

Applicant \_\_\_\_\_

**Work Plan Template**

<p><b>Goal 1: TRANSITION - Reduce the incidence of unnecessary institutionalization by improving access to information to eligible individuals about opportunities through the NHTD/TBI Medicaid waivers for care in community based settings enabling them to transition from nursing homes to the community.</b></p>		<p><b>Measures of Effectiveness:</b></p> <ul style="list-style-type: none"> <li><b>% of nursing homes identified</b></li> <li><b>% of nursing homes where informational session has been conducted</b></li> <li><b>% of nursing homes where meetings with management and residents occurred within 6 weeks of informational session</b></li> <li><b>% of nursing homes where meetings with management and residents occurred later than 6 weeks of informational session</b></li> <li><b># of barriers identified</b></li> <li><b># of alternatives, per identified barrier</b></li> <li><b># of alternatives that were successful, per barrier identified</b></li> </ul>	
<p><b>Objectives</b></p>	<p><b>Activities Planned to Meet Objectives</b></p>	<p><b>Staff/Partnership Member(s) Responsible</b></p>	<p><b>Completed by: (month &amp; year)</b></p>
<p>A. By the end of the contract year, (throughout the year) identify and provide information on the NHTD/TBI waiver to all nursing homes in your region.</p>			
<p>B. By the end of the contract year, conduct an informational session on the NHTD/TBI waiver to at least 35 percent of nursing homes in your region.</p>			

Applicant \_\_\_\_\_

<p>C. Within 6 weeks of an informational session, meet with management representatives and resident groups to explain waiver eligibility and describe waiver services to at least 50 percent of the nursing homes where an informational session has been conducted.</p>			
<p>D. Within one month of meeting with management representatives and resident groups at nursing homes, identify barriers to community transition.</p>			
<p>E. Within one month of identifying barriers at nursing homes, develop and implement strategies for overcoming each barrier.</p>			

Applicant \_\_\_\_\_

**Work Plan Template**

<p><b>Goal 2: DIVERSION - Reduce the incidence of unnecessary institutionalization by improving access to information for eligible individuals about opportunities through the NHTD/TBI Medicaid waivers for care in community based settings allowing them to remain in their homes.</b></p>	<p><b>Measures of Effectiveness:</b></p> <ul style="list-style-type: none"> <li><b>% of entities serving people with traumatic brain injuries where outreach has been conducted</b></li> <li><b>% of entities serving people with physical disabilities where outreach has been conducted</b></li> <li><b>% of entities serving seniors where outreach has been conducted</b></li> <li><b>% of entities serving people with traumatic brain injuries where meetings have occurred</b></li> <li><b>% of counties where a meeting has occurred with a minimum of 2 entities serving people with traumatic brain injuries</b></li> <li><b>% of entities serving people with disabilities where meetings have occurred</b></li> <li><b>% of counties where a meeting has occurred with a minimum of 2 entities serving people with disabilities</b></li> <li><b>% of entities serving seniors where meetings have occurred</b></li> <li><b>% of counties where a meeting has occurred with a minimum of 2 entities serving seniors</b></li> <li><b># of barriers identified</b></li> <li><b># of alternatives, per barrier identified</b></li> <li><b># of alternatives that were successful, per barrier identified</b></li> </ul>
---	---

Applicant \_\_\_\_\_

Objectives	Activities Planned to Meet Objectives	Staff/Partnership Member(s) Responsible	Completed by: (month & year)
A. By the end of the contract year, identify and conduct outreach to all community based entities serving people with traumatic brain injuries in your region.			
B. By the end of the contract year, identify and conduct outreach to all community based entities serving seniors in your region.			
C. By the end of the contract year, identify and conduct outreach to all community based entities serving people with physical disabilities in your region.			
D. By the end of the contract year, meet with at least 30 percent of all identified community based entities, or a minimum of 3 per county, serving people with traumatic brain injuries in your region.			
E. By the end of the contract year, meet with at least 30 percent of all identified community based entities, or a minimum of 3 per county,			

Applicant \_\_\_\_\_

<p>serving people with physical disabilities in your region.</p>			
<p>F. By the end of the contract year, meet with at least 30 percent of all identified community based entities, or a minimum of 3 per county, serving seniors in your region.</p>			
<p>G. Within one month of meeting with a community based entity, identify barriers to diverting nursing placement.</p>			
<p>H. Within one month of identifying barriers from community based entities, develop and implement strategies for overcoming each barrier.</p>			

Applicant \_\_\_\_\_

**Work Plan Template**

<p><b>Goal 3: REPATRIATION - Reduce the incidence of individuals residing in out-of-state nursing facilities by improving access to information to eligible individuals about opportunities through the NHTD/TBI Medicaid waivers for care in New York State community based settings.</b></p>		<p><b>Measures of Effectiveness:</b></p> <p># of collaborations with other RRDC</p> <p># of collaborations with DOH resources</p> <p># of informational sessions conducted</p> <p># of potential applicants identified who may meet NHTD eligibility requirements</p> <p># of out of state residents who have returned to New York to be a waiver participant</p>	
<p><b>Objectives</b></p>	<p><b>Activities Planned to Meet Objectives</b></p>	<p><b>Staff/Partnership Member(s) Responsible</b></p>	<p><b>Completed by: (month &amp; year)</b></p>
<p>A. By the end of the contract year, collaborate with RRDC staff in other regions and DOH resources to contact all out of state institutions where potential applicants, who are New York State residents with traumatic brain injuries, are residing.</p>			
<p>B. By the end of the contract year, collaborate with RRDC staff in other regions and DOH resources to contact all out of state institutions where potential applicants, who are</p>			

Applicant \_\_\_\_\_

<p>New York State residents with physical disabilities, are residing.</p>			
<p>C. By the end of the contract year, collaborate with RRDC staff in other regions and DOH resources to contact all out of state institutions where potential applicants, who are seniors and New York State residents, are residing.</p>			
<p>D. By the end of the contract year, collaborate with RRDC staff in other regions to conduct informational sessions on the NHTD/TBI waivers to at least 35 percent of out of state institutions, where there are a significant number of potential applicants for the waivers.</p>			

Applicant \_\_\_\_\_

**Work Plan Template**

<p><b>Goal 4: Maximize enrollment and training of waiver service providers to ensure sufficient participant choice in accessing the waiver services.</b></p>	<p><b>Measures of Effectiveness:</b></p> <ul style="list-style-type: none"> <li># of identified waiver service providers, per service, per county</li> <li># of application packets submitted for each waiver service</li> <li># of waiver service providers in hard to service areas</li> <li># of waiver service providers able to serve participants with complex medical conditions, per county</li> <li>% of approved providers that have been trained on DOH approved curricula</li> <li>% of providers who attend at least 8 provider meetings</li> <li># of waiver service providers who have been provided technical assistance on policies and procedures</li> <li>% of providers with no deficiencies around waiver policies and procedures</li> <li># barriers identified</li> <li># of alternatives, per barrier identified</li> <li># of alternatives that were successful, per barrier identified</li> </ul>		
<p><b>Objectives</b></p>	<p><b>Activities Planned to Meet Objectives</b></p>	<p><b>Staff/Partnership Member(s) Responsible</b></p>	<p><b>Completed by: (month &amp; year)</b></p>
<p>A. Throughout the contract year, develop and implement an outreach plan to identify available providers for each of the waiver services to ensure participant choice in each county within the region.</p>			

Applicant \_\_\_\_\_

<p>B. Throughout the contract year recruit and submit at least 5 application packets for providers for each of the waiver services, to ensure participant choice and sufficient provider capacity.</p>			
<p>C. Throughout the contract year, recruit and retain at least 3 service providers in hard to reach areas.</p>			
<p>D. Throughout the contract year, recruit and retain at least 3 service providers, per county, capable of serving individuals with complex or unusual medical conditions.</p>			
<p>E. Throughout the contract year, all approved waiver service providers will be trained within 30 days of enrollment according to DOH approved curricula.</p>			
<p>F. Throughout the contract year, all approved waiver service providers will attend at least 12 provider meetings.</p>			
<p>G. Throughout the contract year, provide technical assistance and support to new and approved service providers</p>			

**Applicant** \_\_\_\_\_

<p>on NHTD/TBI waiver policies and procedures.</p>			
<p>H. By the end of each quarter, identify barriers related to maximizing provider enrollment and training.</p>			
<p>I. By the end of each quarter, develop and implement alternatives to experienced barriers to maximizing provider enrollment and training.</p>			

Applicant \_\_\_\_\_

**Work Plan Template**

<p><b>Goal 5: Maximize waiver participant enrollment and service provision while ensuring their health and welfare.</b></p>	<p><b>Measures of Effectiveness:</b></p> <ul style="list-style-type: none"> <li><b>% referrals contacted within 2 weeks to set an intake appointment</b></li> <li><b>% of Application Packets where a determination has been made within 14 calendar days</b></li> <li><b>% of participants who met all waiver eligibility requirements at all times</b></li> <li><b># of days where regional cost neutrality has been met</b></li> <li><b>% of Service Plans that are done prior to effective date</b></li> <li><b>% of Notice of Decisions that are issued within required timeframes</b></li> <li><b># of barriers identified</b></li> <li><b># of alternative strategies identified, to address each barrier</b></li> <li><b>% of new Serious Reportable Incidents responded to within established timeframes</b></li> <li><b>% of ongoing Serious Reportable Incidents responded to within established timeframes</b></li> <li><b>TBI ONLY: % of ongoing complaints received via BIANYS are responded to within established timeframes</b></li> </ul>		
<p><b>Objectives</b></p>	<p><b>Activities Planned to Meet Objectives</b></p>	<p><b>Staff/Partnership Member(s) Responsible</b></p>	<p><b>Completed by: (month &amp; year)</b></p>
<p>A. Within 2 weeks of a referral, contact all potential applicants to set an intake appointment.</p>			

Applicant \_\_\_\_\_

<p>B. Within 14 calendar days of receiving a completed Application Packet, a determination is made regarding waiver enrollment.</p>			
<p>C. Ongoing, ensure that all participants meet eligibility requirements at all times.</p>			
<p>D. On a daily basis, maintain cost neutrality for participants in the region.</p>			
<p>E. Ongoing, ensure that all participant Service Plans are established, updated, and approved within DOH established timeframes and guidelines.</p>			
<p>F. Ongoing, ensure that all Notice of Decisions are issued within required timeframes established in the Program Manuals.</p>			
<p>G. By the end of each quarter, identify barriers related to maximizing participant enrollment and service provision.</p>			

Applicant \_\_\_\_\_

<p>H. By the end of each quarter, identify and implement alternatives to experienced barriers to maximize participant enrollment.</p>			
<p>I. By the end of each quarter, identify and implement strategies to insure that services identified in the approved service plan are delivered according to established frequency and duration.</p>			
<p>J. Ongoing, ensure that all Serious Reportable Incident reports are maintained and responded to within DOH established timeframes and guidelines.</p>			
<p><b>TBI ONLY:</b> K. Ensure that all Complaints received through BIANYS are documented and addressed within DOH established timeframes and guidelines. Information is to be tracked and analyzed for trends and systemic issues.</p>			

Applicant \_\_\_\_\_

**Work Plan Template**

<p><b>Goal 6: Build and maintain collaborative relationships with regionally based stake holders, including LDSS staff, other local government entities, and health, human service agencies, and providers to support and promote referral of eligible individuals to the NHTD/TBI waivers.</b></p>		<p><b>Measures of Effectiveness:</b>                  # of departments contacted within each LDSS                  # and type of regionally based stakeholders contacted                  # and type of local government entities                  # of barriers identified                  # of alternatives, per barrier identified                  # of alternatives that were successful, per barrier identified</p>	
<p><b>Objectives</b></p>	<p><b>Activities Planned to Meet Objectives</b></p>	<p><b>Staff/Partnership Member(s) Responsible</b></p>	<p><b>Completed by: (month &amp; year)</b></p>
<p>A. By the end of the first quarter, develop a collaborative relationship with various departments within all LDSS in each county in the region.</p>			
<p>B. By the end of the second quarter, identify, build and maintain collaborative relationships with other regionally based stakeholders.</p>			
<p>C. By the end of the second quarter, identify, build and maintain collaborative relationships with other local government entities.</p>			

Applicant \_\_\_\_\_

D. By the end of each quarter, identify barriers related to developing collaborative relationships with various stakeholders.			
E. By the end of each quarter, develop and implement alternatives to experienced barriers to developing collaborative relationships.			

Applicant \_\_\_\_\_

**Work Plan Template**

<p><b>Goal 7: TBI ONLY: Maximize waiver participant enrollment and service provision while facilitating safe and secure housing.</b></p>		<p><b>Measures of Effectiveness:</b></p> <ul style="list-style-type: none"> <li><b>% of participants who are able to secure housing</b></li> <li><b>% of participants who receive support with housing expenses including security, utilities, household goods</b></li> <li><b>% of funding requests that are successfully transmitted and completed within required dates</b></li> </ul>	
Objectives	Activities Planned to Meet Objectives	Staff/Partnership Member(s) Responsible	Completed by: (month & year)
A. Facilitate housing location for participants in need of new housing alternatives.			
B. Review the required documentation to establish eligibility for housing subsidy.			
C. Ongoing, provide oversight that ensures all housing is safe and meets inspection criteria.			
D. Maintain regional housing budgets and ensure sufficient documentation to support requirements established by the TBI housing subsidy program.			

**Applicant** \_\_\_\_\_

E. Ongoing, ensure that all documentation is updated, and approved within DOH established timeframes and guidelines.			
G. By the end of each quarter, audit files and transmittals to ensure that rental and utility payment/distribution is consistent with identified needs.			