langer Bharat | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Rumbutis Michael J Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bateman Frank Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Savage John Bodeker Jr | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Coombes Sereena Carol Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| White Dawn M Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Denious Edward Park Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Siouffi Samer Youseff Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mcgoldrick Robert | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bailey Michael | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lawlor Pamela J | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gersten Claudia | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Pliscofsky Gail | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Massonne Mary Lynn | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Katz Benjamin S Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gorgas Laurie J Do | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hackert Suzanne | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Fleming Cathy | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jackson Wayne J Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Smith Milagros C Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Inzerilli Magdeline Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dafler Phil Stewart Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Snider Patricia A Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gould Shannon L Phd | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Zimna Monika C Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Nobel-Maxwell Jane | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gaynor Patricia Np | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Palmer Aaron R Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dunn Matthew G Do | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Zoltay Gabor Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jones Mckenzie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Arguelles Joseph H Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Huber-Villano Patricia | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ciccateri Ruth A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Macelaru Dragos | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kennedy Sean Michael Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Comins Kara S Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Varughese Mathew Do | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Riley Jacqueline B | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Tohtz Damon Alaric | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Christie Linda J Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Teppo Deborah Lynn Lcsw | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Liljeberg Betsy | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jones Rada | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Meier Michele | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Diane Jean Hakey Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gorman Eric | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Beasley-Irving April | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cahill Anne Therese | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Joshua L Frank | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Alvarez Pedro M Jr | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lombardi Anthony | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Grudowski Christophe | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Zimmer Paula Stewart | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Forttell Megan Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Oakes Anna | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Torregrossa Martha | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Brandy Kiri Pryjma | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Geza Ryszka | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Whitman Todd Jay | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kier-Merrihew Susan Np | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Adler Bonnie E Np | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Case Karen Braun | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Burwell Melinda D Rpt | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Rodenmayer Wade Harold Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Weidner Karen | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cotton Paul | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Prell M. | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lynn Ellen Schneider | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dowling Thomas C | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Wilson Charles Richard Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lodha Seema A Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mark Lisa Ann Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Samenfeld-Specht James | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dorsey Daniel | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Girling Douglas | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Depoo Deowchand | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Farwa Ume | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Haasbeek Jeffrey Frank Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hatfield Jessica Rae Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Miller Linda | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ireland Rachyl | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mcandrew Lavern | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Spire Michael | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Reimenschneider Justin | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Verma Manish | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mullaney Dennis Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gearhart Amber | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Riccio Alexandra | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mcdermott Brian | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Spooner Elizabeth M Dunn | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Laura Beth Diamond | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kanevsky Michael Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Boyer Miriam B | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Matthew Gilbert | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Vanwagner Kris Adwards | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Robert Raut | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kayalar Atilla | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Southworth Krista Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Van Dien Mark R | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Alix Maura | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hyon Sung | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Middleton John | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Constantino Mary Helen | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Tryon Crystal M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Sandra L Foster | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Anthony F Tramontano Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dumitrescu Claudia | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ward Timothy | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kilgore Justin Dear | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Steinhacker Wendy | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dicoby Tatiana | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hoffman Stuart Michael | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Englert Linda | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Leo Carol | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Willig Tianna | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Brunelle Trudy | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jack Richard | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Prespare Bennett Anna | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Prangova Dimitrina Ivanova | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Howard Jeffrey Gold | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Knight William | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Berard Marco R | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lieberum Bridget | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Greene Jill | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Williford Kristin L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Haggarty Marie Wilson | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lynch Matthew Clyde Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mestad Renee Elizabeth | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Minnick Kate Franklin | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Abodeely Adam J | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Herzog Michael | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Swinwood Tara | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Marshall Deborah Polt | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hausrath Carla Kay | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lai Kuang Md | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Snyder Jacqueline C | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Sauer-Jones Donna Susan | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Heathcote Elizabeth | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dow Victoria L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gearwar David C | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Miron Carrie Beth | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cross Robert | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kilgore Dona Marie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| El Azoury Paul Gergi | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Akin Lee H | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Archuleta Richard Dwayne | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hollis Keli Rose | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Portuese Richard | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Porter Allison Kay | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Eustaquio Cheryl | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Frank Wendy L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Raffai Elemer | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Black Erica | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Spencer Taylor | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Luciani Maria | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cioppa Donna M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hauerstock David | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Molly Jane Malone | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hilger Terry | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jivitski Andrej | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Stewart Courtney Jean | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Indelicato Lori Marie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mchugh Robert | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gupta Rahul | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Rizzo Paul Vincent | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Knowles Susan J | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hutchins Elizabeth Ann | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Witty-Lewis Cosette | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Henry Nicola | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gardner Keri | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Husson Paul | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Grakov Stoyan | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gorman Deborah | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Phoenix Jennifer | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Avery Jackie S | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cabana Lauren Michele | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Smith Derek W | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hall Kent Nelson | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Walton Benita Jo | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ormel Marijke | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mccarthy Michael | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Miller Myrna Broun | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dyakova Anna | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Tomaski Sara Helene | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cernii Aura | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Simpson Cynthia L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Asar Mariam H | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Pillen John Stuart | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Petroski Rayford Andrew | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ames Sara | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Reddy Nikalesh | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Fields Jennifer L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kelly J Maley | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Wintle Catherine Ann | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Murawski Julie Lynn | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Williams Marguerite H | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kee Elaine F | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Crystal Sara | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Oneill Tina Marie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Burns Lisa Marie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| De La Vega Maria Teresa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cepoi Andrei | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cash Carlton E | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Matima Mabatho Lucia | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Crane Jessica Blythe | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mcdonough James A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Loka Alfred M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Donato Danielle | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ross Leigh | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Qubti Marzouq Awni | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hankins Mark F | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Wais Wendy | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Nostrom William | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Beller Jennifer Perrine | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Daigle Linda A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Richards Alisson Leigh | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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# Delivery System Reform Incentive Payment Project

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## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Christine M Stanavich | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Falardeau Jodi L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Everly Charles Andrew | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Benardot Melissa Jo | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Whitehead Michael Baldwin | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Garfield Ryan John | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Song Xiaosong | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Morrison Victoria | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lesage Francois Daniel | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Williams Teresa Marie Giaquinto | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Colby Kristeen M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Black Trevor | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Baker Katherine A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Baker Joshua P | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jenison Matthew Clark | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hammond Patricia Connolly | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lalonde Sarah Elizabeth | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Melanson Heather M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Marden Karen | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hostig Kimberly | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Wunderlich Kathleen L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bowen Katherine | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lazar Beverly | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Tatarevic Enida | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Paszko Andrew | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Shapiro Lois A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Vanscoy-Mcallister Victoria | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Joyce Terri E | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hyatt Carly Jean | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Joyce Michael Lawrence | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Delair Nikole Leah | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

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## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Rainey-Spence Imre Kayvan | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Crane Jr William G | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Aktaruzzaman Mohammad | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ahmed Shahid | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kolesnikov Daniel | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Wasacz Enid | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Garg Amit | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Miles Michael | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hunter Linda | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dusha Marguerite C | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Bezio Katherine E | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lee Allens S | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Barry Kelly | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Davila Theresa Ann | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Miller Kristin Marie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Smith Allison Coutrney | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Polniak Noelle Elizabeth | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Tarnoff Stephen J | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Symonds Beverly | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ferris Jaime | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dodge Christopher Ashby | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Moskowitz Holly | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Reid Darcy Marie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Richards Kim Marie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Matarrese Marissa Rae | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| O'Garro Eleazar | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Shaw Colleen Margaret | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Galusha Jill Brisbin | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Frasier Kasandra C | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Petith-Paulsen Joan M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Zaborek Dorota | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Togbe Bennet | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Reichbach Jay Andrew | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Schwab Marjorie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Giroux Kathryn O | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mcintyre Elizabeth M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Scott Kathleen Holland | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Howley Kim N | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Berry Wendy Marshall | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Brown Ashley M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Marshall Ryan Philip | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Weinberg Nicholas Eric | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kowalski Donald Walter | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Moy-Brown Terry Ann | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Tanavde Sadhana A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Poulos Artemis E | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kleffner Peter Robert | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Shahabuddin Arif | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Keyser Steven S | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Levine Matthew D Rpa | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Tournas Athanasios | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Tymchyn David L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Desantis Sandra J | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Adepoju Grace Adeola | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Geurtze Lori | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Macomber Abigail Rose | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Durkee Sarah Beth | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Zanetti Alexandra | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Smith Bernard | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Johnston Andrea | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lyapin Alexander | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Chapman Dean | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Hand Sarah Jean | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Jacobson Molly T | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Feinbloom Stephen E | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ebrahem Suzy William | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Howard Melanie Daryl | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mckenna James Robert | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ryan Susan F | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dimartino Mark | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Buchanan Titiana Alexeevna | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Davis Jennifer Tracy | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Smith Karen Louise | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Berlin Julian | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Van Deusen Heidi Harlow | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hill Harry A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cecot Krista Lynn | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mccormack Mirjam | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Tatar Linda Marcotte | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Boland Elena | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Spencer Robyn Lynn | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Hurlbut Kristin E | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Blackburn Georgia A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Higgins Amy R | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ash James Edward | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Moore Robert J | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Reeves Sherry L | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cooper Kenneth R | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Meneses Claudia Lorena | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Terrien Jessica | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Mcglauflin Christine Margaret | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Lauzon Gerald R | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Cohen Donna Marie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Peluso Peter | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Krant Jonathan David | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Burke Angela Marie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Fisk Connie Lynn | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Griffin David James | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Schumacher Stefan G | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Grunewald Karen Burke Np | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Haverly Colleen Anne | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Coman Theresa Durham | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ayers Remington W | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Davidson Brooke Alison | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Sears Robert Joel | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Potter Adele W | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Horrocks James Richard | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Wilson Allison Marie | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Ferrari Paul | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Nguyen Duyen Hau | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Berlin Richard M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Fina Terrence J | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Wessel Richard Fredrick Jr | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Devlin Jean Smith | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Dagostino Monica Dawn | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Globokar Joseph | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Arenas Gilbert D | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Tuczynski Kathryn E | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Gronstedt Gary Joe | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Delvecchio Nicole M | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Walton Sarah Anne | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Agresta John J | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Desiderio Robert | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Sposit Carwyn | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Stasko Corrine | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Allison Elizabeth Katherine | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Johnston Shae Elizabeth | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Linden Eva | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| White Paula A | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Kelley Kristen Lea | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Sullivan Karyn E | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Aronowitz Shoshana Violette | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Steele-Goodwin Julie K Rpa | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Ciolac Candice Michelle | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Viscosi Kelly A | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Meraz Angela Rose | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Taylor Amanda L | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Richard Denise Nicole | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Tatone Kelsey H | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Miller Kristine | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Zuis Madison | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Meness Debra | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Banu Dragos | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Bown Melissa Ann | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Prevo William Philip | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| John Bushway | Practitioner - Non-Primary Care Provider (PCP) | ✓ | | | | | ✓ | | | ✓ | | |
| Masterson Maureen M | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Thompson Erika | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Harding Michele Jean | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Mazzone Ryan John | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Brown Danielle | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Shumway Jessica Lynn | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Baker Brandii Adamson | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Franclemont Mariah Louise | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |
| Mcmaster Aimee | Practitioner - Non-Primary Care Provider (PCP) | | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Glens Falls Hospital | Hospital | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Comm Mhc Glen Falls Mh | Hospital | ✓ | | | | | | | ✓ | | | |
| Adirondack Medical Center | Hospital | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | | ✓ |
| Moses Ludington Hospital | Hospital | ✓ | | | | | | | ✓ | | | |
| Elizabethtown Community Hsp | Hospital | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | | |
| Canton-Potsdam Hospital | Hospital | ✓ | ✓ | | ✓ | | ✓ | | ✓ | ✓ | | ✓ |
| Alice Hyde Medical Center | Hospital | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Champlain Valley Physicians H | Hospital | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Nathan Littauer Hospital | Hospital | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Gouverneur Hospital, Inc | Hospital | ✓ | | | | | | | ✓ | | | |
| Teppo Deborah Lynn Lcsw | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| United C P A Of North Country | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Fulton Co Phns Psshsp | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Comm Mhc Glen Falls Mh | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Catholic Charities Rochester | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Circle Adol Preg Prog Ts | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Washington Co Board Of Superv | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Franklin Cty Arc Chasm Rd Icf | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Com Hlth Ctr Of Smh & Nlh Inc | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| St Regis Mohawk Health Srvs | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Warrensburg Health Center | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Franklin Cnty Public Hlth Svc | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Warren Cnty Health Services | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Planned Pthd Mohawk Hudson | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Ucp Assn Of The Capital Dist | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Smith House Health Care Ctr | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Adirondack Medical Center | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Moses Ludington Hospital | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Elizabethtown Community Hsp | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Canton-Potsdam Hospital | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Alice Hyde Medical Center | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |

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

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| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Champlain Valley Physicians H | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Nathan Littauer Hospital | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Parsons Child And Family Ctr | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Donato Danielle | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Hudson Headwaters Health Network | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Gouverneur Hospital, Inc | Clinic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Omrdd/Support-Link Inc Cd | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Behavioral Hlth Srvcs North Risp Cn | Case Management / Health Home | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | |
| Omrdd/Kee To Independent Growth Cd | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| United Helpers Care Inc Mh | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Essex Co Comm Ser Mh | Case Management / Health Home | ✓ | | | | | ✓ | ✓ | ✓ | | ✓ | |
| Families First In Essex | Case Management / Health Home | ✓ | | | | | ✓ | ✓ | ✓ | | ✓ | |
| Fulton Cnty Public Hlth Ei | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Omrdd/Ucp Of The North Ctry | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Omrdd/Saratoga County Arc | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Omrdd/Warren/Washington Arc | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Omrdd/United Helpers Icf Inc | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Omrdd/Living Resources Corp | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Omrdd/Fulton Co Arc | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Omrdd/The Adirondack Arc | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Omrdd/Essex Co Chap Nysarc | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Omrdd/Community Workshop Inc | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Omrdd/Clinton Co Chap Nysarc | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Omrdd/Citizen Advocates | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Omrdd/Aim Services Inc | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Mental Health Assoc Essex Mh | Case Management / Health Home | ✓ | | | | | | ✓ | ✓ | | | |
| Catholic Charities/Albany Ai | Case Management / Health Home | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Aids Council Of Neny Ai | Case Management / Health Home | ✓ | | | ✓ | ✓ | | | ✓ | | | ✓ |
| Warren/Washington Mha Inc | Case Management / Health Home | ✓ | | | | | ✓ | ✓ | ✓ | | ✓ | |
| Comm Mhc Glen Falls Mh | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Catholic Charities Rochester | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Citizen Advocates Mr Mh | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Visiting Nurs Svc/Schtd & Sar Cnty | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Warren County Health Serv | Case Management / Health Home | ✓ | | | ✓ | ✓ | | | ✓ | ✓ | | ✓ |
| Franklin Cnty Public Hlth Ser | Case Management / Health Home | ✓ | | | ✓ | | | | ✓ | ✓ | | ✓ |
| Opwdd/Support Link Msc Sunmount | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Parsons Child And Family Ctr | Case Management / Health Home | ✓ | | | | | | ✓ | ✓ | | | |
| Adirondack Health Institute Inc | Case Management / Health Home | ✓ | | | | | | | ✓ | | | |
| Omrdd/Kee To Independent Growth Cd | Case Management / Health Home | | | | | | | | | | | |
| Behavioral Hlth Srvcs North Risp Cn | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Beasley-Irving April | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Joshua L Frank | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Hillside Childrens Ctr | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Torregrossa Martha | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Tohtz Damon Alaric | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Huber-Villano Patricia | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Nobel-Maxwell Jane | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Gould Shannon L Phd | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Hackert Suzanne | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Mcgoldrick Robert | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Langer Bharat | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Spitalny Kenneth Charles | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Mahood Harry Wallace Jr | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Gabay Michelle | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Simor Ginger Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Kennedy Tracy | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Gregg Michael | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Dodd Jack Edward Jr | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Tomb Suzanne E Csw | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Alloy David A | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Ellis Jami L | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Florio Gerard A | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Dorflinger Joseph Lcsw | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Berry Iii Ralph L | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Jewell Lorna Leah | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Achar Naveen Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Kokernot Bruce Glenn | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Hill Catherine Rooks | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Upton Michael D Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Schenkel John Lawrence Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Higgins Richard Phd | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Essex Co Comm Ser Mh | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Families First In Essex | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Saleem Muhammad Usef | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Broege Phyllis | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Glozman Alexandr Josifovich | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Becker Warren Alan Do | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Klim Kathleen | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Toole Nancy E Lcsw | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Peters Robert Lcsw | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Papandrea Mary Ellen | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Oberg Gary David | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Roldan Ernesto | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Malerba Robert Fortune Ii | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Butz Jr. Robert A | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Shriver Kren K | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Scanlan-Rathbun Nancy M | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Astruc Manuel Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Fulton County Arc | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Rtf Hs Of The Good Shepherd | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| The Family Counseling Ctr | Mental Health | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | | ✓ | |
| Lakeside House Inc | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| United Helpers Inc | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |

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

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## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Lexington Com Serv Inc | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Warren/Washington Mha Inc | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Catholic Fam Comm Ser Fulton | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Citizen Advocates Inc | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Nijjar Gurkirpal S Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Cath Fam/Com Svc Ts | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Astill-Vaccarino Joanne L Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Comm Mhc Glen Falls Mh | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Catholic Charities Rochester | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Citizen Advocates,Inc | Mental Health | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | ✓ | |
| Harnick Robert Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Homenick Michael P Phd | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Lexington Community Svcs Inc | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Mcphillips Susan Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Orsak Kathleen P Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| St Lawrence Pc | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Ruelos Emilio Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Clinton Cnty Comm Svcs Board | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| King John F Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| St Regis Mohawk Health Srvs | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Saratoga Cnty Comm Srvs Brd | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Hinsman David C Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Valentine Edward L Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Mitchell Robert Alexander Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Menzel Charles H Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Capital District Pc | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| St Lawrence Pc | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Adirondack Medical Center | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Champlain Valley Physicians H | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Nicholson John M W Md | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Weidner Karen | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Cotton Paul | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Prell M. | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Samenfeld-Specht James | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Spire Michael | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Laura Beth Diamond | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Hyon Sung | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Sandra L Foster | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Leo Carol | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Brunelle Trudy | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Jack Richard | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Prespare Bennett Anna | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Knight William | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Greene Jill | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Herzog Michael | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Sauer-Jones Donna Susan | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Heathcote Elizabeth | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Black Erica | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Luciani Maria | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Cioppa Donna M | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Hilger Terry | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Gorman Deborah | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Walton Benita Jo | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Miller Myrna Broun | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Asar Mariam H | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Mha Fulton And Montgomery Co | Mental Health | ✓ | | | | | ✓ | ✓ | ✓ | | ✓ | |
| Parsons Child And Family Ctr | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Matima Mabatho Lucia | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Ross Leigh | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Richards Alisson Leigh | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Marden Karen | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Hostig Kimberly | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Sadal Raju A | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Shapiro Lois A | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Vanscoy-Mcallister Victoria | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Kolesnikov Daniel | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Barry Kelly | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Symonds Beverly | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Richards Kim Marie | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Brown Ashley M | Mental Health | | | | | | | | | | | |
| Kowalski Donald Walter | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Desantis Sandra J | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Smith Bernard | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Johnston Andrea | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Howard Melanie Daryl | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Ryan Susan F | Mental Health | | | | | | | | | | | |
| Smith Karen Louise | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Van Deusen Heidi Harlow | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Hill Harry A | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Terrien Jessica | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Cohen Donna Marie | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Fisk Connie Lynn | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Burke Angela Marie | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Community Work And Independence Spt | Mental Health | ✓ | | | | | ✓ | ✓ | ✓ | | | |
| Gronstedt Gary Joe | Mental Health | ✓ | | | | | ✓ | | ✓ | | | |
| Hillside Childrens Ctr | Substance Abuse | ✓ | | | | | ✓ | | ✓ | | | |
| Berkshire Farm Center | Substance Abuse | ✓ | | | | | ✓ | | ✓ | | | |
| St Lawrence Addiction Trt Ctr | Substance Abuse | ✓ | | | | | ✓ | | ✓ | | | |
| Conifer Park | Substance Abuse | ✓ | | | | | ✓ | | ✓ | | | |
| Champlain Valley Fam Ctr | Substance Abuse | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | ✓ | |
| Comm Mhc Glen Falls Mh | Substance Abuse | ✓ | | | | | ✓ | | ✓ | | | |
| Catholic Charities Rochester | Substance Abuse | ✓ | | | | | ✓ | | ✓ | | | |
| Can/Am Youth Services Inc. | Substance Abuse | ✓ | | ✓ | | | ✓ | | ✓ | | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| 820 River Street Inc. | Substance Abuse | ✓ | | | | | ✓ | | ✓ | | ✓ | |
| Citizen Advocates,Inc | Substance Abuse | ✓ | | | | | ✓ | | ✓ | | | |
| St Josephs Rehab Center Inc | Substance Abuse | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ | | | |
| Clinton Cnty Comm Svcs Board | Substance Abuse | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | ✓ | |
| St Regis Mohawk Health Srvs | Substance Abuse | ✓ | | | | | ✓ | | ✓ | | | |
| Saratoga Cnty Comm Srvs Brd | Substance Abuse | ✓ | | | | | ✓ | | ✓ | | | |
| Canton-Potsdam Hospital | Substance Abuse | ✓ | | | | | ✓ | | ✓ | | | |
| Belvedere Health Services Llc | Substance Abuse | ✓ | | | | | ✓ | | ✓ | | | |
| Cgsr Inc | Nursing Home | ✓ | | | | | | | | | | ✓ |
| Nathan Littauer Hsp Nh Rhcf | Nursing Home | ✓ | | | | | | | | | | |
| Orchard Nursing & Rehab Ctr | Nursing Home | ✓ | | | | | | | | | | |
| Adirondack Tri-Cnty Nr&Reh Ad | Nursing Home | ✓ | | | | | | | | | | |
| United Helpers Canton Nh Snf | Nursing Home | ✓ | | | | | | | | | | |
| Clinton County N H | Nursing Home | ✓ | | | | | | | | | | |
| Highland Nursing Home | Nursing Home | ✓ | | | | | | | | | | |
| United Helpers Nh | Nursing Home | ✓ | | | | | | | | | | |
| Westmount Health Facility | Nursing Home | | | | | | | | | | | |
| Alice Hyde Medical Center | Nursing Home | ✓ | | | | | | | | | | |
| Wells Nursing Home Inc Snf | Nursing Home | ✓ | | | | | | | | | | |
| Stanton Nursing & Rehab Cente | Nursing Home | ✓ | | | | | | | | | | |
| Champlain Valley Physicians H | Nursing Home | ✓ | | | | | | | | | | |
| Wesley Health Cc Inc Snf | Nursing Home | ✓ | | | | | | | | | | ✓ |
| Adirondack Medical Ctr-Mercy Hlthcr | Nursing Home | ✓ | | | | | | | | | | |
| Fort Hudson Nursing Center | Nursing Home | ✓ | | | | | | | | ✓ | | ✓ |
| Adirondack Medical Ctr-Uihlein Merc | Nursing Home | ✓ | | | | | | | | | | |
| St Margarets Center | Nursing Home | ✓ | | | | | | | | | | |
| Glens Falls Crossings | Nursing Home | ✓ | | | | | | | | | | |
| Heritage Commons Res Health Care | Nursing Home | ✓ | | | | | | | | | | |
| Indian River Reh & Nrs Ctr | Nursing Home | ✓ | | | | | | | | | | |
| Fulton Center Rehabilitation & Heal | Nursing Home | ✓ | | | | ✓ | | | | | | ✓ |
| Essex Operations Associates Llc | Nursing Home | ✓ | | | | | | | | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Washington Operations Associates Ll | Nursing Home | ✓ | | | | | | | | | | |
| Jones Mckenzie | Pharmacy | ✓ | | | | | | | | | | |
| Comm Mhc Glen Falls Mh | Pharmacy | ✓ | | | | | | | | | | |
| St Regis Mohawk Health Srvs | Pharmacy | ✓ | | | | | | | | | | |
| Planned Pthd Mohawk Hudson | Pharmacy | ✓ | | | | | | | | | | |
| Adirondack Medical Center | Pharmacy | ✓ | | | | | | | | | | |
| Nathan Littauer Hospital | Pharmacy | ✓ | | | | | | | | | | |
| High Peaks Hsp/Palliative Care, Inc | Hospice | | | | | | | | | | | |
| Hospice Of The North Country | Hospice | ✓ | | | ✓ | | | | | ✓ | | |
| Mountain Valley Hospice | Hospice | ✓ | | | | | | | | ✓ | | |
| Washington Co Board Of Superv | Hospice | ✓ | | | | | | | | ✓ | | |
| Hospice/Pall Care St Lawrence Val | Hospice | ✓ | | | | | | | | ✓ | | |
| Washington Pub Hlth Nurssv Co | Hospice | ✓ | | | | | | | | ✓ | | |
| Aim Services, Inc. (Lindsay) | Community Based Organizations | | | | | | | | | | | |
| Alcohol And Substance Abuse Prevention Council Of Saratoga County | Community Based Organizations | ✓ | | | | | | | | | ✓ | |
| Catholic Charities Housing- N Agency Of Catholic Charities - Albany Diocese | Community Based Organizations | ✓ | | | | ✓ | ✓ | | ✓ | ✓ | | |
| Catholic Charities Senior & Caregiver Support Services- An Agency Of Catholic Charities-Albany Diocese | Community Based Organizations | | | | | | | | | | | |
| Citizen Advocates, Inc. | Community Based Organizations | | | | | | | | | | | |
| City Of Glens Falls Housing Authority | Community Based Organizations | | | | | | | | | | | |
| Clinton County Office For The Aging | Community Based Organizations | ✓ | | | | ✓ | | | | | | |
| Comfort Foods Community Of Washington County | Community Based Organizations | | | | | | | | | | | |
| Council For Prevention | Community Based Organizations | ✓ | | | | | | | | | ✓ | |
| Essex County Office For The Aging | Community Based Organizations | ✓ | | | ✓ | ✓ | | | | ✓ | | ✓ |
| Essex County Public Health | Community Based Organizations | ✓ | | | ✓ | ✓ | | | | ✓ | | ✓ |
| Fulton County Office For Aging | Community Based Organizations | ✓ | | | ✓ | | | | | | | |
| Glens Falls Independent Living Center, Dba Southern Adirondack Independent Living Center (Sail) | Community Based Organizations | | | | | | | | | | | |
| Hfm (Hamilton, Fulton And Montgomery) Prevention Council | Community Based Organizations | | | | | | | | | | | |
| Housing Assistance Program Of Essex County, Inc. (Hapec) | Community Based Organizations | | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

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* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Huson Mowak Area Health Education Center (Hm-Ahec) | Community Based Organizations | | | | | | | | | | | |
| Liberty House Foundation, Inc. | Community Based Organizations | ✓ | | | | | | ✓ | | | | |
| Living Resources Corporation | Community Based Organizations | | | | | | | | | | | |
| Mental Health Association Of Franklin County Dba Community Connections Of Franklin County | Community Based Organizations | ✓ | | | | | | ✓ | ✓ | | | |
| North Country Healthy Heart | Community Based Organizations | | | | | | | | | | | |
| North Country Physicians Organization, Pllc | Community Based Organizations | | | | | | | | | | | |
| Nysarc, Saratoga County Chapter/Saratoga Bridges | Community Based Organizations | | | | | | | | | | | |
| Office For People With Developmental Disabilities (Nys Opwdd) | Community Based Organizations | | | | | | | | | | | |
| Office Of Community Services For Warren And Washington Counties | Community Based Organizations | | | | | | | | | | | |
| Open Door Mission | Community Based Organizations | | | | | | | | | | | |
| Plattsburgh Housing Authority | Community Based Organizations | | | | | | | | | | | |
| Seaway Valley Council For Alcohol/Substance Abuse Prevention, Inc. | Community Based Organizations | ✓ | | | | | | | | | ✓ | |
| Shelters Of Saratoga | Community Based Organizations | | | | | | | | | | | |
| St. Lawrence County Health Intiative | Community Based Organizations | | | | | | | | | | | |
| St. Lawrence County Public Health Department | Community Based Organizations | | | | | | | | | | | |
| Step By Step | Community Based Organizations | | | | | | | | | | | |
| The Cambridge Valley Rescue Squad, Inc. | Community Based Organizations | ✓ | | ✓ | ✓ | | | ✓ | | | | ✓ |
| The Moreau Community Center | Community Based Organizations | | | | | | | | | | | |
| The Substance Abuse Prevention Team Of Essex County, Inc. | Community Based Organizations | ✓ | | | | | | | | | ✓ | |
| United Helpers Independent Living Corp. Dba Partridge Knoll | Community Based Organizations | | | | | | | | | | | |
| United Helpers Management Company, Inc. | Community Based Organizations | | | | | | | | | | | |
| United Helpers Service Corporation Dba Sparx | Community Based Organizations | | | | | | | | | | | |
| Warren County Career Center | Community Based Organizations | | | | | | | | | | | |
| Warren Washington Community Services Board | Community Based Organizations | | | | | | | | | | | |
| Warren-Hamilton Counties Office For The Aging | Community Based Organizations | ✓ | | | | ✓ | | | | | | |
| Washington County Economic Opportunity Council | Community Based Organizations | | | | | | | | | | | |
| Washington County Office For Aging And Disabilities Resource Center | Community Based Organizations | ✓ | | | | ✓ | | | | | | |
| Gorman Eric | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

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| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Kee To Independent Growth Inc Tbi | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lombardi Anthony | All Other | | | | | | | | | | | |
| Hillside Childrens Ctr | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| United Helpers Home Health Services | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Support Link Inc Nhtd | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Oakes Anna | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Patty Rissacher Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Brandy Kiri Pryjma | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Whitman Todd Jay | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| North Country Home Services Nhtd | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kee To Independent Growth Inc Nhtd | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Narala Karuna Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Teppo Deborah Lynn Lcsw | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mcgonagle Mary | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dempsey David | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Christie Linda J Md | All Other | | | | | | | | | | | |
| Lepage Brenda | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| North Country Adult Medicine | All Other | | | | | | | | | | | |
| Macelaru Dragos | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dodds George Matthew Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kumar Brijesh Md | All Other | | | | | | | | | | | |
| Kier-Merrihew Susan Np | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lynch Michael William Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gutman Alan J Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Arguelles Joseph H Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Jones Mckenzie | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Zoltay Gabor Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Steele-Goodwin Julie K Rpa | All Other | | | | | | | | | | | |
| Phillips Rachel I Rn | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| North Country Home Ser Tbi | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Snider Patricia A Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

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| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Dafler Phil Stewart Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Inzerilli Magdeline Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Smith Milagros C Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Jackson Wayne J Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kerrigan Brian Richard Do | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gorgas Laurie J Do | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Katz Benjamin S Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Curtis Danita | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Salerno Sheryl L | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gersten Claudia | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bailey Michael | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kay Christina | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mcmaster Aimee | All Other | | | | | | | | | | | |
| Siouffi Samer Youseff Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Denious Edward Park Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| White Dawn M Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gallagher Kevin Andrew Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Coombes Sereena Carol Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mountain View Pediatrics Pllc | All Other | ✓ | ✓ | | | | ✓ | | ✓ | ✓ | | |
| Savage John Bodeker Jr | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bateman Frank Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Rumbutis Michael J Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Ali M Gharagozloo Md Pc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Messitt Christopher Thomas Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lorenc Jason Daniel Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| United Helpers Icf Inc Day | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Essex Co Chap Nysarc Day | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Stratton Jennifer Lynn | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Citizen Advocates Inc Day | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Loving Alice Virginia Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Williams Andrew F Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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| Goertzen Danielle Kristy L Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Blackburn Chame Curtis Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Atkinson Timothy Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Masson Jamie Lyn | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Holz Christine E | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Biss Lynette M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Baker Danielle M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bajaj Ritu | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Adams Robin E | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kernan Kathryn Cnm | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bashir Iqbal Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Leffler Stephanie | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Essex County Chap Nysarc Rsp | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Citizen Advocates Inc Rsp | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Palma Christopher Scott Do | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Celotti Michael J Do | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bero Florence C Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dombek-Lang Teresa V Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Duus Jan E Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Stevens Noelle M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Cossey Jason L | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hicks James C | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dowidowicz Anthony J | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Garami Anthony Arthur Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Rasmussen Heidi Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Solby Stacey J | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Viscosi Kelly A | All Other | | | | | | | | | | | |
| Feyer Rainer G | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Levitz Mary | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lapham Paula M | All Other | | | | | | | | | | | |
| Moon Timothy Wayne Do | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Cichetti Joanne Wilson Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Cichetti Neil Joseph Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Baker-Porazinski Jennifer Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Samach Andrew Jay Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gregg Michael | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Benardot Emile Leon Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Cleveland Byrd Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Markwith Alisa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hopper James P Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Borgos William M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Alexander-Decker Christine A | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Soucy Anne J Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Medved Vladimir Do | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Medved Marina Do | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Miller Kathi J Cnm | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Macco Lynne E Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Herren Kathy Mazur Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Keil Lynn M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Connors Terence V Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Eckstein-Vangelder Amy L Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Miller Scott C | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Carbone Amy Johnson Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Brown Susan B | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Potter Doreen L Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Stefanovich Stefan John Jr | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Quinn Colleen M Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Deprey Ellen M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Jackson Christophe H | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Wolfe Christophe A | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Conner William | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Valenza Julie R | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Anderson Glen E | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Conard Joanna L | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Day W Marvin Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Detore Joanne Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Williams Elaine M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Westad Frank H | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| West Karen | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lusignan Pamela F | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gregory Ann M Np | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Chank Shelly M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Auer Patricia A | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Ordonez Julia I Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Fish Rowan | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Rowley Jennifer | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Waldorf Todd | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Zbigniew Wolczynski | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Moore Stephanie Polk Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sunkara Maruthi M Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Harrington Charlene B Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mcclure Marilyn Prichard | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kent Michelle Lynn Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Moore Robert W Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Berry Iii Ralph L | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Citizen Advocates, Inc Spt | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Loucks Barbara | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Devlin Kerin M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bell Michael Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Peguero Luz E Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Coates Andrew Donnally Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Clinton Co Chapter Nysarc Spv | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Essex County Chap Nysarc Spv | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Moore Heidi J Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sanjeev And Mukta Gupta | All Other | | | | | | | | | | | |
| O'Brien Richard Lee Do | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Champlain Valley Physicians | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Ens Health Care Services Llc | All Other | | | | | | | | | | | |
| Upton Michael D Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dishman Leonardo Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Glens Falls Hospital | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Rowley Patrick J Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hixson Karen A Np | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Warren Washington Arc Smp | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| St Lawrence Internists Pc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hogan Robert G Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Politi Anthony Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Movsas Sheryl Beth Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mousaw Laurie Conroe Cnm | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bowler Jane Marie | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Essex Co Comm Ser Mh | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Deming Karie Ann | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Munro Scott Mcainsh Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Terrence Kathleen Mailey Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kesari Parvathi Sudhir Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Solby Richard Adam Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Thompson Lars David Md Pc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kelly Gregory Ashley Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Living Res Certified Hha | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Cutre Carolyn Od | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Primary Care Hlth Ptrs Nyllp | All Other | ✓ | ✓ | | | | ✓ | | ✓ | ✓ | | |
| Ucpa Of Th North Ctry Hcbs5 | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Makhoul Nidal Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Tagliagambe Mario Francis Jr | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Ludlow Jonathan Paul Od | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| O'Donnell Paul C Od | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Patricia My Lan Nguyen | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Staub William F Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bown Melissa Ann | All Other | | | | | | | | | | | |
| Heintz Steven Giffin Md | All Other | | | | | | | | | | | |
| Volk Charles Philip Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Roland Claude Rene Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hyson Christophe | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Richards Craig Warren Do | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Healey Gregory J Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Murphy Kathleen A Cnm | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Demuro Rob | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hausrath Stephen G Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| 142-36-5727wright James | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Canton Family Physicians Pc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lindman Harry David Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| St Lawrence Nysarc Tbi | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Litwicki Daniel J Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Teetz Rick David Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sawyer John A Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Colt-Connaway Shannon J | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Masaba Edit Kalmar Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Layden Michael A Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hogan-Moulton Amy E Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Czerwinski Maria H Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Fotidar Akhilesh Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Papura William A Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Comeau Christopher E Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Living Resource Corp Tbi | All Other | ✓ | | | ✓ | | ✓ | | ✓ | ✓ | | ✓ |
| Ching Anthony L Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Carney Nancy Draper | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Canales Luis Ivan Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Burke Grace Yvonne | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Menia Todd Gene Md | All Other | | | | | | | | | | | |
| Socolof Roslyn Weiss Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Rosenthal Laurel M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Koloms Debra Anne Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Ali Syed Haider Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| David Mccall, M.D., P.C. | All Other | | | | | | | | | | | |
| Ares Carlos Alfredo Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Andrew Lafrance Np-Family Health | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Socolof Elias Andrew Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| United C P A Of North Country | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mulligan Stephane Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Corey Anne Craig Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sanni Noaman Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hayes Jennifer Whalen Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Runkel Gregory W Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Markessinis Paul | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Rayeski Suzanne Marie Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gharagozloo Ali M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lauzon Kathleen C | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Case Karen Braun | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sandwick Lorraine Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dalpe Joanne Linda Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gupta Sanjeev Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Alagna Paul G Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Adams Michael Edward Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Moberg Paul Quimby Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dargie Peter J Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Wells Nursing Hm Adhc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Blood Suzanne Marie Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mctiernan Eugene James Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Meyer Melissa L Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Eberle Robert L Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Brandy Christopher F Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dembowski Charles Andrew Od | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Guile Alison Joanne Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Fulton County Arc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Eye Care For The Adirondacks | All Other | | | | | | | | | | | |
| Dewell Jay V Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Berkshire Farm Center | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Nathan Littauer Hosp | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Darrow Carla M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Al-Hussein Nabeel Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Wolkowicz Joel Mark Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bunn William Bruce Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sabo Kathryn A | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Greenhouse Jeffrey A Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Culliton Timothy A Dpm | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Barth Suzanne J | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Serfilippi Geoffrey Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hamilton Co Nurse Svc Psshsp | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | ✓ |
| Fulton Co Phns Psshsp | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sanchez Williams Myrna Angiol | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Conifer Park | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Viscardo William Martin Jr Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gaedtke Dorit D Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Jones Richard Eaton Dpm | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Fort Hudson Nursing Center Ad | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Beguin David P Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Burnett John S Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Paska David | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| North James Michael Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Buscemi Melchiore L Md Pc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Thakur Magendra Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Champlain Valley Fam Ctr | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Canton Potsdam | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| North Country Home Serv Inc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mckeever Richard Nelson Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bolan Kevin P Rpa | All Other | | | | | | | | | | | |
| Silverberg Howard E Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Finch Richard Paul | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gates Laurie A | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mccullum Kevin P Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Klausner Eric G Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Pabst Theodore Shuster Iii Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Stock Matthew L | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Nijjar Gurkirpal S Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gabler James O | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Berrick Robert J | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Ditta Salvadore M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Crawford Elizabeth D | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mcauliffe John Daniel Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kuettel Thomas J Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Flatau Irene Ruth Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Fuhrman Solomon M Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Comm Mhc Glen Falls Mh | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Desai Nimesh Jitendra Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Spinelli Eileen Benassi Np | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Seaway Orthopedics Pc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Crossman Max L Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Nathan Littauer Hsp Nh Rhcf | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

## DSRIP Implementation Plan Project

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Baltazar Cynthia Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bartos Elizabeth Ann Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Wasenko John J Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Judkins David Allen Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bollinger Frances C | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Larson Daniel C Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Perreault Paul Roland Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Catholic Charities Rochester | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Filippone Nicholas D Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Orchard Nursing & Rehab Ctr | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Carstens Jan Synakowski Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Schwartzman Michael S Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mcshane Karen E Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Health Serv Northern New York | All Other | ✓ | | | ✓ | | ✓ | | ✓ | ✓ | | |
| Anderson David J Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| 820 River Street Inc. | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bakirtzian Bedros Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Warren Cnty Serv Lthhcp | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| United Helpers Icf #6 | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Citizen Advocates,Inc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Rider Russell Edward Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Haas Douglas L Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dowling Peter E Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Jhaveri Jayant J | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Palmateer Daniel R Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Rubenstein Barney Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Tulloch Michael Joseph Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bhagat Anjni Girish Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Circle Adol Preg Prog Ts | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Freed Howard Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Shah Rajiv Shantilal Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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# Delivery System Reform Incentive Payment Project

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| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| United Helpers Icf #4 | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| United Helpers Irish Set Icf | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Adirondack Tri-Cnty Nr&Reh Ad | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Beaty Robert H Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Imobersteg Albert Michael Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Yovanoff James Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Ultee Reinier Frank Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lieb Irwin Michael Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Pender Matthew C Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Layden John Joseph Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Stoian Alexandru Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Calabrese Gerald Leonard Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Washington Co Board Of Superv | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| United Helpers Icf #3 | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Berk Gary R Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kelly Benson J | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hospice/Pall Care St Lawrence Val | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Reason Edward Lewis Md | All Other | | | | | | | | | | | |
| Hoffman Mark Michael Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Health Services Northern Ny | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bachman Paul Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| North Star Ind Church St Icf | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| North Star Ind Constable B Ic | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| North Star Ind Constable A Ic | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| North Star Ind Sawyer Ave Icf | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lataillade Pierre Henry Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Franklin Cty Arc Chasm Rd Icf | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Finkowski Michael J Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Jenks James E Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Home Hlth Care Of Hamilton Co | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| North Country Home Serv Inc | All Other | ✓ | | | ✓ | | ✓ | | ✓ | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Lexington Community Svcs Inc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Com Hlth Ctr Of Smh & Nlh Lth | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Com Hlth Ctr Of Smh & Nlh Inc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| United Helpers Icf #2 | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Labinson Robert M Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Chapman Glen D Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Schechter Jay F Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Schuessler Donald C Jr Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kandora Thomas Francis Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hoy Christopher Dion Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Way Daniel Gregory | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Busch Harriet Phyllis Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Smead Bryan Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Rugge John K Jr Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Conjalka Michael S Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Esper John A Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Maggio Charles A Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| St Lawrence Pc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Schwerman Joseph J Pc Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| United Helpers Icf #1 | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Visiting Nurs Svc/Schtd & Sar Cnty | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Carson Eric Robert Od | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Brandis Robert A Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| St Josephs Rehab Center Inc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Disney George Alan Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Clinton Cnty Comm Svcs Board | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Racine Maurice A Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Rogers Robert T Ii | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Wakeman Gary R | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Chalom Mark Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mccahill Woods Jr Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| St Regis Mohawk Health Srvs | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Saratoga Cnty Comm Srvs Brd | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mazzotta Sebastian Angelo Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Warrensburg Health Center | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Schnure Joel J Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Vacek James John Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gara Philip Joseph Jr Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Latreille William R Jr Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Cady Robert B Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Werblin Robert Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Budnikas Arunas A Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Pesses David R Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mycek John A Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Horowitz Lawrence M Do | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Miller Nelson L Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gort Dennis A Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Warren County Health Serv | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Vna Of Albany & Saratoga | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Warren Cnty Health Services | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Planned Pthd Mohawk Hudson | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | ✓ |
| Ucp Assn Of The Capital Dist | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Smith House Health Care Ctr | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Thomas Gordon M Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Loinaz Federico Alfredo Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Cook George S Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Alice Hyde Medical Center | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Patnode Roger E Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Wells Nursing Home Inc Snf | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Federman Dorothy S Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Welch David G Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Villajuan Bernardo Ramos Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Adirondack Medical Center | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Moses Ludington Hospital | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Solomon Joel Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Stanton Nursing & Rehab Cente | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Morrissey James F Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hindson James F Md Pc Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Elizabethtown Community Hsp | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | ✓ |
| Canton-Potsdam Hospital | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Alice Hyde Medical Center | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Franklin Cnty Public Hlth Ser | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Champlain Valley Physicians H | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Champlain Valley Physicians H | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Champlain Valley Physicians H | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Wesley Health Cc Inc Snf | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Adirondack Medical Ctr-Mercy Hlthcr | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Nathan Littauer Hospital | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Fort Hudson Nursing Center | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Adirondack Medical Ctr-Uihlein Merc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| St Margarets Center | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Glens Falls Crossings | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Heritage Commons Res Health Care | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Indian River Reh & Nrs Ctr | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Nicholson John M W Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Rodenmayer Wade Harold Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lodha Seema A Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Wilson Charles Richard Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kimball Sean Lewis Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mark Lisa Ann Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Fort Hudson Home Care Inc Nhtd | All Other | ✓ | | | ✓ | | ✓ | | ✓ | ✓ | | ✓ |
| Dorsey Daniel | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Spicer Scott Michael | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Slingerland David | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Parker William | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Farwa Ume | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Haasbeek Jeffrey Frank Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Ireland Rachyl | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Shnaidman Clare | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Caputo Pasqualino | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gaiotti-Grubbs Darci Ann | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Peff Peter Joseph | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mcdermott Brian | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gardner Theresa M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Vida Aimee C | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Matthew Gilbert | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Vanwagner Kris Adwards | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Robert Raut | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kayalar Atilla | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Liberty House Foundation Inc Day | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Southworth Krista Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lovier John Arthur Jr | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lang Deborah B | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Tryon Crystal M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Anthony F Tramontano Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Buckley Jacquelyn Anne Rpa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dumitrescu Claudia | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sarah Thompson | All Other | | | | | | | | | | | |
| Maplewood Assisted Living Alp | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dicoby Tatiana | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sheridan Wilhelmina Marie | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hoffman Stuart Michael | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Prangova Dimitrina Ivanova | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Howard Jeffrey Gold | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Berard Marco R | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Allen Mary Anne Aurelia | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Cassingham Amy Louise | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Fish Erica Ann | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Williford Kristin L | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lynch Matthew Clyde Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mestad Renee Elizabeth | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Minnick Kate Franklin | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mcneil Carrie Lynn | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Beiras Darci | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Abodeely Adam J | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Swinwood Tara | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Pangia Kathleen | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lai Kuang Md | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Meness Debra | All Other | | | | | | | | | | | |
| Miron Carrie Beth | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gearwar David C | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Morris-Dickinson Gwendolyn Sue | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kilgore Dona Marie | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Rizzo Laura Ann | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Freeman Janis | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Portuese Thomas | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Vanwagner Alecia | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Adirondack Medical Practice Llc | All Other | ✓ | ✓ | | | | ✓ | | ✓ | ✓ | | |
| Akin Lee H | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Porter Allison Kay | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Earley Alicia | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Ghaffari Zandi Shahbanoo | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Frank Wendy L | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Benardot Pediatrics Llc | All Other | ✓ | ✓ | | | | ✓ | | ✓ | ✓ | | |
| Knowles Terry Do | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Spencer Taylor | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

# New York State Department Of Health
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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Saratoga County Chapter Nys Arc Inc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hauerstock David | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hilger Terry | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Cooper Joanne | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Indelicato Lori Marie | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mchugh Robert | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Watson Ashley Lynn | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Evens Shannon T | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hutchins Elizabeth Ann | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Witty-Lewis Cosette | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Kilayko Mary Clarisse L | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sooriabalan Danushan | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Schmitt Patricia Ann | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gardner Keri | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Husson Paul | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Phoenix Jennifer | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Avery Jackie S | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Ouyang David | All Other | | | | | | | | | | | |
| Farrell Andrea | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Simpson Cynthia L | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Asar Mariam H | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Petroski Rayford Andrew | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Reddy Nikalesh | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Wintle Catherine Ann | All Other | | | | | | | | | | | |
| Oneill Tina Marie | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| De La Vega Maria Teresa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Parsons Child And Family Ctr | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Belvedere Health Services Llc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Crane Jessica Blythe | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mcdonough James A | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Loka Alfred M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

# New York State Department Of Health
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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Fuller Michael Wesley | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Viola Tracey A | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Qubti Marzouq Awni | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hettena Avi J | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hudson Headwaters Health Network | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hankins Mark F | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Wais Wendy | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Beller Jennifer Perrine | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Fort Hudson Home Care Inc Tbi | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Fulton Center Rehabilitation & Heal | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Brown Laurie F | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Whitehead Michael Baldwin | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Song Xiaosong | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Colby Kristeen M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Black Trevor | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Baker Katherine A | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bruce Karen P | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Jenison Matthew Clark | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Nathan Littauer Hospital Associatio | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Nathan Littauer Hospital Associatio | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lalonde Sarah Elizabeth | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Melanson Heather M | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Piit Flos Carmeli Ilogon | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Wunderlich Kathleen L | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Glickman Mary Halloran | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hanafi Walid | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sadal Raju A | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bansal Vineet | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Paszko Andrew | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| De Federicis Margarita Rosa | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Bergin Suzanne | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Crane Jr William G | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| L Woerner Inc | All Other | ✓ | | | ✓ | | ✓ | | ✓ | ✓ | | |
| Anwer Naima | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hunter Linda | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dusha Marguerite C | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Aim Services Inc Spt | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Catholic Charities Of Albany Ics | All Other | ✓ | | | | | | | ✓ | | | |
| Miller Kristin Marie | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Polniak Noelle Elizabeth | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Tarnoff Stephen J | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dodge Christopher Ashby | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Moskowitz Holly | All Other | ✓ | | ✓ | | | ✓ | | ✓ | ✓ | | |
| Reid Darcy Marie | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Thompson Erika | All Other | | | | | | | | | | | |
| Howell Sarah Lynn | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Matarrese Marissa Rae | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Delsignore Catherine Anne | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Cougler Ernie Sterling | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Shaw Colleen Margaret | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Frasier Kasandra C | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Clark Melissa Gail | All Other | | | | | | | | | | | |
| O'Garro Eleazar | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Reynolds Derek John | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Togbe Bennet | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Macomber Abigail Rose | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sauer-Jones Kate Janette | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Abrams Amanda Mary | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Durkee Sarah Beth | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Lyapin Alexander | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Chapman Dean | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hand Sarah Jean | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |

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

## DSRIP Implementation Plan Project

## Adirondack Health Institute, Inc. (PPS ID:23)

* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Donovan Jennifer Lynn | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Mckenna James Robert | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Davis Jennifer Tracy | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Dinsmore Lauren Elizabeth | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Cecot Krista Lynn | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Hurlbut Kristin E | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Clark Melanie C | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Blackburn Georgia A | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Doyle Mark Matthew | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Krant Jonathan David | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Edwards Mallory Catherine | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sandhu Jujhar Kaur | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Washington Pub Hlth Nurssv Co | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Wilson Allison Marie | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Gouverneur Hospital, Inc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Community Work And Independence Spt | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Wessel Richard Fredrick Jr | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Arenas Gilbert D | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Northern Lights Health Care Partner | All Other | ✓ | | | ✓ | | ✓ | | ✓ | ✓ | | |
| Walton Sarah Anne | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Fort Hudson Certified Home Health A | All Other | ✓ | | | ✓ | | ✓ | | ✓ | ✓ | | ✓ |
| Frank-Dixon Kristen Lianne | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| France Kenneth | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Sposit Carwyn | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Cerklewich Nicole | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| All Rita Lynn | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Fuller Erin | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Leonard Kyle | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Decunzo Jacqueline Ford | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Grasso Kathryn L | All Other | | | | | | | | | | | |
| Baker Brandii Adamson | All Other | | | | | | | | | | | |

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

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* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Stasko Corrine | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Essex Operations Associates Llc | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Franclemont Mariah Louise | All Other | | | | | | | | | | | |
| White Paula A | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Banu Dragos | All Other | | | | | | | | | | | |
| Johnston Shae Elizabeth | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Linden Eva | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Washington Operations Associates Ll | All Other | ✓ | | | | | ✓ | | ✓ | ✓ | | |
| Alice Hyde Medical Center | All Other | | | | | | | | | | | |
| Miller Kristine | All Other | | | | | | | | | | | |
| Zuis Madison | All Other | | | | | | | | | | | |
| Kelley Kristen Lea | All Other | | | | | | | | | | | |
| Grassi Kevin | All Other | | | | | | | | | | | |
| Meraz Angela Rose | All Other | | | | | | | | | | | |
| Magcalas Philip Matthew | All Other | | | | | | | | | | | |
| Richard Denise Nicole | All Other | | | | | | | | | | | |
| Derbyshire Ella Ruth | All Other | | | | | | | | | | | |
| Ciolac Candice Michelle | All Other | | | | | | | | | | | |
| Nysarc, Saratoga County Chapter/Saratoga Bridges | Uncategorized | | | | | | | | | | | |
| Community Workshop Inc | Uncategorized | | | | | | | | | | | |
| Nysarc, Saratoga County Chapter/Saratoga Bridges | Uncategorized | | | | | | | | | | | |
| Nysarc, Saratoga County Chapter/Saratoga Bridges | Uncategorized | | | | | | | | | | | |
| Nysarc, Saratoga County Chapter/Saratoga Bridges | Uncategorized | | | | | | | | | | | |
| Citizen Advocates, Inc. | Uncategorized | | | | | | | | | | | |
| Nysarc, Saratoga County Chapter/Saratoga Bridges | Uncategorized | | | | | | | | | | | |
| Nysarc, Saratoga County Chapter/Saratoga Bridges | Uncategorized | | | | | | | | | | | |
| Nysarc, Saratoga County Chapter/Saratoga Bridges | Uncategorized | | | | | | | | | | | |
| Nysarc, Saratoga County Chapter/Saratoga Bridges | Uncategorized | | | | | | | | | | | |
| Nysarc, Saratoga County Chapter/Saratoga Bridges | Uncategorized | | | | | | | | | | | |
| The House Of The Good Shepherd | Uncategorized | | | | | | | | | | | |
| Broome Heather | Uncategorized | | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

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* Safety Net Providers in Green

| Participating in Projects | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Saratoga Center For The Family, Inc. | Uncategorized | | | | | | | | | | | |
| Adirondack Samaritan Licensed Clinical Social Work Pc | Uncategorized | | | | | | | | | | | |
| North Country Home Services, Inc. | Uncategorized | | | | | | | | | | | |
| United Helpers Home Services | Uncategorized | | | | | | | | | | | |
| Citizen Advocates, Inc. | Uncategorized | | | | | | | | | | | |
| Fealey Kathryn | Uncategorized | | | | | | | | | | | |
| Edward John Noble Hospital Of Gouverneur Ny Swing Bed Unit | Uncategorized | | | | | | | | | | | |
| People Incorporated | Uncategorized | ✓ | | | | | ✓ | ✓ | | | | |
| Living Resources Home Care Agency, Inc. | Uncategorized | | | | | | | | | | | |
| Dr. Anjni Bhagat M.D. | Uncategorized | | | | | | | | | | | |
| Champlain Valley Physicians Hospital | Uncategorized | | | | | | | | | | | |
| United Helpers Care, Inc. Dba Mosaic - Service Coordination | Uncategorized | | | | | | | | | | | |
| Falk Judith Dr. | Uncategorized | | | | | | | | | | | |
| Bauries George Dr. | Uncategorized | | | | | | | | | | | |
| United Helpers Residence, Inc. Dba Riverledge Residence | Uncategorized | | | | | | | | | | | |
| Murray Deborah | Uncategorized | | | | | | | | | | | |
| Fort Hudson Home Care, Inc. | Uncategorized | | | | | | | | | | | |
| Edward John Noble Hospital Of Gouverneur Ny | Uncategorized | | | | | | | | | | | |
| United Helpers Care, Inc. Dba Mosaic - Day Habilitation | Uncategorized | | | | | | | | | | | |
| Adirondack Samaritan Counseling Center | Uncategorized | | | | | | | | | | | |
| Rajiv S Shah Physician P C | Uncategorized | | | | | | | | | | | |
| Warren County Health Services Public Health | Uncategorized | | | | | | | | | | | |
| United Helpers Care, Inc. Dba Mosaic - Riverwood Acres Ira #2 | Uncategorized | | | | | | | | | | | |
| Fennell-Gordon Colleen Mrs. | Uncategorized | | | | | | | | | | | |
| Northeast Parent And Child Society, Inc. | Uncategorized | | | | | | | | | | | |
| Nathan Littauer Hospital & Nursing Home | Uncategorized | | | | | | | | | | | |
| Hospitality House Tc, Inc. | Uncategorized | | | | | | | | | | | |
| Stacey Lloyd | Uncategorized | | | | | | | | | | | |
| Wolfield Rachel | Uncategorized | | | | | | | | | | | |
| Frasier Gary | Uncategorized | | | | | | | | | | | |
| Norelli Lisa Dr. | Uncategorized | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name** | **Provider Category** | **2.a.i** | **2.a.ii** | **2.a.iv** | **2.b.viii** | **2.d.i** | **3.a.i** | **3.a.ii** | **3.a.iv** | **3.g.i** | **4.a.iii** | **4.b.ii** |
| Community Maternity Svcs Bfc | Uncategorized | | | | | | | | | | | |
| Washington County Public Health Nursing Service | Uncategorized | ✓ | | | | | | | | | ✓ | ✓ |
| Howard Maclennan | Uncategorized | | | | | | | | | | | |
| Klippel Eric | Uncategorized | | | | | | | | | | | |
| Mcdaniel Phillip | Uncategorized | | | | | | | | | | | |
| Hamilton County Community Services | Uncategorized | | | | | | | | | | | |
| Greco Michael Mr. | Uncategorized | | | | | | | | | | | |
| Franklin County Community Services | Uncategorized | | | | | | | | | | | |
| Community, Work, And Independence, Inc. | Uncategorized | | | | | | | | | | | |
| Community Maternity Services | Uncategorized | | | | | | | | | | | |
| Citizen Advocates, Inc. | Uncategorized | | | | | | | | | | | |
| Citizen Advocates, Inc. | Uncategorized | | | | | | | | | | | |
| Citizen Advocates, Inc. | Uncategorized | | | | | | | | | | | |
| Canton-Potsdam Hospital | Uncategorized | | | | | | | | | | | |
| Saratoga Center For The Family, Inc | Uncategorized | | | | | | | | | | | |
| Central New York Health Home Network, Inc. | Uncategorized | | | | | | | | | | | |
| Citizen Advocates, Inc. | Uncategorized | | | | | | | | | | | |
| Citizen Advocates, Inc. | Uncategorized | | | | | | | | | | | |
| Singer Judith Mrs. | Uncategorized | | | | | | | | | | | |
| Greater Adirondack Home Aides, Inc. | Uncategorized | | | | | | | | | | | |

### Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| dlarose | Baseline or Performance Documentation | 23_DY2Q3_PPP_BASE_DY2Q3_AHI_PPS_Supplemental_PIT_20170126_8961.xlsx | DY2Q3 AHI PPS Supplemental PIT | 01/26/2017 03:22 PM |

**Narrative Text :**