

State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Project Design Grant Application Instructions

Application due 6/26/2014

There will be no extensions for this application. Any application submitted past the due date will not be considered.

In addition to these instructions, you **MUST** read through the following documents on the **[DSRIP website](#)**:

- [Special Terms and Conditions](#)
- [Attachment I](#)
- [Attachment J](#)

It is also recommended that you read through the [Frequently Asked Questions](#). Additionally, a Q&A document specifically pertaining to the Design Grant will be posted to the website shortly.

Contents

General Instructions:.....	3
Other Requirements:	3
Section 1: Lead Applicant Information and Project Point of Contact	4
Section 2: Partner Organizations – Contact Information.....	6
Section 3: Partner Organizations and Service Area	7
Section 4: Project Program Overview and Description.....	7
Section 5: Community Needs Assessment.....	8
Section 6: List of Vendors.....	9
Section 7: Design Grant Timeline.....	10
Section 8: Data Request.....	10
Section 9: Design Grant Budget	11
Section 10: Project Advisory Committee	11
Saving and Submitting:	13
Appendix A: Safety Net Definition/Performing Provider System/DSRIP Funding Pools.....	14
Appendix B: Domains and Projects.....	16
Appendix C: Drop Down Menu Instructions	19
Appendix D: Drop Down Menu Listing.....	20
Appendix E: Inserting additional lines.....	22
Appendix F: DSRIP Website URL	23
Appendix G: DSRIP Project Toolkit.....	23

In addition to these instructions, you **MUST** read through the following documents on the **[DSRIP website](#)**:

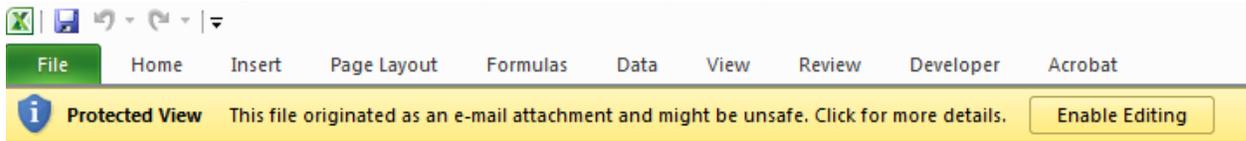
- [Special Terms and Conditions](#)
- [Attachment I](#)
- [Attachment J](#)

It is also recommended that you read through the [Frequently Asked Questions](#). Additionally, a Q&A document specifically pertaining to the Design Grant will be posted to the website shortly.

General Instructions:

There are two versions of this application. “DSRIP Project Design Grant Application Version 1 (2010-13)” is compatible with versions of Microsoft Excel 2010 and 2013. “DSRIP Project Design Grant Application Version 2 (2007)” is compatible with Microsoft Excel 2007. Note: it is still possible to complete the application with a different (previous) version of Excel, however, we **highly recommend that you use version 2007 or higher** since the drop down menus are not compatible with previous versions. If using a version prior to Excel 2007, you must type in your answer exactly as detailed in Appendix D.

- These are the instructions to the DSRIP Design Grant Application. Please read all instructions. If you have further questions, please submit them to BVAPR@health.state.ny.us with “Lead Facility Name – DSRIP Design Grant Application Question” as the subject.
- Please complete your DSRIP Design Grant Application in the provided excel file and submit the completed application to BVAPR@health.state.ny.us with “Lead Facility Name – DSRIP Design Grant Application” by the **due date of 6/26/2014**. There will be no extensions for this application. Any application submitted past the due date will not be considered.
- Only enter information in the shaded grey cells; if information has been entered, the cell will turn white.
- Multiple sections have character limits, so please be concise in your answers. The amount of remaining characters is displayed under or to the right of each limited textbox. This count of characters will be updated after you select another cell. Do **not** provide separate additional information; it will not be considered.
- Instructions to add lines to certain forms and how to use drop down menus are included in Appendices C, D, and E, starting on page 18 of this instruction booklet.
- If you see the following message after opening the excel application form, you must click on the “Enable Editing” button to allow you to fill out your application.



Other Requirements:

- Emerging Preforming Provider Systems (PPS) are encouraged to submit a non-binding letter of intent by May 15, 2014. Further instructions to submit this letter can be found on the [DSRIP website](#).
- As noted on page 58 of the DSRIP STCs, providers and coalitions who are awarded a Project Design Grant must submit a DSRIP application. This DSRIP Project Plan Application is due (tentatively) on December 16, 2014. The DSRIP STCs are available on the DSRIP website.

Section 1: Lead Applicant Information and Project Point of Contact

1.1)

- Please enter the requested information in the appropriate boxes.
- The Organization Name should be the **full legal name** of the lead applicant as on file with the licensing agency (DOH, OMH, OASAS, etc.)
- **OPCERT:** For the field marked “ Operating Certificate # (Opcert)” you will enter a certain identifying code depending on your designation:
 - **DOH:** Enter the Operating Certificate Number. This is a seven-digit number, sometimes followed by a letter. For example: Hospitals - 1234567H; Nursing Homes - 1234567N
 - **OASAS:** Enter the five-digit Program Reporting Unit (PRU) number. Exception: use 99999 if no PRU has been assigned to a program (for example, Special Legislative Grant (MIs)).
 - **OMH:** Enter the Operating Certificate Number for certified programs and the Facility-Unit code for noncertified programs.
 - **OPWDD:** Enter the Operating Certificate Number for certified programs. For noncertified programs, use the first four digits of the agency code and the last three digits from the program code. When more than one program/site is assigned to the same program/site identifier, increase the number of the last digit by one. For NYS OPTS (Program Code 0234) use the contract number replacing the starting letter of the contract number with “0” in order to create a seven-digit number.
- **Provider Type:** Select the lead applicant’s provider type from the drop-down menu. For applicants who are subsets of provider types, you must select the most specific category applicable to you; for instance, an FQHC **cannot** select their category as D&TC since they **must** choose FQHC. If your provider type is not available from the drop-down, please select “Other” in the drop down and use the text box “Provider Type – Other” to enter in your provider type.
 - **Note:** If you have selected “public hospital” as your provider type, you qualify under the Safety Net Definition and do not need to complete Section 1.3 as there is no “public hospital” selection available from the drop-down menu.
- **MMIS:** The MMIS Provider Number is an eight digit number, frequently starting with 00. If your number starts with a zero (0), insert an apostrophe (') before the number or excel will not recognize the leading zeroes. For example: 12345678, or '00123456
- **Billing Entity ID:** The Medicaid Billing Entity ID begins with “E” and is followed by seven digits. For example: E1234567
- **NPI:** The Billing Provider NPI is ten digits. All applicants are required to enter NPI #1; if available, a second NPI must be given as well.
- **Federal Employer Identification Number (FEIN):** This is a 9 digit number assigned by the Internal Revenue Service to taxpayers who are required to file business tax returns. The format is two digits followed by a dash followed by the remaining seven digits, for example: 12-3456789 or 00-1234567.

1.2)

- Please provide a brief statement as to why and how the lead organization is capable of and qualified to lead the emerging Performing Provider System. This field is limited to 3000 characters (approximately 500 words).
- Possible content: previous experience, unique leadership capabilities, etc.

1.3)

- All information requested in this section is for the **Lead Applicant only**. Based on the lead applicant's provider type (either Hospital or non-hospital based), please fill out the applicable section indicating how you qualify under the Safety Net Definition.
- The full safety net definition can be found in Appendix A of this document as well as on the [DSRIP website](#). The website also contains preliminary lists of eligible providers based on data developed by the Office of Health Insurance Programs (OHIP).
- Hospitals must meet one of the three criteria:
 1. The first criterion is based on the Lead Applicant's provider type. If you have selected "public hospital" as your provider type in Section 1.1, you qualify under the Safety Net Definition and **do not need to complete this section** (1.3) as there is no "public hospital" selection available from the drop-down menu; please move on to Section 1.4 – Project Point of Contact. Otherwise, select either the provider type applicable to you or "none of the above". Facility types that pass this test are: public hospitals, critical access hospitals, and sole community providers. If you selected "none of the above", move on to the next test. If you selected your provider type, please move on to Section 1.4 – Project Point of Contact.

OR

2. For the second criterion, you must pass both tests A and B. Test A measures the percent of patient volume in outpatient lines of business that are associated with Medicaid, uninsured, and Dual Eligible individuals (35% or more to pass). Test B measures the percent of inpatient discharges associated with Medicaid, uninsured, and Dual Eligible individuals. Use the drop down to indicate whether or not you pass both tests. Provide your respective percentages in the cells to the right. If you passed both tests A and B, move on to Section 1.4 – Project Point of Contact, if not, move on to the third criteria.

OR

3. To pass the third criterion, you must serve at least 30 percent of all Medicaid, uninsured, and Dual Eligible members in the proposed county or multi-county community. Indicate whether you pass the test with the drop down menu and provide the requested percentage in the cell to the right.
- Non-hospital based providers must meet one criteria. Use the drop-down to indicate whether you have more than 35 percent of all patient volume in their primary lines of business and must be associated with Medicaid, uninsured and Dual Eligible individuals.

1.4)

- Please enter the primary and secondary contact people for this application.
- At least one of the project points of contact must be from the lead applicant
- Only one contact phone number can be entered per contact. Please input only the ten digits; they will be auto-formatted to (XXX)XXX-XXXX. The extension, if applicable, should be entered in the cell to the right.

Section 2: Partner Organizations – Contact Information

2.1)

- For each proposed Partner Organization, please list the requested information beginning with the Partner Organization #1 in the upper left hand corner, continuing in numerical order. If you have more than 100 partner organizations, please send an email to BVAPR@health.state.ny.us with “DSRIP – Lead Facility Name” in the subject.
- The Organization Name should be the **full legal name** of the partner applicant as on file with the licensing agency (DOH, OMH, OASAS, etc.)
- Make the appropriate selection for whether the partner organization is qualified as a safety net provider. Please note that providers that do not meet the safety net definition can still be considered as part of an emerging Performing Provider System; however, their portion of the award must be less than 5% of the total award. More information about this can be found in the DSRIP STCs, and Attachment I on the [website](#).
- Please enter the partner organization’s address, contact name, phone number, and email. Only one contact phone number can be entered per contact. Please input only the ten digits; they will be auto-formatted to (XXX)XXX-XXXX. The extension, if applicable, should be entered in the cell to the right.
- Select the partner organization’s provider type from the drop-down menu. For applicants who are subsets of provider types, you must select the most specific category applicable to you; for instance, an FQHC **cannot** select their category as D&TC since they **must** choose FQHC. . If your provider type is not available from the drop-down, please select “Other” in the drop down and use the text box “Provider Type – Other” to enter in your provider type.
- **OPCERT:** For the field marked “ Operating Certificate # (Opcert)” you will enter a certain identifying code depending on your designation:
 - **DOH:** Enter the Operating Certificate Number. This is a seven-digit number, sometimes followed by a letter. For example: Hospitals - 1234567H; Nursing Homes - 1234567N
 - **OASAS:** Enter the five-digit Program Reporting Unit (PRU) number. Exception: use 99999 if no PRU has been assigned to a program (for example, Special Legislative Grant (MIs)).
 - **OMH:** Enter the Operating Certificate Number for certified programs and the Facility-Unit code for noncertified programs.
 - **OPWDD:** Enter the Operating Certificate Number for certified programs. For noncertified programs, use the first four digits of the agency code and the last three digits from the program code. When more than one program/site is assigned to the

same program/site identifier, increase the number of the last digit by one. For NYS OPTS (Program Code 0234) use the contract number replacing the starting letter of the contract number with "0" in order to create a seven-digit number.

- **MMIS:** The MMIS Provider Number is an eight digit number, frequently starting with 00. If your number starts with a zero (0), insert an apostrophe (') before the number or excel will not recognize the leading zeroes. For example: 12345678, or '00123456
- **Billing Entity ID:** The Medicaid Billing Entity ID begins with "E" and is followed by seven digits For example: E1234567
- **NPI:** The Billing Provider NPI is ten digits. All applicants are required to enter NPI #1; if available, a second NPI must be given as well.
- **Federal Employer Identification Number (FEIN):** This is a 9 digit number assigned by the Internal Revenue Service to taxpayers who are required to file business tax returns. The format is two digits followed by a dash followed by the remaining seven digits, for example: 12-3456789 or 00-1234567.

Section 3: Partner Organizations and Service Area

Please answer these sections based on the proposed service area for the whole emerging Performing Provider System.

3.1)

- Please use the drop down menu to indicate whether you expect to need any regulations waived to accomplish the DSRIP partnerships within your emerging Performing Provider System. Potential answers include "Yes", "No", and "Not Sure".
- If you selected "Yes," please provide an explanation. If you responded "Not Sure", you may choose to add an explanation. This explanation is limited to 2000 characters (approx. 330 words).

3.2)

Please provide a brief overview describing your emerging Performing Provider System's proposed service area. Include a general overview of the area, its geographic location, notable characteristics specific to the region or population, and any other pertinent information. This section is limited to 3000 characters (approx. 500 words).

3.3)

Indicate all of the counties within your emerging Performing Provider System's proposed service area by either typing in an "x" or selecting the "x" from the drop-down menu. To clear an "x", select the cell and hit backspace then enter.

Section 4: Project Program Overview and Description

Questions 4.1 – 4.3

An emerging Performing Provider System must select a total of at least five, but no more than ten projects under all three domains. A full listing of these projects can be found in Appendix B.

Additional useful information about these projects can be found in Appendix G: DSRIP Project Toolkit, which is also found on the [website](#).

After you have selected the projects, please use the text box underneath each to provide the reasoning why your emerging Performing Provider System has selected the chosen projects from each Domain. These descriptions are limited to 4000 characters each (approx. 650 words).

4.1)

In Domain 2, you must choose at least two and at most four projects. The first project must come from sub list A. The second project must be from either sub list B or C. The remaining two optional projects can be selected from sub list A, B, or C.

4.2)

In Domain 3, you must choose at least two and at most four projects. The first project must come from sub list A. The second project and the two remaining optional projects can be selected from any of the sub lists in Domain 3.

4.3)

In Domain 4, you must select at least one and at most two projects. The first project and the second optional project can be selected from sub list A, B, C, or D.

Questions 4.4 – 4.6

Please provide an explanation for each of the requested items. Each section is limited to 3000 characters (approx. 500 words).

4.4)

Provide a brief executive summary of your emerging Performing Provider System's **vision** and **goals** and how your emerging Performing Provider System hopes to sustain these achievements beyond your DSRIP program timeframe.

4.5)

Why does your emerging Performing Provider System, as a whole, feel uniquely qualified to participate in DSRIP and serve the area you have proposed?

4.6)

What specific challenges does your emerging Performing Provider System foresee that could hinder the implementation of its DSRIP plan?

Section 5: Community Needs Assessment

Each of the following requested narratives is limited to 5000 characters (approx. 800 words). Cells will auto-expand as the text is entered; you may also resize the row height. It is also possible to copy and paste content from a Word document.

5.1) Planning and Organizing:

Describe how your emerging Performing Provider System will plan and organize the community needs assessment. Several examples of activities that you may want to describe are: establishing a committee, gathering preliminary information, setting goals/objectives, etc.

5.2) Needs Assessment Methodology:

Identify and briefly describe how you will determine the methodology to assess the community's needs. Examples of activities in this section include defining the community, identifying types of measurements to be used, development and creation of survey, etc.

5.3) Data Collection:

Identify and briefly describe how you will collect the data for your community needs assessment. Examples include: use of focus groups, method of data collection, administration of survey, etc.

5.4) Reporting:

Describe how your emerging Performing Provider System plans to interpret and summarize data and communicate the findings to the appropriate parties.

5.5) Stakeholder Engagement:

Describe how your emerging Performing Provider System plans to engage the various key community stakeholders in the development of your DSRIP Project Plan. For the purpose of the Community Needs Assessment, stakeholders should not be Performing Provider System partner organizations, but more so community based organizations. Examples include, but are not limited to, regional health planning organizations, community advocacy groups, religious organizations, and schools.

Section 6: List of Vendors

6.1)

- Applicants must list the contact information for any vendor(s) they plan to hire in relation to the DSRIP program. The state maintains the right to approve any vendor used in the DSRIP program.
- For each proposed vendor, please list the requested information, beginning with Vendor #1 in the upper left-hand corner, continuing in numerical order.
- The vendor's full legal name should be entered in the "Organization Name" box
- Please enter the vendor organization's address, contact name, phone number, and email. Only one contact phone number can be entered per contact. Please input only the ten digits; they will be auto-formatted to (XXX)XXX-XXXX. The extension, if applicable, should be entered in the cell to the right.
- In the text box below the contact information, briefly describe how they will assist in planning and the vendor's qualifications to perform the stated tasks. This field is limited to 1000 characters (approx. 160 words).

- If you have more than six vendors, please send an email to BVAPR@health.state.ny.us with “DSRIP – Lead Facility Name” in the subject.

Section 7: Design Grant Timeline

7.1)

- Please provide a timeline of your planning process. This timeline should cover major actions, decisions, and milestones in creating a DSRIP Project Plan Application; be sure to include major items related to engaging stakeholders and the community needs assessment (see the chart below).
 - In the "Timing" column, please indicate when the action is planned to occur. Dates can be either be selected using the drop down menu or manually entered. If entering dates manually, please use the format of Month/Day/Year for the date. Also be sure to include the / or the date will not input properly.
 - The acceptable range of dates is from April 14 2014 – March 31, 2015, however, it is expected that certain deliverables such as the community needs assessment and the stakeholder engagement plan are completed before the DSRIP Project Plan Application is due (tentatively) on December 16 2014.
 - In the middle column, please indicate whether the item is an action, decision, or milestone.
 - The third column should contain a description of the action, decision, or milestone. This field is limited to 1200 characters (approx. 200 words).
- To add additional lines, see Appendix E on page 21.
- Elements that are required for the full DSRIP application should be reflected in your Timeline. More information about these elements can be found in the STCs and Attachments I and J on the [DSRIP website](#). Additionally, be sure to include the following items:

Item	Action/Decision/Milestone
Major activities and milestones from your Community Needs Assessment	Various
Major activities planned to engage stakeholders	Various
Deliverables / milestones in planning of specific projects	Various
Completed DSRIP application	Milestone

Section 8: Data Request

Please identify any additional data that would be helpful in completing the DSRIP Project Plan. The state has provided a series of Data Workbooks on the [website](#) for this purpose. (Section called “DSRIP Performance Data”) More information can also be found in the [PowerPoint](#) (slides 87-92).

8.1)

- Please identify the information that you are requesting in the first column (type of data) and provide an explanation of what the data is and how it could be useful in the second column.
- The explanation column is limited to 1500 characters (approx. 250 words).
- To add additional lines, please see Appendix E on page 21.

Section 9: Design Grant Budget

9.1)

- Please fill out the DSRIP Planning Grant Budget template
- Please only include direct expenses related to developing your DSRIP Project Plan application.
- There are several headings with categories of costs identified. Provide your estimates in the cells to the right. If you have additional categories, you may add them beneath the appropriate heading. You may also enter up to two of your own headings and enter additional categories under them.

9.2)

Use the drop-down menu to indicate whether your emerging Performing Provider System anticipates needing capital funding to achieve the goals of your DSRIP Project Plan; potential answers are “yes”, “maybe”, and “no”. If you indicate “yes” or “maybe”, please provide a rough estimate of the total amount you would be applying for. Also, if you have indicated “yes” or “maybe” for this section, please complete sections 9.3 and 9.4 as well.

9.3)

Please use the grid to state which types of costs the capital funds would be utilized for (e.g. construction, renovation) as well as approximately how much funding would be needed for each potential category.

9.4)

Please describe which DSRIP projects these capital funds would be applied to and how the capital funds will help the emerging Performing Provider System achieve its project specific DSRIP objectives. This explanation is limited to 3500 characters (approx. 550 words)

Section 10: Project Advisory Committee

The Project Advisory Committee (PAC) serves as an advisory entity within the PPS that offers recommendations and feedback on PPS initiatives. The PAC should be involved in the various facets of developing a PPS' DSRIP Project Plan and then engaged in the implementation and oversight of the Project Plan. PAC meetings/conference calls serve as a forum to share and review proposals as well as discuss ideas that will affect the PPS and its workforce. PACs may choose to form sub-committees around various project or issues, but sub-committees should attempt to maintain their

representativeness of the PAC stakeholders. PACs should meet no less than once a month during the DSRIP planning phase and no less than once a quarter during the implementation phase.

While there is no set minimum/maximum number regarding PAC members, the State understands that it may become impracticable to require larger emerging PPS to have all the partner, union and worker representatives included in the PAC, while expect the committee to be efficient and effective.

- For an emerging PPS with less than 20 partnering organizations, the organizational, partner and/or worker representatives should be included for each participating organization.
- For an emerging PPS with over 20 partnering organizations, qualifying emerging PPS may propose an alternative PAC committee structure that will allow for a leaner committee, as long as the proposed structure is still representative of all key parties within the PPS. Any alternative proposal must be approved by the state during the DSRIP Design Grant application process.

The composition of the PAC is expected to change as the partner organization list is developed and finalized; an updated list of PAC representatives may be a required as a future deliverable.

Unless an alternative structure is being proposed, PAC Representatives should be determined using the following process:

1. Organizational representatives:
 - a. Emerging PPS partners with more than 50 employees are required to have an organizational (managerial) representative participate in the PAC.
 - b. Emerging PPS partners with less than 50 employees have the option of selecting an organizational (managerial) representative to participate in the PAC.
2. Worker representatives:
 - a. Partner organizations that are not unionized and have over 50 employees must develop a process to elect a worker (non-managerial employee) representative to participate in the PAC.
 - b. For non-unionized partner organizations with less than 50 employees, the employees have the option of electing a worker (non-managerial employee) representative to participate in the PAC if they so choose.
3. Union Representatives:
 - a. Partner organizations that are unionized and have over 50 employees must designate a union representative to participate in the PAC. If a particular union represents workers from multiple emerging PPS partners, one representative from that union is sufficient to satisfy PAC requirements.
 - b. For unionized partner organizations with less than 50 employees, the union has the option of designating a union representative to participate in the PAC if they so choose.

10.1)

Describe how the Project Advisory Committee will assist the emerging Performing Provider System in the development of its DSRIP Project Plan. This section is limited to 4500 characters (approx. 750 words).

Questions 10.2 & 10.3 are in regards to flexibility in the PAC

10.2)

Use the drop-down menu to indicate if your emerging Performing Provider System (PPS) is proposing an alternative structure for your Project Advisory Committee (PAC). In order to qualify to propose an alternative structure for your PAC, your emerging PPS must contain more than 20 partnering organizations. To answer this question, use the drop down menu to select a “Yes” or “No”. If you answer “Yes”, please answer question 10.3. If you selected “No”, then please skip question 10.3 and continue to answer question 10.4.

10.3)

This question should only be filled out if you had answered a “Yes” in question 10.2. Provide an explanation for how:

- Your PAC will be structured
- Your PAC members were selected
- The composition of your PAC is representative of the PPS entities and workforce

Keep in mind that the proposed alternative structure must still represent all key parties (Partner Organization representatives, Union representatives, and worker representatives) within the PPS. Any alternative proposal must be approved by the state during the DSRIP design grant application process. This section is limited to 5000 characters (approx. 800 words).

10.4)

- List the proposed worker representatives, union representatives, and PPS partner representatives that will be part of the emerging PPS’ Project Advisory Committee.
 - Under column 1, list the proposed member’s first name and last name separated by a space.
 - In column 2, select the appropriate classification as to whether the person is a union representative, worker representative, or partner organization representative.
 - In column 3, enter the name of the partner organization that they are representing; these organization names should match those entered in Section 2.
 - If you indicated in column 2 that the representative is a union representative, please provide the name of the union in column 4.
- To add additional lines, see Appendix E on page 21.

Saving and Submitting:

Save your application Excel file as the lead facility’s legal name followed by an underscore followed by their operating certificate number or other unique identifier: “Lead_facility_name_opcert#” The name and opcert (or other unique identifier) should match those entered into the lead applicant information in Section 1. For example, “The_Hospital_1234567H”

Please submit the completed excel file to BVAPR@health.state.ny.us with a subject heading of “Lead Facility Name – DSRIP Project Design Grant” **by 6/26/2014**. There will be no extensions for this application. Any application submitted past the due date will not be considered.

Appendix A: Safety Net Definition/Performing Provider System/DSRIP Funding Pools

Safety Net Definition:

The definition of safety net provider for hospitals will be based on the environment in which the performing provider system operates. Below is the safety net definition:

- a) A hospital must meet the following criteria to participate in a performing provider system:
 - i. Must be either a public hospital, Critical Access Hospital or Sole Community Hospital, or:
 - ii. Must pass two tests:
 - a) At least 35 percent of all patient volume in their outpatient lines of business must be associated with Medicaid, uninsured and Dual Eligible individuals.
 - b) At least 30 percent of inpatient treatment must be associated with Medicaid, uninsured and Dual Eligible individuals; or
 - iii. Must serve at least 30 percent of all Medicaid, uninsured and Dual Eligible members in the proposed county or multi-county community. The state will use Medicaid claims and encounter data as well as other sources to verify this claim. The state reserves the right to increase this percentage on a case by case basis so as to ensure that the needs of each community's Medicaid members are met.
- b) Non-hospital based providers, not participating as part of a state-designated health home, must have at least 35 percent of all patient volume in their primary lines of business and must be associated with Medicaid, uninsured and Dual Eligible individuals.
- c) Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are:
 - i. A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
 - ii. Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use. Any state-designated health home or group of health homes.
- d) Non-qualifying providers can participate in Performing Providers Systems. However, non-qualifying providers are eligible to receive DSRIP payments totaling no more than 5 percent of a project's total valuation. CMS can approve payments above this amount if it is deemed in the best interest of Medicaid members attributed to the Performing Provider System.

Performing Provider Systems:

The safety net providers that are funded to participate in a DSRIP project are called “Performing Provider Systems.” Performing Provider Systems that complete project milestones and measures as specified in Attachment J, “DSRIP Strategies Menu and Metrics”, are the only entities that are eligible to receive DSRIP incentive payments.

DSRIP Funding Pools:

Performing Provider Systems will be able to apply for funding from one of two DSRIP pools: Public Hospital Transformation Fund and Safety Net Performance Provider System Transformation Fund.

- a) The Public Hospital Transformation Fund will be open to applicants led by a major public hospital system. The public hospital systems allowed to participate in this pool include:
 - i. Health and Hospitals Corporation of New York City
 - ii. State University of New York Medical Centers
 - iii. Nassau University Medical Center
 - iv. Westchester County Medical Center
 - v. Erie County Medical Center
- b) The Safety Net Performance Provider System Transformation Fund would be available to all other DSRIP eligible providers.
- c) Allocation of funds between the two pools will be determined after applications have been submitted, based on the valuation of applications submitted to each pool. The valuation framework is described in STC 9 of this section and will be further specified in the Program Funding and Mechanics Protocol.
- d) There is also a Performance Pool within the two DSRIP pools, as described in the Program Funding and Mechanics Protocol (Attachment I).

Appendix B: Domains and Projects

Domain 2 System Transformation Projects

2A: Create Integrated Delivery Systems (required)

- 2.A.I Create Integrated Delivery Systems that are focused on Evidence Based Medicine / Population Health Management.
- 2.A.II Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the New York State Health Innovation Plan (SHIP))
- 2.A.III Health Home At-Risk Intervention Program –Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services
- 2.A.IV Create a medical village using existing hospital infrastructure
- 2.A.V Create a medical village/ alternative housing using existing nursing home

2B: Implementation of care coordination and transitional care programs

- 2.B.I Ambulatory ICUs
- 2.B.II Development of co-located primary care services in the emergency department (ED)
- 2.B.III ED care triage for at-risk populations
- 2.B.IV Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
- 2.B.V Care transitions intervention for skilled nursing facility residents
- 2.B.VI Transitional supportive housing services
- 2.B.VII Implementing the INTERACT project (inpatient transfer avoidance program for SNF)
- 2.B.VIII Hospital-Home Care Collaboration Solutions
- 2.B.IX Implementation of observational programs in hospitals

2C: Connecting System

- 2.C.I Development of community-based health navigation services
- 2.C.II Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services.

Domain 3 Clinical Improvement Projects

3A: Behavioral Health (Required)

- 3.A.I Integration of primary care services and behavioral health
- 3.A.II Behavioral health community crisis stabilization services
- 3.A.III Implementation of evidence based medication adherence program (MAP) in community based sites for behavioral health medication compliance
- 3.A.IV Development of withdrawal management (ambulatory detoxification) capabilities within communities
- 3.A.V Behavioral Interventions Paradigm in Nursing Homes (BIPNH)

3B: Cardiovascular Health

- 3.B.I Evidence based strategies for disease management in high risk/affected populations (adult only)
- 3.B.II Implementation of evidence-based strategies in the community to address chronic disease -- primary and secondary prevention projects (adult only)

3C: Diabetes Care

- 3.C.I Evidence-based strategies for disease management in high risk/affected populations (adults only)
- 3.C.II Implementation of evidence-based strategies in the community to address chronic disease – primary and secondary prevention projects (adults only)

3D: Asthma

- 3.D.I Development of evidence-based medication adherence programs (MAP) in community settings –asthma medication
- 3.D.II Expansion of asthma home-based self-management program
- 3.D.III Evidence based medicine guidelines for asthma management

3E: HIV

- 3.E.I Comprehensive Strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations – development of a Center of Excellence for management of HIV/AIDS

3F: Perinatal

- 3.F.I Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)

3G: Palliative Care

- 3.G.I IHI “Conversation Ready” model
- 3.G.II Integration of palliative care into medical homes
- 3.G.III Integration of palliative care into nursing homes

3H: Renal Care

- 3.H.I Specialized Medical Home from Chronic Renal Failure

Domain 4 Population-Wide Projects

4A: Promote Mental Health and Prevent Substance Abuse (MHSA)

- 4.A.I Promote mental, emotional and behavioral (MEB) well-being in communities
- 4.A.II Prevent Substance Abuse and other Mental Emotional Behavioral Disorders
- 4.A.III Strengthen Mental Health and Substance Abuse Infrastructure across Systems

4B: Prevent Chronic Diseases

- 4.B.I Promote tobacco use cessation, especially among low SES populations and those with poor mental health
- 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.b., such as cancer)

4C: Prevent HIV and STD's

- 4.C.I Decrease HIV morbidity
- 4.C.II Increase early access to, and retention in, HIV care
- 4.C.III Decrease STD morbidity
- 4.C.IV Decrease HIV and STD disparities

4D: Promote Healthy Women, Infants and Children

- 4.D.I Reduce premature births

This information is also located in the MRT Waiver Amendment presentation (April 14, 2014), as well as on Attachment J on pages 3-6.

To find both of these attachments, please use this [link](#).

Appendix C: Drop Down Menu Instructions

- This application contains multiple drop-down fields where you must make a selection from a predetermined list. To do so, please follow these instructions:

1. Click on the cell with the drop-down list (says "Select One")

Provider Type:

Select One	Other:
------------	--------

2. To the right of the cell pops up a little gray downwards arrow – click on it; alternatively you can double-click on the cell to reveal the drop down menu.

Provider Type:

Select One	her:
------------	------



3. Scroll and click on the appropriate choice.

Provider Type:

Select One	her:
Select One	
Hospitals	
Critical Access Hospital (CAH)	
Sole Community Provider (SCP)	
Diagnostic & Treatment Center (D&TC)	
Federally Qualified Healthcare Center (FQHC)	
Nursing Home	
Behavior health provider	

4. If the drop down menus are not displaying properly, it is still possible to complete the application; please see Appendix D.

Appendix D: Drop Down Menu Listing

If for some reason that drop down menus are not appearing on your screen as seen in the instructions, you can still manually type in the word in the cells, as long as you spell the exact appropriate word (**Exact spelling and spacing are crucial!!**).

In this section, you will have the exact words and spelling of what can be allowed to type in the cells that have a drop down menu.

Section 1: Lead Applicant Information

1.1) (Same drop down used in Section 2 for Partner Organization Contact Information):

Public Hospital
Voluntary Hospital (Non CAH, Non Sole Community Provider)
Critical Access Hospital (CAH)
Sole Community Provider (SCP)
Diagnostic & Treatment Center (Non FQHC)
Federally Qualified Healthcare Center (FQHC)
Nursing Home
Certified Home Health Agency
Skilled Nursing Facility
Assisted Living Facility
Long Term Home Health Care Provider
OMH (Article 31) Provider
OASIS (Article 32) Provider
OPWDD (Article 16) provider
Other

1.3)

Under the “Hospitals” section -

#1

Critical Access Hospital
Sole Community Hospital
Health and Hospitals Corporation of New York City
State University of New York Medical Centers
Nassau University Medical Center
Westchester County Medical Center
Erie County Medical Center
None of the above

#2 and #3

Yes
No

Under “Non-Hospital based providers” section -

Yes
No

Section 3: Partner Organizations and Service Area

3.1)

Yes

No

Not Sure

Section 4: Project Description

All drop down menus in this page for selecting the projects under the Domains will have to be typed in a certain format: **Number.Letter.Roman Numeral** (Example: 2.A.IV OR 3.B.I)

** Please see Appendix B for details of all the Domains and project types.

Section 7: Timeline

Under Action/Decision/Milestone

Drop down menu will only include:

Action

Decision

Milestone

Section 9: Budget and Capital Needs

9.2)

Yes

No

Maybe

Section 10: Project Advisory Committee

10.2)

Partner Organization Representative

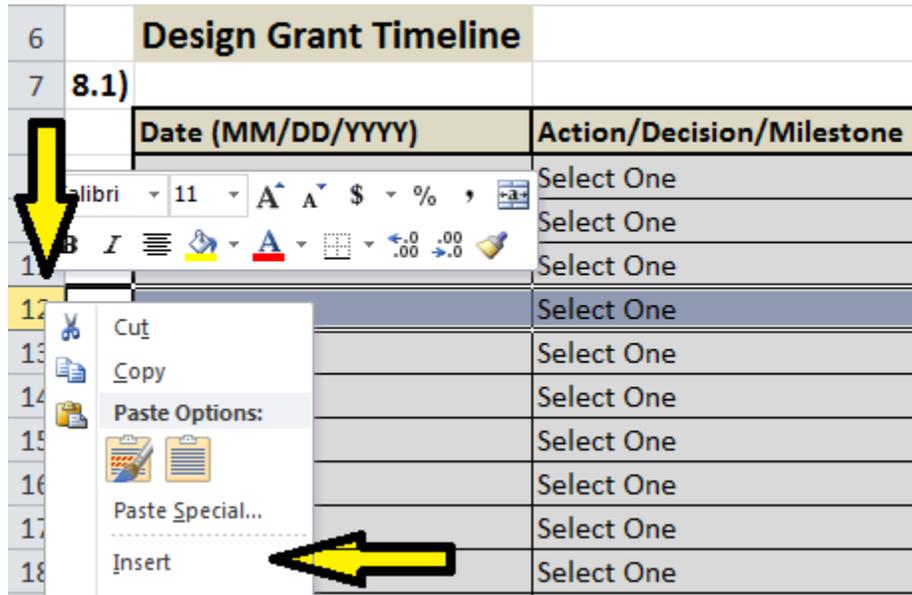
Union Representative

Worker Representative

Appendix E: Inserting additional lines

You may add additional lines to only the Timeline form (Section 7.1), the Data Request form (Section 8.1), and the Project Advisory Committee (Section 10.2).

- Right-click on a row and then select “Insert”



- Notes:
 - When right-clicking on the row, do not click on a cell, but on the number of the row as indicated by the top yellow arrow above.
 - The new space will not format properly if you select the first or last row; you should select one from the middle.

Appendix F: DSRIP Website URL

If the hyperlinks in this document do not work, you can type in the following URL to reach the DSRIP website.

DSRIP Home:

https://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm

FAQ:

http://www.health.ny.gov/health_care/medicaid/redesign/docs/dsrip_faq.pdf

Appendix G: DSRIP Project Toolkit

The [DSRIP Project Toolkit](#) was created to help Performing Provider Systems understand the core components of each DSRIP project. The toolkit describes how DSRIP project is distinct from each other as well as the state's rationale for selecting each project. The core components and other elements of the project description will be used as part of the DSRIP Project Plan checklist in the DSRIP application process. To assist providers in project selection, each project's value has been included for reference. Project index scores are based upon a grading rubric that evaluated the project's ability to transform the health care system.

https://www.health.ny.gov/health_care/medicaid/redesign/docs/dsrip_project_toolkit.pdf