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

DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

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Quarterly Report - Implementation Plan for Refuah Community Health Collaborative

Year and Quarter: DY2, Q4 **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.c.i	Development of community-based health navigation services	Completed
3.a.i	Integration of primary care and behavioral health services	Completed
3.a.ii	Behavioral health community crisis stabilization services	Completed
3.a.iii	Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance	Completed
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	Completed

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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	3,402,288	3,625,721	5,863,246	5,191,882	3,402,288	21,485,426
Cost of Project Implementation & Administration	**2,724,866**	**3,615,721**	**3,855,707**	**2,918,053**	**2,103,193**	**15,217,540**
Cost of Project Implementation	1,224,673	2,077,179	2,086,109	1,058,083	311,837	6,757,881
Cost of Administration	1,500,193	1,538,542	1,769,598	1,859,970	1,791,356	8,459,659
Revenue Loss	**0**	**0**	**0**	**0**	**0**	**0**
Internal PPS Provider Bonus Payments	**191,500**	**0**	**971,217**	**1,329,064**	**598,481**	**3,090,262**
Cost of non-covered services	**10,000**	**10,000**	**0**	**0**	**0**	**20,000**
Other	**475,922**	**0**	**1,036,322**	**944,765**	**700,614**	**3,157,623**
Contingency Fund	475,922	0	1,036,322	944,765	700,614	3,157,623
Total Expenditures	**3,402,288**	**3,625,721**	**5,863,246**	**5,191,882**	**3,402,288**	**21,485,425**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**1**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

March 16, 2016 - RCHC previously classified its Contingency Fund as a subcategory under the "Revenue Loss" category. RCHC has now moved the Contingency Fund to the "Other" category. This more accurately captures RCHC's intention to have the Contingency Fund available for a variety of unanticipated needs, which may potentially include revenue loss.
Since the submission of its initial DSRIP application, RCHC has put substantial effort into refining its initial budget projections. Based upon this analysis, which included evaluation of revised, preliminary budgets for the PMO, as well as detailed DSRIP project budgets, RCHC has revised its DSRIP Budget as follows: (1) "Revenue Loss" was reduced from 15% to 4% based upon analysis and discussions with Good Samaritan Hospital, the PPS' primary hospital partner, that indicate that Good Samaritan does not anticipate any bed reductions or loss revenue due to prior restructuring efforts and population growth in its service area; (2) "Cost of Implementation" decreased from 25% to 17% as PMO/infrastructure

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costs were reclassified to "Other" and some costs were moved to "Cost of Services Not Covered." Concurrently, "Costs of Services Not Covered" increased from 10% to 17% based on more detailed budgeting at the DSRIP project level to reflect a more appropriate measure of required new hires (e.g. care mangers, patient navigators) for RCHC's attributed members as well as a more-focused effort of integrating the Community Based Organizations into our PPS; (3) Given heightened concerns over the complexity of the DSRIP projects, uncertainties surrounding collaboration with other PPSs, the outstanding status of CRFP funding, and unforeseeable circumstances with respect to health reform in New York as a general matter, the "Contingency Pool" was increased from 5% to 11%; (4) to offset the first 3 adjustments, the "Other" category (specifically, the "Innovation Pool") was reduced from 5% to 2% and the PPS Partner Bonuses pool was decreased from 40% to 30% (this latter reduction is partially offset by additional payments budgeted to partners in the "Cost of Services Not Covered" pool).
The above narrative explanation is based upon a budget which reflects both the RCHC Net Project Valuation and the Safety Net Equity Funds (see attached). As the MAPP tool only provided for a budget based upon the Net Project Valuation of approximately $21 million dollars, please see the attached budget which reflects the total valuation of approximately $41 million dollars.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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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
3,625,721	21,485,426	1,038,064	17,238,409

Budget Items	DY2 Q4 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	**193,365**	**1,855,302**	**2,886,133**	**79.82%**	**13,362,238**	**87.81%**
Cost of Project Implementation	90,076					
Cost of Administration	103,289					
Revenue Loss	**0**	**0**	**0**		**0**	
Internal PPS Provider Bonus Payments	**1,786,952**	**1,956,952**	**-1,786,952**		**1,133,310**	**36.67%**
Cost of non-covered services	**42,920**	**81,117**	**-61,117**	**-611.17%**	**-61,117**	**-305.58%**
Other	**0**	**353,646**	**0**		**2,803,977**	**88.80%**
Contingency Fund	0					
Total Expenditures	**2,023,237**	**4,247,017**				

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.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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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	3,402,288	3,625,721	5,863,246	5,191,882	3,402,288	21,485,426
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	15,000	0	0	0	0	15,000
Clinic	41,500	0	1,333,554	1,614,658	785,084	3,774,796
Case Management / Health Home	13,500	0	0	0	0	13,500
Mental Health	32,000	0	0	0	0	32,000
Substance Abuse	10,500	0	0	0	0	10,500
Nursing Home	11,500	0	0	0	0	11,500
Pharmacy	1,500	0	0	0	0	1,500
Hospice	4,000	0	0	0	0	4,000
Community Based Organizations	22,500	0	0	0	0	22,500
All Other	67,500	10,000	0	0	0	77,500
Uncategorized						0
PPS PMO	3,124,816	3,673,693	4,529,692	3,577,224	2,617,204	17,522,629
Total Funds Distributed	**3,344,316**	**3,683,693**	**5,863,246**	**5,191,882**	**3,402,288**	**21,485,425**
Undistributed Revenue	**57,972**	**0**	**0**	**0**	**0**	**1**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

Funds Flow Narrative
Since the submission of its initial DSRIP implementation plan, RCHC has put substantial effort into refining its Funds Flow projections. In refining its analysis, RCHC took additional factors into consideration, including a detailed evaluation of specific partner participation in projects and, further clarification on the provider definitions provided in the funds flow table. Based on this analysis RCHC revised its DSRIP funds flow table as follows: (1) "Primary Care Physicians" and "Non-PCP Practitioners" categories were removed from the Funds Flow because RCHC determined that all such

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practitioners in its partner network are working for "Clinics". (2) The "Clinics" category decreased due to fine tuning of the key partners in each project RCHC which resulted in the conclusion that additional funding should be allocated to the "Behavioral Health" and "All Other" (which includes OPWDD, Home Health and EMS) categories.
The above narrative explanation is based upon the Funds Flow which reflects both the RCHC Net Project Valuation and the Safety Net Equity Funds (see attached). As the MAPP tool only provided for the Funds Flow based upon the Net Project Valuation of approximately $21 million dollars, please see the attached Funds Flow which reflects the total valuation of approximately $41 million dollars.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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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
3,625,721.00	21,485,426.00	1,038,066.28	17,301,937.28

Funds Flow Items	DY2 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 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.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i						
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0					0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0					0	0
Hospital	0	0.00%	0	0.00%	7,500	0	0	0	0	0	0	0					0	7,500
Clinic	1,730,033.50	100.00%	1,733,296	100.00%	2,386,468	9.18	33.39	0	56.74	0	.68	0					0	1,388,328
Case Management / Health Home	18,750	100.00%	18,750	100.00%	38,250	99.99	0	0	0	0	0	0					0	0
Mental Health	18,750	100.00%	18,750	100.00%	46,750	99.99	0	0	0	0	0	0					0	0
Substance Abuse	25,565.13	100.00%	34,377.63	100.00%	43,377.63	48.89	0	0	24.13	0	26.97	0					0	0
Nursing Home	0	0.00%	0	0.00%	11,500	0	0	0	0	0	0	0					0	0
Pharmacy	0	0.00%	0	0.00%	1,500	0	0	0	0	0	0	0					0	0
Hospice	0	0.00%	0	0.00%	4,000	0	0	0	0	0	0	0					0	0
Community Based Organizations	0	0.00%	0	0.00%	26,250	0	0	0	0	0	0	0					0	0
All Other	0	0.00%	3,000	52.41%	41,723.75	0	0	0	0	0	0	0					4,276.25	35,776.25
Uncategorized	36,773.17	0.00%	0	0.00%	73,171.34	34.01	0	5.08	0	60.9	0	0					0	0
Additional Providers	0	0.00%	0	0.00%	0													
PPS PMO	193,364	100.00%	716,836	100.00%	1,502,998												2,956,857	16,019,631
Total	**2,023,235.80**	**98.18%**	**2,525,009.63**	**97.58%**	**4,183,488.72**													

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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	

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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q4**
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		**1,730,033.50**
Ezras Choilim Hlth Ctr Inc	Clinic	541,790
Refuah Health Center Inc	Clinic	1,175,743.50
Jawonio Inc	Clinic	12,500
Case Management / Health Home		**18,750**
Mental Hlth Assoc Mh	Case Management / Health Home	18,750
Mental Health		**18,750**
Mental Hlth Assoc Rocklan Co	Mental Health	12,500
Bikur Cholim Inc	Mental Health	6,250
Substance Abuse		**25,565.13**
Restorative Management Corp	Substance Abuse	4,375
St Christophers Inn Inc	Substance Abuse	8,690.13
Lexington Ctr For Recovery	Substance Abuse	12,500
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

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q4**
Uncategorized		**36,773.17**
All Pro Home And Health Care Services, Inc	Uncategorized	14,375
Rockland Paramedic Services, Inc.	Uncategorized	22,398.17

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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider			
Provider Name	**Provider Category**	**IA Provider Approval/Rejection Indicator**	**DY2Q4**
Additional Providers			**0**
	Additional Providers		0

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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 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.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Distribute Project Impact Matrix	Completed	Step 1. Distribute the Project Impact Matrix and projection Template (prepared as part of Financial Health Current State Assessment) to PPS partners with explanation of the purpose of the matrix and how it will be used to finalize Funds Flow in determining expected impact of DSRIP projects and expectations of costs they will incur	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Complete Preliminary PPS-level Budget	Completed	Step 2. Complete a preliminary PPS-level budget for the PMO Administration, Cost of Implementation, Revenue Loss, Cost of Services not Covered by Medicaid budget categories (Excludes Bonus, Contingency and High Performance categories)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Budget Template	Completed	Step 3. During provider-specific budget processes, develop preliminary/final provider level budget template including completion of provider-specific Funds Flow plan and a variance analysis.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Review Provider Projections	Completed	Step 4. Review the provider-level projections of DSRIP impacts and costs submitted by the PPS partners	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Funds Flow Approach	Completed	Step 5. Develop the Funds Flow approach and distribution plan for each of the Funds Flow budget categories including drivers and requirements by DSRIP Project	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Distribute Funds Flow Plan	Completed	Step 6. Distribute Funds Flow approach and distribution plan to Financial Governing Committee and Executive Governing Body for approval	10/01/2015	12/31/2015	10/01/2015	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
Task 7. Prepare Funds Flow Budgets	Completed	Step 7. Prepare PPS, PPS partner and Project level Funds Flow budgets based upon final budget review sessions with PPS partners for review and approval by Financial Governing Committee and Executive Governing Body	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Training	Completed	Step 8. Communicate to PPS partners through a training session the approved Funds Flow plan, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Communicate Funds Flow Plan	Completed	Step 9. Communicate approved PPS partner-level Funds Flow plan to each partner including: (a) agreed upon Funds Flow plan, and (b) requirements to receive funds from the PPS Partner contracts	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. Distribute Funds Flow Plan	Completed	Step 10. Distribute Funds Flow policy and procedure to PPS partners, including: (a) expected funds distribution schedule, and (b) schedule of DSRIP period close requirements	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	

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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

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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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	3,929,815	3,929,815	3,929,815	3,929,814	3,929,814	19,649,073
Cost of Project Implementation & Administration	**0**	**750,000**	**750,000**	**700,000**	**600,000**	**2,800,000**
Administration	0	450,000	450,000	450,000	450,000	1,800,000
Implementation	0	300,000	300,000	250,000	150,000	1,000,000
Revenue Loss	**0**	**0**	**0**	**0**	**0**	**0**
Internal PPS Provider Bonus Payments	**0**	**2,439,472**	**2,982,454**	**2,982,454**	**2,982,454**	**11,386,834**
Cost of non-covered services	**0**	**900,000**	**900,000**	**900,000**	**600,000**	**3,300,000**
Other	**0**	**250,000**	**500,000**	**500,000**	**500,000**	**1,750,000**
Innovation Fund	0	250,000	500,000	500,000	500,000	1,750,000
Total Expenditures	**0**	**4,339,472**	**5,132,454**	**5,082,454**	**4,682,454**	**19,236,834**
Undistributed Revenue	**3,929,815**	**0**	**0**	**0**	**0**	**412,239**

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	

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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
3,929,815	19,649,073	1,342,158.56	17,061,416.56

Budget Items	DY2 Q4 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	**193,365**	**729,587.44**	**20,412.56**	**2.72%**	**2,070,412.56**	**73.94%**
Administration	103,289					
Implementation	90,076					
Revenue Loss	**0**	**0**	**0**		**0**	
Internal PPS Provider Bonus Payments	**1,786,952**	**1,786,952**	**652,520**	**26.75%**	**9,599,882**	**84.31%**
Cost of non-covered services	**42,920**	**71,117**	**828,883**	**92.10%**	**3,228,883**	**97.84%**
Other	**0**	**0**	**250,000**	**100.00%**	**1,750,000**	**100.00%**
Innovation Fund	0					
Total Expenditures	**2,023,237**	**2,587,656.44**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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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	3,929,815	3,929,815	3,929,815	3,929,814	3,929,814	19,649,073
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	44,684	56,474	56,474	47,474	205,106
Clinic	0	2,492,539.25	2,787,275.75	2,787,275.75	2,562,275.75	10,629,366.50
Case Management / Health Home	0	29,789	37,649	37,649	31,649	136,736
Mental Health	0	74,474	94,123	94,123	79,123	341,843
Substance Abuse	0	74,474	94,123	94,123	79,123	341,843
Nursing Home	0	37,237	47,061	47,061	39,561	170,920
Pharmacy	0	14,895	18,825	18,825	15,825	68,370
Hospice	0	0	0	0	0	0
Community Based Organizations	0	37,237	47,061	47,061	39,561	170,920
All Other	0	22,342	28,237	28,237	23,737	102,553
Uncategorized	0	37,237	47,061	47,061	39,561	170,920
PPS PMO	0	1,474,565	1,874,565	1,824,565	1,724,565	6,898,260
Total Funds Distributed	**0**	**4,339,473.25**	**5,132,454.75**	**5,082,454.75**	**4,682,454.75**	**19,236,837.50**
Undistributed Non-Waiver Revenue	**3,929,815**	**0**	**0**	**0**	**0**	**412,235.50**

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

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

New York State Department Of Health
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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
3,929,815.00	19,649,073.00	1,342,159.84	17,061,417.84

Funds Flow Items	DY2 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 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	44,684	205,106
Clinic	1,730,033.50	100.00%	1,733,296	100.00%	1,733,296	759,243.25	8,896,070.50
Case Management / Health Home	18,750	100.00%	18,750	100.00%	18,750	11,039	117,986
Mental Health	18,750	100.00%	18,750	100.00%	18,750	55,724	323,093
Substance Abuse	25,565.13	100.00%	34,377.63	100.00%	34,377.63	40,096.37	307,465.37
Nursing Home	0	0.00%	0	0.00%	0	37,237	170,920
Pharmacy	0	0.00%	0	0.00%	0	14,895	68,370
Hospice	0	0.00%	0	0.00%	0	0	0
Community Based Organizations	0	0.00%	0	0.00%	750	36,487	170,170
All Other	0	0.00%	3,000	52.41%	5,723.75	16,618.25	96,829.25
Uncategorized	36,773.17	0.00%	0	0.00%	59,171.34	0	111,748.66
Additional Providers	0	0.00%	0	0.00%	0		

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Funds Flow Items	DY2 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 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	193,364	100.00%	716,836.44	100.00%	716,836.44	757,728.56	6,181,423.56
Total	**2,023,235.80**	**98.18%**	**2,525,010.07**	**97.58%**	**2,587,655.16**		

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	

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* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q4**
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		**1,730,033.50**
Jawonio Inc	Clinic	12,500
Refuah Health Center Inc	Clinic	1,175,743.50
Ezras Choilim Hlth Ctr Inc	Clinic	541,790
Case Management / Health Home		**18,750**
Mental Hlth Assoc Mh	Case Management / Health Home	18,750
Mental Health		**18,750**
Mental Hlth Assoc Rocklan Co	Mental Health	12,500
Bikur Cholim Inc	Mental Health	6,250
Substance Abuse		**25,565.13**
St Christophers Inn Inc	Substance Abuse	8,690.13
Lexington Ctr For Recovery	Substance Abuse	12,500
Restorative Management Corp	Substance Abuse	4,375
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

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q4**
Uncategorized		**36,773.17**
Rockland Paramedic Services, Inc.	Uncategorized	22,398.17
All Pro Home And Health Care Services, Inc	Uncategorized	14,375

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* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider			
Provider Name	**Provider Category**	**IA Provider Approval/Rejection Indicator**	**DY2Q4**
Additional Providers			**0**
	Additional Providers		0

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IPQR Module 1.11 - IA Monitoring

Instructions :

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

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Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions :

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

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

Refuah Community Health Collaborative (PPS ID:20)

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 1. Adopt Clinical Governance Committee Charter	Completed	Adopt Clinical Governance Committee Charter by Clinical Governance Committee and Executive Governing Body; Charter will provide that this Committee will perform the oversight function for clinical/quality aspects of the domains/projects, as reported by to the Committee. Charter will recognize that RCHC is a "small" PPS and only requires that clinical governance be concentrated in a single committee. Project specific subcommittees and workgroups will be established as determined necessary.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Develop meeting schedule	Completed	Develop meeting schedule for Clinical Governance Committee	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Develop Policies and Procedures	Completed	Develop and adopt internal Clinical Governance Policies and Procedures	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Establish Workgroups	Completed	Establish appropriate workgroups and/or clinical quality subcommittees for specific projects or project categories. Work with other PPSs in the region to identify appropriate projects for regional workgroups and clinical quality committees. Recruit and finalize membership of any subcommittees or workgroups of the Clinical Governance Committee.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. Finalize Charters	Completed	Finalize charters for Executive Governing Body and all Committees. Develop a process for monitoring and reporting any updates to the charters and relevant policies.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop policies	Completed	Develop policies and procedures for Executive Governing Body and Committee meetings	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Draft Template Master DSRIP Participation agreement	Completed	Draft Template Master DSRIP Participation Agreement and circulate to Executive Governing Body for review	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Adopt Master DSRIP Participation Agreement	Completed	Adoption of Master DSRIP Participation Agreement by Executive Governing Body and distribution to PAC and PPS Partners, including CBO's	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Develop dispute resolution process	Completed	Develop processes and methodology for action of Committees and Executive Governing Body vis a vis	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
		underperforming or non-performing PPS Partners							
Task 6. Develop processes for underperforming PPS partners	Completed	Develop processes and methodology for action of Committees and Executive Governing Body vis a vis underperforming or non-performing PPS Partners	07/01/2015	09/30/2015	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.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Develop two-way communication process	Completed	Develop two-way communication processes between Executive Governing Body and all Committees and Workgroups. Develop a process to track and report updates, including relevant dashboards or other tracking mechanisms.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Create processes to obtain feedback	Completed	Create processes to obtain feedback from PAC members regarding on-going communication processes between and among PAC members, other PPS partners, the Executive Governing Body and all Committees and Workgroups, CBOs, public sector agencies and external stakeholders	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Develop standard reports	Completed	Develop standard reports to be sent by Clinical Governance Committee to Executive Governing Body and to all other Committees and PAC.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Identify project leads	Completed	Identify project leads responsible for development and execution of this milestone.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop a community engagement plan	Completed	Develop a community engagement plan that provides for processes to: (a) disseminate DSRIP and PPS related information to local public sector agencies such as the Rockland and Orange County Departments of Health and Mental Health and community organizations; (b) engage the community in an active role with respect to DSRIP implementation; and (c) facilitate meaningful input and feedback from external stakeholders. All local public sector agencies will be encouraged to attend and participate in PAC	04/01/2015	06/30/2016	04/01/2015	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
		meetings.							
Task 3. Perform evaluation of stakeholders	Completed	Perform an evaluation of area stakeholders to determine interested parties and appropriate participants. Delineate roles and responsibilities of applicable parties, including CBOs and community representatives.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Content to stakeholders	Completed	Create strategies to develop and disseminate relevant content to external stakeholders, as well as mechanisms to increase community engagement.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Develop monitoring and reporting processes	Completed	Develop process to monitor and report upon the progress of the community engagement plan implementation, including on-going activities to promote community engagement, outreach, and education.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Ensure IT is in place	Completed	Ensure that appropriate technology and infrastructure is in place to facilitate community engagement.	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #6 Finalize partnership agreements or contracts with CBOs	Completed	Signed CBO partnership agreements or contracts.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. Analyze gaps in CBO representation	Completed	Through an analysis of potential gaps in CBO representation, determine which CBOs (non PPS Partners) will require a separate contract and develop terms of their engagement. Develop tracking and reporting mechanisms to monitor this analysis and progress with respect to contract negotiation and payment structures.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop and finalize contracts	Completed	Develop and finalize executed contracts with non-partner CBOs which identify duties and responsibilities of the parties.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Develop a CBO forum	Completed	Develop a forum where contracted CBOs (both PPS Partners and non-PPS Partners) can exchange ideas and expertise on CBOs impact on project goals and share their ideas with the applicable Committees and Work Groups	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Completed	Agency Coordination Plan.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task	Completed	Identify project leads responsible for development and	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Refuah Community Health Collaborative (PPS ID:20)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
1. Identify leads		execution of this milestone.							
Task 2. Develop an agency coordination plan	Completed	Develop an agency coordination plan that provides for meaningful collaboration with state and local public sector agencies, including departments of health, mental health agencies, housing authorities, social services, and other related governmental bodies. Such plan will include: a) mechanisms to engage with local Departments of Health and Mental Health; b) development of goals and objectives of collaboration; c) delineation of roles and responsibilities of the appropriate parties; and d) the development of applicable agreements.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Develop engagement strategies	Completed	Develop strategies for meaningful engagement and two-way communication with designated public sector agencies.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Facilitate collaboration	Completed	Facilitate on-going collaboration through the identification and implementation of appropriate technology and infrastructure.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
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).	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Develop workforce engagement plan	Completed	Develop a workforce communications and engagement plan that provides for processes on a local and regional basis to: (a) identify appropriate workforce-related stakeholders; (b) disseminate DSRIP and PPS workforce related information to identified audiences; (b) engage the community and workforce leaders in an active role with respect to DSRIP implementation; and (c) facilitate meaningful input and feedback from workforce leaders and other stakeholders. RCHC will interface with employee and union representatives on the development of this plan.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Continue Dialog with SEIU 1199	Completed	Continue dialogue and face-to-face meetings with SEIU 1199 representatives and their training team to foster union engagement with the PPS both directly, and as part of the PAC; 1199 representative will be a member of the Executive Governing Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Designate Workforce engagement lead	Completed	Designate workforce engagement lead responsible for implementation of this milestone.	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
Task 4. Identify key stakeholder representative	Completed	Identify representatives who will serve as the key stakeholder contact for the community organizations.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Create strategies for external stakeholder communication	Completed	Create strategies to develop and disseminate relevant content to external stakeholders.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Ensure IT is in place	Completed	Ensure that appropriate technology and infrastructure is in place to facilitate workforce communication and engagement.	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Coordinate with other PPSs	Completed	Coordinate efforts and resources with other area PPSs in order to ensure consistent and comprehensive regional workforce strategy.	05/01/2015	09/30/2016	05/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Milestone #9 Inclusion of CBOs in PPS Implementation.	In Progress	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	07/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4	NO
Task 1. Identify CBO participation opportunities	Completed	In collaboration with CBOs, identify projects that the PPS and the CBO mutually agree that the CBO can have a meaningful contribution	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Enter into participation agreement with CBOs	Completed	Enter into Master DSRIP participation agreement with partner CBOs, including individualized duties and responsibilities for each CBO partner.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Assess opportunities for non-partner CBOs	Completed	Assess the opportunities within the PPS for other non-partner CBOs to contribute to specific DSRIP projects or overall PPS operations	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Reassess opportunities for CBOs	In Progress	Continually reassess existing and future opportunities to include CBO partners and outside CBOs in specific projects and overall PPS operations.	07/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Identify CBOs	Completed	Identify CBOs within the PPS network	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Actively Engage CBOs	Completed	Actively engage CBOs by inviting them to PAC meetings, project discussion forums, and including a CBO representative on the Executive Governing Body and other committees and project workgroups.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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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	acrhc	Templates	20_DY2Q4_GOV_MDL21_PRES1_TEMPL_IT_Data_Meeting_Schedule_Template_-_0051a000000iLPp_(2)_12153.xlsx	Refuah CHC IT Data Meeting Schedule DY2Q4	04/25/2017 12:57 PM
	acrhc	Templates	20_DY2Q4_GOV_MDL21_PRES1_TEMPL_CGC_Meeting_Schedule_Template_-_0051a000001AC1m_12123.xlsx	Refuah CHC Clinical Governance Committee Meeting Template	04/25/2017 12:17 PM
	acrhc	Templates	20_DY2Q4_GOV_MDL21_PRES1_TEMPL_FGC_Meeting_Schedule_Template_-_3.31.17_9768.xlsx	RCHC Financial Governance Committee (FGC) DY2Q4	04/05/2017 10:09 AM
	acrhc	Templates	20_DY2Q4_GOV_MDL21_PRES1_TEMPL_EGB_Meeting_Schedule_Template_-_3.31.17_9766.xlsx	RCHC Executive Governing Body (EGB) Meeting Template DY2Q4	04/05/2017 10:07 AM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	acrhc	Communication Documentation	20_DY2Q4_GOV_MDL21_PRES2_COMM_Clinical_Governance_Committee_Project_Status_Report_for_Executive_Governing_Body_3-17_12121.docx	Refuah CHC Clinical Governance Committee Project Status Report	04/25/2017 12:13 PM
	acrhc	Templates	20_DY2Q4_GOV_MDL21_PRES2_TEMPL_CGC_Meeting_Schedule_Template_-_3.31.17_9771.xlsx	RCHC Clinical Governance Committee (CGC) Meeting Template DY2Q4	04/05/2017 10:10 AM
Establish governance structure reporting and monitoring processes	acrhc	Communication Documentation	20_DY2Q4_GOV_MDL21_PRES4_COMM_RCHC_Governance_Monitoring_Report_-_DY2Q4_12066.pdf	RCH Quarterly Monitoring Reporting Processes DY2Q4	04/25/2017 10:59 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	Attached please find the meeting schedule templates for the Executive Governing Body and the Financial Governance Committee for DY2Q4.
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Attached please find the Clinical Governance Committee meeting template for DY2Q4.
Finalize bylaws and policies or Committee Guidelines where applicable	"The Compliance Committee and Data-IT Governance Committee charters were amended to reflect meeting schedules on an as needed basis. Both the Chief Compliance Officer and Chief Information Officer participate in on going regional collaborative meetings where compliance and IT information best practices are

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	consistently shared. In the event changes to processes or policies are needed as a result of new guidance, or input is requested from the committee, meetings will be scheduled among the compliance and data- IT committee members."
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)	Refuah CHC continues its community engagement efforts. On April 25th, we sponsored a large Open House event at the Haitian Community Center in Rockland celebrating its first class of graduates from the six week Diabetes Self-Management program.
Finalize partnership agreements or contracts with CBOs	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	
Finalize workforce communication and engagement plan	
Inclusion of CBOs in PPS Implementation.	

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 & Complete	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Complete	
Milestone #9	Pass & Ongoing	

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IPQR Module 2.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Organizational Narrative	06/30/2016	07/31/2016	06/30/2016	07/31/2016	09/30/2016	DY2 Q2

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	

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

Instructions :

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

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

Potential Impact: Milestones or tasks could be completed behind schedule

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

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

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

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

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

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

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

IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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

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IPQR Module 2.5 - Roles and Responsibilities

Instructions :

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

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

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

Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions :

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

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

IPQR Module 2.7 - IT Expectations

Instructions :

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

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

IPQR Module 2.8 - Progress Reporting

Instructions :

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

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

IPQR Module 2.9 - IA Monitoring

Instructions :

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Section 03 – Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	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.	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Membership & Governance Structure	Completed	Step 1. Define the membership and governance structure of the Finance and Compliance Committees	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Charters	Completed	Step 2. Develop committee charters outlining roles and responsibilities of the Finance and Compliance Committees, including committee meeting schedule	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Approvals	Completed	Step 3. Obtain approval of executive governing body of the Finance and Compliance committees' governance structure and charters	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Finance Officer	Completed	Step 4. Hire a Finance Officer to oversee the finance function of the PPS	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Organizational Structure	Completed	Step 5. Develop finance organizational chart defining roles and responsibilities of the PPS Lead (Refuah Health Center)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Financial Reporting	Completed	Step 6. Work with the PMO, Financial Governance Committee and Executive Governing Body to define their financial reporting requirements and the requisite internal control procedures	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Reporting Format	Completed	Step 7. Define the required financial report formats for all end users	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Policies and Procedures	Completed	Step 8. Develop policies and procedures for the finance function including the safeguarding of assets and accuracy of reporting	05/01/2015	12/31/2015	05/01/2015	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
Task Approvals	Completed	Step 9. Obtain approval of Financial Governance Committee and Executive Governing Body of the finance function policies and procedures and reporting formats	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 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: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task Develop Financial Metrics	Completed	Step 1a. Develop the key financial metrics to be utilized in evaluating the financial health of RCHC's partners using the metrics utilized by NYS in evaluating the financial stability of the PPS-Lead entities as a baseline	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Evaluating Partners	Completed	Step 1b. Establish the frequency intervals for evaluating partners on a regular basis (e.g. annually) and financially fragile partners on a more frequent basis (e.g. quarterly)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Framework	Completed	Step 1c. For financial fragile partners, develop a framework for the development of intervention strategies and opportunities for financial assistance from the Sustainability Fund	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Performance Improvement Plans	Completed	Step 1d. Develop Performance Improvement Plans template and monitoring program	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Requirements	Completed	Step 1e. Develop requirements for partners to cooperate with Financial Sustainability Plan and provide documents for inclusion in their contracts	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Approvals	Completed	Step 1f. Obtain approval of Financial Sustainability Plan and Financial Sustainability Plan terms for inclusion in contracts from Financial Governing Committee and executive governing body	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	Step 2: Define role and responsibility of PMO for oversight of	08/01/2015	09/30/2015	08/01/2015	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
Roles and Responsibilities		the Financial Sustainability Plan and Performance Improvement Plans; develop policy and procedure document							
Task Financial Assessment	Completed	Step 3: Conduct Current State Financial Assessment of PPS partners	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Project Impact Matrix	Completed	Step 3a. Develop a Project Impact Matrix of each DSRIP Project and identify their impact on provider cost, patient volumes and revenue, and other by provider type	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Project Impact Template	Completed	Step 3b. Develop a Project Impact Template for each DSRIP Project to estimate the financial impact of each DSRIP Project for each provider type	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Thresholds/Benchmarks	Completed	Step 3c. Develop thresholds/benchmarks for financial/operating metrics and DSRIP Project impacts by provider type that trigger concerns about financial stability	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Approval	Completed	Step 3d. Obtain approval of the Project Impact Matrix, Project Impact Template, financial stability triggers and their impact on Funds Flow from the Financial Governing Committee and executive governing body	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Revise/Update	Completed	Step 3e. Revise/Update the initial financial assessment conducted in November 2014 and complete the Project Impact Template for each PPS partner	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Communicate Results	Completed	Step 3f. Communicate the results of the revised financial assessment with PPS partners and update, as appropriate	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Prepare Summary	Completed	Step 3g. Prepare summary report of the current financial health of the PPS partners for review by the Financial Governing Committee	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Updated Financial Assessment	Completed	Step 3h. Based on the updated financial assessment including the Project Impact assessment, develop a "financially fragile" watch list for PPS partners that (1) are not meeting thresholds/benchmarks of financial/operating metrics, (2) are under current restructuring efforts, (3) will be negatively impacted by DSRIP Projects, and (4) may be otherwise challenged by other health reform efforts	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Approvals	Completed	Step 3i. Obtain approval of the "financially fragile" watch list from the Financial Governing Committee and the Executive Governing Body	02/01/2016	03/31/2016	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
Task Financial Sustainablility	Completed	Step1. Develop a PPS Financial Sustainability Plan which will include: metrics and monitoring processes for partners as well as financially fragile providers, development of Performance Improvement Plans for financially fragile providers, and other requirements.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Completed	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Review Existing Compliance Plan	Completed	Step 1. Review existing Compliance Plan of Refuah Health Center, the Lead Entity, to determine compliance with Social Services Law 363-d and make any necessary changes	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Review PPS Partner Compliance Plans	Completed	Step 2. Confirm that PPS Partners Compliance Plans, subject to Social Services Law 363-d, are in compliance with 363-d	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Compliance Plan	Completed	Step 3. Draft Addendum to Lead Entity's Compliance Plan to encompass RCHC and its responsibilities under DSRIP	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Distribute Addendum	Completed	Step 4. Distribute Addendum to RCHC Executive Governing Body and Board of Directors of Lead Entity for discussion and approval	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Approval	Completed	Step 5. Distribute approved Compliance Plan to PPS partners and engage in training and education of PPS partners	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	In Progress	Administer VBP activity survey to network	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Task VBP Workgroup	Completed	Step 1. Develop a multi-disciplinary Value-Based Payment (VBP) Workgroup including members from representative provider types of RCHC and charter which reports to the Financial Governance Committee. Evaluate the need for, and if approved, move forward with the engagement of a VBP consultant.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Approval	Completed	Step 2. Obtain approval of the VBP Workgroup membership and charter from the Financial Governance Committee	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task VBP Educational Materials	Completed	Step 3. Develop VBP educational materials to be used to educate PPS partners including levels of VBP, risk-sharing and contracting options; educational materials are initially intended to include a handbook on VBP basics as well as	10/01/2015	12/31/2015	10/01/2015	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
		PowerPoint slides for webcasts							
Task Educational Sessions	On Hold	Step 4. Conduct educational session(s) through webcasts for PPS partners, in conjunction with the IDS Workgroup, to broaden their knowledge of VBP and to enable RCHC to develop VBP models in a coordinated manner	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VBP Readiness Survey	On Hold	Step 5. Develop a VBP Readiness Survey to be sent to PPS partners to establish a current state baseline of participation in VBP models to include, at a minimum, (1) current VBP arrangements, (2) current capacity to function in a VBP environment, (3) profile of current Medicaid managed care contracts including types, volume and annual revenue, (4) annual cost of services aligned with the "bundles of services" outlined in the VBP Roadmap, and (5) status of HIT linkages required for VBP	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Submit VBP Readiness Survey	On Hold	Step 6. Submit the VBP Readiness Survey to the PPS partners and conduct a webcast on the proper completion of the Survey	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Compile Results	On Hold	Step 7. Compile the results of the VBP Readiness Surveys and analyze results to evaluate the readiness of each partner for participation in VBP, identifying those ready in the short-term versus those in the longer-term	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Meetings	On Hold	Step 8. Conduct meetings with the major MCOs in the region served by RCHC including, without limitation, Fidelis Care and the VBP Workgroup to discuss potential contracting options, potential VBP revenue sources and the requirements necessary to negotiate VBP models with the MCOs	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VBP Workgroup	On Hold	Step 9. VBP Workgroup to compile the findings from the VBP Readiness Survey and discussions with the MCOs and develop a VBP Baseline Assessment to include an overview of the PPS partner readiness for VBP	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Prepare VBP Payment	On Hold	Step 10. In conjunction with the development of the VBP Baseline Assessment, prepare a VBP Payment Plan to include an overview of MCO contracting options and compensation models, and an overarching strategy/framework for contracting with MCOs	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task	On Hold	Step 11. Obtain approval of the VBP Baseline Assessment	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
Approval		and VBP Payment Plan from the Finance Committee and Executive Governing Board							
Task Communication	On Hold	Step 12. Communicate the VBP Baseline Assessment and VBP Payment Plan to the PPS partners	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	Completed	Submit VBP support implementation plan	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	YES
Task Bundles/Populations	On Hold	Step 1. Analyze health care bundles/populations and total cost of care/utilization data provided by DOH and Medicaid MCOs to identify VBP opportunities that are most easily attainable and prioritize services moving to VBP	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VBP Baseline	On Hold	Step 2. Based on the VBP Baseline Assessment and with the assistance of the IDS Workgroup, identify Accelerators and Challenges within RCHC to the implementation of a VBP model - Accelerators (current VBP arrangements and necessary IT infrastructure to monitor VBP); Challenges (complex contracting, limited infrastructure, lack of experience in VBP, low performing providers)	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Align PPS	On Hold	Step 3. Align PPS partners/PCMHs to potential VBP Accelerators and Challenges to identify partners who are best aligned to expeditiously engage in VBP arrangements	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Identify PPS Partners	On Hold	Step 4. Identify PPS partners/PCMHs with the greatest potential to operate in a VBP model. Partners/PCMHs will be classified in three categories (Advanced, Moderate, Low) based on (1) findings from the VBP Baseline Assessment, (2) alignment with VBP Accelerators/Challenges, and (3) ability to implement VBP for the more easily attainable bundles of care	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Conduct Meetings	On Hold	Step 5. Conduct meetings with "Advanced" PPS partners/PCMHs and MCOs to discuss the process and requirements for entering into VBP arrangements	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Timeline	On Hold	Step 6. Develop a realistic and achievable timeline for "Advanced" PPS partners/PCMHs to become early adopters of VBP arrangements	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VBP Arrangements	Completed	Step 7. Document "lessons learned" by the "Advanced" PPS partners/PCMHs engaged in VBP arrangements	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 Develop Phase 2 & 3	Completed	Step 8. Develop Phases 2 and 3 for "Moderate" and "Low" PPS partners/PCMHs to adopt VBP arrangements utilizing the "lessons learned" from the "Advanced" providers; commence planning for "Advanced" providers to move into Level 2 VBP, where appropriate	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Engage Stakeholders	Completed	Step 9. Engage key stakeholders from the MCOs and RCHC to discuss options for shared savings and funds flow; items to discuss include (1) effectively analyzing provider/PPS performance, (2) shared-savings distribution models, and (3) infrastructure requirements for performance monitoring and reporting	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task VBP Work Group	Completed	Step 10. VBP Work Group to develop the VBP Adoption Plan for approval by the Financial Governing Committee and executive governing body	09/01/2016	12/31/2016	09/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Communicate	Completed	Step 11. Communicate the VBP Adoption Plan to the PPS partners	11/01/2016	12/31/2016	11/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #6 Develop partner engagement schedule for partners for VBP education and training	In Progress	Initial Milestone Completion: Submit VBP education/training schedule Ongoing Reporting: Submit documentation to support implementation of scheduled trainings, including training materials and attendance sheets through quarterly reports	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
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	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
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	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	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
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 Compliance Plan consistent with New York State Social Services Law 363-d	acrhc	Documentation/Certification	20_DY2Q4_FS_MDL31_PRES3_DOC_2016DRACERT_14334.pdf	2016 Deficit Reduction Act Cert.	04/28/2017 03:40 PM
	acrhc	Documentation/Certification	20_DY2Q4_FS_MDL31_PRES3_DOC_2016OMIG_Cert_14332.pdf	2016OMIG Certificate	04/28/2017 03:39 PM
Develop a Value Based Payments Needs Assessment ("VNA")	acrhc	Communication Documentation	20_DY2Q4_FS_MDL31_PRES4_COMM_Fin_Sust_#4_-_Example_VNA_15072.docx	RCHC Financial Survey Sample	06/15/2017 10:08 AM
Develop an implementation plan geared towards addressing the needs identified within your VNA	acrhc	Communication Documentation	20_DY2Q4_FS_MDL31_PRES5_COMM_RCHC_VBP_Support_Plan_9724.pdf	RCHC VBP Support Plan 3.27.17	04/03/2017 03:23 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")	On August 15, 2016 Refuah CHC administered a Value Based Payments Needs Assessment (VNA) to the PPS network partners to identify opportunities to support their transition to VBP - see example survey response from St. Christopher"s Inn attached. The VNA includes the question "Please describe the current status of [VBP] discussions, any draft contracts or actual contracts or arrangements in place" to elicit the current state of VBP contracting by each PPS network partner.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop an implementation plan geared towards addressing the needs identified within your VNA	The attached VBP Support Plan was approved by the EGB on 3/27/17
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 & Complete	
Milestone #5	Pass (with Exception) & Ongoing	The IA does not consider this milestone complete. The documentation does not meet the minimum standards. This milestone must be complete by DY3 Q1.
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	

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IPQR Module 3.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	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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IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

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

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

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

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

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

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

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

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

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

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

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

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

Risk: Transition to VBP
Risk Category: Scope

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

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

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

During RCHC's preliminary assessment of the interdependency of the Financial Sustainability finance functions with other workstreams, the following interdependencies were identified: Governance: A fully functioning governance structure with the roles and responsibilities of the Finance and Compliance Committees is essential for the success of the PPS.
In order for RCHC to meet its Achievement Value requirements with respect to the Workforce Strategy Spend, RCHC will need to receive the Safety Net Equity funds in a timely manner. The failure of these funds to flow to the PPS in a timely manner will adversely affect RHC's ability to meet its Workforce Strategy Spend commitments.
In addition, the expectations of RCHC's partners that impact the finance function must be clearly articulated and negotiated as part of the negotiation of the contracts with the PPS partners. These responsibilities will include access to financial and operational performance data necessary to evaluate the financial health of partners will be required as well as their responsibilities to timely report financial and performance metrics required to monitor performance, by project, and access DSRIP Incentive Payments. DSRIP Projects: RCHC's finance function must have a clear understanding of the participation level of PPS partners in projects and which other PPS' have selected a project and/or partner for

implementation. This will allow RCHC's Financial Governing Committee to effectively articulate an efficient and appropriate Budget and Funds Flow. In addition, the PPS and its partners must clearly understand the cost of implementation and other financial impacts to inform the Funds Flow and Financial Sustainability Plan. Lastly, as VBP models are explored with MCOs, formal collaborative efforts with the IDS Workgroup must be effectuated. Workforce: The finance function will work closely with the workforce workstream to ensure that the appropriate workforce strategy and costs are included in the Budget and Funds Flow. Additionally, the finance function will ensure that the appropriate data related to workforce strategy and its impact are being gathered and reported to meet the DSRIP requirements. Performance Reporting: Quarterly reporting is essential for RCHC to access DSRIP Incentive Payments. As such, the finance function must be closely aligned with the performance payment and IT workstreams to ensure that the appropriate PPS-level and partner-level financial and operational performance metrics are compiled and adequately reported to DOH. IT and Data: The ability to create a shared reporting infrastructure to allow RCHC to monitor the financial health of PPS partners on a timely basis is critical to the success of our partner network financial health assessments as well as the reporting of financial and operating metrics necessary to evaluate partner- and project-specific performance which is necessary to administer payments to providers of the DSRIP incentive funds.

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IPQR Module 3.5 - Roles and Responsibilities

Instructions :

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

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

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

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IPQR Module 3.6 - Key Stakeholders

Instructions :

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

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

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

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IPQR Module 3.7 - IT Expectations

Instructions :

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

The development of shared IT infrastructure across RCHC's network of providers will support the RCHC's PMO and the work on the financial sustainability of the network by providing the PPS partners with capability for sharing and submitting reports and data pertaining to project performance and other DSRIP related business in a secure and compliant manner. The goal is to establish a shared financial reporting platform across the network, which will be utilized to provide access and visibility to updates on key financial sustainability metrics at the provider and PPS level. The PMO also intends to link the performance reporting mechanisms that will be utilized across RCHC to provide the finance team with current data that may be utilized to track project performance levels and expected DSRIP payments.

Other shared IT infrastructure and functionality across the PPS that will support or contribute to the success of the RCHC's Business Office includes: (1) Population Health systems or technology that will support the need to access and report on data related to clinical services and outcomes – for DSRIP required metrics and to meet the needs under value based payment arrangements. (2) Care Coordination technology and systems that supports broad network integration of services and health management capabilities.

IPQR Module 3.8 - Progress Reporting

Instructions :

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

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

RCHC will provide regular reporting to the Financial Governing Committee, Executive Governing Body and network partners as applicable regarding the financial health of the RCHC and updates regarding any financially fragile List and the plans for distressed providers currently in place.

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IPQR Module 3.9 - IA Monitoring

Instructions :

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Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 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: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Establish a Cultural Competency & Health Literacy Workgroup	Completed	Establish/finalize a Cultural Competency & Health Literacy Workgroup that is comprised of organization leaders, key stakeholders and workforce representatives. This team will develop the vision, strategy and plan. The Workgroup will: (a) create the vision for a PPS-wide cultural competency and health literacy program; (b) develop a cultural competency and health literacy strategy which focuses on identified priority groups ; (c) designate parties responsible for each milestone and associated task; (d) ensure completion of milestones and associated tasks; and (e) see the cultural competency/health	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 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
		literacy vision through.							
Task 2. Identify Project Leads	Completed	Identify project leads that are responsible for the development and execution of activities associated with each milestone.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3. Identify Priority Groups	Completed	Review the CNA which gathered information on the needs and opinions of community stakeholders and Medicaid beneficiaries via surveys; focus groups, key informant interviews; and public comment, as well as other appropriate sources, in order to identity the priority groups for RCHC's service area.	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3	
Task 4. Develop a cultural competency and health literacy strategy	Completed	Develop a cultural competency and health literacy strategy which takes a holistic approach to reducing cultural barriers to care and increasing the health literacy and understanding of RCHC's service area. The strategy will include, without limitation, a focus on the social determinants of healthcare.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Review evidence-based research regarding disparities in care	Completed	Study evidence-based research regarding disparities and barriers to care that exist as a result of socio-cultural practices, norms, and expectations and deficits in health literacy in order to develop an understanding of ways to improve access to quality primary, behavioral health, and preventative care. Develop strategies to reduce barriers consistent with findings.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Research cultural competency and health literacy tools	Completed	Research and evaluate current cultural competency and health literacy tools and resources to establish the appropriate strategy for RCHC's patient population. Factors to be taken into account when determining the appropriate resources will include the cultural, linguistic and economic status of the identified priority groups; the format of the resources; prior evidence-based outcomes in connection with the resources; and extent to which the resources align with RCHC's overall infrastructure and strategies.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Develop methods for evaluating implemented strategies	Completed	Develop methods for evaluating effectiveness of implemented cultural competency and health literacy strategies and materials, including surveys of Medicaid beneficiaries & their families, patients, community members and providers, reviews of access patterns, review of training programs, staffing patterns, review of relevant quality indicators, and the	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
		review of other relevant outcome and process measures that reflect the needs of the identified priority groups.							
Task 8. Review results of evaluation process	Completed	Review results of evaluation process to improve and refocus cultural competency and health literacy resources and strategies on an on-going basis.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Identify "community brokers"	Completed	Identify organizations and individuals who will serve as "community brokers" and assist in patient outreach and engagement, such as CBOs and other individuals or organizations experienced in working with the identified priority groups.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10. Develop a communication strategy to engage with stakeholders	Completed	Develop a communication strategy to engage with providers, patients and community organizations. This strategy will address communication from the PPS to relevant stakeholders and establish methods of receiving and reviewing feedback from providers, patients and community organizations. Identify the most efficient/effective forums for communication of relevant information to PPS partners and other stakeholders.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 11. Conduct analysis of tools to assist in patient self-management	Completed	Conduct an analysis to identify tools and assessments to assist patient self-management. This analysis will consider multiple factors, including without limitation, relevant cultural, socio-economic, linguistic and literacy factors.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 12. Coordinate with other area PPSs	Completed	Coordinate and align cultural competency/health literacy strategy with other area PPSs in order to ensure a cohesive regional approach.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 13. Develop measures to monitor effectiveness of cultural competency and health literacy plan.	Completed	Develop measures to monitor effectiveness of cultural competency and health literacy plan.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Completed	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	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
		and effective patient engagement approaches							
Task 1. Identify Project Leads	Completed	Identify project leads responsible for this milestone.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Conduct Training Needs Assessment	Completed	Conduct training needs assessment based upon identified barriers for priority groups. Determine new skills/requirements needed for clinicians and for other key stakeholders, as a group and at an individual provider level.	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Identify training topics and programs	Completed	Identify the appropriate training topics and programs that will be used, with a focus on training providers and key stakeholders based upon identified gaps in current practices as they relate to priority groups.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Determine training methods	Completed	Determine the training methods (e.g., online or in person; in one session or over a period of time; etc.).	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Create training schedule	Completed	Create a training schedule that identifies: (a) dates and times (timeframe); (b) locations (websites and log-in distribution, physical locations, etc.); (c) instructors; (d) required follow-up.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Ensure appropriate technology is in place	Completed	Ensure that the appropriate technology or infrastructure is in place to orchestrate training sessions.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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
Finalize cultural competency / health literacy strategy.	acrhc	Templates	20_DY2Q4_CCHL_MDL41_PRES1_TEMPL_CCHL_Meeting_Schedule_Template_-_3.31.17_9774.xlsx	RCHC CCHL Meeting schedule Template DY2Q4	04/05/2017 10:22 AM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	Attached please find the Cultural Competency Health Literacy (CC/HL) meeting schedule template for DY2Q4. On April 25th, Refuah CHC sponsored a large Open House event at the Haitian Community Center in Rockland celebrating its first class of 8 graduates from the six week Diabetes Self-Management program that was administered in Creole. Swag bags had the phrase "I took charge of my health…and Refuah Helped me do it" imprinted on them to empower self-management and foster the relationship between these diabetics and their clinical team.
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	

Milestone Review Status

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

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

Instructions :

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

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

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

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

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

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

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

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

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

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

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

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

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

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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

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

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

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IPQR Module 4.6 - Key Stakeholders

Instructions :

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

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

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

IPQR Module 4.7 - IT Expectations

Instructions :

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

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

IPQR Module 4.8 - Progress Reporting

Instructions :

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

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

IPQR Module 4.9 - IA Monitoring

Instructions :

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Section 05 – IT Systems and Processes

IPQR Module 5.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	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 1. Governance Committee	Completed	Establish IT/Data Governance Committee structure with governance team and members (IT and Data Committee will contain relevant individuals from different partner organization types e.g. hospital, FQHC, CBO, BH/MH, LTC, etc.) . Receive approval through governance process.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Strategy and Evaluation	Completed	Develop strategy with multi-PPS and QE for evaluation of partners and sharing of IT assessment data.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Select Vendor	Completed	Evaluate and select vendor to assist with assessment collection and compilation.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Evaluate IT State	Completed	Evaluate current IT state across PPS through various communication methods, including meeting, conference calls, surveys, email.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Analysis of Results	Completed	Perform analysis of results of IT assessment to locate gaps and needs for each partner and on a PPS-wide basis.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Analyze Results of Partner Collaboration	Completed	Analyze results of partners in collaboration with other regional PPSs and ensure alignment/collaboration on closing gaps (especially with shared partners).	10/15/2015	06/30/2016	10/15/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. PPS Wide Strategies	Completed	Develop PPS wide strategies for closing identified gaps and needs. Estimate costs to partners/PPS and reconcile with budget.	10/01/2015	06/30/2016	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 8. Reporting/Tracking	Completed	Create reporting /status tracking method partner progress towards "closing the gaps" identified.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Close the Gap	Completed	Review "close the gap" strategies and receive approval through governance process .	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #2 Develop an IT Change Management Strategy.	Completed	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Process Management	Completed	Develop approach to management of change process with IT and Data Governance Committee and in collaboration with other regional PPSs. (RefuahCHC IT and Data Governance Committee includes Refuah's CIO, and leadership from our local QE HealthLinkNY, Ezras Choilim, Hudson River Health, Bon Secours, Westchester Medical Center along with other members). Ensure that partner contracting includes language binding them to future IT change Management policies and procedures for PPS.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Communication	Completed	Develop communication plan to manage communications of IT change management throughout PPS.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Roles and Responsibilities	Completed	Develop specific roles, responsibilities, oversight, workflows and processes for authorizing and implementing IT changes. Provider to IT and Data Governance Committee for review, suggestions, and further edits	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Impact and Risk Assessment	Completed	Perform impact/risk assessment for IT change process.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Education and Training	Completed	Develop education and training plan in tandem with workforce training. Develop plan with input from current state assessment to be performed in first milestone.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Costs	Completed	Estimate costs to partners/PPS and reconcile with budget.	10/15/2015	03/31/2016	10/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	Completed	Create reporting method for PPS partners to approve and	10/01/2015	03/31/2016	10/01/2015	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
6. Reporting Methods		attest to implementation of change management strategy.							
Task 7. Review Final Drafts	Completed	Review final drafts with IT and Data governance committee for review, suggestions, further edits and final approval. Send to Steering committee for final approval.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Rollout	Completed	Rollout IT Change Management Strategy.	12/01/2015	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 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: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Data Sharing	Completed	Develop a PPS "clinical data sharing and clinical interoperability requirements matrix" by partner type and project participation with project workgroups and IT and Data Governance Committee.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Approval	Completed	Receive approval from steering committee for finalized requirements matrix. Provide to governance work stream to include requirements in all contracts with PPS partners and other external partners	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Requirement Matrix	Completed	Review requirements matrix with other PPS to determine similarities and differences between strategies and determine shared "rules of the road" to reduce burden upon providers in multiple PPS' and to align strategies across the region.	10/15/2015	03/31/2016	10/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. PPS- Wide Guidelines	Completed	Develop PPS-wide guidelines documents for clinical data sharing and technical standards based upon PPS	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
		requirements matrix from step 1 and 2. Receive approval from Steering Committee and distribute through multiple engagement channels to all partners.							
Task 5. Review Current State Assessment Data	Completed	Review current state assessment data from first milestone. Develop training plan based upon the for new workflows/procedures required to meet technical standards & data sharing requirements in collaboration with workforce and regional PPS. Receive Steering Committee approvals.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Partner Compliance and Monitoring	Completed	Develop ongoing monitoring processes for status of partner's compliance with technical standards, clinical data sharing requirements and "close the gaps" projects. Metrics to monitor include # of DIRECT messages sent/received, # of patient consents collected for RHIO, # of CCDA summaries exchanged between POC and RHIO, # of CBO partners with web portal access to RHIO, # of all PPS partners with automated bidirectional exchanges with RHIO. Identify areas of low vs. high adoption, usage and implementation of technical and clinical data sharing standards. Include in quarterly reviews of numerous committees and in PAC meetings to promote broader adoption, and also to determine new/alternate methods for achieving clinical integration and data sharing across PPS.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Completed	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. IT/Data Governance	Completed	Task IT/Data governance committee with development of RefuahCHC strategy for attributed member engagement with QE.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Collaboration	Completed	Ensure collaboration with regional PPSs and QEs on strategy alignment. Discuss creating a regional PPS QE Engagement workgroup.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Identify System Needs	Completed	Identify system needs, interfaces and member engagement channels available from PPSs, QEs and CBOs. Perform with current state assessment in milestone 1.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Patient Engagement	Completed	Develop patient engagement plan for RCHC based on regional strategies and in collaboration with cultural	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
		competency and workforce work streams to ensure proper training, cultural sensitivity and strategies are aligned.							
Task 5. Quality Monitoring	Completed	Determine quality monitoring process and engagement metrics with QE.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Approvals	Completed	Receive necessary approvals from governing body and QE.	12/01/2015	09/30/2016	12/01/2015	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: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. IT/Data Governance	On Hold	Task IT/Data governance committee with development of RCHC data security and confidentiality plan.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 2. Risk Assessment - Data Sharing	On Hold	Perform Risk Assessment of different data sharing requirements for PPS and mitigation strategies for each (this includes assessment of DIRECT messaging, bidirectional data exchange with RHIO, RHIO web portal usage, MAPP, population health management solution, other automated data exchanges and tools utilized in PPS).	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. Risk Assessment Individual Partner	Completed	Perform risk assessment at individual partner level during gap analysis (milestone 1) to identify risks and provide mitigation strategies.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Data Security	Completed	Develop PPS -wide data security and confidentiality policies and procedures in conjunction with Refuah HIPAA Security officer and Refuah Compliance Officer. Collaborate with regional PPSs on alignment of policies and procedures. Policies will encompass collection, exchange, use, storage and disposal of PHI PPS-wide.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Communication	Completed	Develop communication and training plan to ensure PPS-wide knowledge of all policies and procedures.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Monitoring Audit Process	Completed	Develop monitoring/audit processes to track partner adherence to PPS data security and confidentiality plan.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Approvals	Completed	Receive approval through the governance process for data security and confidentiality policies and procedures and their inclusion in the PPS IT & Data Governance document.	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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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
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.	As the Healthlinkny meetings are the centralized tool utilized by most partners. RefuahCHC attends these monthly meetings with the other regional PPS' to determine status of partner adoption, new capabilities and options available from Healthlinkny.
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	As the Healthlinkny meetings are the centralized tool utilized by most partners. RefuahCHC attends these monthly meetings with the other regional PPS' to determine status of partner adoption, new capabilities and options available from Healthlinkny
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	The new DOH Privacy Bureau has announced PPS's who do not plan to move beyond the current RAM environment to a production environment do not have to complete the SSP workbooks, since the purpose of these workbooks was to approve us to move from our current RAM (Restricted Access Model) into a production system for our DOH claims files. RefuahCHC has no plans to move beyond this RAM environment. Therefore the workbooks are no longer applicable. The DOH Privacy Bureau has not announced what will replace the workbooks for PPS' who do not utilize a production claims environment for DOH data. However Refuah Health Center has completed a Risk Assessment in March with Grey Castle and has started developing a corrective action plan to address all comments in previous workbooks and from the risk assessment.

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	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #5	Pass & Complete	

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IPQR Module 5.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	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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IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

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

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

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

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

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

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

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

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

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

Mitigation: To mitigate this risk, RCHC will need to determine partner's need for additional IT assistance, and properly budget for these additional tools/software/consulting services. RCHC also plans to create broad policies and procedures and integration requirements that can be met by all

of our partners. In addition, we will look to adopt PPS wide tools that are hosted and/or web based to reduce the IT "lift" required by our partners.

IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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

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IPQR Module 5.5 - Roles and Responsibilities

Instructions :

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

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

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

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IPQR Module 5.6 - Key Stakeholders

Instructions :

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

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

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

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IPQR Module 5.7 - Progress Reporting

Instructions :

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

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

IPQR Module 5.8 - IA Monitoring

Instructions :

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Section 06 – Performance Reporting

IPQR Module 6.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Completed	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Performance Reporting Requirements	Completed	1. Determine performance reporting requirements from all workstreams, including clinical, workforce, and financial workstreams. Include DOH baseline requirements as well as PPS specific performance metrics. Utilize partner groups, professional groups, and leaders in performance reporting to provide guidance in assessment, and promote their use in the PPS.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Identify Data Sources	Completed	2. Identify data sources available within the PPS and from DOH to supply required performance reporting metrics.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Collecting Information	Completed	3. Collect information about current systems/solutions available, including systems used by PPS partners, health homes, state resources (MAPP, Salient), QE resources and other vendors.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Collaboration	Completed	4. Collaborate with other regional PPS' align strategy on shared performance reporting and workstreams.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Workflow Analysis	Completed	5. Perform workflow analysis to determine new policies, procedures, processes, resources, roles and training that will be required for both reporting up to the PPS Lead and down	10/01/2015	03/31/2016	10/01/2015	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
		to the providers through the network.							
Task 6. Contract Requirements	Completed	6. Develop contract requirements for all PPS partners that include performance reporting communication requirements and metric requirements.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Budget Requirements	Completed	7. Determine budget requirements for implementation of performance reporting solutions.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Identify Solutions	Completed	8. Identify which solution(s) will be utilized to meet performance reporting requirements. This may include purchase of new solution(s) and/or development of existing solutions to create more robust PPS-wide performance reporting capabilities.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Policies, Procedures and Processes	Completed	9. Create policies, procedures, processes, for reporting and communication both up to the PPS Lead and down to the providers through the network.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 10. Rapid Cycle Evaluation	Completed	10. Create specific Rapid Cycle Evaluation model workflow. Develop associated policies, procedures to be used by responsible parties, and reporting requirements for dashboard to meet reporting requirements.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 11. Approval	Completed	11. Receive approval from Steering Committee on all elements of performance reporting and communication strategy.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Completed	Finalized performance reporting training program.	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1. Training and Certifications	Completed	Determine training, certifications, cultural and behavioral needs by level, role, and department.	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Workforce Training	Completed	Identify who within the workforce will be retrained by level, role, and department.	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Training Assessment	Completed	Conduct training needs assessment. Determine new skills/requirements needed overall and at an individual level. Utilize partner groups/professional groups/ leaders in performance reporting in performing this assessment.	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Training Vendor	Completed	Identify, through 1199 or other designated training vendor, the appropriate training topics and programs that will be used.	08/01/2015	03/31/2016	08/01/2015	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
Task 5. Training Methods	Completed	Determine the training methods (e.g., online or in person; in one session or over a period of time; etc.), and how training will be organized (by partner type, by partner organization, functional group, etc.).	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 6. Training Schedule	Completed	Create a training schedule that identifies: a. Dates and times (timeframe); b. Locations (websites and log-in distribution); c. Instructors; and d. Required follow-up.	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 7. Metrics and Processes	Completed	Develop metrics and process for monitoring status, quality, satisfaction and effectiveness of training program	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Project Management Office	Completed	8. Work with PPS Project Management Office to coordinate compensation for training time.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Technology/Infrastructure	Completed	9. Ensure that the appropriate technology or infrastructure is in place to orchestrate training sessions.	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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
Establish reporting structure for PPS-wide performance reporting and communication.	
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	

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Milestone Review Status

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

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IPQR Module 6.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	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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IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

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

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

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

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

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

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

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

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

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

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

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IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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

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IPQR Module 6.5 - Roles and Responsibilities

Instructions :

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

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

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

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IPQR Module 6.6 - Key Stakeholders

Instructions :

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

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

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

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IPQR Module 6.7 - IT Expectations

Instructions :

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

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

IPQR Module 6.8 - Progress Reporting

Instructions :

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

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

IPQR Module 6.9 - IA Monitoring

Instructions :

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Section 07 – Practitioner Engagement

IPQR Module 7.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	Completed	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Establish a Practitioner Engagement Project Team	Completed	Establish a Practitioner Engagement Project Team. This team will develop the vision, strategy and plan. The Project Team will: (a) create the vision for a PPS-wide communication and engagement strategy; (b) identify appropriate methods of practitioner engagement ; (c) designate parties responsible for each milestone and associated task; (d) ensure completion of milestones and associated tasks; and (e) see the practitioner engagement vision through.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Identify Project Leads	Completed	Identify project leads that are responsible for the development and execution of activities associated with each milestone.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Develop practitioner engagement strategy	Completed	Develop a practitioner engagement and communication strategy which facilitates meaningful participation by PPS partner practitioners and other key stakeholders.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Identify appropriate areas for targeted groups	Completed	Perform an analysis to identify appropriate areas for targeted professional and community-based peer-groups, including appropriate make up of peer-groups (i.e. specific to discipline or provider type, or inter-disciplinary and cross-provider-type)	09/01/2015	12/31/2015	09/01/2015	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
		and topics of engagement.							
Task 5. Review best practices	Completed	Review best practices in order to identify the appropriate mechanisms for communicating with, and soliciting feedback from, practitioners.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Coordinate with governance leads	Completed	Coordinate with governance leads in order to ensure that governance body structure provides for appropriate participation by peer-group leaders and representatives. Peer-group representatives will participate, at a minimum, in the Clinical Quality Committee.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Develop methods of measuring participation	Completed	Develop methods of measuring the level of active participation by practitioners in RCHC's practitioner engagement strategy, and strategies for appropriate corrective measures, as needed.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Completed	Practitioner training / education plan.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1. Identify Project Leads	Completed	Identify project leads responsible for this milestone.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Conduct Training needs analysis	Completed	Conduct a training needs analysis in order to ascertain specific educational and training focus areas.	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Develop practitioner training plan	Completed	Develop a comprehensive practitioner training and education plan based upon identified focus areas, including: (a) education programs regarding the DSRIP program and RCHC's projects as a whole; (b) training with respect to identified focus areas; (b) PPS-wide and peer-group specific training sessions on relevant topics; (c) mechanisms for partners to ask questions, request additional information regarding DSRIP projects and quality initiatives, and provide feedback on trainings; and (d) outcome assessment tools.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Determine training methods	Completed	Determine the training methods (e.g., online or in person; in one session or over a period of time; etc.).	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Create training schedule	Completed	Create a training schedule that identifies: (a) dates and times (timeframe); (b) locations (websites and log-in distribution, physical locations, etc.); (c) instructors; and (d) required	03/01/2016	12/31/2016	03/01/2016	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
		follow-up.							
Task 6. Identify training resources	Completed	Identify internal or external resources to provide training. 1/16	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 7. Determine tracking technology	Completed	Ensure that the appropriate technology or infrastructure is in place to track training progress.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Coordinate training with other PPSs	Completed	Coordinate training strategies with other area PPSs.	04/01/2015	06/30/2016	04/01/2015	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 training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	acrhc	Training Documentation	20_DY2Q4_PRCENG_MDL71_PRES2_TRAIN_Training_inventory_14350.xlsx	Training Documentation	04/28/2017 04:08 PM

Prescribed Milestones Narrative Text

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

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Milestone Review Status

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

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IPQR Module 7.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	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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IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

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

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

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

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

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

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

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

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

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

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

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

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

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

IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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

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IPQR Module 7.5 - Roles and Responsibilities

Instructions :

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

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

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

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IPQR Module 7.6 - Key Stakeholders

Instructions :

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

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

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

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IPQR Module 7.7 - IT Expectations

Instructions :

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

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

IPQR Module 7.8 - Progress Reporting

Instructions :

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

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

IPQR Module 7.9 - IA Monitoring

Instructions :

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Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	In Progress	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	07/01/2015	12/31/2016	01/01/2017	03/31/2018	03/31/2018	DY3 Q4	NO
Task 1. Assign Oversight	Completed	1. Assign oversight of milestone activities and analysis to project leads.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Data Elements	Completed	2: Compile list of data elements from DSRIP requirements and collaborate with regional PPSs to align reporting requirements.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Research	Completed	3. Research available population health platforms to aggregate data from most robust and cost effective data sources across PPS, develop budget and integration plan. Engage vendor to assist with data source assessment work	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 4. Assessment	Completed	4: Perform assessment of all data sources and workflows for collection of data for population health, including safety net provider systems and EMR vendors, QE/RHIOs and DOH/MAPP/Salient. Develop plan to integration/interface of most cost effective sources into a centralized platform across PPS	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Analysis	Completed	5. Perform an analysis, utilizing CNA data and other relevant sources, e.g. partner and CBO input, to define priority target	07/01/2015	03/31/2016	07/01/2015	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
		populations and associated health disparities.							
Task 6. Target Populations	Completed	6. Develop plans to address the relevant health disparities for the identified priority target populations.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Training	Completed	7: Identify providers requiring additional training, including workflows for data capture and addressing health disparities and create appropriate training plans.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Roadmap	Completed	8. Coordinate work products from all steps to create a comprehensive population health roadmap for submission to the Executive Governing Body.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	Completed	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Identify Project Leads	Completed	Identify project leads responsible for development and execution of this milestone.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Analysis to Identify Impact of Projects	Completed	Perform an analysis to identify impact of projects on local inpatient admission patterns and anticipated effects on current inpatient bed structure. Coordinate this analysis with overall workforce assessment.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Inpatient Facility	Completed	Develop an inpatient facility transformation strategy that takes a holistic view of PPS network resources, service area demographics and population trends, project goals and anticipated outcomes, and related PPS work streams.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Collaborate with Workforce Project Team	Completed	Collaborate with Workforce Project Team in order to ensure consistency between workforce strategy and inpatient facility transformation plans.	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Tools and Resources	Completed	Identify the tools and resources necessary to operationalize inpatient facility transformation strategy.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Communication Strategy	Completed	Develop a communication strategy with respect to this milestone and coordinate communication with other PPS communication/engagement efforts, e.g., workforce communication, practitioner engagement, etc.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Region-Wide Approach	Completed	Coordinate efforts with other area PPSs in order to avoid redundancies and facilitate a comprehensive region-wide approach to milestone achievement.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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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.	As per the IA's instructions we have changed the milestone to "In Progress" and extended the due date to 3/31/2018. IA's Instructions: The IA does not consider this milestone complete. In order to successfully complete this milestone the PPS must extend its due date to a subsequent quarter and submit supporting documentation to meet all the minimum standards of this requirement.
Finalize PPS-wide bed reduction plan.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Complete	

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IPQR Module 8.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	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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IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

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

Risk: Failure to Capture Target Population
Risk Category: Resource

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

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

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

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

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

Risk: Lack of CBO involvement
Risk Category: Scope

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

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

Risk: Regional Coordination
Risk Category: Scope

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

Mitigation: RCHC will continue its collaboration with Westchester Medical Center and Montefiore in order to ensure that the population health

strategies of all 3 area PPSs are aligned and contribute to the overall success of a comprehensive and coordinated population health approach. We will also look to leverage existing infrastructure from the RHIO to ensure economies of scale.

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

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

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

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

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

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

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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

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IPQR Module 8.5 - Roles and Responsibilities

Instructions :

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

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

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

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

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

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

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IPQR Module 8.7 - IT Expectations

Instructions :

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

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

IPQR Module 8.8 - Progress Reporting

Instructions :

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

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

IPQR Module 8.9 - IA Monitoring

Instructions :

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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 Perform a clinical integration 'needs assessment'.	Completed	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Develop needs assessment	Completed	Identify areas and questions for needs assessment and develop strategies for evaluation of partners. Areas to assess include: minimum data sharing requirements for all partners across the PPS to achieve clinical integration, current documentation standards/data point collection policies and areas for training and/or workflow changes, and additional workforce needs. Consider requirements in the current state assessment outlined in the IT Systems and Processes section.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop strategy for partners in multiple PPSs	Completed	Develop a strategy with multi-PPS and RHIO/QE for evaluation of partners, sharing of IT assessment data and clinical integration assessment data.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Perform needs assessment	Completed	Evaluate clinical integration state as part of larger gap assessment across PPS through numerous communication methods, including meeting, conference calls, surveys, and email. Conduct an assessment of existing care transition	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
		programs and leverage any best practices that are identified as part of the assessment.							
Task 4. Analyze results	Completed	Perform analysis of results. Locate gaps and needs for each partner and across PPS, also identify any partner that have existing workflows/best practices to be leveraged.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Compare results with those of regional PPSs	Completed	Analyze results of partners in collaboration with other regional PPSs and ensure alignment and collaboration needs assessment/gap analysis and requirements identified for each PPS.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Milestone #2 Develop a Clinical Integration strategy.	Completed	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Stratify partners	Completed	Develop relevant grouping for partners based upon clinical needs assessment/IT Systems and Processes gap assessment (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Develop details	Completed	. Determine details for other work streams, including budget requirements, workforce and training needs and schedules.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Develop data sharing policies	Completed	. Develop new policies, procedures, and processes that will be required for data sharing, etc. and incorporate, as needed, into data governance and other PPS-wide requirements. This will include review of any best practices identified in the needs assessment for rollout throughout the PPS.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Develop care transitions processes	Completed	. Develop strategy for care transitions policies and procedures for PPS-wide practices in connection with hospital admission	09/01/2015	06/30/2016	09/01/2015	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
		and discharge coordination and communication between primary care, mental health and substance abuse providers.							
Task 5. Develop tracking tools	Completed	Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Develop plan for shared partners with regional PPSs	Completed	Develop plans for implementation focused on shared partners in collaboration with regional PPSs.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Get approval	Completed	Receive approval through governance process.	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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
Perform a clinical integration 'needs assessment'.	acrhc	Communication Documentation	20_DY2Q4_CI_MDL91_PRES1_COMM_current_state_and_gap_to_goal_overview_14341.pdf	Current Gap to Goal Overview	04/28/2017 03:46 PM
	acrhc	Communication Documentation	20_DY2Q4_CI_MDL91_PRES1_COMM_Clinical_Governance_Committee_Project_Status_Report_for_Executive_Governing_Body_3-17_12120.docx	Clinical Governance Committee Status Report	04/25/2017 12:09 PM
	acrhc	Templates	20_DY2Q4_CI_MDL91_PRES1_TEMPL_CGC_Meeting_Schedule_Template_-_0051a000001AC1m_12118.xlsx	RCHC Clinical Governance Committee Meeting Template	04/25/2017 12:08 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	
Develop a Clinical Integration strategy.	

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Milestone Review Status

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

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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	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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IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

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

Risk: Limited Bandwidth
Risk Category: Resource

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

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

Risk: Inaccuracy of Self-Assessment
Risk Category: Scope

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

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

Risk: EMR Integration
Risk Category: Resource

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

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

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Risk: IT Resources
Risk Category: Resource

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

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

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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

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IPQR Module 9.5 - Roles and Responsibilities

Instructions :

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

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

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

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IPQR Module 9.6 - Key Stakeholders

Instructions :

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

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

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

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IPQR Module 9.7 - IT Expectations

Instructions :

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

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

IPQR Module 9.8 - Progress Reporting

Instructions :

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

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

IPQR Module 9.9 - IA Monitoring:

Instructions :

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Section 10 – General Project Reporting

IPQR Module 10.1 - Overall approach to implementation

Instructions :

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

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

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

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

Instructions :

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

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

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

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IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

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

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

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

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

Instructions :

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

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

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

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

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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 development of IT infrastructure is required to support all of RCHC's projects, and to facilitate meaningful participation in shared solutions and interoperability amongst PPS partners. Some of these IT requirements will leverage existing state and regional infrastructure. The interfaces with our local QE, HealthLinkNY, will be required in order for each partner to participate in our HIE strategy for data sharing and care coordination. This integration with the QE will also provide a central feed of clinical data for many of our reporting requirements and population health management strategies. In addition, the DOH and Salient development of MAPP tools and dashboards will allow for monitoring of many aspects of performance on the general projects. However, additional PPS specific IT infrastructure will be required, specifically solutions to for training and collaboration, tracking of goals, performing population health management and PPS website and internet resources. Shared IT infrastructure across RCHC will also support the development and implementation of RCHC's organizational goals as well as project specific goals such as a population health strategy and achievement of care coordination strategies. It will also provide the network partners with capabilities for implementing specific solutions in connection with PCMH. Additionally, IT infrastructure will also allow partners to share information and submit reports and data pertaining to meeting the applicable milestones and support the training solutions and practitioner engagement that is necessary for successful achievement of many of the milestones.

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.

RCHC's DSRIP project reporting will be aligned with overall PPS reporting systems and culture, which will be coordinated by the Project Management Office. The PMO will be responsible for monitoring progress against milestones on an individual partner and PPS-wide basis for organization metrics as well as on an individual project basis. The measures chosen will be evidence-based and may evolve over time based on the baseline data that is received. The PMO will be responsible for the preparation of status reports for the quarterly reporting process for DOH, related to the specific DSRIP projects. Through ongoing reporting, if negative trends are identified or results are not in line with expectations, the PMO will work with the stakeholders in question to understand the origin of the problem and develop plans for corrective action. The Clinical Governance Committee will provide regular reporting to the Executive Governing Body and network partners, as applicable regarding the progress of the various RCHC projects. RCHC plans to track progress of all projects in the following areas: tracking of the clinical integration strategy plan progress, including status of partner integration with the QE, documentation status and training status of new workflows or solutions. For newly developed workflows or protocols within the various projects, we would also look to track patients engaged or touched by the newly developed workflows for both implementation status and auditing purposes.

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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.

Currently, 20 CBOs are part of the RCHC network. As described in further detail in the last quarterly report, these CBOs include representation from a broad cross-section of community organizations.

The Master Participation Agreement was distributed to partner CBOs. To-date, RCHC has received signed agreements from 13 CBOs, and is continuing to follow-up with the remainder of the CBOs through its standard partner contracting process. Upon the receipt of fully-executed contracts, RCHC plans to flow funds to our participating CBOs as compensation for their participation in RCHC planning initiatives to-date.

Further, RCHC is engaging with various non-partner community organizations in connection with project implementation. The Northeast American Lung Association, the Centers of Excellence for Health System Improvement, and Student Assistance Services Corporation will be participating in Project 4.b.i (Tobacco-Cessation) as non-partner CBOs. The specific duties and responsibilities of each CBO will be identified in contracts, as appropriate.

RCHC's CBO partners continue to be actively involved in RCHC's projects and Domain 1 deliverables. Two of the members of RCHC's Executive Governing Body are affiliated with CBOs. RCHC's Cultural Competency/Health Literacy Workgroup includes a broad cross-section of CBO representation – these participants will be key in formulating and implementing RCHC's CCL/HL strategy, in particular outreach to priority groups, including the Latino, African American/Haitian American, and Asian communities. Additionally, Rockland Independent Living Center, with a strong foothold in the Hispanic and Haitian communities, as well as disabled veterans and re-entry after incarceration, has been identified as an early adopter for RCHC's Patient Navigation Project.

While RCHC believes that it has a strong, comprehensive approach to community involvement, one risk would be the failure of RCHC to identify and engage with CBOs who are properly positioned and have the capabilities to assist RCHC in implementing project goals. This risk will be mitigated by close collaboration with partner and non-partner CBO and regular re-assessment of CBO participation opportunities.

IPQR Module 10.8 - IA Monitoring

Instructions :

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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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Redeployment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
New Hires	21,000.00	21,000.00	5,000.00	5,000.00	6,750.00	6,750.00	1,250.00	1,250.00	0.00	0.00	68,000.00
Other	124,089.00	124,089.00	138,250.00	138,250.00	109,750.00	109,750.00	161,363.00	161,363.00	100,000.00	100,000.00	1,266,904.00
Total Expenditures	**145,089.00**	**145,089.00**	**143,250.00**	**143,250.00**	**116,500.00**	**116,500.00**	**162,613.00**	**162,613.00**	**100,000.00**	**100,000.00**	**1,334,904.00**

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	

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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 1. Establish/finalize a Workforce Workgroup that is comprised of organization leaders, key stakeholders, and workforce representatives. This team will be tasked with developing the vision, strategy and plan. The Workgroup will: a. Create the workforce vision; b. Develop workforce strategy; c. Designate parties responsible for each milestone and associated task; d. Ensure completion of milestones and associated tasks; and e. See the workforce vision through. As part of this effort, the PPS will evaluate the potential for a regional workforce committee with other area PPSs. In addition, the PPS will identify workforce leads that are responsible for the development and execution of activities associated with each milestone.	Completed	Establish/finalize a Workforce Workgroup	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Develop a future state staffing strategy to provide a holistic view of the areas within the PPS and identify resource & needs to support DSRIP projects. This process will involve working with the selected workforce vendor in order to develop appropriate data sources, such as surveys, interviews, and data requests and	Completed	Develo0p Staffing Strategy	07/01/2015	09/30/2016	07/01/2015	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
reviews.									
Task 3. Evaluate future state workforce needs, capturing detailed information on future state roles needed by project, including staffing assumptions and job descriptions/qualifications. This step will include an in-depth analysis of the labor requirements needed to effectively execute each of the seven DSRIP projects. The exercise may involve estimating FTE levels required and creating accompanying project budgets. In particular, this analysis is expected to include a review of behavioral health providers, primary care providers, substance abuse providers, case managers, patient navigators, care coordinators, IT staff and medico-administrative support staff.	Completed	Evaluate future state workforce needs	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Determine an approach to care management within the PPS delivery system by studying and understanding best practices and staffing models.	Completed	Determine approach to care management	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 5. Obtain approval of Target Workforce State from Executive Governing Body.	Completed	Approval of Target Workforce State	03/01/2016	09/30/2016	03/01/2016	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	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1. Assign authority of milestone activities and analyses. Task will likely require the attention of the Workforce Lead and Data Analytics support. This process will involve working with the selected workforce vendor in order to develop appropriate data sources, such as surveys, interviews, and data requests and reviews.	Completed	Assign authority of milestone activities and analyses	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop a governance/decision-making model	Completed	Develop a governance/decision-making model.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
that defines how and by whom any decisions around resource availability, allocation, training, and hiring will be made and signed off.									
Task 3. Engage the workforce in planning for the change and validating the costs and benefit.	Completed	Engage the workforce	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 4. Create a stakeholder engagement and communications strategy to provide the approach and logistics to be used for the development and execution of all communication activities. This process will include developing: a. Understanding of key stakeholders and employees being impacted by DSRIP, their needs and expectations and understanding current workforce levels as described in substep 2 of Milestone 3; b. Resources/capacity for organization development/communication/change management; c. Communication needs of key stakeholders; and d. Communications vehicles across the PPS. Additionally, in the transition to the future state, the PPS should ensure cultural competency by building a workforce that accurately reflects the composition of the community. Workforce categories to be considered in this analysis may include behavioral health providers, primary care providers, substance abuse providers, patient navigators, case managers, care coordinators, IT staff and medico-administrative support staff."	Completed	Create a stakeholder engagement and communications strategy	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 5. Obtain approval of Workforce Transition Roadmap from Executive Governing Body.	Completed	Obtain approval of Workforce Transition	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 6. Ensure coordination of workforce planning efforts with other area PPS's (e.g., Montefiore	Completed	Ensure coordination of workforce planning efforts	07/01/2015	12/31/2016	07/01/2015	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
Medical Center, Westchester Medical Center). This collaboration will mitigate local workforce risks.									
Milestone #3 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 1. Assign authority of milestone activities and analyses. Task will likely require the attention of the Workforce Lead and Data Analytics support.	Completed	Assign authority of milestone activities and analyses.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Evaluate current workforce levels available across the PPS.. Survey all partners in order to understand staffing roles and levels within their organizations, including the number of people being hired and retrained (as well as possible, but unexpected, redeployment and reduction).This process will involve working with the selected workforce vendor in order to develop appropriate data sources, such as surveys, interviews, and data requests and reviews.	Completed	Evaluate current workforce levels available across the PPS	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Conduct a skills assessment, which will assess and document the gaps between the skills required in the future state and the skills currently existing within the PPS, with a focus on job descriptions/qualifications.	Completed	Conduct a skills assessment	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Conduct a workforce budget analysis in order to refine the PPS preliminary workforce budget. This analysis will examine: a. Number of people being hired and retrained (as well as possible, but unexpected, redeployment and reduction); b. Average cost per person to retrain and	Completed	Conduct a workforce budget analysis	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
recruit/hire; c. Cost of all relevant training/certification programs; and d. Cost of incremental people needed to support new processes."									
Task 5. Conduct a workforce impact assessment that will identify and document levels of workforce impact by project. This assessment will examine: a. Current headcounts, organizational structures, wage and benefit information, and key roles within the PPS by organization and by member; b. Turnover percent of PPS; c. HR Policies, Procedures, Metrics (e.g., retraining policies); and d. Staffing models needed to support DSRIP projects. Workforce categories to be considered in this analysis may include behavioral health providers, primary care providers, substance abuse providers, patient navigators, case managers, care coordinators, IT staff and medico-administrative support staff.	Completed	Conduct a workforce impact assessment	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Conduct a new hire analysis, which will help to determine how the PPS will fill workforce gaps. A key component of this exercise is to evaluate and plan how the PPS will identify and recruit new hires, especially in a competitive market with limited labor supply. During this step, the PPS will examine and develop: a. Labor market information, including current workforce gaps by region/geography/type of position; b. Current recruitment expenses/capacity (e.g., personnel for recruiting); c. Resources/capacity for onboarding/off	Completed	Conduct a new hire analysis,	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
boarding of transitioning staff; and d. Job descriptions of new positions, including qualifications, wages and benefits.									
Task 7. Evaluate and reconcile differing HR policies across the PPS. Anticipate and resolve any operational conflicts that may occur during the workforce transition. The Workforce Team can be consulted for definitive guidance regarding PPS workforce policy.	Completed	Evaluate and reconcile differing HR policies across the PPS.	12/01/2015	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Evaluate IT needs and capabilities across the PPS. IT should be seamless across the PPS and have the capability of tracking training progress, credentialing, and compensation/benefits.	Completed	Evaluate IT needs and capabilities across the PPS.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 9. Estimate cost to executing the gaps strategy, and reconcile gaps strategy with budget in order to prioritize goals for next steps.	Completed	Estimate cost to executing the gaps strateg	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
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.	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task 1. Assign authority of milestone activities and analyses. Task will involve participation by RCHC"s Chief of Human Resources (Compensation and Benefits role).	Completed	Assign authority of milestone activities and analyses	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Conduct a compensation and benefits analysis, which identifies any impacts/changes in salary or benefits that occurred as a result of the workforce strategy. The analysis will consider data from information obtained from the current state assessment, and publicly available compensation/benefits information. Workforce	Completed	Conduct a compensation and benefits analysis	01/01/2016	06/30/2016	01/01/2016	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
categories to be considered in this analysis may include behavioral health providers, primary care providers, substance abuse providers, patient navigators, case managers, care coordinators, IT staff and medico-administrative support staff.									
Task 3. Thoroughly benchmark each position in order to evaluate compensation packages relative to market rates.	Completed	Thoroughly benchmark each position in order to evaluate compensation packages relative to market rates.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Ensure that there are mechanisms in place to support any workers that are negatively impacted.	Completed	Ensure that there are mechanisms in place to support any workers that are negatively impacted.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Develop methods of identifying and tracking fully and partially placed staff throughout the PPS.	Completed	Develop methods of identifying and tracking fully and partially placed staff throughout the PPS.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Create human resource guidelines to assist in the change management process.	Completed	6. Create human resource guidelines to assist in the change management process.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	Completed	Finalized training strategy, signed off by PPS workforce governance body.	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1. Assign authority of milestone activities and analyses. Task will involve participation by RCHC"s Chief of Human Resources and one or more identified training vendor.	Completed	Assign authority of milestone activities and analyses.	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Identify one or more third-party vendors to assist with the implementation of the workforce training strategy. As part of this process project leads will work with RCHC's Chief of Human Resources and the identified vendor(s) to establish qualifications for trainers, training contracts, training topics, groups to be trained, training schedule, and how the effectiveness of the training program will be evaluated.	Completed	Identify one or more third-party vendors to assist with the implementation of the workforce training strategy.	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	Completed	Develop a training strategy that will focus on goals/objectives	12/01/2015	12/31/2016	12/01/2015	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
3. Develop a training strategy that will focus on goals/objectives of the workforce training process. Workforce categories to be considered in this analysis may include behavioral health providers, primary care providers, substance abuse providers, patient navigators, case managers, care coordinators, IT staff and medico-administrative support staff.		of the workforce training process							
Task 4. Perform training needs assessment in order to understand: a. Training, certifications, cultural and behavioral needs by level, role, and department; b. Who within the workforce will be retrained by level, role, and department; and c. New skills/requirements needed overall and at an individual level. Leverage findings from the skills assessment developed during the gap analysis milestone. Additionally, RCHC will identify training programs with respect to meaningful use of electronic health records.	Completed	Perform training needs assessment	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 5. Finalize key messaging strategy required for training based on project needs. This includes consideration of geography, language, level of education, training tools, and methods of delivery.	Completed	Finalize key messaging strategy required for training based on project needs.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 6. Identify, through 1199 or other designated training vendor, the appropriate training topics and programs that will be used.	Completed	Identify, through 1199 or other designated training vendor, the appropriate training topics and programs that will be used.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 7. Determine the training methods (e.g., online or in person; in one session or over a period of time; etc.).	Completed	Determine the training methods (e.g., online or in person; in one session or over a period of time; etc.).	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 8. Create a training schedule that identifies:	Completed	Create a training schedule	03/01/2016	12/31/2016	03/01/2016	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
a. Dates and times (timeframe), as well as how many sessions will be needed; b. Locations (websites and log-in distribution); c. Instructors and compensation; and d. Required follow-up.									
Task 9. Work with PPS Project Management Office to coordinate compensation for training time.	Completed	Work with PPS Project Management Office to coordinate compensation for training time.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 10. Ensure that the appropriate technology or infrastructure is in place to orchestrate training sessions and to track training progress and credentials over time and throughout the PPS.	Completed	9. Ensure that the appropriate technology or infrastructure is in place to orchestrate training sessions and to track training progress and credentials over time and throughout the PPS.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	

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 training strategy.	acrhc	Training Documentation	20_DY2Q4_WF_MDL112_PRES5_TRAIN_WF_Training_inventory_14349.xlsx	Training Documentation	04/28/2017 04:06 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	Implementation of our workforce transition roadmap is well underway. Partners have begun to fill the gaps, particularly, for behavioral health roles. Tele-psychiatry has proven a promising solution to address the shortage of trained psychiatrists.
Create a workforce transition roadmap for achieving defined target workforce state.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform detailed gap analysis between current state assessment of workforce and projected future state.	
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.	
Develop training strategy.	

Milestone Review Status

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

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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

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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.

Creating an Overaggressive Workforce Strategy - Creating a workforce strategy that is too broad may overwhelm the PPS. Thus, we will prioritize specific key positions or occupations, as not to slow down the transition. In this case, care management represents the foundation for our success, and we plan to fast-track positions that bring significant value to the PPS. Funds Flow: In order for RCHC to meet its Achievement Value requirements w/respect to the workforce strategy Spend RCHC will need to receive the Safety Net Equity Funding in a timely manner. The failure of these funds to flow to the PPS will adversely affect RCHC's ability to meet its Workforce Strategy Spend Commitments.
Developing Analyses Based on Inaccurate Data/Assumptions - Our PPS will conduct a workforce evaluation in order to understand the workforce levels and training across partner settings. Due to the number and diversity of our PPS partners, we are at a risk of receiving disjointed, missing, or outdated data during this exercise. In order to mitigate this risk, we plan to make reasonable, conservative, and consistent assumptions around the workforce gaps. Additionally, our PPS will conduct an assessment of the future state of the workforce, estimating required positions, FTEs, skills/training/certification, and corresponding compensation and benefits. Through this exercise the PPS puts itself at risk of underestimating or overestimating assumptions, which can create inaccurate projections. We plan to mitigate this risk by validating assumptions regarding the ""most likely scenario"" with internal (experienced business leaders) and external (peer networks, benchmarks) sources.
Creating an Unfocused Training Strategy - Training is a key component of our workforce implementation strategy. With that task at hand, our PPS must work closely with its training vendor to evaluate and select the appropriate training programs. In this process, we will be at risk of taking on an unwieldy plan. In order to mitigate this risk, we will consult workforce experts in developing the appropriate training strategy that is focused on priority, critical skills.
Failing to Respond to Unanticipated Redeployment - Currently, our PPS does not anticipate that redeployment will be a significant component of our workforce implementation strategy. However, we recognize that conditions may stray from our hypothesis.
In order to be prepared, we will ensure that there are processes in place to support any workforce members that are negatively impacted by the workforce transition.
Missing the Budget Target - Staying within a reasonable budget is critical to the success of the workforce strategy. We are at risk of going over budget if we do not continually reconcile our projections with real spend. In order to mitigate this risk, we will ensure that there is a designated finance representative on the workforce workgroup who will be responsible for this key task.
Failing to Prevent Internal Staff Disruption or Distraction - Change management is critical to the success of the workforce implementation strategy. Our PPS will need to focus on respecting cultural nuances and ways of working while transitioning into the future state. Failure to handle this change appropriately will result in a disjointed and dissatisfied workforce. In order to avoid this problem, we plan on having adequate workforce representation involved in the implementation strategy, as well as a strong human resources department support.
Encountering Workforce Shortages and Recruiting Difficulties - Our PPS may have difficulties recruiting new staff into the workforce due to demands throughout our community. We plan on working with Montefiore and Westchester through ongoing meetings in order to mitigate this risk.

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :

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

Cultural Competency/Health Literacy - We are aiming to build a workforce that is culturally competent and able communicate with our diverse population. Workers must be able to tailor conversations and care management to each patient in order to gain trust and buy-in. To achieve this, we are developing cultural competency training plans that cover specific population needs and effective patient engagement approaches.
IT Systems and Processes - Our PPS is working to develop clinical data sharing and interoperable systems across the network. As a part of this, we will create a training plan that will cover new IT platforms and processes, as well as create a set of technical standards and implementation guidance for sharing and using a common clinical data set. The workforce implementation strategy will rely on this planning in order to educate the workforce on the new HIT systems and processes.
Population Health Management - Our PPS is creating a population health management roadmap in order to:

a. Develop the IT infrastructure required to support a population health management approach;
b. Set overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations; and
c. Define priority target populations and create plans for addressing their health disparities.

The workforce implementation strategy is dependent on this work stream because it will serve as the basis of our training surrounding population health, including courses about HIT tools and care management planning. The population health management section also involves a bed reduction milestone which will be interdependent upon the workforce strategy activities.
Clinical Integration - Our PPS is performing a clinical integration needs assessment that will map providers within the network and record their clinical integration capabilities. Specific to workforce, the assessment will evaluate the number of care managers and their skill level across the network, allowing the workforce leads to respond to gaps. Additionally, we are developing a training approach for both providers and operations staff covering clinical integration, care coordination, and communication tools. The workforce leads will assist in the development of this training plan and will provide logistical support during the training process.
Financial Sustainability - The workforce budget is an important tool in determining and directing funds to PPS partners, so communication between the workforce workgroup and the Financial Governance Commitee will be crucial. Our PPS will ensure that there is cross-representation between these two bodies in order to coordinate work streams.
Governance - Decision making related to workforce transitions will be closely related to governance structures and oversight.

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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
Workforce Lead	Alexandra Khorover, Es., Chief Strategy Officer	Oversee implementation and transition
Workforce Workgroup	Lead - Alexandra Khorover, Chief Strategy Office; HR Rep - David Richards, Chief of Human Resources; 1199 Representative; Clinical Representative; Community Representative	Engage stakeholders and advise on communications strategy
Project Management Office	Chanie Sternberg, CEO	Ensure alignment to projects; Advise on staffing models/needs
Human Resources	David Richards, Chief of Human Resources	Oversee compensation, benefits and staff training; Oversee communication/change management
Information Technology	Rachel Rachel Merk, Chief Information Officer, Chief Technology Officer	Implement training delivery platforms; Implement training tracking system; Provide ongoing reporting to DOH (internal and external Rapid Cycle Evaluation); Perform required workforce assessments
Finance	PPS Finance/Governance Committee; CohnReznick (Outside Finance Consultant)	Continually evaluate budget
Workforce Analytics Vendor	Veralon	Assist PPS in performing target state assessment, gap analysis and transition roadmap.
Training Vendor	1199	Coordinate training schedule and sessions

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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		
Refuah Health Center, Inc.	Lead Agency	Overarching responsibility for oversight of initiative
PPS Partner CEOs	PPS Partners	PPS Partner CEOs are responsible for their organization's execution of their DSRIP responsibilities, they will contribute to the success of workforce related strategies
Employees of partner organizations, CBOs and other area organizations.	Frontline Workers	Create buy-in during the transition; Participate in training
HR Representatives lead by RCHC's Chief of Human Resources	HR Representatives from Key PPS Partners	Support data collection of compensation and benefit information; current state workforce information and potential hiring needs
CFOs and financial officers of partner organizations and CBOs.	Finance Representatives from Key PPS Partners	Support data collection of PPS partner financial status
External Stakeholders		
SEIU 1199	Workforce Training Vendor	Technical training curriculum development; recruiting support; support for workforce analysis
SEIU 1199	Labor/Union Representation	Expertise and input around job impacts resulting from DSRIP projects
Veralon	Workforce Analytics Vendor	Assist PPS in performing target state assessment, gap analysis and transition roadmap.
Montefiore Medical Center & Westchester Medical Center	Other Area PPSs	Training program coordination; Coordination regarding opportunities for redeployed staff
CBOs such as community action groups and other local community organizations	Community Organizations Impacted by DSRIP Projects	Provide background about community resources, which will be incorporated into training programs; assist with workforce engagement and communication strategies.
Addiction and Mental Health Providers	Partner and non-partner providers	Advise upon and participate in relevant BH and substance abuse related projects and workgroups.
Patients and Families	Medicaid beneficiaries	Become active participants in the DSRIP projects and transformation initiatives

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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 development of a shared IT infrastructure across the PPS is important for workforce transformation. Our systems must be capable of tracking training progress at an individual level to ensure that the workforce has the tools to support DSRIP goals. This system must be able to track who has been trained, what training they received, when they received it, and any certifications earned during the process on an ongoing basis. This system is also important for the DSRIP reporting needs, which require our PPS to track and analyze data for quarterly reports. We are currently in the process of working with 1199 in order to ensure that RCHC is equipped with a platform that has these capabilities.

IPQR Module 11.9 - Progress Reporting

Instructions :

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

The success of our PPS's workforce strategy will be measured against the timely development and/or refining of the workforce strategy budget, workforce impact analysis, and new hire employment analysis. Workforce strategy progress reporting will be aligned with overall PPS reporting structures and processes, which will be coordinated by the Project Management Office. The PMO will be responsible for monitoring progress against milestones on an individual partner and PPS-wide basis. The PMO will be responsible for the preparation of status reports for the quarterly reporting process for DOH. Through ongoing reporting, if negative trends are identified or results are not in line with expectations, the CMO will work with the stakeholders in question to understand the origin of the problem and develop plans for corrective action. The Workforce Workgroup will provide regular reporting to the Project Management Office, Clinical Governance Committee, Executive Governing Body and network partners as applicable regarding the progress of the PPS workforce strategy.

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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
acrhc	Communication Documentation	20_DY2Q4_WF_MDL1110_COMM_Workforce_Staffing_Impact_Actuals_DY2_3-31-17_for_Module_11.10_14351.xlsx	WF Staffing Impact Actuals DY2Q3 3.31.17	04/28/2017 04:11 PM

Narrative Text :

Attached please find Refuah CHC's workforce staffing impact actuals for DSRIP year 1.

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)	576,678.00

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	0.00	0.00	0.00	0.00%
Redeployment	0.00	0.00	0.00	0.00%
New Hires	0.00	221.09	36,931.09	71.02%
Other	134,423.36	136,680.92	621,485.33	118.45%
Total Expenditures	**134,423.36**	**136,902.01**	**658,416.42**	**114.17%**

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.

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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.

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

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

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

Risk: Provider Fragmentation
Risk Category: Scope

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

Mitigation: This will be done via PAC meetings and other practitioner engagement initiatives designed to solicit input from our partners, via the RCHC website, and via the shared trainings that will be deployed. The performance of the IDS Workgroup will be measured by the number of providers and/or practice sites that are actively participating in this project. We will define active as (1) the use of patient registries; (2) involvement in coordinated care management; (3) working towards achieving PCMH 2014 Level 3 Certification, where applicable; and (3) using an EHR with

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MU Certification and connection to a QE.

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

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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 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	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Create an IDS Workgroup consisting of representatives from each partner (IT or operations) who will be responsible for creating and ensuring adoption and implementation of IDS strategies.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Identify all partners that are participating in the project and the provider type in each partner organization.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Leverage the partner organization information to engage partners in the network and ensure timely implementation of IDS strategies.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Ensure that the Clinical Quality Committee is staffed by a representative cross-section of the partner organizations and providers that are represented within each organization.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. The Clinical Quality Committee will determine the key data elements to be shared across the IDS.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Perform current state assessment and gap analysis to determine what needs to be addressed in order to implement the IDS Strategy and ensure interoperability between partners.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	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 7. Meet with payers to discuss the IDS and negotiate new models of reimbursement and incentives surrounding the new models of delivery of healthcare- establish a monthly meeting schedule.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
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	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.		Project		Completed	06/01/2015	01/01/2016	06/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Meet with Community Health Care Collaborative (aka Hudson River Health Care) and leverage their expertise in the health home arena.		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Create a strategy that utilizes best practices from the Health Home experience		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Begin an IT assessment of the HH partner and BH Providers integrate it into the overall PPS IT strategy in order to leverage their structure to benefit the PPS as a whole.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	DY2 Q4	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.		Project		Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure		Project		Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 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
that all critical follow-up services and appointment reminders are followed.										
Task PPS trains staff on IDS protocols and processes.		Project		Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create a system of referral to the Health Home to refer those patients who qualify to the Health Home.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 2. Include the CBOs in this strategy and continue to engage them throughout the life of the program.		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Create a community outreach plan to educate the community, including medical and behavioral health, post-acute care, long term care, and public health services, and all the other various partners on the vision for an integrated system.		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net 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 connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-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 connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses alerts and secure messaging functionality.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Integration as well. Perform gap assessment.										
Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified gaps.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Determine details for other workstreams, including budget requirements, workforce and training needs.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Ensure that EHR systems used by participating safety net	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net 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 1. Survey safety net providers to determine current EHR and version as part of current state assessment to be performed in IT Systems & Processes workstream . Evaluate current IT state across PPS through various communication methods, including meeting, conference calls, surveys, email.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Perform analysis of results of IT assessment . Develop upgrade roadmap with any safety net partners no currently on an EHR that meets MU Stage 2 requirements.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3.Analyze results of partners in collaboration with other regional PPSs and ensure alignment/collaboration on closing gaps (especially with shared partners).		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Estimate costs to partners/PPS and reconcile with budget.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Create reporting /status tracking method partner progress towards adoption of EHR systems meeting MU and PCMH requirements.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Finalize PPS strategy to close gaps and receive approval through governance process .		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 7. Begin execution of plan		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 8. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 9. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4

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milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY3 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Assign oversight of milestone activities and analysis to project leads.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2: Compile list of data elements from DSRIP requirements and collaborate with regional PPSs to align reporting requirements.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Research available population health platforms to aggregate data from most robust and cost effective data sources across PPS, develop budget and integration plan. Engage vendor to assist with data source assessment work		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4: Perform assessment of all data sources and workflows for collection of data for population health, including safety net provider systems and EMR vendors, QE/RHIOs and DOH/MAPP/Salient. Develop plan to integration/interface of most cost effective sources into a centralized platform across PPS		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Perform an analysis, utilizing CNA data and other relevant sources, e.g. partner and CBO input, to define priority target populations and associated health disparities.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Develop plans to address the relevant health disparities for the identified priority target populations.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 7. Identify providers requiring additional training, including workflows for data capture and addressing health disparities and create appropriate training plans.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 8. Coordinate work products from all steps to create a comprehensive population health roadmap for submission to the		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Executive Governing Body.										
Task 9. Coordinate efforts with other area PPSs in order to avoid redundancies and facilitate a comprehensive region-wide approach to milestone achievement.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 10. Begin implementation of roadmap and perform rapid cycle evaluation of progress and adjust additional plans as needed.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Confirm that all safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all 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	05/01/2015	03/31/2018	05/01/2015	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 1. Identify all Primary Care Providers within the network that are participating in project		Project		Completed	05/01/2015	03/31/2016	05/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Conduct gap analysis of participating partners between current practice and 2014 PCMH standards		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Enter into contractual agreement with partners providing financial incentives for meeting milestones in the established timeline		Project		Completed	09/30/2015	12/31/2016	09/30/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Regularly monitor partners to ensure that they are adhering to the established timeline for each stage of the recognition process		Project		In Progress	10/31/2015	03/31/2018	10/31/2015	03/31/2018	03/31/2018	DY3 Q4

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Task 7. Provide outside PCMH consulting for any practice that needs to upgrade their status to Level 3 from a lower level		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Work with partners to develop appropriate timeline for transformation, implementation, reporting, and submission		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 6. Facilitate peer support for any partner that is having difficulty adhering to the established timeline		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	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	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 1. Perform a market assessment of the MCOs in Rockland/Orange counties to identify MCOs with the largest market share and whom have existing relationships with RCHC's partners.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Schedule meetings with targeted MCOs to begin discussions about their thoughts and concepts around VBP.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Develop a business case for presentation to MCOs showing that the MCOs' engagement with RCHC would be mutually beneficial.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Upon approval of the VBP Adoption Plan by the Executive Governing Body, develop an objective framework for intended meetings with MCOs including meeting agendas and preparatory work.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Begin to schedule routine meetings with targeted MCOs in the region to discuss RCHC's business case, VBP strategies and data needs.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Prepare a "wish list" of data required from the MCOs to effectively participate in VBP arrangements.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4

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7. Work with MCOs to achieve the successful implementation of data exchange to assist with evaluating utilization and performance.										
Task 8. Develop management and performance reports utilizing the MCO data to effectively analyze utilization trends and performance issues.		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. IDS Workgroup in collaboration with the VBP Workgroup to develop protocols to receive utilization and performance reports from MCOs and use to monitor performance and improve quality.		Project		Completed	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 10. Begin monthly meetings with Medicaid MCOs to evaluate utilization trends and performance issues, and begin refining VBP arrangements.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY3 Q4	Project	N/A	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. IDS Workgroup to prepare a matrix of patient outcome measures and cross-walk to provider types responsible for attaining the desired outcomes.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. In coordination with the Finance function, prepare a VBP Provider Compensation Plan that outlines how compensation will be aligned with patient outcomes including funds flow for approval by the Executive Governing Body.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. IDS Workgroup to establish the current baseline for each of the patient outcome measures and establish goals for the year by provider type and individual PPS partner.		Project		In Progress	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 4. IDS Workgroup to work with the Finance function to develop a compensation program to incentivize providers for attaining the		Project		In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2

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desired patient outcomes.										
Task 5. Formalize contracts with PPS partners on the provider incentive compensation program.		Project		In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 6. Provide regular reporting to the PPS partners on their performance on attaining the agreed-to patient outcomes.		Project		In Progress	07/01/2017	12/31/2017	07/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task 7. Commence compensating PPS partners based on attaining patient outcome measures as part of the funds flow.		Project		In Progress	12/01/2017	03/31/2018	12/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2020	01/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 1. Create a patient engagement plan that is culturally sensitive to the patient population.		Project		In Progress	01/01/2016	03/31/2020	01/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 2. Define patient engagement metrics and develop a monitoring process.		Project		In Progress	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 3. Create educational media to communicate the goals and educations of the IDS to both patients and CBOs.		Project		In Progress	03/31/2016	06/30/2017	03/31/2016	06/30/2017	06/30/2017	DY3 Q1
Task 4. Hire and train community navigators and deploy within the community.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Ensure regional coordination for shared partners.		Project		Completed	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Solicit feedback from our patient navigators, CBOs and partners to identify other areas which may benefit from IDS integration.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2ai_MDL2ai2_PRES2_CONTR_HRH Care_IDS_Contract_15144.pdf	Hudson River Heath Care IDS contract	06/16/2017 09:32 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ai_MDL2ai2_PRES2_COMM_Huds on_River_IDS_Deliverable_Report_15143.xlsx	Hudson River Health Care Deliverable Report	06/16/2017 09:31 AM
	acrhc	Templates	20_DY2Q4_PROJ2ai_MDL2ai2_PRES2_TEMPL_HH_ Meeting_Schedule_15142.xlsx	Hudson River Health Care Meeting Schedule	06/16/2017 09:28 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ai_MDL2ai2_PRES2_COMM_Healt h_Home_list_15141.xlsx	Hudson River Health Care Health Home	06/16/2017 09:26 AM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2ai_MDL2ai2_PRES2_CONTR_Huds on_River_Health_Care_MSA_12721.pdf	Hudson River Health Care MSA	04/26/2017 11:10 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ai_MDL2ai2_PRES2_COMM_Huds on_River_Health_Exhibit_B_status_report_11247.xlsx	Hudson River Health Exhibit B Status Report	04/21/2017 11:29 AM
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	acrhc	Templates	20_DY2Q4_PROJ2ai_MDL2ai2_PRES3_TEMPL_IDS_ M_#3_Training_Templates_Materials_and_Schedule_1 5146.pdf	IDS Training schedule template and training materials template	06/16/2017 09:48 AM
	acrhc	Screenshots	20_DY2Q4_PROJ2ai_MDL2ai2_PRES3_SS_DSRIP_C CD_14144.pdf	DSRIP CCD Screenshot	04/28/2017 10:27 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ai_MDL2ai2_PRES3_COMM_Healt hlinkny_report_14138.pdf	Healthlink NY Report	04/28/2017 10:22 AM
	acrhc	EHR/HIE Reports and Documentation	20_DY2Q4_PROJ2ai_MDL2ai2_PRES3_EHR_Refuah_ deliveries_report_14137.pdf	Refuah Deliveries Report	04/28/2017 10:21 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ai_MDL2ai2_PRES3_COMM_2ai_I DS_Addendum_Requirements_Status_Report_11535.xl sx	RCHC IDS Requirements Status Report	04/24/2017 10:07 AM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2ai_MDL2ai2_PRES3_CONTR_IDS_ Addendum_Group_5_11534.pdf	RCHC IDS Addendum Group 5	04/24/2017 10:07 AM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2ai_MDL2ai2_PRES3_CONTR_IDS_ Addendum_Group_4_11533.pdf	RCHC IDS Addendum Group 4	04/24/2017 10:06 AM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2ai_MDL2ai2_PRES3_CONTR_IDS_ Addendum_Group_3_11532.pdf	RCHC IDS Addendum Group 3	04/24/2017 10:04 AM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2ai_MDL2ai2_PRES3_CONTR_IDS_ Addendum_Group_2_11530.pdf	RCHC IDS Addendum Group 2	04/24/2017 10:03 AM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2ai_MDL2ai2_PRES3_CONTR_IDS_ Addendum_Group_1_11529.pdf	RCHC IDS Addendum Group 1	04/24/2017 10:02 AM
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	acrhc	Communication Documentation	20_DY2Q4_PROJ2ai_MDL2ai2_PRES6_COMM_Azara _Primary_Care_Focus_12033.pdf	Azara Primary Care Focus	04/25/2017 10:26 AM
	acrhc	Screenshots	20_DY2Q4_PROJ2ai_MDL2ai2_PRES6_SS_Patient_S creenshots_eCW_12031.pdf	Screenshot Patient Record ECW	04/25/2017 10:25 AM
	acrhc	Communication	20_DY2Q4_PROJ2ai_MDL2ai2_PRES6_COMM_Ezras	Ezras Choilim Mapping Documentation	04/24/2017 10:15 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
		Documentation	_Cholim_Azara_Mapping_Documentation_11544.pdf		
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ai_MDL2ai2_PRES6_COMM_Refuah_Azara_Mapping_Documentation_11543.pdf	Refuah Azara Mapping Documentation	04/24/2017 10:15 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ai_MDL2ai2_PRES6_COMM_Azara_DRVS_User_Guide_-Pre_visit_planning_11541.docx	Azara DRVS User Guide Pre Visit Planning	04/24/2017 10:13 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ai_MDL2ai2_PRES6_COMM_Azara_DRVS_User_Guide_-Pre_visit_planning_11540.docx	Azara DRVS User Guide	04/24/2017 10:12 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ai_MDL2ai2_PRES6_COMM_Azara_screenshots_11539.docx	Azara Screenshots	04/24/2017 10:12 AM
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	acrhc	Meeting Materials	20_DY2Q4_PROJ2ai_MDL2ai2_PRES9_MM_M_9_IDS_15081.pdf	MCO Meeting schedule template, inventory of meeting, sign in sheet	06/15/2017 10:39 AM
	acrhc	Meeting Materials	20_DY2Q4_PROJ2ai_MDL2ai2_PRES9_MM_3_21_17_CrossPPS__Fidelis_Meeting_Agenda_11073.docx	Refuah Fidelis Monte Meeting	04/20/2017 01:25 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Hudson River Health is the only Health Home in the RCHC PPS. At the start of the PPS formation, HRH already maintained a bidirectional CCD interface with consent collection to the regional RHIO prior to the start of the DSRIP program. The interface was upgrade to support the CCDA format and went live with the updated format on a new hub with Healthlinkny in August 2016. RCHC formally provided Hudson River Healthcare and all other Safety Net & PPS project partners with an IDS Addendum in February 2017. This addendum incentivized partners to complete specific IDS data sharing requirements. Beyond the Healthlinkny consent and clinical data exchange (which HRH has already completed), the organization also is encouraged to adopt and provide evidence of: 1. DIRECT messaging use 2. Utilization of Heatlhlinkny Alerts to Provide Care Coordination or Follow Up 3. Evidence of Meaningful Use 2 completion RCHC also utilized a population health solution, Azara DVRS. RCHC requires partners to have an establish 10% volume of patient from the DOH member roster for the PPS. HRH is well below this threshold, with an approximate volume between 2- 5% of patients actually within the DSRIP member roster. Therefore Hudson River Health data on the Azara platform is not currently combined into the RCHC data warehouse, and RCHC did not include this data sharing requirement within their addendum. However, Hudson River Healthcare, as part of CHYCANYS, does maintain Azara, and RCHC can revisit incorporation of this data in the PPS data warehouse as needed. Full status report is included in the attached excel file Hudson River Health Exhibit B status report.xlsx
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care	RCHC sent the IDS Addendum to all critical organizations. This Addendum incentivizes partners to contribute data to HIE and implement other data sharing solutions like DIRECT messaging and Alerts utilization. Current status of connectivity and adoption of these solutions is displayed in 2ai status report.xlsx. Partners have until 3/31/2018

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
and public health services.	to complete all tasks in the IDS Addendum, therefore this metric is still ongoing. In addition, many partners may be progressed further, but due to the report substantiation our PPS has requested, date complete can not be entered until complete reporting is provided from partner (as specified in the IDS Addendum).
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.	N/A
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.	The attached screenshots show the different custom registries that were developed in Azara for PPS project reporting for Medication Adherence & Community Navigation and Screening for Clinical Depression. These registries report across Ezras Choilim and Refuah Health Center EHRs and include approximatley 80% of the RCHC DSRIP members. Pre Visit Planning tools and Risk Registries are also available in the Azara tool for additional population health management. there are also many other reports available including reports for HEDIS CQMs, UDS, Meaningful Use and PCMH
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.	6/14/17 RCHC's payment reform strategy was to expeditiously pursue a VBP contract with Fidelis in order to ensure comprehensive care is provided to its attributed patients. RCHC initiated discussions with Fidelis early in the DSRIP process in order to review and discuss utilization trends and performance issues. These discussions are documented in the uploaded chart. Due to the nature of certain of the discussions, e.g phone conferences, formal agendas and minutes were not developed. However, the ultimate outcome of these discussions is documented in the finalized VBP contracts entered into, respectively, by Refuah Health Center and Ezras Cholim Health Center. These two entities represented 89% of RCHC attributable lives. The performance metrics under these agreement represent the culmination of the parties' discussions with respect to utilization trends and areas of performance improvement. RefuahCHC enjoys a long standing relationship with MCO Fidelis Care, with PPS lead—Refuah Health Center—having worked closely with Fidelis prior to DSRIP implementation. When Fidelis was identified by the state as RefuahCHC's only MCO partner for the equity programs, leadership from the two organizations continued building on this foundation. RefuahCHC and Fidelis have regular monthly meetings to discuss utilization trends, performance issues including review of Healthcare Effectiveness Data and Information Set (HEDIS) and Quality Assurance Reporting Requirements (QARR), and payment reform. Members of RefuahCHC's Executive Governing Body and Financial Governance Committee attend the meetings and report outcomes/recommendations to PPS leadership, with the Project Management Office disseminating information to all relevant stakeholders. This positive relationship, continual collaboration and efficient reporting process has resulted in the successful execution of a Level 1 Value Based Payment Agreement with Fidelis. Additionally, RefuahCHC is in the final stages of the attestation process and finalizing technical transfer agreements that will allow the PPS to access Fidelis' data extracts.
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	

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Milestone Review Status

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

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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 Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative Attached	06/30/2016	07/31/2016	06/30/2016	07/31/2016	09/30/2016	DY2 Q2

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	

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

Instructions :

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

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

Instructions :

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

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

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

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

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

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

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

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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	20,000

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,000	5,000	7,000	12,000
	Quarterly Update	4,018	8,059	0	13,413
	Percent(%) of Commitment	401.80%	161.18%	0.00%	111.78%
IA Approved	Quarterly Update	0	8,026	0	13,395
	Percent(%) of Commitment	0.00%	160.52%	0.00%	111.62%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mk433280	Rosters	20_DY2Q4_PROJ2aii_MDL2aii2_PES_ROST_project_2.a.ii_engaged_patients_dy2q4_11787.xlsx	Engaged Patient Roster	04/24/2017 03:10 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	

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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	05/01/2015	03/31/2018	05/01/2015	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	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify all Primary Care Providers within the network that are participating in project		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Conduct gap analysis of participating partners between current practice and 2014 PCMH standards		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Work with partners to develop appropriate timeline for transformation, implementation, reporting, and submission		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Enter into contractual agreement with partners providing financial incentives for meeting milestones in the established timeline		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Regularly monitor partners to ensure that they are adhering to the established timeline for each stage of the recognition process		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. Facilitate peer support for any partner that is having difficulty adhering to the established timeline		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Provide outside PCMH consulting for any practice that needs to upgrade their status to Level 3 from a lower level		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 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 PPS has identified physician champion with experience implementing PCMHs/ACPMs.		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Provide education to partners on the selection criteria and responsibilities of physician champion		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. PPS will communicate with Physician Champions on a regular basis, to support their efforts and facilitate collaboration among partners		Project		Completed	10/01/2015	03/18/2017	10/01/2015	03/18/2017	03/31/2017	DY2 Q4
Task 1. Develop selection criteria for physician champion, including but not limited to a. intimate knowledge of PCMH b. Knowledge of operational workflow c. proven track record of leadership, innovation, and facilitating change		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Ensure selection of appropriate physician champion by participating partners pursuant to contractual agreement		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordinators are identified for each primary care site.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Ensure that each partner has training in place for care coordinators, and evaluate methods to ensure training is aligned with other partners to ensure interoperability across the network		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop selection criteria for care coordinators, including but not limited to cultural competency, language proficiency, and familiarity with community being served		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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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 2. Develop care coordinator model(s) (with input from the Workforce Workgroup) and use the models to create job descriptions.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Work with relevant partners to identify appropriate individuals to serve in care coordinator roles (either from existing workforce or through new hires, as appropriate). Provide training as appropriate.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Develop metrics to monitor effectiveness of care coordinators. Evaluate care coordinator performance on a regular basis and take corrective action as necessary. Ensure that appropriate initial and on-going training is provided.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net 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 PPS uses alerts and secure messaging functionality.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified gaps.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	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 5. Determine details for other workstreams, including budget requirements, workforce and training needs.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	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 PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net 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 1. Survey safety net providers to determine current EHR and version as part of current state assessment to be performed in IT Systems & Processes workstream . Evaluate current IT state		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

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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
across PPS through various communication methods, including meeting, conference calls, surveys, email.										
Task 2. Perform analysis of results of IT assessment . Develop upgrade roadmap with any safety net partners no currently on an EHR that meets MU Stage 2 requirements.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3.Analyze results of partners in collaboration with other regional PPSs and ensure alignment/collaboration on closing gaps (especially with shared partners).		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Estimate costs to partners/PPS and reconcile with budget.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Create reporting /status tracking method partner progress towards adoption of EHR systems meeting MU and PCMH requirements.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Finalize PPS strategy to close gaps and receive approval through governance process .		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 7. Begin execution of plan		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY3 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Assign oversight of milestone activities and analysis to project leads.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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DSRIP Implementation Plan Project

Refuah Community Health Collaborative (PPS ID:20)

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

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Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.										
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.		Project		Completed	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.		Project		Completed	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1. Survey partners and identify any updates to partner policies and protocols that are required to align their PCMH measures with national guidelines.		Project		Completed	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Work with Workforce Workgroup to identify any training needed, including training for all partners on roles within PCMH models and any new policies and protocols identified in task 1.		Project		Completed	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Facilitate that training across the relevant workforce utilizing webinars, in-services, group trainings, and post-education competency evaluation.		Project		Completed	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	DY2 Q4	Project	N/A	Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).		Provider	Practitioner - Primary Care Provider (PCP)	Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Protocols and processes for referral to appropriate services are in place.		Project		Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Work with Clinical Quality Committee to ensure that referral Protocols and Processes are clinically appropriate before implementing		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Develop standards for depression screening and referral, and contract with partners to meet these standards		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3

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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 3. Develop appropriate reporting solutions to ensure compliance with requirements for universal screening and timely referral for appropriate patients		Project		Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Monitor compliance rates from partners, identifying any low-performing partners. For any low-performing partners, the PPS will offer support in the form of workflow development, workforce retraining, and IT support to improve performance of the partner		Project		Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement open access scheduling in all eligible primary care practices.	DY3 Q4	Project	N/A	In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all eligible PPS primary care sites.		Project		In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all eligible PPS primary care sites.		Project		In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS monitors and decreases no-show rate by at least 15%.		Project		In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Conduct GAP analysis of partners to determine current gap to goal for PCMH 1A and 1B access		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Work with partners to develop any increase in access that is needed to meet NCQA standards for Open Access		Project		Completed	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Establish baseline no-show rate for each participating partner via surveying and reporting		Project		Completed	12/01/2015	07/31/2016	12/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task 4. Alongside Clinical Quality Committee, develop best practices for reducing no-show rate		Project		Completed	12/01/2015	07/31/2016	12/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task 5. Routinely monitor partners no-show rates, and for any underperforming partner, work with partner and Clinical Quality committee to help reduce no-show rate to appropriate level		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	acrhc	Documentation/Certification	20_DY2Q4_PROJ2aii_MDL2aii3_PRES2_DOC_Jkaminetzky_PCMH_Champion_11981.pdf	Jeffrey Kaminetzky PCMH Champion	04/25/2017 09:33 AM
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.	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2aii_MDL2aii3_PRES3_CONTR_M3_PCMH_IDS_Agreements_4_and_5_14979.pdf	Refuah CHC IDS Addendums #4 & #5	06/13/2017 03:34 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2aii_MDL2aii3_PRES3_COMM_PCMH_M_3_PPS_Care_Coordinators_14978.xlsx	Cares Coordinator contact information for Refuah, Ezras, Cornerstone	06/13/2017 03:33 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2aii_MDL2aii3_PRES3_COMM_M_3_PCMH_Job_Descriptions_14977.pdf	Job descriptions for Refuah Health Center, Ezras Choilim and Cornerstone (GHVFHC)	06/13/2017 03:27 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2aii_MDL2aii3_PRES3_COMM_Prevention_Coordinaters_12799.xlsx	Ezras Choilim Prevention Coordinators/Care Coordinatores	04/26/2017 12:09 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2aii_MDL2aii3_PRES3_COMM_2ai_IDS_Addendum_Requirements_Status_Report_12560.xlsx	IDS Addendum Requirements Status Report	04/26/2017 09:13 AM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2aii_MDL2aii3_PRES3_CONTR_IDS_Addendum_Group_3_12557.pdf	RCHC IDS Addendum Group 3	04/26/2017 09:10 AM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2aii_MDL2aii3_PRES3_CONTR_IDS_Addendum_Group_2_12556.pdf	RCHC IDS Addendum Group 2	04/26/2017 09:09 AM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2aii_MDL2aii3_PRES3_CONTR_IDS_Addendum_Group_1_12554.pdf	RCHC IDS Addendum Group 1	04/26/2017 09:09 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2aii_MDL2aii3_PRES3_COMM_Role_of_Care_Coordinator_12008.pdf	Role of the Care Coordinator PowerPoint Presentation	04/25/2017 10:08 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2aii_MDL2aii3_PRES3_COMM_Role_of_Care_Coordinator_11105.pdf	RCHC Training presentation - role of the care coordinator	04/20/2017 02:28 PM
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	acrhc	Communication Documentation	20_DY2Q4_PROJ2aii_MDL2aii3_PRES6_COMM_AzaraPrimary_Care_Focus_12005.pdf	Azara Primary Focus	04/25/2017 10:05 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2aii_MDL2aii3_PRES6_COMM_Sample_Tageted_Patient_Registry_12002.pdf	Sample Targeted Patient Registry Report	04/25/2017 10:02 AM
	acrhc	Screenshots	20_DY2Q4_PROJ2aii_MDL2aii3_PRES6_SS_Screenshot_PCMH_6_11984.pdf	Patient Screenshot Ecw	04/25/2017 09:40 AM
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.	acrhc	Meeting Materials	20_DY2Q4_PROJ2aii_MDL2aii3_PRES8_MM_Adult_Providers_Meeting_Minutes_11_10_14_14062.docx	Refuah Adult Provider Meeting Minutes 11.10.14 PHQ2	04/28/2017 08:21 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2aii_MDL2aii3_PRES8_COMM_2ai_IDS_Addendum_Requirements_Status_Report_12572.xlsx	IDS Addendum Requirements Status Report	04/26/2017 09:27 AM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2aii_MDL2aii3_PRES8_CONTR_IDS_Addendum_Group_5_12569.pdf	RCHC IDS Addendum 5	04/26/2017 09:22 AM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2aii_MDL2aii3_PRES8_CONTR_IDS_Addendum_Group_4_12567.pdf	RCHC IDS Addendum 4	04/26/2017 09:20 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2aii_MDL2aii3_PRES8_CONTR_IDS_Addendum_Group_3_12566.pdf	RCHC IDS Addendum Group 3	04/26/2017 09:20 AM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2aii_MDL2aii3_PRES8_CONTR_IDS_Addendum_Group_2_12564.pdf	RCHC IDS Addendum Group 2	04/26/2017 09:19 AM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2aii_MDL2aii3_PRES8_CONTR_IDS_Addendum_Group_1_12562.pdf	RCHC IDS Addendum Group 1	04/26/2017 09:16 AM
	acrhc	EHR/HIE Reports and Documentation	20_DY2Q4_PROJ2aii_MDL2aii3_PRES8_EHR_preventive_care_screening_12251.pdf	Preventive Care Screening Report	04/25/2017 03:43 PM
	acrhc	Policies/Procedures	20_DY2Q4_PROJ2aii_MDL2aii3_PRES8_P&P_BH_Guidelines_for_Depression_Screening_Policy_11998.pdf	BH Guidelines for Depression Screening	04/25/2017 10:00 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2aii_MDL2aii3_PRES8_COMM_PHQ2_Report_11122.pdf	PHQ2 Report	04/20/2017 03:18 PM

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.	
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.	Per the IA"s instructions - "The PPS was directed to extend this milestone in a previous quarter a the IA did not consider the submitted documentation to meet project requirements. The PPS must extend this milestone to a future quarter not to exceed its speed and scale commitment date and submit all the documentation needed to support completion of this project requirement. Failure to adhere to this may result in a failure of this project requirement", we are changing the due date of milestone #7

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 & Complete	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Complete	
Milestone #9	Pass & Ongoing	

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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 Mid-Point Assessment	Completed	Mid-Point Assessment Narrative Attached	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
Mid-Point Assessment	

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

Instructions :

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

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

Instructions :

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

Risk Category: Resource
Risk: Out-of-Network

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

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

Risk Category: Scope
Risk: Lack of Familiarity with VBP

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

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

Risk Category: Scope
Risk: Communication

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

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

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IPQR Module 2.c.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	9,861

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,200	2,465	3,000	5,424
	Quarterly Update	1,984	4,462	0	5,292
	Percent(%) of Commitment	165.33%	181.01%	0.00%	97.57%
IA Approved	Quarterly Update	0	4,420	0	5,260
	Percent(%) of Commitment	0.00%	179.31%	0.00%	96.98%

Warning: PPS Reported - Please note that your patients engaged to date (5,292) does not meet your committed amount (5,424) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mk433280	Rosters	20_DY2Q4_PROJ2ci_MDL2ci2_PES_ROST_project_2.c.i_engaged_patients_dy2q4_11791.xlsx	Engaged Patient Roster	04/24/2017 03:12 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	

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IPQR Module 2.c.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 Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.	DY3 Q2	Project	N/A	In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community-based health navigation services established.		Project		Completed	05/01/2015	08/31/2016	05/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 1. Identify partners and other organizations best suited to participate in this project		Project		Completed	05/01/2015	01/31/2016	05/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task 5. Work with the cultural competency & health literacy team to perform an analysis of the existing barriers and disparities which prevent efficient and effective use of the healthcare system.		Project		Completed	08/01/2015	08/31/2016	08/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 6. Research and identify appropriate methods and models to establish this service in Orange and Rockland counties		Project		Completed	08/01/2015	08/31/2016	08/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 2. Assess partner readiness, capacity, and resources including staffing and IT.		Project		Completed	08/01/2015	08/31/2016	08/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 3. Discuss terms with those partners identified as candidates for this project including, but not limited to: recruiting navigators from the pool of residents in the community served, training them on cultural competency, health literacy and the resource guide, conducting periodic performance reviews.		Project		Completed	08/01/2015	08/31/2016	08/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 4. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the parties.		Project		Completed	08/01/2015	01/31/2017	08/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 7. Perform regular oversight of partners to ensure compliance with project metrics and associated timeline.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 8. Assist partners with remediation of		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 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
processes/workflows/training as necessary.										
Milestone #2 Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Resource guide completed, detailing medical/behavioral/social community resources and care protocols developed by program oversight committee.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 1. Work with partners to identify appropriate resources for inclusion		Project		Completed	01/01/2016	04/30/2016	01/01/2016	04/30/2016	06/30/2016	DY2 Q1
Task 2. Engage a partner to develop, publish, and maintain the resource guide.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Ensure continuous maintenance of Resource guide		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Ensure partner training of community navigators on the use of the resource guide with a focus on cultural competency pursuant to contractual agreement		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop metrics to monitor effectiveness of the navigators. Evaluate navigator performance on a regular basis and take corrective action as necessary. Ensure that		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	DY2 Q4	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Navigators recruited by residents in the targeted area, where possible.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Coordinate with regional and PPS specific workforce efforts to identify potential navigator sources (partner and non-partner CBO and provider organization)		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. To maintain a high standard in the program, ensure each individual navigator is trained, regardless of their background or experience, on cultural competency, health literacy, as well as		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 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
the technical aspects of navigating patients toward more effective health care system use and ensure it is documented accordingly.										
Task 4. Ensure periodic performance reviews are performed to confirm that navigators are successfully providing services		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Provide recruitment guidelines to navigator sources, requiring them to leverage their existing relationships with local residents in order to further identify and recruit navigators utilizing job fairs, engagement of community leaders, and word of mouth		Project		Completed	09/01/2015	09/01/2016	09/01/2015	09/01/2016	09/30/2016	DY2 Q2
Milestone #4 Resource appropriately for the community navigators, evaluating placement and service type.	DY3 Q2	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Navigator placement implemented based upon opportunity assessment.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Telephonic and web-based health navigator services implemented by type.		Project		Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Coordinate opportunity assessment with regional and PPS-specific workforce efforts		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Review results and recommendations from CNA, workforce gap analysis, and cultural competency and health literacy workgroup to identify location, type, and degree of need		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Work with identified CBOs and other partner organizations (in coordination with Workforce Workgroup) to develop job descriptions for community navigators.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Leverage existing knowledge base of CBOs to identify appropriate channels to recruit existing and/or new hire community navigators for participation in the program. Coordinate placement of navigators with existing CBO/partner programs and assess opportunities for new placements based upon community need.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. Ensure that community navigators receive appropriate initial and on-going training.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	07/01/2015	09/30/2016	07/01/2015	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
7. Monitor effectiveness of navigator placements and take corrective action, as appropriate.										
Milestone #5 Provide community navigators with access to non-clinical resources, such as transportation and housing services.	DY3 Q2	Project	N/A	In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Navigators have partnerships with transportation, housing, and other social services benefitting target population.		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 2. Work with partners to train navigators on resource guide and educate navigators on the interdependence of healthcare outcomes on non-clinical factors		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 4. Invite all non-clinical resources to PPS "get to know you" event to help develop relationships between navigators and resource organizations		Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task 3. Facilitate on-going communication between navigators and non-clinical support organizations		Project		In Progress	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 1. work with partners to create resource guide, including resources for housing, transportation, food sources, translation, legal, immigration, domestic violence, program assistance. Regularly review and update resource guide to include most up-to-date resources		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #6 Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	DY2 Q4	Project	N/A	Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Case loads and discharge processes established for health navigators following patients longitudinally.		Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. PPS clinical quality committee will develop and approve case load and discharge protocols in accordance with established best practices, and will ensure compliance by random audits.		Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Market the availability of community-based navigation services.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Health navigator personnel and services marketed within designated communities.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 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 1. Leverage the expertise of the cultural competency and health literacy workgroup to identify specific methods of marketing and outreach that will facilitate engagement by different populations across the PPS		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Identify and implement various communication formats in order to ensure that availability of navigators is effectively communicated		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Develop processes to monitor on-going effectiveness of marketing efforts and implement remedial action as necessary		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Assess results of current state assessment..		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop PPS strategy for tracking engaged patients.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Identify need for additional support to facilitate "close the gap" strategy		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1

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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
8. Develop budget and schedule for each partner to close gaps										
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Evaluate implementation process on ongoing basis to and institute remedial measures as necessary		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary		Project		Completed	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
Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.	acrhc	Meeting Materials	20_DY2Q4_PROJ2ci_MDL2ci3_PRES2_MM_M_#2_5.06.16_Sign_In_Sheet_15360.pdf	RCHC CGC sign in sheet for May 6th meeting	06/19/2017 01:20 PM
	acrhc	Meeting Materials	20_DY2Q4_PROJ2ci_MDL2ci3_PRES2_MM_M_#2_CGC_Agenda_05.6.16_15359.docx	CGC Meeting Agenda	06/19/2017 01:18 PM
	acrhc	Training Documentation	20_DY2Q4_PROJ2ci_MDL2ci3_PRES2_TRAIN_M_#2_Inventory_of_Trainings_(002)_15357.xlsx	Inventory of Trainings	06/19/2017 01:17 PM
	acrhc	Screenshots	20_DY2Q4_PROJ2ci_MDL2ci3_PRES2_SS_M_#2_Resource_Guide_screenshot_e.g._medical_behavioral_social_resources_15356.docx	Resource Guide screenshot	06/19/2017 01:15 PM
	acrhc	Training Documentation	20_DY2Q4_PROJ2ci_MDL2ci3_PRES2_TRAIN_Role_of_the_Care_Coordinator_12046.pdf	Role of the Care Coordinator PowerPoint Presentation	04/25/2017 10:38 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ci_MDL2ci3_PRES2_COMM_Navigation_Documentation_Procedure_9731.pptx	RCHC Navigation Documentation Procedures Powerpoint presentation	04/04/2017 11:11 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ci_MDL2ci3_PRES2_COMM_NYNav_Resource_Guide_Training_Take-home_Flyer_9729.pdf	RCHC Resource Guide	04/04/2017 11:04 AM
Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	acrhc	Communication Documentation	20_DY2Q4_PROJ2ci_MDL2ci3_PRES3_COMM_Iventory_of_Navigation_Contracts_13110.xlsx	Inventory of Navigation Contracts	04/26/2017 03:18 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ci_MDL2ci3_PRES3_COMM_List_of_Navigarors_and_sample_performance_review_MS_3_10221.pdf	Ezras Choilim list of navigators and sample performance review	04/13/2017 04:38 PM
	acrhc	Contracts and Agreements	20_DY2Q4_PROJ2ci_MDL2ci3_PRES3_CONTR_RHC_and_Ezrras_Nav_Contracts_MS_3_10217.pdf	Refuah Health Center and Ezras Choilim Health Center Navigation Contracts	04/13/2017 04:27 PM
Resource appropriately for the community navigators, evaluating placement and service type.	acrhc	Communication Documentation	20_DY2Q4_PROJ2ci_MDL2ci3_PRES4_COMM_Nav_4_Narrative_and_Upload_14167.docx	RCHC Navigation upload for milestone 4	04/28/2017 10:57 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	acrhc	Policies/Procedures	20_DY2Q4_PROJ2ci_MDL2ci3_PRES6_P&P_2ci_M#6_Caseload_and_Discharge_Policy_14932.doc	RCHC Caseload and Discharge Policy	06/12/2017 02:28 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ci_MDL2ci3_PRES6_COMM_Uploaded_Narrative_14075.docx	Uploaded Narrative	04/28/2017 09:15 AM
Market the availability of community-based navigation services.	acrhc	Communication Documentation	20_DY2Q4_PROJ2ci_MDL2ci3_PRES7_COMM_M_#7_Navigation_Marketing_Plan_14926.docx	RCHC Navigation Marketing Plan 6.12.17	06/12/2017 12:54 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ci_MDL2ci3_PRES7_COMM_Refuah_patient_services_dept_mailer_11089.pdf	Refuah Patient Services Mailer	04/20/2017 02:09 PM
Use EHRs and other technical platforms to track all patients engaged in the project.	acrhc	Communication Documentation	20_DY2Q4_PROJ2ci_MDL2ci3_PRES8_COMM_Azara_Primary_Care_Focus_12043.pdf	Azara Primary Care Focus	04/25/2017 10:34 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ2ci_MDL2ci3_PRES8_COMM_Sample_Targeted_Patient_Registry_12042.pdf	Sample Targeted Patient Registry Report	04/25/2017 10:33 AM
	acrhc	Screenshots	20_DY2Q4_PROJ2ci_MDL2ci3_PRES8_SS_Patient_Screenshots_eCW_12040.pdf	Screenshot Patient Record ECW	04/25/2017 10:31 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.	
Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.	6/19/17 RCHC engaged its partner, Rockland Independent Living, to create a Health Navigator Resource Guide. The Guide is a web-based resource available at nynav.gov. The Guide provides a searchable listing of the following types of resources: 1) medical, including primary care, women's health, mental health, etc.; 2) basic needs/community services, e.g. housing, food and transportation; 3) mental health services (crisis, psychiatrists, therapists and social workers); 4) alcohol and substance abuse (e.g., detox, rehabilitation, sober living, and support groups); and 5) legal and advocacy services (including immigration assistance). Rockland Independent Living developed this guide with oversight and input from RCHC's Clinical Governance Committee. The Committee provided input and insight into fine-tuning the guide to target services relevant to, and accessible by, Medicaid enrollees, as evidenced by agenda and sign-in sheet attached. Attached please find the RCHC Resource Guide, Patient Services Dept. mailer and Navigation Documentation presentation.
Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	RefuahCHC has successfully recruited community navigators who live and were raised in the service area and, thus, are well versed in the culture of the community they serve. Living among the target population allows RefuahCHC community navigators to bridge the gap for high risk individuals who are often sidelined by language, economic, and cultural barriers. RefuahCHC community navigators are neighbors and are able to connect through shared language, culture, experience and understanding.
Resource appropriately for the community navigators, evaluating placement and service type.	6.12.17 - RCHC identified and developed its navigator service types – in-person, telephonic, and web-based – through patient focus groups, community feedback, and stakeholder involvement in RCHC's committees and workgroups. This analysis determined that the primary preferred navigator service type for RCHC is in-person navigation. Under RCHC's model, its partner Patient Services departments (mainly in FQHC and other community-based partners), serve as convenient "hubs" for patients to access navigation, case management, patient services, and similar resources. RCHC found that many individuals in its target population have limited access to computers and the internet, thus providing access in-person services at locations that patients already frequent (e.g. FQHCs and other community-based locations) is the most effective and convenient option for its patient to connect with navigators. RCHC's navigation "hubs" also have the capability to assist patients telephonically. For

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	patients who desire a web-based platform, patients can access navigation resources through the resource guide at nynav.gov. RefuahCHC's target population is concentrated in three zip-codes, with 93% of patients hailing from these communities in the Hudson Valley. To provide necessary services, RefuahCHC placed navigators in at locations in all three of these zip codes. PPS leadership is composed of FQHCs whose patients historically use the center as a one-stop-shop, accessing all necessary medical and dental care in a single location. Additionally, the center serves as a centralized provider of many non-medical resources. Case managers assist patients with everything from transportation arrangements, translation for legal documentation, to accessing social services, including applying for food stamps. RefuahCHC recognized the importance/value in placing in-person navigators in each partner FQHC. Because patients often access services via telephone, RefuahCHC's service delivery model relies on providing navigation services in-person and over the phone. While the current patient population does not utilize the internet consistently, RefuahCHC has made its navigation resource guide available online (www.nynav.com).
Provide community navigators with access to non-clinical resources, such as transportation and housing services.	
Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	6/15/17 - - For more detail, please refer to attached caseload and discharge policy. RefuahCHC implements a discharge process methodology designed to allow community navigators to efficiently close out each case. All open cases are continuously tracked and monitored by the patient service manager. RefuahCHC has not determined a caseload limit, as past experience demonstrates that work/time can vary greatly depending on the specific needs of individual patients. Historically, most interventions are completed immediately. According to RefuahCHC protocol, if or when a delay arises additional navigators are hired to ensure the expectation of no wait time.
Market the availability of community-based navigation services.	Please see attached Community Navigation Marketing Plan.
Use EHRs and other technical platforms 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	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Complete	

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IPQR Module 2.c.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 Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative Attached	06/30/2016	07/31/2016	06/30/2016	07/31/2016	09/30/2016	DY2 Q2

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	

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

Instructions :

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

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

Instructions :

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

Risk Category: Resource
Risk: Not enough BH access.

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

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

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

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

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

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

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

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

Risk Category: Resource
Risk: Meeting fatigue

Potential Impact: Some partners may not find such an exercise worth it without adequate compensation.
Mitigation: RCHC is considering some appropriate compensation for participation in meetings and workgroups to help maintain an engaged

partner group and encourage meaningful participation.

Risk Category: Scope
Risk: Change in funding model.

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

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

Risk Category: Scope
Risk: Accountability

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

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

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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	9,000

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	900	2,400	3,000	4,800
	Quarterly Update	1,523	3,127	0	6,579
	Percent(%) of Commitment	169.22%	130.29%	0.00%	137.06%
IA Approved	Quarterly Update	0	3,111	0	6,564
	Percent(%) of Commitment	0.00%	129.62%	0.00%	136.75%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mk433280	Rosters	20_DY2Q4_PROJ3ai_MDL3ai2_PES_ROST_project_3.a.i_engaged_patients_dy2q4_12174.xlsx	Engaged Patient Roster	04/25/2017 01:26 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	

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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.	DY2 Q4	Model 1	Project	N/A	Completed	05/01/2015	03/31/2018	05/01/2015	03/31/2017	03/31/2017	DY2 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)	Completed	05/01/2015	03/31/2018	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	Completed	09/01/2015	01/31/2017	09/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 1. Identify which PCP partner organizations are interested in this project			Project		Completed	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Assess partner readiness and capacity for BH integration including staffing, space, and IT			Project		Completed	07/01/2015	07/31/2016	07/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task 3. Assess provider readiness for PCMH certification and develop plan for actualization; create timeline with specific interval targets			Project		Completed	07/01/2015	01/31/2017	07/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 4. Discuss terms with those partners identified as candidates for this project			Project		Completed	08/01/2015	01/31/2017	08/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 5. Sign agreements with specific reporting requirements and deliverables, including interval PCMH targets. Agreements will set forth the roles and responsibilities of the parties.			Project		Completed	08/01/2015	01/31/2017	08/01/2015	01/31/2017	03/31/2017	DY2 Q4

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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 6. Perform regular oversight of partners to ensure compliance with project (e.g. proof of warm hand offs, team meetings, etc.), metrics and associated timeline.			Project		Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Assist partners with remediation of processes/workflows/training as necessary			Project		Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Communicate and educate partners on this project and solicit partner feedback/input			Project		Completed	05/01/2015	10/31/2015	05/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task 2. Solicit partner participation in a BH quality committee. Convene BH quality committee to develop evidence-based policies, procedures, workflows and care standards			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Share the standards with the Regional Clinical Council to ensure consistency across the Hudson Valley Region			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Communicate standards across all participating partner groups			Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop processes to monitor implementation and effectiveness of standards and adjust the standards based upon subsequent reviews			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those	DY2 Q4	Model 1	Project	N/A	Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4

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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
screening positive, SBIRT) implemented for all patients to identify unmet needs.											
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Screenings are documented in Electronic Health Record.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Ensure functioning "warm-transfer" workflows and adequate access to BH services for patients who screen positive; establish remedial policies/workflows, as necessary.			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Establish policies and procedures to perform and document screenings in EHR; develop processes to track and monitor compliance with such policies and procedures.			Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Train staff on screening methods and proper documentation; develop mechanisms to monitor effectiveness of training.			Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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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
actively engaged patients for project milestone reporting.											
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project. (Include assessment of EMR's ability to integrate primary care and behavioral health charts.)			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Assess results of current state assessment			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop PPS strategy for tracking engaged patients.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.			Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Identify need for additional support to facilitate "close the gap" strategy			Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 8. Develop budget and schedule for each partner to close gaps			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes for providers particiating in this project			Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Review implementation process on ongoing basis to and institute remedial measures as necessary			Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Monitor on-going patient engagement, partner			Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

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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
performance and institute remedial measures as necessary											
Milestone #5 Co-locate primary care services at behavioral health sites.	DY2 Q4	Model 2	Project	N/A	Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Communicate with and educate partners on the requirements of this project			Project		Completed	05/01/2015	08/01/2015	05/01/2015	08/01/2015	09/30/2015	DY1 Q2
Task 2. Identify which BH organizations are interested in offering integrated primary care services			Project		Completed	07/01/2015	07/31/2016	07/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task 3. Perform potential partner needs assessments for BH integration including gaps in staffing, space, and IT			Project		Completed	08/01/2015	07/31/2016	08/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task 4. Discuss terms with those partners identified as candidates for this project			Project		Completed	01/01/2016	01/31/2017	01/01/2016	01/31/2017	03/31/2017	DY2 Q4
Task 5. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the partners.			Project		Completed	09/01/2016	01/31/2017	09/01/2016	01/31/2017	03/31/2017	DY2 Q4
Task 6. Perform regular oversight of partners to ensure compliance with project (e.g. proof of warm hand offs, team meetings, etc.), metrics and associated timeline.			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Assist partners with remediation of processes/workflows/training as necessary			Project		Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to			Project		Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4

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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
develop collaborative care practices.											
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Communicate and educate partners on this project and solicit partner feedback/input			Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Solicit partner participation in a BH quality committee.			Project		Completed	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task 3. Convene BH quality committee to develop evidence-based policies, procedures, workflows and care standards			Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Share the standards with the Regional Clinical Council to ensure consistency across the Hudson Valley Region			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Communicate standards across all participating partner groups			Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Develop processes to monitor implementation and effectiveness of standards and adjust based upon subsequent reviews			Project		Completed	01/31/2016	03/31/2017	01/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY2 Q4	Model 2	Project	N/A	Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Screenings are documented in Electronic Health Record.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
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			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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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).											
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)	Completed	09/01/2015	03/31/2017	09/01/2015	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	Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Ensure functioning referral workflows and adequate access for patients who screen positive; establish remedial policies/workflows as necessary			Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Establish policies and procedures to perform and document screenings in EHR; develop processes to track and monitor compliance with such policies and procedures			Project		Completed	08/01/2015	03/30/2017	08/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task 2. Train all client-facing staff on basic disease prevention and chronic illness			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Train relevant staff on USPSTF screening methods and proper documentation			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop mechanisms to monitor effectiveness of training			Project		Completed	01/01/2016	03/31/2017	01/01/2016	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	Model 2	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

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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 #9 Implement IMPACT Model at Primary Care Sites.	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 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.	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			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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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
At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).											
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	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 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
Co-locate primary care services at behavioral health sites.	acrhc	Screenshots	20_DY2Q4_PROJ3ai_MDL3ai3_PRES5_SS_Refuah_Screenshot_of_Screening_Alert_11658.pdf	Refuah Screenshot of Screening Alert	04/24/2017 12:21 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3ai_MDL3ai3_PRES5_COMM_St._Chris_Hours_of_Medical_Dept_11634.pdf	St. Christopher's Inn Hours of Medical Dept.	04/24/2017 11:57 AM
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.	acrhc	Rosters	20_DY2Q4_PROJ3ai_MDL3ai3_PRES1_ROST_3ai_BH_Providers_and_hours_15680.xlsx	Behavioral Health Providers with hours of site operation	06/20/2017 09:00 AM
	acrhc	Rosters	20_DY2Q4_PROJ3ai_MDL3ai3_PRES1_ROST_Integration_M1_list_of_NCQA_approved_practitioners_15512.xlsx	NCAQ Approved practitioners	06/19/2017 05:02 PM
Develop collaborative evidence-based standards of care including medication management and care	acrhc	Meeting Materials	20_DY2Q4_PROJ3ai_MDL3ai3_PRES2_MM_3ai_M2_Meeting_Template_15498.xlsx	Meeting Schedule Template	06/19/2017 04:07 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
engagement process.	acrhc	Policies/Procedures	20_DY2Q4_PROJ3ai_MDL3ai3_PRES2_P&P_Clinical_Implement_Evid_Based_Guidelines_Policy_11603.pdf	Implementing Evidence Based Guidelines Policy	04/24/2017 11:35 AM
	acrhc	Meeting Materials	20_DY2Q4_PROJ3ai_MDL3ai3_PRES2_MM_BH_Integration_Meeting_Schedule_Template_DY2Q4_10119.xlsx	RCHC BH Integration Meeting Schedule Template DY2QQ4	04/13/2017 12:02 PM
Develop collaborative evidence-based standards of care including medication management and care engagement process.	acrhc	Policies/Procedures	20_DY2Q4_PROJ3ai_MDL3ai3_PRES6_P&P_St_Chris_Preventative_Health_Screening_Policy_11578.pdf	St. Christopher's Inn Preventative Health Screening Policy	04/24/2017 11:07 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3ai_MDL3ai3_PRES6_COMM_Ezras_Warm_handoff_protocol_11067.pdf	Warm Handoff Protocol	04/20/2017 12:32 PM
	acrhc	Templates	20_DY2Q4_PROJ3ai_MDL3ai3_PRES6_TEMPL_BH_Integration_Meeting_Schedule_Template_DY2Q4_11065.xlsx	Meeting Schedule Template	04/20/2017 12:26 PM
Conduct preventive care screenings, including physical and behavioral health screenings.	acrhc	Communication Documentation	20_DY2Q4_PROJ3ai_MDL3ai3_PRES7_COMM_St_Chris_EHR_Screenshot_Notification_of_Warm_Handoff_14949.pdf	St. Christopher's EHR Screenshot of Warm Handoff Transfer	06/13/2017 10:41 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3ai_MDL3ai3_PRES7_COMM_M_7_St_Chris_Screenings_14948.xlsx	St. Christopher's Inventory of Screenings	06/13/2017 10:38 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3ai_MDL3ai3_PRES7_COMM_St_Chris_Preventative_Care_Policies_14947.pdf	St. Christopher's Preventative Care Policies	06/13/2017 10:37 AM
	acrhc	Documentation/Certification	20_DY2Q4_PROJ3ai_MDL3ai3_PRES7_DOC_St_Chrs_EHR_Certification_14946.pdf	St. Christopher's EHR Certification	06/13/2017 10:36 AM
	acrhc	Screenshots	20_DY2Q4_PROJ3ai_MDL3ai3_PRES7_SS_Screenshot_of_Medical_and_BH_Treatment_11637.pdf	Screenshot of Patient Treated by Medical and BH Providers	04/24/2017 12:04 PM
	acrhc	Screenshots	20_DY2Q4_PROJ3ai_MDL3ai3_PRES7_SS_EHR_Screenshot_Alerts_11598.pdf	EHR Screenshot alerts Clinical Decision Support	04/24/2017 11:30 AM
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.	acrhc	Screenshots	20_DY2Q4_PROJ3ai_MDL3ai3_PRES3_SS_Refuah_Screenshot_of_Screening_Alert_11650.pdf	Refuah Screenshot of Screening Alert	04/24/2017 12:13 PM
	acrhc	Policies/Procedures	20_DY2Q4_PROJ3ai_MDL3ai3_PRES3_P&P_Cornerstone_Depression_Screening_Policy_11646.pdf	Cornerstone Depression Screening Policy	04/24/2017 12:10 PM
	acrhc	Screenshots	20_DY2Q4_PROJ3ai_MDL3ai3_PRES3_SS_Example_of_WHO_by_PC_and_BH_11628.pdf	Example of Warm Handoff by both Medical and BH Providers	04/24/2017 11:52 AM
	acrhc	Screenshots	20_DY2Q4_PROJ3ai_MDL3ai3_PRES3_SS_Warm_Transer_Screenshot_11585.pdf	Screenshot of Warm Transfer Occurred	04/24/2017 11:17 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3ai_MDL3ai3_PRES3_COMM_ECW_V10_Receives_2014_11568.pdf	eCW V10 Receives 2014 ONC	04/24/2017 10:57 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3ai_MDL3ai3_PRES3_COMM_St._Chris_Backup_3ai_ms_3_10121.pdf	St. Christopher's Preventative Health Screening Policy, EHR document, Meeting Minutes	04/13/2017 12:11 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	acrhc	Communication Documentation	20_DY2Q4_PROJ3ai_MDL3ai3_PRES8_COMM_Azara_Primary_Care_Focus_12050.pdf	Azara Primary Care Focus	04/25/2017 10:43 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	acrhc	Screenshots	20_DY2Q4_PROJ3ai_MDL3ai3_PRES8_SS_Screenshot_of_Medical_and_BH_Treatment_11639.pdf	Screenshot of Patient Treated by Medical and BH Providers	04/24/2017 12:06 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3ai_MDL3ai3_PRES8_COMM_Sample_Targeted_Patient_Registry_11618.pdf	Sample Targeted Patient Registry Report	04/24/2017 11:46 AM
Use EHRs or other technical platforms to track all patients engaged in this project.	acrhc	Communication Documentation	20_DY2Q4_PROJ3ai_MDL3ai3_PRES4_COMM_Azara_Primary_Care_Focus_12048.pdf	Azara Primacy Care Focus	04/25/2017 10:41 AM
	acrhc	Screenshots	20_DY2Q4_PROJ3ai_MDL3ai3_PRES4_SS_Example_of_WHO_by_PC_and_BH_11626.pdf	Example of Warm Handoff by both Medical and BH Providers	04/24/2017 11:50 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3ai_MDL3ai3_PRES4_COMM_Sample_Targeted_Patient_Registry_11613.pdf	Sample Targeted Patient Registry Report	04/24/2017 11:42 AM
	acrhc	Screenshots	20_DY2Q4_PROJ3ai_MDL3ai3_PRES4_SS_EHR_Screenshot_Treated_by_PC_and_BH_Provider_11592.pdf	Screenshot of treatment by PC and BH Providers	04/24/2017 11:26 AM
	acrhc	Screenshots	20_DY2Q4_PROJ3ai_MDL3ai3_PRES4_SS_Ezras_Visit_Planning_11580.pdf	Ezras Choilim Screenshot Patient Visit Planning	04/24/2017 11:11 AM
	acrhc	Screenshots	20_DY2Q4_PROJ3ai_MDL3ai3_PRES4_SS_Patient_Screenshots_eCW_11573.pdf	Screenshots eCw	04/24/2017 11:03 AM

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.	Attached please find lists of level 3 PCMH-certified primary care physicians/practitioners, behavioral health providers, and behavioral health hours at RCHC's network primary care sites with co-located behavioral health services.
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	Attached please find Refuah Health Center's Warm Hand-off policy, referral process, workflow, mental health intake form. Also, attached please find the partner participation agreements for Project 3.ai Integration of Primary Care and Behavioral Health Services. Also, attached Ezras Choilim Behavioral Health hours, EHR screenshots, training schedule and Depression Screening policy. Also, attached is Refuah Health Centers Depression Screening Guidelines and a screenshot alert.
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including physical and behavioral health screenings.	Attached please find the minutes and for Refuah Health Center's Group Supervision meetings. Also, attached is the warm hand-off and referral processes.
Use EHRs or other technical platforms to track all patients engaged in this project.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Complete	
Milestone #7	Fail	The IA does not consider this milestone complete. The PPS failed to submit documentation to meet each metric of the Project Requirement.
Milestone #8	Pass & Complete	
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	

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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 Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative Attached	06/30/2016	07/31/2016	06/30/2016	07/31/2016	09/30/2016	DY2 Q2

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	

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IPQR Module 3.a.i.5 - IA Monitoring

Instructions :

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

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

Instructions :

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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IPQR Module 3.a.ii.2 - 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	2,357

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	120	353	450	825
	Quarterly Update	105	419	0	1,612
	Percent(%) of Commitment	87.50%	118.70%	0.00%	195.39%
IA Approved	Quarterly Update	0	151	0	1,612
	Percent(%) of Commitment	0.00%	42.78%	0.00%	195.39%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mk433280	Rosters	20_DY2Q4_PROJ3aii_MDL3aii2_PES_ROST_project_3.a.ii_attestation_13928.pdf	Attestation for 938 anonymously engaged patients	04/27/2017 03:01 PM
mk433280	Rosters	20_DY2Q4_PROJ3aii_MDL3aii2_PES_ROST_project_3.a.ii_engaged_patients_dy2q4_13874.xlsx	Engaged Patient Roster	04/27/2017 01:55 PM

Narrative Text :

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

Attestation was provided for patients that were engaged anonymously by our mobile crisis service

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

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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
central triage, drop-in centers, mobile crisis, and intensive crisis services/respite.										
Task 6. Study evidence-based solutions in other geographic regions to determine how best to fill deficits identified by gap analysis		Project		Completed	08/01/2015	01/31/2016	08/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task 7. Evaluate the need for Tele-health psychiatry services		Project		Completed	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 9. Work with identified partners and agencies to roll out implementation plans		Project		Completed	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 10. Monitor on-going progress through identified milestones and implement remedial tasks as necessary		Project		Completed	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.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Establish a regional clinical council for development and sharing of written evidence-based treatment protocols for diversion of patients from emergency room and inpatient services		Project		Completed	04/01/2015	01/31/2016	04/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task 2. Develop written evidence-based treatment protocols for the referral, triage, acute transfer and emergency room/inpatient diversion of the full spectrum of patients, including but not limited to those with Intellectual and Developmental Disabilities, substance dependency, etc.; discuss the review integration of protocols on a regional basis with other		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Conduct an aggressive marketing plan to outreach and educate patients, their families, community leaders, school staff, residential staff, providers and policy-makers on early identification of new onset and deteriorating BH conditions and availability of alternative resources.		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Monitor the effectiveness and safety of diversion and implement remedial action as necessary		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 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
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.		Project		Completed	09/01/2015	03/31/2020	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Engage applicable MCOs in discussions regarding reimbursement reform		Project		Completed	09/01/2015	03/01/2020	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Review the health care bundles/populations and total cost of care/utilization data provided by DOH and Medicaid MCOs to identify VBP opportunities that are most easily attainable; and prioritize services moving to VBP		Project		Completed	01/01/2016	07/01/2016	01/01/2016	07/01/2016	09/30/2016	DY2 Q2
Task 6. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.		Project		Completed	04/01/2016	03/01/2019	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Monitor feasibility of new MCO arrangements and gather data for further changes to managed care payment structures		Project		Completed	06/01/2016	03/01/2020	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Schedule a joint meeting of the VBP Workgroup and the Clinical Governance/Quality Committee to begin collaborative discussions of VBP options for the crisis project		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4.Conduct educational sessions with PPS partners participating in the crisis project on VBP options		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Clinical Governance/Quality Committee to work with the VBP Workgroup to develop a VBP strategy for crisis services for negotiations with MCOs, consistent with the VBP Adoption Plan (see Financial Sustainability Plan)		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	DY2 Q4	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.		Project		Completed	09/01/2015	09/01/2016	09/01/2015	09/01/2016	09/30/2016	DY2 Q2
Task		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 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
Coordinated treatment care protocols are in place.										
Task 1. Establish a BH quality committee for development, oversight and surveillance of compliance with protocols and quality of care		Project		Completed	09/01/2015	11/01/2015	09/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task 2. Develop written evidence-based treatment protocols for diversion of patients from emergency room and inpatient services, referrals, triage, acute transfers, etc.; discuss the review integration of protocols on a regional basis with other area PPSs		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Implement protocols across selected partner organizations and provide on-going clinical supervision as appropriate		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Develop measures to monitor the effectiveness of the crisis stabilization program. Using the PDSA cycle, implement remedial measures as necessary.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	DY2 Q4	Project	N/A	Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network		Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. BH Committee will develop qualitative and quantitative criteria to determine a qualifying hospital. Examples can include but are not limited to: Inpatient Psychiatric Program licensed by the New York State Office of Mental Health with 24/7 capacity to serve patients of any all ages who require acute inpatient psychiatric care.		Project		Completed	08/01/2015	11/01/2015	08/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task 2. BH Committee will review the clinical policies of candidate hospitals, as well as available demographic, claims/diagnosis, and length of stay data to determine if the hospital meets criteria, particularly as it relates to the ability to provide crisis-oriented		Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4

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therapy. BH Committee will present recommendations to the clinical governance committee.										
Task 4. Based on CNA findings and partner survey data, BH Committee will work with Crisis Project leads of Westchester and Montefiore-led PPSs to determine which psychiatric specialties are served and which are still needed (examples include Child/Adolescent, Geriatric, Addiction, Sleep, Dementia, Forensic, etc.)		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Continually evaluate and monitor effectiveness of selected psychiatric hospitals by reviewing readmission data and patient and provider survey responses.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	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).	DY2 Q4	Project	N/A	Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.		Project		Completed	10/01/2015	03/01/2017	10/01/2015	03/01/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Clinic	Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Mental Health	Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Perform analysis to identify appropriate outpatient crisis stabilization facilities		Project		Completed	08/01/2015	11/01/2015	08/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task 3. Expand access to a culturally-sensitive observation unit within hospital outpatient or at an off campus crisis residence for		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4

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stabilization monitoring services (up to 48 hours).										
Task 4. Develop measures to monitor on-going performance of observation unit		Project		Completed	11/01/2015	01/31/2017	11/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 2. BH Quality Subcommittee, in collaboration with HRDBHC workgroup, will identify and issue criteria for observation units/crisis stabilization in order to clearly communicate appropriate levels of care to all team members		Project		Completed	10/01/2015	10/01/2016	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	DY2 Q4	Project	N/A	Completed	05/01/2015	03/31/2017	05/01/2015	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	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.		Project		Completed	05/01/2015	10/31/2016	05/01/2015	10/31/2016	12/31/2016	DY2 Q3
Task 1. Use CNA data to determine which communities are not adequately being served by existing mobile crisis services. Do an analysis to determine why those communities are being excluded (e.g. geography, cultural barriers, etc.)		Project		Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Work with "community brokers" to cultivate solutions which would more effectively meet the needs those target groups.		Project		Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Leverage existing infrastructure and foster partnerships between established programs and new resources who have a foothold in the eluded communities we are seeking to serve. [Rockland Paramedics is going to expand their setup to be used by trusted Kiryas Joel staff]		Project		Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Continually evaluate and monitor effectiveness of new and established mobile programs by reviewing crisis call outcomes, admission data and patient and provider survey responses.		Project		Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Include requirements for data sharing and QE integration in larger gap assessment encompassing IT Systems and Clinical Integration as well. Perform gap assessment.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Review gap assessment and develop strategies for partners to meet data sharing requirements for this milestone.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Collaborate with QE, regional PPSs and partner software vendors on available solutions and strategies to close identified gaps.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop relevant grouping for partners (for example: type of partner, gap/need, software solution used). Create phased implementation and assign partners to phases. Collaborate with regional PPSs on phases and plans.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Determine details for other workstreams, including budget requirements, workforce and training needs.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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6. Develop new policies, procedures, processes that will be required for data sharing and include, as needed, in data governance.										
Task 7. Determine project tracking needs for ongoing project reporting and monitoring and develop tools to facilitate this tracking and monitoring.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8. Develop plan for implementation focused on shared partners in collaboration with other regional PPSs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Begin execution of the first phase of implementation plan; start of additional phases TBD.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 10. Perform rapid cycle evaluation of implementation, adjust additional phases as needed, and repeat process according to developed project tracking process.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 11. Confirm that all phases of implementation plan have been completed and that all PPS safety net providers meet this milestone requirement. Collect necessary documentation from each partner to show their compliance with this milestone.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify appropriate partners to collaborate on triage center		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Ensure a culturally-sensitive peer-support warm line and triage resource capable of tracking, follow-up, and reporting		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Set up agreements among participating BH providers and continually monitor agreements for compliance with protocols and quality improvement		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Conduct an aggressive marketing plan to outreach and educate patients, their families, community leaders, school staff,		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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residential staff, providers, and policy makers on services available										
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	DY2 Q4	Project	N/A	Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.		Project		Completed	08/01/2015	11/30/2015	08/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	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		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Clinical Governance/Quality Committee defines the Behavioral Health Workgroup/Quality Subcommittee's scope and reporting structure.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. PMO and Clinical Governance/Quality Committee work together to identify and recruit appropriate members for the BH Workgroup and designate a lead.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Clinical Governance/Quality Committee monitors effectiveness of the Behavioral Health Workgroup to ensure outcomes of BH projects align with DSRIP goals and clinical		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES1_COMM_Rockland_Access_Project_flyer_15296.pdf	Rockland Access Project Flyer	06/16/2017 03:35 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES1_COMM_M#6_Bikur_Cholim_Scope_of_Services_15294.pdf	Bikur Cholim Scope of Services	06/16/2017 03:34 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES1_COMM_Cross-PPS-BH-Crisis-Stabilization-Report-1_0-2017-01-30_(002)_15293.pdf	Cross PPS BH Crisis Stabilization Report	06/16/2017 03:33 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES1_COMM_Billboard_Image_2_15292.JPG	Crisis billboard image	06/16/2017 03:32 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES1_COMM_Billboard_Image_1_15291.JPG	Crisis Billboard Image	06/16/2017 03:32 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES1_COMM_Bikur_Cholim_CCBHC_award_announcement_from_DOH_15290.pdf	Bikur Cholim CCBHC award announcement	06/16/2017 03:31 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES1_COMM_BHRT_ad_eng_15289.pdf	Behavioral Health Response Team ad	06/16/2017 03:31 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES1_COMM_BHRT_Billboard_FINAL_15288.pdf	Behavioral Health Response Team Billboard	06/16/2017 03:30 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES1_COMM_Additional_Project_Scale_Committments_-_Crisis_12780.xlsx	Additional Project Scale Commitments - Crisis	04/26/2017 11:52 AM
	acrhc	Policies/Procedures	20_DY2Q4_PROJ3aii_MDL3aii3_PRES1_P&P_Clinical_Evidence_Based_Guidelines_12018.pdf	Clinical Evidence Based Guidelines	04/25/2017 10:15 AM
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.	acrhc	Policies/Procedures	20_DY2Q4_PROJ3aii_MDL3aii3_PRES2_P&P_RPS_Diversion_management_guidelines_and_protocols_15096.docx	Rockland Paramedics Diversion Management Guidelines and Protocols	06/15/2017 12:55 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES2_COMM_Nyack_Hospital_ER_Diversion_15095.pptx	Nyack Hospital ER Diversion Presentation	06/15/2017 12:54 PM
	acrhc	Policies/Procedures	20_DY2Q4_PROJ3aii_MDL3aii3_PRES2_P&P_Cornerstone_BH_Crisis_Intervention_Policy_15094.pdf	Cornerstone BH Crisis Intervention Policy	06/15/2017 12:52 PM
	acrhc	Policies/Procedures	20_DY2Q4_PROJ3aii_MDL3aii3_PRES2_P&P_BH_Community_Crisis_&_Urgent_Care_Diversion_Protocol_segment_15093.pdf	BH Community Crisis & Urgent Care Diversion protocol	06/15/2017 12:51 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES2_COMM_Clinical_Evidence_Based_Guidelines_12581.pdf	Clinical Evidence Based Guidelines	04/26/2017 09:38 AM
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES3_COMM_MOU_List_for_3.aii_ms_3_3.a.iii_ms_4_15299.xlsx	Inventory of contracts with MCO's - Fidelis Care	06/16/2017 03:54 PM
	acrhc	Meeting Materials	20_DY2Q4_PROJ3aii_MDL3aii3_PRES3_MM_M_9_IDS_15131.pdf	Fidelis meeting schedule, inventory of meetings, sign in sheet	06/15/2017 03:31 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop written treatment protocols with consensus from participating providers and facilities.	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES4_COMM_RCHCPartner_CoreProtocols_12587.docx	RCHC Partner Core Protocols	04/26/2017 09:43 AM
	acrhc	Templates	20_DY2Q4_PROJ3aii_MDL3aii3_PRES4_TEMPL_Milestone_4_Training_materials_12586.xlsx	RCHC Training Materials Template	04/26/2017 09:41 AM
	acrhc	Templates	20_DY2Q4_PROJ3aii_MDL3aii3_PRES4_TEMPL_Milestone_4_Meeting_materials_12584.xlsx	RCHC Meeting Schedule Template	04/26/2017 09:41 AM
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES5_COMM_3aii_M5_Participating_Provider_List_14931.xlsx	RCHC Participating Provider List	06/12/2017 02:22 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES5_COMM_Narrative_3aii_Crisis_Milestone_5_Uploaded_14066.pdf	RCHC Narrative for Milestone 5	04/28/2017 08:47 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES5_COMM_Rockland_County_Executive_Community_Behavioral_Health_Commission_Report_12609.pdf	Rockland County Executive Community Behavioral Health Commission Report	04/26/2017 09:51 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES5_COMM_Milestone_5_provider_list__12607.xlsx	Provider List	04/26/2017 09:50 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES5_COMM_DSRIP_Project_3_ii_Milestone_5_12606.pdf	DSRIP Project	04/26/2017 09:50 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES5_COMM_Cross-PPS-Behavioral-Health-Crisis-Stabilization-Report-2017-01-30_12600.pdf	Cross PPS - Behavioral Health Crisis Stabilization Report	04/26/2017 09:48 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES5_COMM_BHRT_staff_roster_12597.pdf	Behavioral Health Response Team Staff Roster	04/26/2017 09:47 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES5_COMM_2015_Statistical_Analysis_12595.pdf	2015 Statistical Analysis	04/26/2017 09:46 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES5_COMM_1-10-17_Rockland_-Nyack_Rapid_Proces_Improvement_Workplan_12590.docx	Rockland-Nyack Rapid Process Improvement Workplan	04/26/2017 09:45 AM
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	acrhc	Rosters	20_DY2Q4_PROJ3aii_MDL3aii3_PRES6_ROST_3aii_M#6_bikur_providers_15491.xlsx	Bikur Cholim Provider List	06/19/2017 03:55 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES6_COMM_Bikur_Cholim_CCBHC_and_SoS_15209.pdf	Bikur Cholim CCBHC award announcement and their Scope of Services document	06/16/2017 02:22 PM
	acrhc	Rosters	20_DY2Q4_PROJ3aii_MDL3aii3_PRES6_ROST_Crisis_milestone_6_contracted_providers_14255.docx	Contracted providers	04/28/2017 12:28 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES6_COMM_Rockland_County_Executive_Community_Behavioral_Health_Commission_Report_12628.pdf	Rockland County Executive Community Behavioral Health Commission Report	04/26/2017 10:03 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES6_COMM_DSRIP_Project_3_ii_Milestone_5_12621.pdf	DSRIP Project	04/26/2017 09:58 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES6_COMM_Cross-PPS-Behavioral-Health-Crisis-Stabilization-Report-2017-01-30_12619.pdf	Cross PPS Behavioral Health Crisis Stabilization Report 1.30.17	04/26/2017 09:57 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES6_COMM_BHRT_staff_roster_12616.pdf	Behavioral Health Response Team Roster	04/26/2017 09:56 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES6_COMM_2015_Statistical_Analysis_12615.pdf	2015 Statistical Analysis	04/26/2017 09:55 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES6_COMM_1-10-17_Rockland_-Nyack_Rapid_Proces_Improvement_Workplan_12613.docx	Rockland-Nyack Rapid Process Improvement Workplan	04/26/2017 09:55 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES7_COMM_Mobile_Crisis_Care_Protocols_14241.pdf	Mobile Crisis Care Protocols	04/28/2017 12:07 PM
	acrhc	Training Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES7_TRAIN_Crisis_Milestone_7_training_inventory__14240.xlsx	Training Inventory	04/28/2017 12:06 PM
	acrhc	Rosters	20_DY2Q4_PROJ3aii_MDL3aii3_PRES7_ROST_Rockland_Paramedics_-_BHRT_staff_roster_14238.pdf	Rockland Paramedics BHRT Staff Roster	04/28/2017 12:05 PM
	acrhc	Implementation Plan & Periodic Updates	20_DY2Q4_PROJ3aii_MDL3aii3_PRES7_IMP_Cross-PPS-Behavioral-Health-Crisis-Stabilization-Report_and_Implementation_plan_14233.pdf	Cross PPS BH Crisis Stabilization and IPP	04/28/2017 12:03 PM
	acrhc	Policies/Procedures	20_DY2Q4_PROJ3aii_MDL3aii3_PRES7_P&P_BHRT_Mobile_Crisis_Policy_and_Procedure_Manual_14230.PDF	BHRT Mobile Crisis Policies and Procedures Manual	04/28/2017 12:02 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES7_COMM_SAFE_T_12635.pdf	SAFE T	04/26/2017 10:08 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES7_COMM_practice-guidelines-mci_12633.pdf	Practice Guidelines	04/26/2017 10:07 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES7_COMM_Crisis_Workgroup_slides_11-9-16_v4_12631.pptx	Crisis Workgroup Slides 11.9.16	04/26/2017 10:06 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES7_COMM_CBHI_Safety_PlanFinal_12630.pdf	CBHI Safety Plan	04/26/2017 10:05 AM
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.	acrhc	Screenshots	20_DY2Q4_PROJ3aii_MDL3aii3_PRES8_SS_eCW_screenshot_15351.jpg	eCW Screenshot	06/19/2017 01:02 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES8_COMM_Sample_Refuah_Healthlinkny_alert_report_15349.pdf	Sample of Refuah Healthlinkny alert report	06/19/2017 01:01 PM
	acrhc	Documentation/Certification	20_DY2Q4_PROJ3aii_MDL3aii3_PRES8_DOC_eCW_CHPL_Certification_Report_15348.pdf	eCW CHPL Certification Report	06/19/2017 01:00 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES8_COMM_list_of_Healthlinkny_participation_agreements_15347.xlsx	List of Healthlink NY Participation agreements	06/19/2017 12:58 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES8_COMM_PSYCKES_Test_Patient_Report_15346.pdf	PSYCKES Test Patient Report	06/19/2017 12:57 PM
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	acrhc	Training Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES9_TRAIN_Crisis_Milestone_9_training_inventory_14251.xlsx	Training Inventory	04/28/2017 12:24 PM
	acrhc	Rosters	20_DY2Q4_PROJ3aii_MDL3aii3_PRES9_ROST_Crisis_Milestone_9_central_triage_provider_list__14160.xlsx	Crisis Central Triage Provider List	04/28/2017 10:48 AM
	acrhc	Policies/Procedures	20_DY2Q4_PROJ3aii_MDL3aii3_PRES9_P&P_Refuah_-_Policy_and_Procedure_Manual_14156.PDF	Refuah Policies & Procedures Manual	04/28/2017 10:46 AM
	acrhc	Rosters	20_DY2Q4_PROJ3aii_MDL3aii3_PRES9_ROST_Rockland_Paramedics_-_BHRT_staff_roster_14155.pdf	Rockland Paramedics BHRT Roster	04/28/2017 10:45 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES9_COMM_2015_Statistical_Analysis_12639.pdf	2015 Statistical Analysis	04/26/2017 10:10 AM
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES10_COMM_BH_quality_comm_members_nar_15700.pdf	BH Quality Committee members and milestone 10 narrative	06/20/2017 09:51 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES10_COMM_M_#10_Crisis_Audit_Inventory_for_IA_15109.xlsx	Crisis Audit Inventory Report	06/15/2017 02:28 PM
	acrhc	Documentation/Certification	20_DY2Q4_PROJ3aii_MDL3aii3_PRES10_DOC_Crisis_milestone_10_list_of_committee_members_14829.docx	RCHC BH Quality Committee members	06/06/2017 01:43 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES10_COMM_Quality_outcome_publications_and_newsletter_list_14284.docx	Quality Outcome publications and newsletter list	04/28/2017 01:28 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES10_COMM_Quality_Committee_Quarterly_Update_Project_Status_Report_and_action_plan_12-23-15_14283.docx	Quality Committee Quarterly Update Status Report and Action Plan	04/28/2017 01:27 PM
	acrhc	Implementation Plan & Periodic Updates	20_DY2Q4_PROJ3aii_MDL3aii3_PRES10_IMP_Nyack_Rapid_Cycle_Improvement_-_implementation_action_plan_and_results_14281.pdf	Nyack Rapid Cycle Improvement Implementation Action Plan	04/28/2017 01:24 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES10_COMM_MAX_Series_-_root_cause_analysis,_improvement_plan,_results__14280.pdf	MAX Series root cause analysis, improvement plan, results	04/28/2017 01:23 PM
	acrhc	Baseline or Performance Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES10_BASE_DY2_Performance_Metrics_report_to_PPS_quality_committee__14279.docx	DY2 Performance Metrics Report to PPS Quality Committee	04/28/2017 01:22 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES10_COMM_Distribution_of_performance_-_diabetes_monitoring_in_schizophrenia_14278.pdf	Distribution of Performance Diabetes Monitoring in Schizophrenia	04/28/2017 01:20 PM
	acrhc	Templates	20_DY2Q4_PROJ3aii_MDL3aii3_PRES10_TEMPL_Cri	Meeting Schedule Template	04/28/2017 01:20 PM

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Milestone Name	User ID	File Type	File Name	Description	Upload Date
			sis_Milestone_10_Meeting_template_14277.xlsx		
Use EHRs or other technical platforms to track all patients engaged in this project.	acrhc	EHR/HIE Reports and Documentation	20_DY2Q4_PROJ3aii_MDL3aii3_PRES11_EHR_Mobile_Crisis_tracking_system_report_14272.xlsx	Mobile Crisis Tracking System Report	04/28/2017 12:55 PM
	acrhc	Screenshots	20_DY2Q4_PROJ3aii_MDL3aii3_PRES11_SS_Screenshot_Patient_Record_ECW_12023.pdf	Screenshot Patient Record ECW	04/25/2017 10:19 AM

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.	6/16/17 As previously set forth in the original narrative, RCHC has developed a robust Crisis Intervention Program. Specifically, the Crisis Intervention Program covers the following: Outreach: RCHC aims to connect its patients with crisis stabilization services through the following methods: 1) broad-based community referral systems (including self-referrals, family/caregiver education, first responder outreach, local hotlines/helplines, community agencies and community-brokers); 2) provider engagement and care transition education (this involves educating primary care and BH providers on ER diversion protocols); and 3) direct to consumer advertisement (see attached materials and photo of local billboard). Mobile Crisis: RCHC has partnered with Rockland Paramedic Services (RPS) in order to expand the Mobile Mental Health Behavioral Health Response Team (BHRT). Patients or providers can access BHRT through the Rockland County emergency response system. The BHRT mobile unit responds to a crisis and its clinicians and community workers attempt to de-escalate a crisis in the field. If the crisis cannot be de-escalated the BHRT team will refer and/or transfer the patient to the appropriate level of care. Intensive Crisis Services: As a result of RCHC support and investment, RCHC partner Bikur Cholim is a licensed Certified Community Behavioral Health Clinic. As part of this designation Bikur Cholim is licensed to provide an observation unit designed to stabilize individuals who may need short, intensive treatment in a safe environment that is less restrictive than a hospital. Further, RCHC has partnered with Konbit Neg Lakay and local social service agencies to create the Rockland Access Project (RAP). RAP is a network that links behavioral health providers with qualified transportation services. BH providers are able to directly refer their patients for transportation to partial-hospitalization programs (PHP), i.e. intensive outpatient treatment programs in Westchester County. PHP programs do not exist in Rockland County and transportation for Medicaid patients to Westchester county is limited. However, RCHC has implemented RAP in order to bridge the gap and provide patients with appropriate outpatient treatment, which has been demonstrated to reduce/manage BH crisises and reduce BH ED visits. Introduction In the fall of 2016, Refuah Community Health Collaborative partnered with Westchester Medical Center (WMC) and Montefiore Hudson Valley Collaborative (MHVC) to undertake the task of creating and implementing a comprehensive crisis stabilization program. By establishing five distinct workgroups to focus on addressing each state-defined milestones, the partnership has been able to create standards and guidelines for Crisis Stabilization in the following areas: Mobile, Respite Beds, Outreach, Follow-up services, and Intensive Services. Each PPS helmed separate workgroups, bringing in group members from all across the Hudson Valley community with differing levels of experience and expertise. Refuah CHC directed Mobile Crisis which would offer a means of mobile health assessment, peer services and facilitation of services while offering crisis de-escalation and management in an immediate manner.

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	Development Over the course of several months, our workgroup members met via conference call, web-calls, and in person to create workflow visuals as well as standards that cover assessment, time to service, use of evidence-based guidelines and coordination with external departments and agencies. The standards created were the consensus of all group members while also referencing established standards such as those used in the Commonwealth of Massachusetts. Implementation and Training RCHC has also aligned itself with Rockland Paramedic Services (RPS) in order to expand the Mobile Mental Health Behavioral Healt
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.	6/15/17 --- Diversion Protocols: Attached is the regional cross-PPS BH Community Crisis & Urgent Care Diversion Protocol which is included in the Jan 2017 Hudson Valley DSRIP Cross PPS Behavioral Health Crisis Stabilization Report. This protocol represents the collaboration between Montefiore, Westchester and Refuah PPSs to agree on a single, unified BH ER/hospital diversion protocol across the Hudson Valley. In conjunction with the PPS-wide protocol, RCHC has worked with its partners participating in BH projects in order to ensure that BH project partners develop and implement BH ER diversion protocols. Specifically, RCHC conducted an inventory of existing partner protocols designed to recognize and prevent avoidable ER utilization. Based upon the results of this inventory, RCHC asked its partners to provide copies of such polices (see attached policies of Rockland Paramedics and Cornerstone Family Health). RCHC also asked its partners with developed protocols to collaborate with other RCHC partners without developed diversion protocols in order to assist in the development of appropriate procedures. Linkages: In connection with the establishment of its diversion protocols, RCHC worked with Montefiore PPs on an ER diversion rapid cycle improvement project. See attached Nyack Hospital ER Diversion PowerPoint which includes a section Training & Peer Support Plan for Congregate Health Facilities. This protocol is the outcome of an analysis which discovered that the majority of inappropriate BH ED referrals were generated by certain group homes, which in Rockland County, are closely connected with the local health homes. Based on this analysis, the attached training and support protocol was developed and implemented. Diversion protocols were developed with a patient-centered, evidence-based, and multi-disciplinary approach. Starting in 2015, the 3 PPSs discussed the joint development of protocols and pathways. Each of the PPSs held BH crisis meetings with the provider partners including representatives from Emergency Rooms and Inpatient Units, clinicians, peer groups, Health Homes, EMS, local government, and numerous Community-based resources. Committees were established to identify gaps in services and supports, and to research and review relevant national and local best practices and protocols to guide work on crisis protocols and pathways. This work was pursued and completed with extensive collaboration from counties, partners and community representatives.
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	RCHC PPS and Partners engaged in multiple meetings and negotiations with FidelisCare to provide coverage for the service array under this project. As a result of these negotiations, a VBP contract was determined to be the best mechanism by which to support the full spectrum of services. As a result, 2 RCHC partners entered into comprehensive value-based payment contracts with Fidelis Care. These two contracts cover 89% of RCHC attributable lives. The contracts are as follows: - Refuah Health Center, Inc. contract with Fidlelis Care, Amendment to Standard Contract, dated January 1, 2017; - Ezras Cholim Health Center, Inc. contract with Fidelis Care, Amendment to Standard Contract, dated January 1, 2017
Develop written treatment protocols with consensus from participating providers and facilities.	Refuah Community Health Collaborative (RCHC) Behavioral Health Quality Committee and Clinical Governance Committees developed the attached list of "Core Protocols" against which partners should assess where they stand against national standards. Each partner was asked to send in written policies and procedures that match these standards with an opportunity for assistance/remediation following review.
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	6/12/17 Please see attached excel list of hospital physicians/practitioners providing specialty crisis-oriented services. N/A In order to evaluate access to psychiatric services across our service area, Refuah CHC is employing a multi-pronged approach. As the foundation of our needs assessment, we are utilizing the comprehensive Rockland County Executive's Community Behavioral Health Commission Report which was published in 2015

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	(http://rocklandgov.com/files/1814/4018/6232/CommunityBehavioralHealth.pdf). The 144 page report covers the majority of our network service area and incorporates vast data obtained from numerous stakeholders via focus groups, surveys, and key informant interviews across all areas of behavioral health care (e.g. governmental leadership, hospital and ambulatory providers, front line workers, social service agencies, law enforcement, clients and their families, etc.). To supplement and update the findings in this report, Refuah CHC has partnered with the other two Hudson Valley PPSs (Montefiore and Westchester) to leverage their affiliations with the Rockland and Orange County Section 939 Hospitals. By participating in Montefiore's rapid cycle improvement workgroup for Nyack hospital, we were able to access Nyack ER "treat and release" data to inform our quality improvement strategy going forward. Furthermore, to ensure an ongoing stream of the latest data, we have incorporated metrics and data reporting in many of our contracts. As an example, our contract with Rockland Paramedic Services to fund a Behavioral Health Response Team (BHRT) requires that they provide the PPS quarterly reports of zip codes, response/wait time, disposition, etc. of all their calls. Expand access to observation unit within all outpatient or at an off campus crisis residence or stabilization monitoring services (up to 48 hours). The following three examples illustrate how the PPS identifies opportunities for quality improvement and rapidly develops and executes implementation plans to addresses those areas in need to close gaps in access to psychiatric and crisis-oriented services: 1) The BHRT data showed no mobile crisis utilization by the ultra-orthodox communities of New Square and Monsey. Focus groups were held to identify root causes of the poor utilization which included mistrust of a service "outside" the insular community and language barrier. The PPS fostered a bi-directional training and a strong partnership between the BHRT team and the trusted Hatzolah volunteer ambulance service with a resulting increase in utilization of the mobile crisis team by the residents of New Square and Monsey. 2) Provider input on the Nyack rapid cycle improvement workgroup identified a geographic lack of access to Partial Hospital Programs (PHP) in Rockland County, despite ample access in Westchester, just across the Hudson River. Refuah CHC contracted with a local CBO to transport patients to and from these daily programs as a viable alternative to inpatient care. 3) Community needs assessment identified a lack of access to culturally competent 48H stabilization monitoring services. Refuah CHC covered the consulting fees to assist its Article 31 partner Bikur Cholim in successfully applying for the certification to become an Article 32, a CCBHC demonstration site, and crisis residence. The PPS plans to continue monitoring access via both data and ongoing conversations with stakeholders in order to identify areas in need of improvement. We will continue to use the rapid cycle improvement model described above to address any needs identified.
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	6/16/18 With technical assistance funded by RCHC, Article 31 and 32 licensed partner Bikur Cholim was able to expand their services to include crisis observation. With PPS support, Bikur Cholim successfully submitted an application to become a Certified Community Behavioral Health Clinic (CCBHC) demonstration site. Bikur Cholim is now the only CCBHC site in the mid-Hudson valley. As part of this designation, Bikur Cholim is mandated to include a 23-hour crisis observation unit designed to stabilize individuals who may need short, intensive treatment in a safe environment that is less restrictive than a hospital. Within 23 hours of entering the observation unit, the individuals are transferred to a more/less intensive level of care. During the previous submission, Westchester Medical Center and Good Samaritan were referenced in error and should be disregarded. In order to evaluate access to psychiatric services across our service area, Refuah CHC is employing a multi-pronged approach. As the foundation of our needs assessment, we are utilizing the comprehensive Rockland County Executive's Community Behavioral Health Commission Report which was published in 2015 (http://rocklandgov.com/files/1814/4018/6232/CommunityBehavioralHealth.pdf). The 144 page report covers the majority of our network service area and incorporates vast data obtained from numerous stakeholders via focus groups, surveys, and key informant interviews across all areas of behavioral health care (e.g. governmental leadership, hospital and ambulatory providers, front line workers, social service agencies, law enforcement, clients and their families, etc.). To supplement and update the findings in this report, Refuah CHC has partnered with the other two Hudson Valley PPSs (Montefiore and Westchester) to leverage their affiliations with the Rockland and Orange County Section 939 Hospitals. By participating in Montefiore's rapid cycle improvement workgroup for Nyack hospital, we were able to access Nyack ER "treat and release" data to inform our quality improvement strategy going forward. Furthermore, to ensure an ongoing stream of the latest data, we have incorporated metrics and data reporting in many of our contracts. As an example, our contract with Rockland Paramedic Services to fund a Behavioral Health Response Team (BHRT) requires that they provide the PPS quarterly reports of zip codes, response/wait time, disposition, etc. of all their calls. Expand access to observation unit within tal outpatient or at an off campus crisis residenceor stabilization monitoring services (up to 48 hours). The following three examples illustrate how the PPS identifies opportunities for quality improvement and rapidly develops and executes implementation plans to addresses

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	those areas in need to close gaps in access to psychiatric and crisis-oriented services: 1) The BHRT data showed no mobile crisis utilization by the ultra-orthodox communities of New Square and Monsey. Focus groups were held to identify root causes of the poor utilization which included mistrust of a service "outside" the insular community and language barrier. The PPS fostered a bi-directional training and a strong partnership between the BHRT team and the trusted Hatzolah volunteer ambulance service with a resulting increase in utilization of the mobile crisis team by the residents of New Square and Monsey. 2) Provider input on the Nyack rapid cycle improvement workgroup identified a geographic lack of access to Partial Hospital Programs (PHP) in Rockland County, despite ample access in Westchester, just across the Hudson River. Refuah CHC contracted with a local CBO to transport patients to and from these daily programs as a viable alternative to inpatient care. 3) Community needs assessment identified a lack of access to culturally competent 48H stabilization monitoring services. Refuah CHC covere
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Refuah CHC has funded the expansion of the Rockland County Mobile Crisis Behavioral Health Response Team (BHRT) which uses the attached evidence-based protocols to stabilize crises in the field and reduce unnecessary psychiatric hospitalizations and to refer people to the most appropriate behavioral health agency facility to address their needs.
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.	6/19/17 RCHC has developed a timeline to ensure that all safety net providers have connected to the RHIO and are exchanging data by the end of DY3. This initiative was designed to align with RCHC's IDS project, which has a RHIO connectivity deadline of 3/31/2018. RCHC has been carefully monitoring its progress towards this goal and has taken steps to ensure that progress remains on track. Namely, the Executive Governing Body approved generous funding in order to incentivize timely connectivity, and funds have been flowed to this end. Such incentives have been successful. The following providers are connected to the RHIO: Refuah Health Center, Ezras Cholim Health Center, Rockland DOH/DOMH, Mental Health Association in Orange County, Ellenville Regional Medical Center, and Westchester Medical Center. In accordance with RCHC's established timelines, all other safety net partners are making adequate progress towards meeting the DY3 deadline.
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Refuah CHC has contracted with Rockland Paramedics to provide central mental health triage for the county. As a paramedic agency, the organization is already integrated in the 911 system and receives Emotionally Disturbed Persons (EDP) calls under the existing system. The expanded Behavioral Health Response Team (BHRT) arm of the organization, funded by Refuah CHC, ensures licensed mental health providers are available for immediate assessment, triage, support and intervention by phone and/or in-person 24 hours a day, 365 days a year. Follow-up and referral services are also built into the program.
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	To efficiently meet the needs of the PPS—which is one of the smallest performing provider systems in the state—RefuahCHC's Clinical Governance Committee CGC also serves as the over-arching quality committee. Members of the CGC include medical and behavioral health (BH) providers and representation from the Department of Health and Department of Mental Health. To effectively fulfill RefuahCHC's DSRIP projects—three of which are BH focused—the PPS created a BH Quality subcommittee to provide oversight of BH focused programming. Membership includes clinical directors from the PPS partner organizations who focus on providing mental health services to the target population. RefuahCHC's intent is to hone in on partners who can have the greatest impact on the PPS's BH performance metrics. Additionally, the inclusion of these BH providers on the subcommittee promotes buy-in on the side of the individual and their organizations. Intentional overlap between the two committees promotes collaboration and allows the BH Quality subcommittee to provide regular reports to the CGC. Monitoring: RefuahCHC has developed the Clinical Governance Committee Project Status Report for Executive Governing Body. This is a color-coded self-evaluation report/tracking sheet is used to communicate the status, risks and mitigation strategies for the PPS's projects. The report provides a summative snapshot that allows for easy dissemination among the BH Quality Committee, the CGC and the Executive Governing Body (EGB). Continual monitoring ensures that RefuahCHC stays on track, while providing a mechanism to promote open discussion and the exchange of ideas. The tracking sheet is updated on an ongoing basis and circulated quarterly. Quality Improvement: RefuahCHC's BH Quality Committee, with oversight from the CGC, developed the "core protocols" inventory to ensure partner organizations adopt and implement this priority list of the latest standards of care. The PPS's high performance metrics were incorporated into the inventory to draw focus to these standards while encouraging compliance. Process flow includes the collection of responses, backup of documentation and analysis of performance. The PPS then offers assistance to partner organizations with identified gaps. Organizations with particularly lean and concerning inventories are reported to the CGC and appropriate interventions are discussed and, if necessary, implemented.

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	Rapid Cycle Improvement: To extend RefuahCHC's resources, the PPS capitalized on the State's Max Rapid-Cycle Improvement program for expanding BH-primary care. The quality improvement cycle started with a root cause analysis, followed by the implementation of a defined action plan, and culminated in a significant reduction to the pediatric psychiatry waiting list which dropped from 51 patients to 14. The participating organization continues to make gains in the area of BH integration, with the BH Quality Committee providing continual oversight. Performance Metrics: RefuahCHC's baseline performance is strong. The PPS utilizes the state's MAPP tool to analyze data internally and help determine the distribution of quality outcomes. CGC performs targeted outreach and interventions to low performing partners while maintaining a PPS wide focus on the performance of all partnering organizations to help maintain numbers and meet performance targets. The RefuahCHC BH Quality Committee recognizes the importance of disseminating the medical evidence behind shared best practices. The inclusion of clinician committee members helps round out the committee's approach to quality improvement/assurance and bolsters the PPS's ability to achieve performance targets. Clinician members provide insight into how providers are motivated—by evidence rather than regulatory guidelines. By providing feedback that demonstrates how the
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 & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Complete	
Milestone #9	Pass & Complete	
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	

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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 Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative Attached	06/30/2016	07/31/2016	06/30/2016	07/31/2016	09/30/2016	DY2 Q2

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	

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Refuah Community Health Collaborative (PPS ID:20)

IPQR Module 3.a.ii.5 - IA Monitoring

Instructions :

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

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

Instructions :

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

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

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

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

Risk: Communication across provider types
Risk Category: Scope

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

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

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IPQR Module 3.a.iii.2 - 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	8,000

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	750	2,000	2,750	4,000
	Quarterly Update	628	1,646	0	3,210
	Percent(%) of Commitment	83.73%	82.30%	0.00%	80.25%
IA Approved	Quarterly Update	0	1,642	0	3,203
	Percent(%) of Commitment	0.00%	82.10%	0.00%	80.08%

Warning: PPS Reported - Please note that your patients engaged to date (3,210) does not meet your committed amount (4,000) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mk433280	Rosters	20_DY2Q4_PROJ3aiii_MDL3aiii2_PES_ROST_project_3.a.iii_engaged_patients_dy2q4_12836.xlsx	Engaged Patient Roster	04/26/2017 12:34 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	

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IPQR Module 3.a.iii.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 a medication adherence program to improve behavioral health medication adherence through culturally-competent health literacy initiatives including methods based on the Fund for Public Health NY's Medication Adherence Project (MAP).	DY3 Q4	Project	N/A	In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has an active medication adherence program which includes initiatives reflecting the Fund for Public Health NY's MAP.		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project staff and participants receive training on PPS medication adherence program initiatives, either utilizing MAP materials or similar materials developed by the PPS.		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 1. Identify which partner organizations are interested in this project		Project		Completed	05/01/2015	01/31/2017	05/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 2. Assess partner readiness and capacity for including staffing and IT		Project		Completed	07/01/2015	01/31/2017	07/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 3. Discuss terms with those partners identified as candidates for this project		Project		Completed	08/01/2015	01/31/2017	08/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 4. Sign agreements with specific reporting requirements and deliverables. Agreements will set forth the roles and responsibilities of the parties.		Project		Completed	08/01/2015	01/31/2017	08/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task 5. Perform regular oversight of partners to ensure compliance with project metrics and associated timeline.		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. Assist partners with remediation of processes/workflows/training as necessary		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Form care teams including practitioners, care managers including	DY2 Q4	Project	N/A	Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 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
Health Home care managers, social workers and pharmacists who are engaged with the behavioral health population.										
Task PPS has assembled care teams focused on evidence-based medication adherence, including primary care and behavioral health practitioners as well as supporting practitioners, care managers, and others.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Regularly scheduled formal meetings are held to develop and update operational protocols based on evidence-based medication adherence standards.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop and update operational protocols based on evidence-based medication adherence standards.		Provider	Mental Health	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS conducts follow-up evaluations to determine patient outcomes and progress towards therapy goals, including evaluation of appropriateness, effectiveness, safety and drug interactions, and adherence where applicable.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Work with partners to identify the types of provider and support personnel that might interact with a patient over their behavioral health care life cycle, to be included as participants in care teams e.g. provider, Health Homes care manager, social worker, pharmacist.		Project		Completed	10/01/2015	01/31/2016	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task 2. Work with partners to identify and recruit team members. Provide criteria to partners to aid in their selection/recruitment of appropriate care team members, either through existing staff and/or new hires. PMO to provide input and support with respect to this process. The selection of team members will be based upon partner capacity and needs.		Project		Completed	10/01/2015	01/31/2016	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task 3. Work with partners to develop training materials for care team members and complete training		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Develop metrics to monitor effectiveness of care teams. Evaluate care team performance on a regular basis and take corrective action as necessary. Ensure that appropriate initial and		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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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
on-going training is provided.										
Milestone #3 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR for individual patients includes medication information, drug history, allergies and problems, and treatment plans with expected duration.		Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create technical requirements for providers participating in this project as part of a larger technical requirements document spanning the entire PPS.		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Perform current state assessment across entire PPS (milestone 1 in IT Systems and Processes), including partners participating in this project.		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Assess results of current state assessment		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop PPS strategy for tracking engaged patients.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Identify technical platforms to be used to facilitate real time and historical tracking and reporting.		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Create strategies to close gaps in partner readiness with respect to EMR, training, workflow, HIE integration and consent processes.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Identify need for additional support to facilitate "close the gap" strategy		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 8. Develop budget and schedule for each partner to close gaps		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 9. Begin implementation of any new technical platforms, integrations, training, workflow, consent processes for providers particiating in this project		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Review implementation process on ongoing basis to and		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 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
institute remedial measures as necessary										
Task 11. Monitor on-going patient engagement, partner performance and institute remedial measures as necessary		Project		Completed	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Coordinate with Medicaid Managed Care Plans to improve medication adherence.	DY3 Q4	Project	N/A	In Progress	09/01/2015	03/31/2020	09/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has engaged MCO to develop protocols for coordination of services under this project.		Project		In Progress	09/01/2015	03/31/2020	09/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Enter into discussions with MCO's regarding alternative payments.		Project		Completed	09/01/2015	09/01/2016	09/01/2015	09/01/2016	09/30/2016	DY2 Q2
Task 2. Analyze health care bundles/populations and total cost of care/utilization data provided by DOH and Medicaid MCO's to identify VBP opportunities.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.		Project		In Progress	04/01/2016	03/31/2019	04/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task 4. Organizations serving the affected population to provide coverage for the service array under this project.		Project		In Progress	06/01/2016	03/31/2020	06/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 5. Monitor feasibility of new MCO arrangements and gather data for further changes to managed care payment structures.		Project		In Progress	06/01/2016	03/31/2020	06/01/2016	03/31/2020	03/31/2020	DY5 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Form care teams including practitioners, care managers including Health Home care managers, social workers and pharmacists who are engaged with the behavioral health population.	acrhc	Communication Documentation	20_DY2Q4_PROJ3aiii_MDL3aiii3_PRES2_COMM_Provider_License_Numbers_14945.xlsx	RCHC Participating Providers License Numbers Spreadsheet	06/13/2017 10:09 AM
	acrhc	Meeting Materials	20_DY2Q4_PROJ3aiii_MDL3aiii3_PRES2_MM_Meeting_Materials_MAP_MS_2_14206.pdf	Meeting Minutes, Sign In Sheet and Inventory of Meetings	04/28/2017 11:44 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aiii_MDL3aiii3_PRES2_COMM_BH_Medication_Adherence_Program_12128.pdf	BH Medication Adherence Program Policy	04/25/2017 12:24 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aiii_MDL3aiii3_PRES2_COMM_Partner_Contract_List_4.14.17_12125.xlsx	Refuah CHC MAP Partner Contract List	04/25/2017 12:22 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	acrhc	Screenshots	20_DY2Q4_PROJ3aiii_MDL3aiii3_PRES2_SS_Screenshot_for_MAP_2_12079.pdf	Screenshot MAP Notes	04/25/2017 11:17 AM
	acrhc	EHR/HIE Reports and Documentation	20_DY2Q4_PROJ3aiii_MDL3aiii3_PRES2_EHR_Patient_Roster_Screened_for_MAP_DY2Q4_12076.pdf	Patient Roster Screened for MAP in DY2Q4	04/25/2017 11:15 AM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aiii_MDL3aiii3_PRES2_COMM_eCW_V10_Receives_2014_ONC_11664.pdf	ECW HIT Certification	04/24/2017 12:27 PM
	acrhc	Meeting Materials	20_DY2Q4_PROJ3aiii_MDL3aiii3_PRES2_MM_MAP_handouts_10332.pdf	MAP Handout	04/14/2017 03:52 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aiii_MDL3aiii3_PRES2_COMM_MAP_Sample_Needs_Assessment_forms_10330.pdf	RCHC Sample Needs Assessment Form	04/14/2017 03:51 PM
	acrhc	Communication Documentation	20_DY2Q4_PROJ3aiii_MDL3aiii3_PRES2_COMM_MAP_Training_Meeting_Minutes_9.3.15_10327.docx	RCHC MAP Training Meeting Minutes 9.3.15	04/14/2017 03:50 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	acrhc	Screenshots	20_DY2Q4_PROJ3aiii_MDL3aiii3_PRES3_SS_Patient_Progress_Notes_MAP_3_12072.pdf	Patient Progress Notes ECW Screenshot	04/25/2017 11:12 AM
	acrhc	Screenshots	20_DY2Q4_PROJ3aiii_MDL3aiii3_PRES3_SS_Screenshots_MAP_3_11671.pdf	Refuah ECW patient screenshots	04/24/2017 12:34 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a medication adherence program to improve behavioral health medication adherence through culturally-competent health literacy initiatives including methods based on the Fund for Public Health NY's Medication Adherence Project (MAP).	
Form care teams including practitioners, care managers including Health Home care managers, social workers and pharmacists who are engaged with the behavioral health population.	The following documents are attached for milestone #2: MAP handouts, Sample needs assessment form, Meeting sign in sheet, MAP Training meeting minutes
Use EHRs or other technical platforms to track all patients engaged in this project.	
Coordinate with Medicaid Managed Care Plans to improve medication adherence.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Complete	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #3	Pass & Complete	
Milestone #4	Pass & Ongoing	

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IPQR Module 3.a.iii.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 Mid Point Assessment	Completed	Mid-Point Assessment Project Narrative Attached	06/30/2016	07/31/2016	06/30/2016	07/31/2016	09/30/2016	DY2 Q2

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	

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IPQR Module 3.a.iii.5 - IA Monitoring

Instructions :

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

IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

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

Risk Category: Resource
Risk: EMR Customization
Potential Impact: Multiple EMR systems within the PPS have different methods of customization for the 5 A's
Mitigation: In collaboration with the Center for Excellence for Health Systems Improvement (COE), which is operating under a grant from the NYS DOH Bureau of Tobacco Control, the RCHC PPS is working with other practices throughout the state to "group buy" customizations with the relevant EMR vendors, to reduce cost and standardize implementation

Risk Category: Scope
Risk: Partner adoption of smoke free policies
Potential Impact: Some partners, particularly Mental Health partners employing peer counselors, have indicated challenges in implementing this policy.
Mitigation: A subgroup within the Hudson Region DSRIP Public Health Council (HRDPHC) is working on best-practices that can be implemented by Mental Health providers across the region, that both achieve the goal of a smoke-free campus while accounting for the unique challenges presented in the Mental Health setting

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IPQR Module 4.b.i.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 Milestone #1	In Progress	Form the Hudson Region DSRIP Public Health Council (HRDPHC) as a collaboration between the Montefiore Hudson Valley Collaborative PPS, Center for Regional Healthcare Innovation (Westchester-led PPS), and Refuah Community Health Collaborative PPS, in order to improve population health outcomes in the Hudson Valley as related to tobacco cessation.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Strategic Approaches	Completed	Convene the region-wide PHC to discuss strategic approaches to tobacco cessation campaign	06/01/2015	06/30/2015	06/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Private Groups	Completed	Set up Private group on MIX	06/01/2015	07/31/2015	06/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Public Advertisements	In Progress	Design methods of promoting cessation of tobacco use through public advertisement, social messaging, and community outreach	07/01/2015	07/31/2017	07/01/2015	07/31/2017	09/30/2017	DY3 Q2
Task NYS Smoking Quitline	In Progress	Work in cooperation with the New York State Smoking Quitline to connect patients interested in quitting with providers who can prescribe them with the proper treatment (warm transfer)	07/01/2015	03/31/2020	07/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Tracking	On Hold	Track referring providers through the New York State Smoking Quitline to monitor provider compliance	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Assess Initiatives	On Hold	Assess efficacy of initiatives and continue to improve outreach through lessons-learned	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone #2	In Progress	In collaboration with HRDPHC partners, create a region-wide policy that encourages PPS partners to adopt tobacco-free outdoor policies	07/01/2015	03/31/2020	07/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Tobacco Policies	Completed	Review tobacco-free outdoor policies that PPS partners have in place	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task HRDPHC Partners & POWR	Completed	Collaborate with HRDPHC partners and POW'R to develop a template tobacco-free outdoor policy	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task HRDPHC	In Progress	Collaborate with HRDPHC partners to encourage PPS partners to adopt the policy	07/01/2016	06/30/2018	07/01/2016	06/30/2018	06/30/2018	DY4 Q1
Task Follow-up with PPS Partners	In Progress	Follow-up with PPS partners to determine success of implementation of tobacco-free outdoor policy and remediate or rework for unsuccessful implementations	07/01/2018	03/31/2020	07/01/2018	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone #3	In Progress	In collaboration with HRDPHC partners, develop and implement a region-wide policy to ensure all patients are queried on tobacco status and	05/01/2015	03/31/2020	05/01/2015	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
		appropriate treatment is offered						
Task Identify Partners	Completed	Identify partners that can appropriately offer tobacco use screening and treatment	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Guidance for PPS Partners	In Progress	Develop guidance for PPS partners, suggesting methods that provider partners can leverage EHR technology to promote tobacco use screening at every encounter and document the results using the 5 A's	01/01/2016	06/30/2018	01/01/2016	06/30/2018	06/30/2018	DY4 Q1
Task Implement Workflow	In Progress	Implement a workflow to optimize delivery of tobacco use screening and treatment based on USPHS clinical guidelines	01/01/2016	06/30/2018	01/01/2016	06/30/2018	06/30/2018	DY4 Q1
Task Referrals	In Progress	Refer patients to Smokers Quitline as appropriate follow-up, and through collaboration with Quitline develop progress reporting	09/01/2015	03/31/2020	09/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone # 4	In Progress	In collaboration with HRDPHC partners, develop and implement region-wide provider training utilizing current tobacco use cessation treatment methods	01/01/2016	03/31/2020	01/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task Review	Completed	Review current clinical guidance from USPHS	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Training	In Progress	Create a series of training documents for providers, educating them on current clinical guidance from USPHS and available community and medical resources	07/01/2016	07/31/2018	07/01/2016	07/31/2018	09/30/2018	DY4 Q2
Task Distribute Materials	In Progress	Distribute training materials to partners	07/01/2018	03/31/2020	07/01/2018	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone #5	In Progress	Collaborate with Medicaid managed care providers to increase and standardize tobacco cessation treatment coverage	06/01/2015	03/31/2020	06/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Standardize Benefits	In Progress	Leverage existing relationship between Smokers Quitline and Managed Care providers to encourage increased and standardized benefits	06/01/2015	03/31/2020	06/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Workflows	In Progress	Develop workflows involving PPS partners, CBOs, MCOs, and Smokers Quitline to increase access to tobacco cessation aids	06/01/2015	03/31/2020	06/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone MId-Point Assessment	Completed	Mid-Point Assessment	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

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Refuah Community Health Collaborative (PPS ID:20)

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone #1	
Milestone #2	
Milestone #3	
Milestone # 4	
Milestone #5	
MId-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 4.b.i.3 - IA Monitoring

Instructions :

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Attestation

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

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

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

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

☐ **I here by attest, as the Lead Representative of the 'Refuah Community Health Collaborative', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, 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:	REFUAH HEALTH CENTER INC
Secondary Lead PPS Provider:	
Lead Representative:	Anne Cuddy
Submission Date:	06/29/2017 09:42 AM

Comments:	

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Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY2, Q4	Adjudicated	Anne Cuddy	sacolema	06/30/2017 01:19 PM

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Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Adjudicated	The DY2, Q4 Quarterly Report has been adjudicated.	sacolema	06/30/2017 01:19 PM
Returned	The DY2, Q4 Quarterly Report has been returned for Remediation.	sacolema	05/31/2017 05:17 PM

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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

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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

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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

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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	

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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.c.i	IPQR Module 2.c.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.c.i.2 - Patient Engagement Speed	Completed
	IPQR Module 2.c.i.3 - Prescribed Milestones	Completed
	IPQR Module 2.c.i.4 - PPS Defined Milestones	Completed
	IPQR Module 2.c.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
	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.iii	IPQR Module 3.a.iii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.iii.2 - Patient Engagement Speed	Completed
	IPQR Module 3.a.iii.3 - Prescribed Milestones	Completed

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

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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 & Complete	
	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 & Complete	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Complete	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Ongoing	
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	

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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 & Complete	
	Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	Pass (with Exception) & 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 & Complete	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Complete	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Complete	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Complete	
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		

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Section	Module Name / Milestone #	Review Status	
	Milestone #1 Develop population health management roadmap.	Pass & Ongoing	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Complete	
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Complete	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Complete	
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 & Complete	
	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	

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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 & Complete	
	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 & Complete	
	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 & Complete	
	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 & Complete	
	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 & Complete	
	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	

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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 & Complete	
	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 & Complete	
	Milestone #9 Implement open access scheduling in all eligible primary care practices.	Pass & Ongoing	
2.c.i	Module 2.c.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.c.i.3 - Prescribed Milestones		
	Milestone #1 Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.	Pass & Ongoing	
	Milestone #2 Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.	Pass & Complete	
	Milestone #3 Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	Pass & Complete	
	Milestone #4 Resource appropriately for the community navigators, evaluating placement and service type.	Pass & Complete	
	Milestone #5 Provide community navigators with access to non-clinical resources, such as transportation and housing services.	Pass & Ongoing	
	Milestone #6 Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	Pass & Complete	
	Milestone #7 Market the availability of community-based navigation services.	Pass & Complete	
	Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
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 must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Complete	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete	
	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 & Complete	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Complete	
	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete	
	Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	Fail	IA
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	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 & Complete	
	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 & Complete	
	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 & Complete	
	Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Pass & Complete	
	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 & Complete	
	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 & Complete	
	Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Pass & Complete	
	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 & Complete	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Pass & Complete	
	Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Pass & Complete	
	Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
3.a.iii	Module 3.a.iii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.iii.3 - Prescribed Milestones		
	Milestone #1 Develop a medication adherence program to improve behavioral health medication adherence through culturally-competent health literacy initiatives including methods based on the Fund for Public Health NY's Medication Adherence Project (MAP).	Pass & Ongoing	
	Milestone #2 Form care teams including practitioners, care managers including Health Home care managers, social workers and pharmacists who are engaged with the behavioral health population.	Pass & Complete	
	Milestone #3 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #4 Coordinate with Medicaid Managed Care Plans to improve medication adherence.	Pass & Ongoing	
4.b.i	Module 4.b.i.2 - PPS Defined Milestones	Pass & Ongoing	

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Providers Participating in Projects

	Selected Projects										
	Project 2.a.i	**Project 2.a.ii**	**Project 2.c.i**	**Project 3.a.i**	**Project 3.a.ii**	**Project 3.a.iii**	**Project 4.b.i**	**Project**	**Project**	**Project**	**Project**
Provider Speed Commitments	DY3 Q4	DY3 Q4	DY3 Q2	DY2 Q4	DY2 Q4	DY3 Q4					

Provider Category		**Project 2.a.i**		**Project 2.a.ii**		**Project 2.c.i**		**Project 3.a.i**		**Project 3.a.ii**		**Project 3.a.iii**		**Project 4.b.i**		**Project**		**Project**		**Project**		**Project**	
		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	65	58	61	58	39	-	58	33	70	-	68	-	0	-								
	Safety Net	38	53	33	53	25	53	45	45	53	53	37	42	0	-								
Practitioner - Non-Primary Care Provider (PCP)	Total	194	367	13	-	102	-	49	0	241	-	208	-	0	-								
	Safety Net	51	70	0	-	36	30	37	35	46	38	44	28	0	-								
Hospital	Total	1	4	0	-	0	-	0	-	3	-	0	-	2	-								
	Safety Net	1	4	0	-	0	-	0	-	3	0	0	0	2	-								
Clinic	Total	8	6	3	5	6	-	3	3	9	-	4	-	4	-								
	Safety Net	6	6	3	4	4	4	3	3	7	3	4	3	4	-								
Case Management / Health Home	Total	3	8	0	-	0	-	0	-	3	-	2	-	5	-								
	Safety Net	0	4	0	-	0	0	0	-	3	1	0	-	3	-								
Mental Health	Total	25	66	2	-	8	-	28	28	17	-	20	-	4	-								
	Safety Net	4	17	0	-	2	6	6	3	9	7	4	4	3	-								
Substance Abuse	Total	4	11	1	-	0	-	1	0	4	-	2	-	6	-								
	Safety Net	3	10	1	-	0	1	1	0	4	3	2	0	6	-								
Nursing Home	Total	0	6	0	-	0	-	0	-	0	-	0	-	0	-								
	Safety Net	0	6	0	-	0	-	0	-	0	-	0	-	0	-								
Pharmacy	Total	1	11	1	-	1	-	1	-	1	-	1	-	2	-								
	Safety Net	1	4	1	-	1	1	1	-	1	-	1	1	2	-								
Hospice	Total	0	0	0	-	0	-	0	-	0	-	0	-	1	-								

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Provider Category		Project 2.a.i		Project 2.a.ii		Project 2.c.i		Project 3.a.i		Project 3.a.ii		Project 3.a.iii		Project 4.b.i		Project		Project		Project		Project	
		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed	
	Safety Net	0	0	0	-	0	-	0	-	0	-	0	-	1	-								
Community Based Organizations	Total	7	17	1	-	1	-	3	3	1	-	1	-	1	-								
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-								
All Other	Total	151	363	58	-	77	-	84	72	87	-	76	-	8	-								
	Safety Net	69	124	35	-	36	36	42	41	47	43	35	33	8	-								
Uncategorized	Total	29	-	8	-	5	-	3	-	68	-	12	-	8	-								
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-								
Additional Providers	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-								
	Safety Net	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
Community-based navigators participating in project	2.c.i	0	12
Expected Number of Crisis Intervention Programs Established	3.a.ii	2	2

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.ii	2.c.i	3.a.i	3.a.ii	3.a.iii	4.b.i				
Steinfeld Leonard Md	Practitioner - Primary Care Provider (PCP)											
Sharma Devendra M Md	Practitioner - Primary Care Provider (PCP)											
Cox George R Pc Md	Practitioner - Primary Care Provider (PCP)											
Bhardwaj Sushil Md	Practitioner - Primary Care Provider (PCP)											
Weltin Johannes D Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Kaplan Jeffrey Gene	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Wetherbee Roger Ellis Md	Practitioner - Primary Care Provider (PCP)				✓	✓	✓					
Klein Mitchell L Md	Practitioner - Primary Care Provider (PCP)											
Rao Geetha P Md	Practitioner - Primary Care Provider (PCP)											
Sawhney Suman Kumar Md	Practitioner - Primary Care Provider (PCP)											
Henson Elliot M Md	Practitioner - Primary Care Provider (PCP)											
Shah Gopal	Practitioner - Primary Care Provider (PCP)											
Tendler Yacov Md	Practitioner - Primary Care Provider (PCP)											
Schwartz Jerrold F Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Bernstein Scott Alan Md Pc	Practitioner - Primary Care Provider (PCP)											
Branche Judith A Md	Practitioner - Primary Care Provider (PCP)	✓										
Antoine Michel Md	Practitioner - Primary Care Provider (PCP)	✓										
Barenfeld Howard L Md	Practitioner - Primary Care Provider (PCP)	✓	✓			✓	✓					
Zemel Anna Rynskaya Md	Practitioner - Primary Care Provider (PCP)											
Rosen Michael Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Hammer John T Md	Practitioner - Primary Care Provider (PCP)				✓	✓	✓					
Caro Edgar S Md	Practitioner - Primary Care Provider (PCP)					✓						
Alam Mehjabeen Md	Practitioner - Primary Care Provider (PCP)											
Schaffer Alan E Md	Practitioner - Primary Care Provider (PCP)											
Miller Dean A Md	Practitioner - Primary Care Provider (PCP)		✓									
Nastase Liviu Md	Practitioner - Primary Care Provider (PCP)	✓										
Gluck-Shats Maya Md	Practitioner - Primary Care Provider (PCP)											
Costley Sandra Y Md	Practitioner - Primary Care Provider (PCP)											
Rosini Jane E Md	Practitioner - Primary Care Provider (PCP)					✓	✓					
Diamant Esther Pamela Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Halevy-Avgush Rachel	Practitioner - Primary Care Provider (PCP)											
Kaminetzky Jeffrey S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Sharfuddin Muhammad S Md	Practitioner - Primary Care Provider (PCP)											
Nazario-Blas Rudolfo A Md	Practitioner - Primary Care Provider (PCP)						✓					
Fishkind Perry Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Green Herbert	Practitioner - Primary Care Provider (PCP)											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Shapiro Deborah Ann Md	Practitioner - Primary Care Provider (PCP)		✓									
Shahid Muhammad Amir Md	Practitioner - Primary Care Provider (PCP)											
Ferrara Lisa A	Practitioner - Primary Care Provider (PCP)		✓									
Leahy Mary Md	Practitioner - Primary Care Provider (PCP)		✓									
Nelson Shirley W Do	Practitioner - Primary Care Provider (PCP)											
Begley-Pritzker Kathleen	Practitioner - Primary Care Provider (PCP)											
Zuckerman Deschino Diane Md	Practitioner - Primary Care Provider (PCP)		✓									
Okene Ovundah Edwin Md	Practitioner - Primary Care Provider (PCP)					✓						
Pasha Ghousia Jabeen Md	Practitioner - Primary Care Provider (PCP)											
Burke Catherine	Practitioner - Primary Care Provider (PCP)											
Revoredo Fred Md	Practitioner - Primary Care Provider (PCP)	✓	✓			✓	✓					
Hafeez Mohammad Md	Practitioner - Primary Care Provider (PCP)											
Beacon Medical Pc	Practitioner - Primary Care Provider (PCP)											
Foca Marc D Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Shah Parag J Md	Practitioner - Primary Care Provider (PCP)		✓									
Shah Anita C Md	Practitioner - Primary Care Provider (PCP)		✓									
Creech Charlotte L	Practitioner - Primary Care Provider (PCP)											
Johnson Wendy	Practitioner - Primary Care Provider (PCP)						✓					
Hechanova Arnel B Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Weeks Williams David	Practitioner - Primary Care Provider (PCP)				✓	✓	✓					
Mcsweeney Elizabeth R	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Gribetz Bruce	Practitioner - Primary Care Provider (PCP)						✓					
Varon Rose	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Becker Steven Eric Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Morales Frank	Practitioner - Primary Care Provider (PCP)				✓	✓						
Shapiro Carin	Practitioner - Primary Care Provider (PCP)	✓			✓	✓	✓					
Zachariah Mano	Practitioner - Primary Care Provider (PCP)											
Lombardi Filomena	Practitioner - Primary Care Provider (PCP)											
Hodgens Donna A	Practitioner - Primary Care Provider (PCP)											
Millos Rosana Teresita Md	Practitioner - Primary Care Provider (PCP)											
Gribetz Irwin X	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓					

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Avella Thomas Md	Practitioner - Primary Care Provider (PCP)											
Lucas Tracy	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓						
Katz Tamir	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Silberberg Charles Do	Practitioner - Primary Care Provider (PCP)				✓	✓	✓					
Chesner Rina	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Katz Doron	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Ayodeji Adeola	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓						
Gershen Ruth	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Elmore Dillard	Practitioner - Primary Care Provider (PCP)				✓	✓						
Callanan Emily M Np	Practitioner - Primary Care Provider (PCP)											
Silber Avi Katnel Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓						
Bosco Vincent J Rpa	Practitioner - Primary Care Provider (PCP)	✓										
Bravo Teresa Beatriz Md	Practitioner - Primary Care Provider (PCP)	✓	✓									
Kurunathapillai Kathirgamathas Md	Practitioner - Primary Care Provider (PCP)											
Louis Emmanise	Practitioner - Primary Care Provider (PCP)					✓						
Behnam Mahmood	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Dzikowski Rena Y Np	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Singh Chanchal	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓						
St Louis Childebert	Practitioner - Primary Care Provider (PCP)					✓						
Mandelbaum Rachel	Practitioner - Primary Care Provider (PCP)						✓					
Chung Danna	Practitioner - Primary Care Provider (PCP)				✓	✓	✓					
Shtrambrand Dmitry Md	Practitioner - Primary Care Provider (PCP)		✓									
Aaron Tzvi Hirsh Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Muschel Esther	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Polinger Adam	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Kaplan Michael	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Reingold Stephen	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓					
Bolan Claire	Practitioner - Primary Care Provider (PCP)		✓									
Chen Jason Chih	Practitioner - Primary Care Provider (PCP)					✓	✓					
Nicholas Belasco	Practitioner - Primary Care Provider (PCP)											
Tracz Michael	Practitioner - Primary Care Provider (PCP)											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Mary Katherine Michalak	Practitioner - Primary Care Provider (PCP)	✓										
Frommer Eliezer Aaron	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Underwood Patricia Lee Np	Practitioner - Primary Care Provider (PCP)											
Provost Melissa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Frengle-Burke Ingrid	Practitioner - Primary Care Provider (PCP)	✓			✓	✓						
Hay Elena	Practitioner - Primary Care Provider (PCP)						✓					
Elstein Yonatan	Practitioner - Primary Care Provider (PCP)						✓					
Carr Hemlata	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓						
Segal Gershon	Practitioner - Primary Care Provider (PCP)	✓					✓					
Jacob Stanley	Practitioner - Primary Care Provider (PCP)						✓					
Thalappillil Jenny	Practitioner - Primary Care Provider (PCP)						✓					
Friedman Morris	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Chen Yong	Practitioner - Primary Care Provider (PCP)											
Russo Rocco Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓						
Lambert-Derario Lori	Practitioner - Primary Care Provider (PCP)						✓					
Rayavarapu Manisha	Practitioner - Primary Care Provider (PCP)				✓	✓	✓					
Kirpan Michael	Practitioner - Primary Care Provider (PCP)				✓	✓	✓					
Shah Anuj	Practitioner - Primary Care Provider (PCP)											
Tehrani Rachel	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Eng-Burger Mallory	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Podziewski Judy Fnp-C	Practitioner - Primary Care Provider (PCP)											
Madison Karen	Practitioner - Primary Care Provider (PCP)											
Shanmugam Malathi	Practitioner - Primary Care Provider (PCP)						✓					
Jaravaza Mukai Heather	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓						
Thomas Koreen	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓						
Beruke Hanna	Practitioner - Primary Care Provider (PCP)				✓	✓						
Theodore Carol	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Zikorus Caithleen P	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Berrak Su Gulsun	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Neuman Adi J	Practitioner - Primary Care Provider (PCP)						✓					
Schuman Aviva Leah	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					

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* Safety Net Providers in Green

Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Gearing Bobby	Practitioner - Primary Care Provider (PCP)						✓					
Ty Sin	Practitioner - Primary Care Provider (PCP)						✓					
Lisenby Veronica	Practitioner - Primary Care Provider (PCP)											
Wilson Dania A	Practitioner - Primary Care Provider (PCP)						✓					
Francis Monica	Practitioner - Primary Care Provider (PCP)	✓										
Agahiu Samuel Aminu	Practitioner - Primary Care Provider (PCP)											
Sanghvi Neha	Practitioner - Primary Care Provider (PCP)	✓	✓									
Ijomah Uloma	Practitioner - Primary Care Provider (PCP)											
Stahl Ariella	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Krupka Malka	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Tam Karen	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Dick Donna	Practitioner - Primary Care Provider (PCP)	✓	✓			✓	✓					
Vanhoy Christine	Practitioner - Primary Care Provider (PCP)	✓										
Mitsumoto Jun	Practitioner - Primary Care Provider (PCP)	✓	✓									
Nuer Miriam	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Singer Taryn	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Pinto Eduardo Navarro	Practitioner - Primary Care Provider (PCP)											
Nisha Lakhani Md	Practitioner - Primary Care Provider (PCP)											
Khan Sakina	Practitioner - Primary Care Provider (PCP)		✓									
Chinea Carmen	Practitioner - Primary Care Provider (PCP)	✓	✓			✓						
Lagerberg Ruth Elaine	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Tschernia Allan Md	Practitioner - Primary Care Provider (PCP)						✓					
Bowman Ralph Edward	Practitioner - Primary Care Provider (PCP)											
Cherian Shoba Anne	Practitioner - Primary Care Provider (PCP)	✓	✓			✓						
Byadgi Shalini Md	Practitioner - Primary Care Provider (PCP)											
Boltin Harry N Md	Practitioner - Non-Primary Care Provider (PCP)											
Beskyd Peter P	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Bobroff Lewis M Md	Practitioner - Non-Primary Care Provider (PCP)											
Chellappa Paul Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Edelson Kenneth L Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Altman Robert J	Practitioner - Non-Primary Care Provider (PCP)											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Salerno Joseph A Md	Practitioner - Non-Primary Care Provider (PCP)											
Muchnick Richard S Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Klein Nicholas Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Lieder Joseph N O D	Practitioner - Non-Primary Care Provider (PCP)											
Herman Richard Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Horn David Od	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Appleman Warren Md	Practitioner - Non-Primary Care Provider (PCP)											
Lubin Jeffrey L Od	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Cohen Allen H Od	Practitioner - Non-Primary Care Provider (PCP)											
Yablon Steven B Md	Practitioner - Non-Primary Care Provider (PCP)											
Baskin Howard F Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Shanin Richard Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Shapiro Lawrence R Md	Practitioner - Non-Primary Care Provider (PCP)											
Zalaznick Steven M Od	Practitioner - Non-Primary Care Provider (PCP)											
Kramer Theodore Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Osei Clement Md	Practitioner - Non-Primary Care Provider (PCP)											
Chowdhury Fazlur R Md	Practitioner - Non-Primary Care Provider (PCP)											
Sadaghiani Hassan Md	Practitioner - Non-Primary Care Provider (PCP)											
Sobler Terry J Dds	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Oconnell William F Od	Practitioner - Non-Primary Care Provider (PCP)											
Bass Sherry J Od	Practitioner - Non-Primary Care Provider (PCP)											
Zweig Joseph B Phd	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Giovinazzo Vincent Jerome Md	Practitioner - Non-Primary Care Provider (PCP)											
Fiore John Leonard Md	Practitioner - Non-Primary Care Provider (PCP)											
Menitove Stephen M Md	Practitioner - Non-Primary Care Provider (PCP)											
Stamm Joseph Martin Od	Practitioner - Non-Primary Care Provider (PCP)											
Kaufmann Walter Ernst Md	Practitioner - Non-Primary Care Provider (PCP)											
Tarle Marc E Md	Practitioner - Non-Primary Care Provider (PCP)											
Shaikh Mohammed Naseer-Ahmed	Practitioner - Non-Primary Care Provider (PCP)					✓	✓					
Lutwak Seymour H Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Soden Richard M Od	Practitioner - Non-Primary Care Provider (PCP)											

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Silverman Rubin S Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Mark Madis Md Llc	Practitioner - Non-Primary Care Provider (PCP)											
Devincenzo Salvatore John Md	Practitioner - Non-Primary Care Provider (PCP)											
Pagnani Daniel J Md Jr	Practitioner - Non-Primary Care Provider (PCP)											
Curreri Robert L Md	Practitioner - Non-Primary Care Provider (PCP)											
Cantor Richard S Md	Practitioner - Non-Primary Care Provider (PCP)											
Hirsch Cary Md	Practitioner - Non-Primary Care Provider (PCP)											
Stepner Meyer C	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Valdes Marie Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Greenman David N Dds	Practitioner - Non-Primary Care Provider (PCP)					✓	✓					
Harris Leon S Md	Practitioner - Non-Primary Care Provider (PCP)											
Madonna Richard James	Practitioner - Non-Primary Care Provider (PCP)											
Morrison Scott I Od	Practitioner - Non-Primary Care Provider (PCP)											
Schechter Andrew Gary Md	Practitioner - Non-Primary Care Provider (PCP)											
Weingarten Marvin J Md	Practitioner - Non-Primary Care Provider (PCP)											
Domosi Dennis Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Corsaro Maria	Practitioner - Non-Primary Care Provider (PCP)											
Smith Philip S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Speaker Mark George Md	Practitioner - Non-Primary Care Provider (PCP)											
Sandin Hildenia Dmd	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Birns Douglas R Md Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Fischman Eddie Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Bernard Peter Jay Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Karroum Nabil Hanna Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Angara Prasad V	Practitioner - Non-Primary Care Provider (PCP)					✓						
Facelle Thomas L Md	Practitioner - Non-Primary Care Provider (PCP)											
Disanto Gregory	Practitioner - Non-Primary Care Provider (PCP)											
Watson Catherin Pace	Practitioner - Non-Primary Care Provider (PCP)											
Portello Joan K	Practitioner - Non-Primary Care Provider (PCP)											
Levy Steven Robert	Practitioner - Non-Primary Care Provider (PCP)											
Grazi Victor Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					

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Shah Vikram P Md	Practitioner - Non-Primary Care Provider (PCP)											
Parness Ira A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Goldberg Joel Bennett Od	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Lazar Stephen Dale Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mencia Ramon Pedro Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Shreedhar Rakesh Md	Practitioner - Non-Primary Care Provider (PCP)											
Eichenfield Andrew Howard Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Kozin Arthur M Md	Practitioner - Non-Primary Care Provider (PCP)											
Sheares Beverley Jeanne Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Tash Robert Ryan Md	Practitioner - Non-Primary Care Provider (PCP)											
Costley-Hoke Karen M Md	Practitioner - Non-Primary Care Provider (PCP)											
Traub Jeffrey Scott	Practitioner - Non-Primary Care Provider (PCP)						✓					
Ziegler Hirsch J Dds	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Berkowitz Jessica F Md	Practitioner - Non-Primary Care Provider (PCP)											
Ayers Frederick P Md	Practitioner - Non-Primary Care Provider (PCP)											
George James Md	Practitioner - Non-Primary Care Provider (PCP)											
Cabasso Arnold Lawrence	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Bulhack Neil William	Practitioner - Non-Primary Care Provider (PCP)											
Wassermann Evelyn R Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Angioletti Louis Scott Md	Practitioner - Non-Primary Care Provider (PCP)											
Shuster Edward G Md	Practitioner - Non-Primary Care Provider (PCP)											
Stylianos Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Koster Harry Robert M Md	Practitioner - Non-Primary Care Provider (PCP)											
Eviatar Joseph Alexander Md	Practitioner - Non-Primary Care Provider (PCP)											
Kramer Andrew Ronald Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Korman Jerald Md	Practitioner - Non-Primary Care Provider (PCP)											
Lowe Teresa Ann Od	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz Arie Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Zamechek Yana	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Weingarten-Kann Phyllis E Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Zaghi Ramin	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					

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Karsif Karen S Md	Practitioner - Non-Primary Care Provider (PCP)											
Pucci Andrea	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Wachs Eric A Dmd	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Schlussel Richard Norman Md	Practitioner - Non-Primary Care Provider (PCP)											
Shih Andrew Chih Md	Practitioner - Non-Primary Care Provider (PCP)											
Kazanjian Hratch Karnik Md	Practitioner - Non-Primary Care Provider (PCP)											
Root Lee P Md	Practitioner - Non-Primary Care Provider (PCP)											
Polistina Dean Carl Md	Practitioner - Non-Primary Care Provider (PCP)											
Aftab Naeem Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Rowe Timothy Owen	Practitioner - Non-Primary Care Provider (PCP)			✓	✓	✓	✓					
Ortiz Yael Angelica Dds	Practitioner - Non-Primary Care Provider (PCP)											
Reichard Steven Gerard Md	Practitioner - Non-Primary Care Provider (PCP)											
White Lalura Rose Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Naik Pushpa Hosahatti Dds	Practitioner - Non-Primary Care Provider (PCP)											
Kile Kristopher Trenton	Practitioner - Non-Primary Care Provider (PCP)											
Cruz Madeline Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lanzkowky Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Wolintz Robyn Joy Md	Practitioner - Non-Primary Care Provider (PCP)											
Dorfman Robert P Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stock Jeffrey A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Rubin Iris Caridad	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lamm Joshua	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Haskes Lloyd Partman	Practitioner - Non-Primary Care Provider (PCP)											
Wolf Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)											
Grcevic Joan Carla Dds	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Mian Rashid A Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Zaslofsky Judith	Practitioner - Non-Primary Care Provider (PCP)						✓					
Schwartz Elizabeth C Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Adamczyk Diane	Practitioner - Non-Primary Care Provider (PCP)											
Canellos Harriette	Practitioner - Non-Primary Care Provider (PCP)											
Carter Doreen	Practitioner - Non-Primary Care Provider (PCP)						✓					

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Libassi David	Practitioner - Non-Primary Care Provider (PCP)											
Richter Scott	Practitioner - Non-Primary Care Provider (PCP)											
Schuettenberg Susan	Practitioner - Non-Primary Care Provider (PCP)											
Sherman Jerome	Practitioner - Non-Primary Care Provider (PCP)											
Thau Andrea	Practitioner - Non-Primary Care Provider (PCP)											
Greco Robert N Md	Practitioner - Non-Primary Care Provider (PCP)											
Ober David Todd Md	Practitioner - Non-Primary Care Provider (PCP)											
Larkin Sandy B	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Michaels Rachel	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Tighe John Francis Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Luchs Scott Glenn Md	Practitioner - Non-Primary Care Provider (PCP)											
Burke Alban	Practitioner - Non-Primary Care Provider (PCP)	✓										
Frisina Natale Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Staller Jerry	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Devlin-Craane Sheila	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Allison Karen Melanie Md	Practitioner - Non-Primary Care Provider (PCP)											
Hizami Ronen Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Sharma Mickey Pradeep Md	Practitioner - Non-Primary Care Provider (PCP)											
Swaby Stanley Stephen Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Appel Julia	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Jay	Practitioner - Non-Primary Care Provider (PCP)											
Dul Mitch	Practitioner - Non-Primary Care Provider (PCP)											
Gundel Ralph	Practitioner - Non-Primary Care Provider (PCP)											
Kapoor Neera	Practitioner - Non-Primary Care Provider (PCP)											
Krumholz David	Practitioner - Non-Primary Care Provider (PCP)											
Larson Steven	Practitioner - Non-Primary Care Provider (PCP)											
Modica Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Mozlin Rochelle	Practitioner - Non-Primary Care Provider (PCP)											
Ritter Steven	Practitioner - Non-Primary Care Provider (PCP)											
Tannen Barry	Practitioner - Non-Primary Care Provider (PCP)											
Vricella Marilyn	Practitioner - Non-Primary Care Provider (PCP)											

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Pass Lisa K Phd	Practitioner - Non-Primary Care Provider (PCP)											
Horng Jack W Md	Practitioner - Non-Primary Care Provider (PCP)											
Dayan Alan R Md	Practitioner - Non-Primary Care Provider (PCP)											
Bu Davis Thomas Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Bender Evan David Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Sadler Pablo	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Goldberg Deborah Baron Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Khan Tauseel Dds	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Garcia Laura Ann	Practitioner - Non-Primary Care Provider (PCP)											
Bezdicek Petr Md	Practitioner - Non-Primary Care Provider (PCP)											
Shinder Neil Md	Practitioner - Non-Primary Care Provider (PCP)											
Stefanelli Mariette	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Fischer Linda	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Stein Kathie L	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Berg Sandra	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Cotto Sylvia	Practitioner - Non-Primary Care Provider (PCP)					✓						
Koplowitz Sarah	Practitioner - Non-Primary Care Provider (PCP)						✓					
Dease William D	Practitioner - Non-Primary Care Provider (PCP)											
Gilbride Pia Marie	Practitioner - Non-Primary Care Provider (PCP)											
Kalus Oren	Practitioner - Non-Primary Care Provider (PCP)											
Panzarino Peter J Md	Practitioner - Non-Primary Care Provider (PCP)											
Weisberg Michael K Dds	Practitioner - Non-Primary Care Provider (PCP)					✓	✓					
Patel Prakash Nanubhai Md	Practitioner - Non-Primary Care Provider (PCP)											
Pena Pujals Carmen F Dds	Practitioner - Non-Primary Care Provider (PCP)											
Raggio Roland J Dmd	Practitioner - Non-Primary Care Provider (PCP)											
Farkas Rafael Dds	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Mann Marilyn	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Win Phone Myint Md	Practitioner - Non-Primary Care Provider (PCP)											
Alianakian Rosine	Practitioner - Non-Primary Care Provider (PCP)											
Goldberg Ilene M	Practitioner - Non-Primary Care Provider (PCP)											
Eydelman Viktoria	Practitioner - Non-Primary Care Provider (PCP)											

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Lachman Solomon P	Practitioner - Non-Primary Care Provider (PCP)						✓					
Deleon Deogenes G Md	Practitioner - Non-Primary Care Provider (PCP)											
Ngo Tammy Phuong	Practitioner - Non-Primary Care Provider (PCP)											
Han Myoung	Practitioner - Non-Primary Care Provider (PCP)											
Carter Tanya	Practitioner - Non-Primary Care Provider (PCP)											
Steiner Audra	Practitioner - Non-Primary Care Provider (PCP)											
Yang Andrea	Practitioner - Non-Primary Care Provider (PCP)											
Krumholtz Ira	Practitioner - Non-Primary Care Provider (PCP)											
Vinick Daniel E Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Rutner Daniella	Practitioner - Non-Primary Care Provider (PCP)											
Katz Micah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓	✓					
Aschkenasy Robin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓	✓					
Bautista Cynthia	Practitioner - Non-Primary Care Provider (PCP)						✓					
Spiegel Mitchell	Practitioner - Non-Primary Care Provider (PCP)											
Leen Jeffrey S Md	Practitioner - Non-Primary Care Provider (PCP)											
Waite Leslie	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Chae Susan Y	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Cuevas Asima	Practitioner - Non-Primary Care Provider (PCP)											
Kandera John	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Friedman Ronit	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Osinsky Ronen Yosef Dmd	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Price Richard L	Practitioner - Non-Primary Care Provider (PCP)					✓						
Klein Frieda	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Sharma Parvesh Kumar Md	Practitioner - Non-Primary Care Provider (PCP)											
Sullum Joshua Todd	Practitioner - Non-Primary Care Provider (PCP)											
Koch Krzysztof Dds	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Rao Suresh Madhava Dds	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Taylor Gregory Warwick Md	Practitioner - Non-Primary Care Provider (PCP)											
Aron Tzvi Gottesman Od	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Mason Linda	Practitioner - Non-Primary Care Provider (PCP)					✓						
Jacob Brian Peter Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					

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Chang Benjamin Md	Practitioner - Non-Primary Care Provider (PCP)											
Russ Hana	Practitioner - Non-Primary Care Provider (PCP)											
Alvir Robert	Practitioner - Non-Primary Care Provider (PCP)											
Laster Avi S	Practitioner - Non-Primary Care Provider (PCP)											
Koulova Lidia Borissova	Practitioner - Non-Primary Care Provider (PCP)											
Mori Judith	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kim David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jurman Marlene	Practitioner - Non-Primary Care Provider (PCP)											
Hassoun Abeer Abbas Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Castro Jonathan M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Korsakoff Kristopher Md	Practitioner - Non-Primary Care Provider (PCP)											
Murphy Francis X	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Carrano Inocencia Md	Practitioner - Non-Primary Care Provider (PCP)											
Occhiogrosso Deborah M Np	Practitioner - Non-Primary Care Provider (PCP)											
Bochnovich Elaine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chiger Jackie Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vinces Giacomo Vladimir Md	Practitioner - Non-Primary Care Provider (PCP)											
Jeong Jay	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Casale Pasquale Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Traube Renee	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Posada Gerardo A Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Etienne Mill Md	Practitioner - Non-Primary Care Provider (PCP)											
Callaghan Steven	Practitioner - Non-Primary Care Provider (PCP)	✓										
Feistmann Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Schlafrig Yitzchok	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Goumas William Marcus Md	Practitioner - Non-Primary Care Provider (PCP)											
Gaudio Joann	Practitioner - Non-Primary Care Provider (PCP)											
Grossberger Esti C Np	Practitioner - Non-Primary Care Provider (PCP)											
Patel Ashok A Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Ponciano Caroline Calitis	Practitioner - Non-Primary Care Provider (PCP)											
Suresh Lekha Dds	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					

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Kakkanatt Anand Md	Practitioner - Non-Primary Care Provider (PCP)											
Morales Denise	Practitioner - Non-Primary Care Provider (PCP)	✓	✓									
Hlubik Vivian	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Coopersmith Bruce	Practitioner - Non-Primary Care Provider (PCP)					✓						
Machado Carmen	Practitioner - Non-Primary Care Provider (PCP)					✓						
Vandenheuvel Angela	Practitioner - Non-Primary Care Provider (PCP)					✓						
Llerena Cristina	Practitioner - Non-Primary Care Provider (PCP)											
Hertford Douglas E. Md	Practitioner - Non-Primary Care Provider (PCP)											
Goldberg Ythan Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosenblum Sean David Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Marciano Gila	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Libman Dmitry	Practitioner - Non-Primary Care Provider (PCP)											
Rutman Hadassa	Practitioner - Non-Primary Care Provider (PCP)											
Chevalier Naomi	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Onua Edith	Practitioner - Non-Primary Care Provider (PCP)											
Galli Viviana	Practitioner - Non-Primary Care Provider (PCP)					✓						
Crist Rebecca Lynn Cnm	Practitioner - Non-Primary Care Provider (PCP)						✓					
Allen Joel	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Tran Anhtho	Practitioner - Non-Primary Care Provider (PCP)											
Torres-Orta Minerva	Practitioner - Non-Primary Care Provider (PCP)					✓						
Parikh Parinda	Practitioner - Non-Primary Care Provider (PCP)						✓					
Williams Elijah	Practitioner - Non-Primary Care Provider (PCP)					✓						
Depaola Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓									
Han Liying	Practitioner - Non-Primary Care Provider (PCP)											
Heim Amy	Practitioner - Non-Primary Care Provider (PCP)					✓						
Perales Joseph	Practitioner - Non-Primary Care Provider (PCP)					✓						
Chirumamilla Amala	Practitioner - Non-Primary Care Provider (PCP)											
Sobler Ian D Dds	Practitioner - Non-Primary Care Provider (PCP)											
Kaplan Evan	Practitioner - Non-Primary Care Provider (PCP)											
Rosenberg Samuel	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Frimerman Dan L	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					

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Simpson Jessica	Practitioner - Non-Primary Care Provider (PCP)						✓					
Sannesy Umakantha	Practitioner - Non-Primary Care Provider (PCP)											
Neiditz Nancy	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Kwak Kee Un Dds	Practitioner - Non-Primary Care Provider (PCP)											
Gatti Claudio	Practitioner - Non-Primary Care Provider (PCP)	✓										
Curry Colleen	Practitioner - Non-Primary Care Provider (PCP)											
Trentalancia Salvatore	Practitioner - Non-Primary Care Provider (PCP)						✓					
Joshi Padma	Practitioner - Non-Primary Care Provider (PCP)											
Scheffer Miles	Practitioner - Non-Primary Care Provider (PCP)											
Lazar Jonathan	Practitioner - Non-Primary Care Provider (PCP)											
Zulch George D	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Reiz Mayer	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Frohlich Jonathan	Practitioner - Non-Primary Care Provider (PCP)					✓						
Goldin Rena	Practitioner - Non-Primary Care Provider (PCP)					✓						
Brunette Erin	Practitioner - Non-Primary Care Provider (PCP)											
Bennett Philip	Practitioner - Non-Primary Care Provider (PCP)					✓						
Nagel Dalia	Practitioner - Non-Primary Care Provider (PCP)											
Stern Avichai	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Fisher Lynn	Practitioner - Non-Primary Care Provider (PCP)						✓					
Stanberry Andre	Practitioner - Non-Primary Care Provider (PCP)											
Pande Manjiri	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Zbar Anne	Practitioner - Non-Primary Care Provider (PCP)											
Baynon Diane	Practitioner - Non-Primary Care Provider (PCP)						✓					
Stoller Robert C	Practitioner - Non-Primary Care Provider (PCP)											
Ostrowitz Matthew Bennett	Practitioner - Non-Primary Care Provider (PCP)											
Tarr Diane E Md	Practitioner - Non-Primary Care Provider (PCP)											
Hurwitz Seth Eric	Practitioner - Non-Primary Care Provider (PCP)											
Karpisz Janet M	Practitioner - Non-Primary Care Provider (PCP)				✓	✓	✓					
O'Connor Julie Anne	Practitioner - Non-Primary Care Provider (PCP)	✓										
Trimble Lacey	Practitioner - Non-Primary Care Provider (PCP)					✓						
Muller Aaron	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					

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Gruffi Richard Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
Israel Elise	Practitioner - Non-Primary Care Provider (PCP)						✓					
Uday Kristine	Practitioner - Non-Primary Care Provider (PCP)											
Nancy Mcgeorge Pa	Practitioner - Non-Primary Care Provider (PCP)											
Hook Bathsheba	Practitioner - Non-Primary Care Provider (PCP)											
Marinoff Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
Vyas Hemal	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Michalowicz Marc	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Vega Irma	Practitioner - Non-Primary Care Provider (PCP)					✓						
Thomson Martha	Practitioner - Non-Primary Care Provider (PCP)					✓						
Strohli Avraham	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Roth Leah	Practitioner - Non-Primary Care Provider (PCP)					✓						
Weinstock Lisa Sundeen	Practitioner - Non-Primary Care Provider (PCP)						✓					
Sun Albert	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Ladaga Raelene	Practitioner - Non-Primary Care Provider (PCP)					✓						
Weibman Sharon	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Lubell David B	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Najovits Andrew Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Zhang Cheng	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Caruso Victoria	Practitioner - Non-Primary Care Provider (PCP)					✓						
Peter M Kaye Md	Practitioner - Non-Primary Care Provider (PCP)											
Zucker Hadassah	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Nolan Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Schulman Erica	Practitioner - Non-Primary Care Provider (PCP)											
Petrovic Ivana	Practitioner - Non-Primary Care Provider (PCP)											
Poll Karen	Practitioner - Non-Primary Care Provider (PCP)											
Mc Dermott Annemarie	Practitioner - Non-Primary Care Provider (PCP)											
Bauer Kristy	Practitioner - Non-Primary Care Provider (PCP)											
Berg Jonathan	Practitioner - Non-Primary Care Provider (PCP)											
Epstein-Klein Cindy Beth	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Lehmann Robert Aaron	Practitioner - Non-Primary Care Provider (PCP)											

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Petrosyan Tamara	Practitioner - Non-Primary Care Provider (PCP)						✓					
Kolodny Yitzchok	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Adam Tilson	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Heller Sandra Rosenfeld	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Dennis Lyle	Practitioner - Non-Primary Care Provider (PCP)											
Rivera Sandy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Spence Sherryl	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Rostami Farhad	Practitioner - Non-Primary Care Provider (PCP)						✓					
Kaweblum Moises	Practitioner - Non-Primary Care Provider (PCP)						✓					
Davies Judy E	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Murphy Karen	Practitioner - Non-Primary Care Provider (PCP)					✓						
Goldstein Norman	Practitioner - Non-Primary Care Provider (PCP)											
Stead Lesley Ann	Practitioner - Non-Primary Care Provider (PCP)											
Paul Leena	Practitioner - Non-Primary Care Provider (PCP)						✓					
Muldoon Michele D	Practitioner - Non-Primary Care Provider (PCP)		✓									
Feldman Julie R	Practitioner - Non-Primary Care Provider (PCP)					✓						
Richdale Kathryn	Practitioner - Non-Primary Care Provider (PCP)											
Bruno Jaclyn	Practitioner - Non-Primary Care Provider (PCP)											
Nagarwala Faisal Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Shiffman Holly Aleta	Practitioner - Non-Primary Care Provider (PCP)											
Kohn Livia Pa	Practitioner - Non-Primary Care Provider (PCP)											
Brody Aaron	Practitioner - Non-Primary Care Provider (PCP)											
Shah Neil	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Mathew Rekha Rebecca	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kristen Lima	Practitioner - Non-Primary Care Provider (PCP)											
Hite Jennifer Ann	Practitioner - Non-Primary Care Provider (PCP)					✓						
Teitelbaum Yisroel	Practitioner - Non-Primary Care Provider (PCP)						✓					
Lusman Sarah Shrager	Practitioner - Non-Primary Care Provider (PCP)											
Augustine Sajan Pt	Practitioner - Non-Primary Care Provider (PCP)											
Bhatti Saeed I	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sachakov Christine	Practitioner - Non-Primary Care Provider (PCP)											

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Wong Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Mathew Jaine	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Osei Raphael Kwaku	Practitioner - Non-Primary Care Provider (PCP)	✓										
Steven C Alvarado	Practitioner - Non-Primary Care Provider (PCP)											
Gitty Weisz	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Schneider Loren J	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Damascus Alexi Maria	Practitioner - Non-Primary Care Provider (PCP)											
Horowitz Miriam	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Birkenfeld Jody	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Walsh Erin Kelly	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Edward Rudolph	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Grant Olga T	Practitioner - Non-Primary Care Provider (PCP)											
Iacono Danielle	Practitioner - Non-Primary Care Provider (PCP)											
Rubchinski Elena	Practitioner - Non-Primary Care Provider (PCP)						✓					
Arjona Lisneida	Practitioner - Non-Primary Care Provider (PCP)											
Barker Beth A	Practitioner - Non-Primary Care Provider (PCP)											
Mayefsky Lauren	Practitioner - Non-Primary Care Provider (PCP)					✓						
Davidson Brooke Lindsley	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Adair Kristin	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Sidhu Harpriya	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Oh Jae	Practitioner - Non-Primary Care Provider (PCP)											
Hyman Mark	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nunez Jasmine R	Practitioner - Non-Primary Care Provider (PCP)											
Oakes Jessica L	Practitioner - Non-Primary Care Provider (PCP)					✓	✓					
Ostroff Anne	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Acosta Elysia	Practitioner - Non-Primary Care Provider (PCP)											
Cherian Sharon	Practitioner - Non-Primary Care Provider (PCP)					✓						
Fleisher Denise	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Pielago Rizza Mae	Practitioner - Non-Primary Care Provider (PCP)											
Miller Maria	Practitioner - Non-Primary Care Provider (PCP)					✓						
Nadler Steven	Practitioner - Non-Primary Care Provider (PCP)					✓	✓					

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Selevan Alissa R	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Manco Barbara A	Practitioner - Non-Primary Care Provider (PCP)					✓						
Rizk Rasha	Practitioner - Non-Primary Care Provider (PCP)											
Nguyen Tracy Thuy	Practitioner - Non-Primary Care Provider (PCP)											
Walzer Jacalyn	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Jean Adler Ms Ccc Slp	Practitioner - Non-Primary Care Provider (PCP)					✓						
Deborah Lenore Bolzan	Practitioner - Non-Primary Care Provider (PCP)											
Srisaila Suma	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Libura Lidia Maria	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Duchnowski Eva	Practitioner - Non-Primary Care Provider (PCP)											
Latpate Prashant Pandurang	Practitioner - Non-Primary Care Provider (PCP)											
Zierler Bernice	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Ayala Ramses Federico	Practitioner - Non-Primary Care Provider (PCP)											
Breitbart Jennifer	Practitioner - Non-Primary Care Provider (PCP)						✓					
Webers Kristy M	Practitioner - Non-Primary Care Provider (PCP)											
Adler Alison	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Mergi Danny	Practitioner - Non-Primary Care Provider (PCP)						✓					
Brooks Steven Elliot	Practitioner - Non-Primary Care Provider (PCP)											
Bialek Maria	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Staller Lauren	Practitioner - Non-Primary Care Provider (PCP)					✓						
Granat Ruth	Practitioner - Non-Primary Care Provider (PCP)											
255 Lafayette Ave	Practitioner - Non-Primary Care Provider (PCP)											
Heatrice Ackeilia K	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pfiefer Raquelle B	Practitioner - Non-Primary Care Provider (PCP)											
Bailey Colleen Michele	Practitioner - Non-Primary Care Provider (PCP)											
Praver Paul-Sholom M	Practitioner - Non-Primary Care Provider (PCP)											
Drennen Elizabeth Maria	Practitioner - Non-Primary Care Provider (PCP)											
Hill Rowena Resnick	Practitioner - Non-Primary Care Provider (PCP)											
Paige Tracy T	Practitioner - Non-Primary Care Provider (PCP)											
Murphy Patricia A	Practitioner - Non-Primary Care Provider (PCP)											
Simon Joanna F	Practitioner - Non-Primary Care Provider (PCP)											

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Merriman Leslie Berke	Practitioner - Non-Primary Care Provider (PCP)											
Lefberg Courtney A	Practitioner - Non-Primary Care Provider (PCP)											
Towers Geovanna L	Practitioner - Non-Primary Care Provider (PCP)											
Dixon Margaret C	Practitioner - Non-Primary Care Provider (PCP)											
Park Sharon J	Practitioner - Non-Primary Care Provider (PCP)											
Cano Vincent	Practitioner - Non-Primary Care Provider (PCP)											
Chen Christine W	Practitioner - Non-Primary Care Provider (PCP)											
Letafat Kimia C	Practitioner - Non-Primary Care Provider (PCP)											
Gould Jennifer Ann	Practitioner - Non-Primary Care Provider (PCP)											
Hue Jennifer E	Practitioner - Non-Primary Care Provider (PCP)											
Khoo Patricia P	Practitioner - Non-Primary Care Provider (PCP)					✓						
Jordan Mirlande	Practitioner - Non-Primary Care Provider (PCP)					✓						
Mahmud Syed Abid	Practitioner - Non-Primary Care Provider (PCP)						✓					
Mullin Jane Finan	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Guiney Robin Gerry	Practitioner - Non-Primary Care Provider (PCP)					✓						
Myer Jane	Practitioner - Non-Primary Care Provider (PCP)					✓						
Seiden-Plaut Gail	Practitioner - Non-Primary Care Provider (PCP)											
Rowe Jennifer Lenore	Practitioner - Non-Primary Care Provider (PCP)					✓						
Metelitsin Marina Nikolaevna	Practitioner - Non-Primary Care Provider (PCP)					✓						
Botros Lamia Kamel	Practitioner - Non-Primary Care Provider (PCP)					✓						
Canestraro Julia	Practitioner - Non-Primary Care Provider (PCP)											
Mass Hagit	Practitioner - Non-Primary Care Provider (PCP)											
Greenberg Ann Core	Practitioner - Non-Primary Care Provider (PCP)											
Rodriguez Michael	Practitioner - Non-Primary Care Provider (PCP)						✓					
Brutus Audrey	Practitioner - Non-Primary Care Provider (PCP)											
Maybloom Miriam	Practitioner - Non-Primary Care Provider (PCP)											
Krimsky Cheryl	Practitioner - Non-Primary Care Provider (PCP)											
Booker Melissa Anne	Practitioner - Non-Primary Care Provider (PCP)					✓						
Pettit Christine	Practitioner - Non-Primary Care Provider (PCP)					✓						
Ragasa Molinaro Lydda	Practitioner - Non-Primary Care Provider (PCP)					✓						
Armstrong Bettina	Practitioner - Non-Primary Care Provider (PCP)											

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Hudson Sheila W	Practitioner - Non-Primary Care Provider (PCP)											
Kubie Lisa	Practitioner - Non-Primary Care Provider (PCP)					✓						
Tarangelo Anne Marie Clare	Practitioner - Non-Primary Care Provider (PCP)											
O'Sullivan Sheila Ann	Practitioner - Non-Primary Care Provider (PCP)											
Lazerwitz Michelle P	Practitioner - Non-Primary Care Provider (PCP)					✓						
Feiner Jonathan Michael	Practitioner - Non-Primary Care Provider (PCP)						✓					
Cho Young	Practitioner - Non-Primary Care Provider (PCP)						✓					
Slomiany Jenny F	Practitioner - Non-Primary Care Provider (PCP)											
Donnis Gregory E	Practitioner - Non-Primary Care Provider (PCP)											
Neuhaus Devorah	Practitioner - Non-Primary Care Provider (PCP)											
Mckenzie Hugh	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Kirsch Andrew Thomas	Practitioner - Non-Primary Care Provider (PCP)					✓						
Anderson Eileen M	Practitioner - Non-Primary Care Provider (PCP)											
Lee David J	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Reyes-Pastorell Evang	Practitioner - Non-Primary Care Provider (PCP)		✓									
Kim Soo	Practitioner - Non-Primary Care Provider (PCP)											
Fields Pelesia A	Practitioner - Non-Primary Care Provider (PCP)											
Fuerch Marcelline Lea	Practitioner - Non-Primary Care Provider (PCP)											
Ankola Prashant	Practitioner - Non-Primary Care Provider (PCP)											
Nordstrom Salina	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
O'Connor Anne Maureen	Practitioner - Non-Primary Care Provider (PCP)											
Isaacson Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Schiopu Mihaela	Practitioner - Non-Primary Care Provider (PCP)	✓										
Holland Diane	Practitioner - Non-Primary Care Provider (PCP)											
Bobroff Miriam	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Zinns Rachel	Practitioner - Non-Primary Care Provider (PCP)					✓						
Sanchez Yadira Mabel	Practitioner - Non-Primary Care Provider (PCP)						✓					
Haddad Bassel S	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Abraham Florine	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Yazdan Ari	Practitioner - Non-Primary Care Provider (PCP)											
Westreich Sarah Chaya	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					

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Fox Lisa	Practitioner - Non-Primary Care Provider (PCP)											
Lappan Elisabeth G	Practitioner - Non-Primary Care Provider (PCP)											
Weisz Shoshana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓			✓	✓					
Pilz Yasmine Lian	Practitioner - Non-Primary Care Provider (PCP)											
Lim Jennifer Hui	Practitioner - Non-Primary Care Provider (PCP)											
Mallios Jenelle L	Practitioner - Non-Primary Care Provider (PCP)											
Osherov Gregori	Practitioner - Non-Primary Care Provider (PCP)											
Sukhija Serena Balu	Practitioner - Non-Primary Care Provider (PCP)											
Fetkin Sheree A	Practitioner - Non-Primary Care Provider (PCP)											
Freese Ali Miatelle	Practitioner - Non-Primary Care Provider (PCP)											
Vaughn Matthew Timothy	Practitioner - Non-Primary Care Provider (PCP)											
Blum Corinne E	Practitioner - Non-Primary Care Provider (PCP)											
Dye Colleen	Practitioner - Non-Primary Care Provider (PCP)											
Poirier Kimberley Paula	Practitioner - Non-Primary Care Provider (PCP)											
Sangani Nicole Paresh	Practitioner - Non-Primary Care Provider (PCP)											
Westcott Jacqueline C	Practitioner - Non-Primary Care Provider (PCP)											
Gialvsakis John Peter	Practitioner - Non-Primary Care Provider (PCP)											
Davidson Debra	Practitioner - Non-Primary Care Provider (PCP)											
Miller Rachel Josephine	Practitioner - Non-Primary Care Provider (PCP)		✓									
Jaiswal Atish	Practitioner - Non-Primary Care Provider (PCP)											
Chubak Joshua	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Castillo Oscar	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Geria Aanand	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Goldstein Rayna	Practitioner - Non-Primary Care Provider (PCP)						✓					
Geller Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Saperstein Ruth	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Moore Ellen Haleo	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Rothstein Lauren A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Greenberg William M	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Zacharia Rose Shaji Paul	Practitioner - Non-Primary Care Provider (PCP)											
Katz Ira Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											

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Bear Adam L	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Shrivastava Sneha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓									
Kinberg Sivan	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Botti Erin	Practitioner - Non-Primary Care Provider (PCP)											
Eckstein Pesi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓					
Silverman Chananyah	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Boveuzi Matthew David	Practitioner - Non-Primary Care Provider (PCP)											
Shoshana Barber	Practitioner - Non-Primary Care Provider (PCP)					✓						
Hoerter Susan L	Practitioner - Non-Primary Care Provider (PCP)					✓						
Ann Kalkhuis	Practitioner - Non-Primary Care Provider (PCP)											
Clement Claire	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hernandez-Goley Eva	Practitioner - Non-Primary Care Provider (PCP)					✓						
Schmookler Akiva	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Cassese Mary	Practitioner - Non-Primary Care Provider (PCP)					✓						
Shapiro Stephen B Md	Practitioner - Non-Primary Care Provider (PCP)				✓	✓	✓					
Steinway Amy B	Practitioner - Non-Primary Care Provider (PCP)											
Vosoughi Navid	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Strawn Lauren M	Practitioner - Non-Primary Care Provider (PCP)											
Silber, Shaindy	Practitioner - Non-Primary Care Provider (PCP)											
Marmorstein Andre	Practitioner - Non-Primary Care Provider (PCP)					✓						
Usa Hess	Practitioner - Non-Primary Care Provider (PCP)											
Hudes Adeena Lee	Practitioner - Non-Primary Care Provider (PCP)											
Mercado Helen	Practitioner - Non-Primary Care Provider (PCP)											
Seliquini, Marian	Practitioner - Non-Primary Care Provider (PCP)	✓										
Narasimhulu Deepa	Practitioner - Non-Primary Care Provider (PCP)											
Kalish Elora Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Gibberman Elyse	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Greenstein Mordicai	Practitioner - Non-Primary Care Provider (PCP)											
Sheerer Elsa C	Practitioner - Non-Primary Care Provider (PCP)											
Torkan Jonathan Shakram	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Hamian Kimberly Susan	Practitioner - Non-Primary Care Provider (PCP)											

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Eisenberg Shlomo T	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Brooks Janet Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schaefer Susan	Practitioner - Non-Primary Care Provider (PCP)											
Mendlowitz, Miriam	Practitioner - Non-Primary Care Provider (PCP)											
Cooper Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
Maureen Hyatt	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Serrano-Delgado Rosa	Practitioner - Non-Primary Care Provider (PCP)											
Michal Goldberg	Practitioner - Non-Primary Care Provider (PCP)					✓						
Jennifer Muller	Practitioner - Non-Primary Care Provider (PCP)					✓						
Dershowitz Meir Z	Practitioner - Non-Primary Care Provider (PCP)											
Oh Yoonkyung	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Mary Steinberg	Practitioner - Non-Primary Care Provider (PCP)					✓						
Klein Jacob	Practitioner - Non-Primary Care Provider (PCP)					✓						
Donin Jason Marc	Practitioner - Non-Primary Care Provider (PCP)											
Gottesfeld, Miriam	Practitioner - Non-Primary Care Provider (PCP)											
Fitzharris, Heather	Practitioner - Non-Primary Care Provider (PCP)					✓						
Chaudry Samia Riaz	Practitioner - Non-Primary Care Provider (PCP)											
Tucker Christen Aniese	Practitioner - Non-Primary Care Provider (PCP)											
Lim Mi Mi	Practitioner - Non-Primary Care Provider (PCP)											
Khan Tabassum Y Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Bank Sema Gail	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Talati Ankur Dr.	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Levkovich David Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Quinn Kerry Eileen Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Edelstein, Gitty	Practitioner - Non-Primary Care Provider (PCP)											
Yeager Lauren Beth	Practitioner - Non-Primary Care Provider (PCP)											
Kellogg Hollis Mr.	Practitioner - Non-Primary Care Provider (PCP)											
David Marks	Practitioner - Non-Primary Care Provider (PCP)											
Segreti Mary T	Practitioner - Non-Primary Care Provider (PCP)											
Friedman Joyce	Practitioner - Non-Primary Care Provider (PCP)						✓					
Lala Catherine	Practitioner - Non-Primary Care Provider (PCP)					✓						

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Morrison Caitlin Jean	Practitioner - Non-Primary Care Provider (PCP)											
Bordas Christine	Practitioner - Non-Primary Care Provider (PCP)		✓									
Montlouis Marie Ange-Mitchell	Practitioner - Non-Primary Care Provider (PCP)											
Naik Bijal V	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Spivak, Rikki	Practitioner - Non-Primary Care Provider (PCP)											
Sahai Achal	Practitioner - Non-Primary Care Provider (PCP)											
Susan Knight	Practitioner - Non-Primary Care Provider (PCP)											
Dada Neha	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cohen Uri	Practitioner - Non-Primary Care Provider (PCP)						✓					
Sanchez Julian William	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Levitin Aviva	Practitioner - Non-Primary Care Provider (PCP)						✓					
Levi Yaakov E	Practitioner - Non-Primary Care Provider (PCP)											
Berkowitz Bennett J Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Sperling Shoshana	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Sulemana Jonas Inwah	Practitioner - Non-Primary Care Provider (PCP)											
Medow Norman B Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Maru Avni Mahendra	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Mandawe Mary Joecilyn De Leon	Practitioner - Non-Primary Care Provider (PCP)											
Frenkel, Malky	Practitioner - Non-Primary Care Provider (PCP)											
Leonty Marie	Practitioner - Non-Primary Care Provider (PCP)											
Schafer Robyn	Practitioner - Non-Primary Care Provider (PCP)											
Blumberg Dana Meredith	Practitioner - Non-Primary Care Provider (PCP)											
Schick Marla	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Prieto Luisa Fernanda	Practitioner - Non-Primary Care Provider (PCP)											
Farrell Kristen Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Santiago Maureen Santos	Practitioner - Non-Primary Care Provider (PCP)											
Lunger Jacob	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Terlizzi Mary Jean K	Practitioner - Non-Primary Care Provider (PCP)											
Gupta Rahul M	Practitioner - Non-Primary Care Provider (PCP)											
Echevarria Martha	Practitioner - Non-Primary Care Provider (PCP)					✓						
Henehan, Maria	Practitioner - Non-Primary Care Provider (PCP)											

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Win Thandar A	Practitioner - Non-Primary Care Provider (PCP)					✓						
Hammonds Roy Gene	Practitioner - Non-Primary Care Provider (PCP)											
Bhattarai Koirala Bibeka	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Klein Solomon	Practitioner - Non-Primary Care Provider (PCP)											
Mcgovern Michael J Od	Practitioner - Non-Primary Care Provider (PCP)											
Gesztesi Bela Alexander Iii	Practitioner - Non-Primary Care Provider (PCP)											
Eva Nakdiman	Practitioner - Non-Primary Care Provider (PCP)					✓						
Patel Amit Manhar	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Cavanaugh Sean J Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Bass, Sharon	Practitioner - Non-Primary Care Provider (PCP)											
Hess Raphael	Practitioner - Non-Primary Care Provider (PCP)					✓						
Dimarino Melissa Ms.	Practitioner - Non-Primary Care Provider (PCP)						✓					
Theresa Gurrieri	Practitioner - Non-Primary Care Provider (PCP)											
Fang Jing	Practitioner - Non-Primary Care Provider (PCP)					✓						
Bauer Mandy Roffe	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					
Tavelinsky Daniel	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Rakhmatullina Maryam	Practitioner - Non-Primary Care Provider (PCP)					✓						
Blair Joshua James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓									
Stockel Ilene	Practitioner - Non-Primary Care Provider (PCP)											
Finkelstein Naomi Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Abel Ben Sheperds Nimmagadda	Practitioner - Non-Primary Care Provider (PCP)											
Wexler Eric Michael	Practitioner - Non-Primary Care Provider (PCP)											
Dowden Gina Marie	Practitioner - Non-Primary Care Provider (PCP)											
Danna Aitken	Practitioner - Non-Primary Care Provider (PCP)											
Angioletti Lee Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)											
Dellagreca Patricia A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sauer Maegan R	Practitioner - Non-Primary Care Provider (PCP)											
Kroopnick, Lisa	Practitioner - Non-Primary Care Provider (PCP)					✓						
Ben-Dov Ester	Practitioner - Non-Primary Care Provider (PCP)											
Mehta Jayesh Ramniklal Md	Practitioner - Non-Primary Care Provider (PCP)											
Levy Michael I Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					

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Patel Payal	Practitioner - Non-Primary Care Provider (PCP)											
Moses-Westphal, Kristen	Practitioner - Non-Primary Care Provider (PCP)					✓						
Snyder Rachel	Practitioner - Non-Primary Care Provider (PCP)						✓					
Morgan Barbara	Practitioner - Non-Primary Care Provider (PCP)											
Jangda Hameeda	Practitioner - Non-Primary Care Provider (PCP)					✓						
Levine Sander Mark	Practitioner - Non-Primary Care Provider (PCP)											
Simon Justine R	Practitioner - Non-Primary Care Provider (PCP)											
Mia Wolinsksy-Zazon	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Schuster Samuel	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓					
Tsui Eva C	Practitioner - Non-Primary Care Provider (PCP)											
Margaret Amaturo	Practitioner - Non-Primary Care Provider (PCP)											
Pickett Elizabeth S	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓					
Laidlaw Ian R	Practitioner - Non-Primary Care Provider (PCP)											
Mysliwiec Pawel Eugeniusz	Practitioner - Non-Primary Care Provider (PCP)											
Juricek , Mira	Practitioner - Non-Primary Care Provider (PCP)					✓						
Ellenville Reg Hsp	Hospital											
Good Samaritan Hosp Med Ctr	Hospital					✓		✓				
Westchester Med Ctr	Hospital	✓				✓						
Summit Park Hospital Rockland	Hospital											
Good Samaritan Hsp Suffern	Hospital					✓		✓				
Gilbride Pia Marie	Clinic											
Ellenville Reg Hsp	Clinic											
St Christophers Inn Inc	Clinic			✓	✓	✓	✓					
Ezras Choilim Hlth Ctr Inc	Clinic	✓	✓	✓	✓	✓	✓					
Refuah Health Center Inc	Clinic	✓	✓	✓	✓	✓	✓	✓				
Sullivan Cy Bd Of Supv Cy Phn	Clinic											
Greater Hudson Valley Fam Hlt, The	Clinic	✓	✓			✓		✓				
Jawonio Inc	Clinic	✓		✓		✓	✓					
Rockland County Health Dept	Clinic	✓				✓						
Good Samaritan Hosp Med Ctr	Clinic							✓				
Westchester Med Ctr	Clinic	✓										

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Summit Park Hospital Rockland	Clinic											
Good Samaritan Hsp Suffern	Clinic							✓				
University Optometric Ctr	Clinic											
Yedei Chesed Inc	Clinic					✓						
Birkenfeld Jody	Clinic	✓		✓		✓						
Fleisher Denise	Clinic	✓		✓		✓						
Karen Mcmanon	Clinic											
Jean Adler Ms Ccc Slp	Clinic											
Mary Steinberg	Clinic											
Deborah Lenore Bolzan	Clinic											
Jawonio Mh	Case Management / Health Home	✓					✓					
Mental Hlth Assoc Rocklan Co	Case Management / Health Home							✓				
Mental Health Association In	Case Management / Health Home					✓						
Mental Hlth Assoc Mh	Case Management / Health Home											
Omrdd/Share Of New Square-Hv	Case Management / Health Home											
Omrdd/Independent Living Inc	Case Management / Health Home							✓				
Omrdd/Orange Chap Nysarc-Hv	Case Management / Health Home											
Omrdd/Jawonio Inc	Case Management / Health Home	✓					✓					
Omrdd/Crystal Run Village-Lv	Case Management / Health Home											
Rehabilitation Supp Svcs C	Case Management / Health Home							✓				
Cah Orange Cnty Doh Div Phn	Case Management / Health Home					✓		✓				
Sullivan Cy Bd Of Supv Cy Phn	Case Management / Health Home											
Sullivan Cnty Pub Hlth Ser	Case Management / Health Home											
Rockland Doh Nursing Div Co	Case Management / Health Home	✓										
Omrdd/Chem Developmental Disability	Case Management / Health Home											
Yedei Chesed Inc	Case Management / Health Home					✓						
Honor Ehg Inc	Case Management / Health Home							✓				
Chevalier Naomi	Mental Health	✓		✓	✓	✓	✓					
Galli Viviana	Mental Health											
Torres-Orta Minerva	Mental Health											
Parikh Parinda	Mental Health				✓							

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Heim Amy	Mental Health											
Vandenheuvel Angela	Mental Health											
Hoerter Susan L	Mental Health											
Hlubik Vivian	Mental Health	✓			✓	✓	✓					
Morales Denise	Mental Health	✓	✓		✓							
Patel Ashok A Md	Mental Health											
Posada Gerardo A Md	Mental Health											
Traube Renee	Mental Health	✓		✓	✓	✓	✓					
Mental Hlth Assoc Rocklan Co	Mental Health							✓				
Rockland Pc	Mental Health											
Mental Health Association In	Mental Health					✓						
Mason Linda	Mental Health											
Sharma Parvesh Kumar Md	Mental Health											
Price Richard L	Mental Health				✓	✓						
Kandera John	Mental Health	✓										
Waite Leslie	Mental Health	✓					✓					
Bikur Cholim Inc	Mental Health				✓	✓						
Lachman Solomon P	Mental Health				✓							
Win Phone Myint Md	Mental Health											
Panzarino Peter J Md	Mental Health											
Cotto Sylvia	Mental Health					✓						
Bender Evan David Md	Mental Health											
Hizami Ronen Md	Mental Health											
Michaels Rachel	Mental Health	✓			✓		✓					
Khan Tabassum Y Md	Mental Health											
Wolf Jonathan Md	Mental Health											
Lamm Joshua	Mental Health	✓		✓	✓	✓	✓					
Rowe Timothy Owen	Mental Health			✓	✓	✓	✓					
Aftab Naeem Md	Mental Health											
Rehabilitation Supp Svcs C	Mental Health							✓				
Loeb House Inc	Mental Health											

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Rockland Hospital Guild Inc	Mental Health											
Cabasso Arnold Lawrence	Mental Health	✓			✓		✓					
Altman Robert J	Mental Health											
Karroum Nabil Hanna Md	Mental Health	✓			✓	✓	✓					
Rockland Childrens Pc	Mental Health											
Levy Michael I Md	Mental Health	✓			✓		✓					
Tarle Marc E Md	Mental Health											
Orange Cnty Dept Mental Healt	Mental Health											
Westchester Med Ctr	Mental Health	✓			✓	✓						
Summit Park Hospital Rockland	Mental Health											
Good Samaritan Hsp Suffern	Mental Health					✓		✓				
Chellappa Paul Md	Mental Health											
Rosenberg Samuel	Mental Health	✓		✓	✓	✓	✓					
Curry Colleen	Mental Health											
Frohlich Jonathan	Mental Health					✓						
Baynon Diane	Mental Health						✓					
Lala Catherine	Mental Health											
Israel Elise	Mental Health											
Vega Irma	Mental Health											
Thomson Martha	Mental Health											
Strohli Avraham	Mental Health	✓			✓		✓					
Weinstock Lisa Sundeen	Mental Health				✓							
Rehabilitation Support Services Inc	Mental Health							✓				
Rivera Sandy	Mental Health	✓			✓							
Jawonio Inc	Mental Health	✓			✓		✓					
Shiffman Holly Aleta	Mental Health											
Teitelbaum Yisroel	Mental Health				✓							
Bhatti Saeed I	Mental Health	✓			✓							
Sachakov Christine	Mental Health											
Horowitz Miriam	Mental Health	✓		✓	✓	✓	✓					
Barker Beth A	Mental Health											

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Acosta Elysia	Mental Health											
Rizk Rasha	Mental Health											
Synergy Of Monticello Inc	Mental Health											
Srisaila Suma	Mental Health	✓					✓					
Breitbart Jennifer	Mental Health											
Guiney Robin Gerry	Mental Health											
Feiner Jonathan Michael	Mental Health											
Serrano-Delgado Rosa	Mental Health											
Mckenzie Hugh	Mental Health	✓			✓							
Bobroff Miriam	Mental Health	✓										
Sanchez Yadira Mabel	Mental Health											
Sadler Pablo	Mental Health	✓			✓		✓					
Win Thandar A	Mental Health											
Weisz Shoshana	Mental Health	✓	✓		✓		✓					
Saperstein Ruth	Mental Health	✓		✓	✓	✓	✓					
Vcs Inc	Mental Health											
Silverman Chananyah	Mental Health	✓		✓	✓	✓	✓					
Tucker Christen Aniese	Mental Health											
Mental Hlth Assoc Rocklan Co	Substance Abuse							✓				
Catholic Charities Community	Substance Abuse					✓		✓				
St Christophers Inn Inc	Substance Abuse				✓	✓	✓					
Child & Fam Guid Ctr Adict Sv	Substance Abuse											
Restorative Management Corp	Substance Abuse						✓	✓				
Richard C Ward A T C	Substance Abuse											
Russell E Blaisdell A T C	Substance Abuse							✓				
Regional Econ Comm Act Prog	Substance Abuse											
Lexington Ctr For Recovery	Substance Abuse	✓										
Greater Hudson Valley Fam Hlt, The	Substance Abuse	✓	✓			✓		✓				
Westchester Med Ctr	Substance Abuse	✓				✓						
Summit Park Hospital Rockland	Substance Abuse											
Good Samaritan Hsp Suffern	Substance Abuse							✓				

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Lexington Center For Recovery	Substance Abuse	✓										
Northern Manor Geri Ctr Adhc	Nursing Home											
Northern Metro Rhcf Non-Occ	Nursing Home											
Schervier Nursing Care Center	Nursing Home											
Summit Park Nursing Care Ctr	Nursing Home											
Achieve Rehab & Nursing Fac	Nursing Home											
Northern Riverview Hcc Inc	Nursing Home											
Pine Valley Center Reh & Nrs	Nursing Home											
Cvs Albany Llc	Pharmacy											
Rx Consultant Pharmacy Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Refuah Health Center Inc	Pharmacy	✓	✓	✓	✓	✓	✓	✓				
Cvs Albany Llc	Pharmacy											
Kiryas Joel Pharmacy Inc	Pharmacy											
Greenbaums Pharmacy Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Good Samaritan Hosp Med Ctr	Pharmacy							✓				
Summit Park Hospital Rockland	Pharmacy											
Cvs Albany Llc	Pharmacy											
Northern Metro Rhcf Non-Occ	Hospice											
Hospice Of Orange/Sullivan Cn	Hospice											
Sullivan Cnty Pub Hlth Ser	Hospice											
Dominican Sister Family Healt	Hospice											
Achieve Rehab & Nursing Fac	Hospice											
Good Samaritan Hsp Suffern	Hospice							✓				
Pine Valley Center Reh & Nrs	Hospice											
Alcoholism & Drug Abuse Council Of Orange County	Community Based Organizations											
Bon Secours Medical Group	Community Based Organizations											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Byadgi Shalini	Community Based Organizations											
Catholic Charities Community Services Of Rockland	Community Based Organizations											
Chemlu Developmental Disabilities Center, Inc	Community Based Organizations											
Children'S Health & Research Foundation, Inc.	Community Based Organizations											
Community Awareness Network For A Drug-Free Life And Environment, (Candle)	Community Based Organizations											
Compeer, Inc.	Community Based Organizations											
Dba/Maaluh Disabilities Services	Community Based Organizations											
Evers Martin	Community Based Organizations											
Jawonio	Community Based Organizations	✓			✓							
Jawonio Inc- Consumer Directed Personal Assistance	Community Based Organizations	✓										
Jawonio Inc- Day Habilitation	Community Based Organizations	✓			✓							
Jawonio Inc- Day Services	Community Based Organizations	✓										
Jawonio Inc- Employment/Preemployment Svcs	Community Based Organizations	✓										
Jawonio Inc- Pre Vocational & Voc Svcs	Community Based Organizations	✓										
Jewish Family Service Of Orange County	Community Based Organizations											
Maternal-Infant Services Network Of Orange, Sullivan And Ulster Counties, Inc.	Community Based Organizations											
Nami-Familya Of Rockland County Inc.	Community Based Organizations											
Open Arms Incorporated	Community Based Organizations											
Orange County Department Of Mental Health	Community Based Organizations											
Refuah Health Center	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓				
Rockland Council On Alcoholism And Other Drug Dependence, Inc.	Community Based Organizations											
Rockland Immigration Coalition	Community Based Organizations											
Sakina Khan	Community Based Organizations											
Village Of Haverstraw'S Department Of Youth & Family Service	Community Based Organizations											
Lagerberg Ruth Elaine	All Other	✓	✓	✓	✓	✓	✓					
Rutman Hadassa	All Other											
Chevalier Naomi	All Other	✓		✓	✓	✓	✓					
Crist Rebecca Lynn Cnm	All Other											
Allen Joel	All Other	✓			✓	✓	✓					

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Tran Anhtho	All Other											
Parikh Parinda	All Other											
Han Liying	All Other											
Chirumamilla Amala	All Other											
Louis Emmanise	All Other											
Cavanaugh Sean J Rpa	All Other											
Rosenblum Sean David Dpm	All Other	✓		✓	✓	✓						
Goldberg Ythan Md	All Other											
Hertford Douglas E. Md	All Other											
Llerena Cristina	All Other											
Bravo Teresa Beatriz Md	All Other	✓	✓									
Bosco Vincent J Rpa	All Other	✓										
Kakkanatt Anand Md	All Other											
Silber Avi Katnel Md	All Other	✓	✓									
Callanan Emily M Np	All Other											
Goumas William Marcus Md	All Other											
Elmore Dillard	All Other											
Feistmann Jonathan Md	All Other											
Gershen Ruth	All Other	✓	✓	✓	✓	✓	✓					
Ayodeji Adeola	All Other	✓	✓									
Katz Doron	All Other	✓	✓	✓	✓	✓	✓					
Chesner Rina	All Other	✓	✓	✓	✓	✓						
Silberberg Charles Do	All Other											
Katz Tamir	All Other	✓	✓	✓	✓	✓	✓					
Traube Renee	All Other	✓		✓	✓	✓	✓					
Lucas Tracy	All Other	✓	✓									
Avella Thomas Md	All Other											
Mental Hlth Assoc Rocklan Co	All Other							✓				
Casale Pasquale Md	All Other	✓		✓	✓	✓						
Catholic Charities Community	All Other					✓		✓				
Chemlu Dev Disab Ctr Rsp	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Byadgi Shalini Md	All Other											
Chemlu Dev Disab Ctr	All Other											
Gribetz Irwin X	All Other	✓		✓	✓	✓						
Jawonio Inc Day	All Other	✓					✓					
Occhiogrosso Deborah M Np	All Other											
Carrano Inocencia Md	All Other											
Murphy Francis X	All Other	✓					✓					
Millos Rosana Teresita Md	All Other											
Chinea Carmen	All Other	✓	✓									
Castro Jonathan M	All Other	✓										
Hassoun Abeer Abbas Md	All Other	✓		✓	✓	✓						
Jurman Marlene	All Other											
Pinto Eduardo Navarro	All Other											
Hodgens Donna A	All Other											
Kim David	All Other	✓										
Koulova Lidia Borissova	All Other											
Laster Avi S	All Other											
Crystal Run Village Inc Fsr 1	All Other											
Crystal Run Village Inc Rsp	All Other											
Chang Benjamin Md	All Other											
Jawonio Inc Rsp	All Other	✓					✓					
Share Of New Square Rsp	All Other											
Jacob Brian Peter Md	All Other	✓		✓	✓	✓						
Lombardi Filomena	All Other											
Aron Tzvi Gottesman Od	All Other	✓			✓	✓	✓					
Taylor Gregory Warwick Md	All Other											
Klein Frieda	All Other	✓					✓					
Friedman Ronit	All Other	✓		✓	✓	✓						
Cuevas Asima	All Other											
Chae Susan Y	All Other	✓					✓					
Zachariah Mano	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Shapiro Carin	All Other	✓					✓					
Morales Frank	All Other											
Bikur Cholim Inc	All Other					✓						
Becker Steven Eric Md	All Other	✓	✓	✓	✓	✓	✓					
Crystal Run Village Inc Nd5	All Other											
Leen Jeffrey S Md	All Other											
Levi Yaakov E	All Other											
Aschkenasy Robin	All Other	✓	✓				✓					
Katz Micah	All Other	✓	✓				✓					
Rutner Daniella	All Other											
Vinick Daniel E Md	All Other	✓		✓	✓	✓						
Krumholtz Ira	All Other											
Yang Andrea	All Other											
Carter Tanya	All Other											
Han Myoung	All Other											
Varon Rose	All Other	✓	✓	✓	✓	✓	✓					
Gribetz Bruce	All Other											
Ngo Tammy Phuong	All Other											
Deleon Deogenes G Md	All Other											
Alianakian Rosine	All Other											
Mcsweeney Elizabeth R	All Other	✓	✓	✓	✓	✓	✓					
Kaplan Evan	All Other											
Patel Prakash Nanubhai Md	All Other											
Weeks Williams David	All Other				✓		✓					
Hechanova Arnel B Md	All Other	✓	✓	✓	✓	✓	✓					
Cotto Sylvia	All Other											
Johnson Wendy	All Other											
Nysarc Inc Orange Cnty Smp	All Other											
Jawonio Inc Spv	All Other	✓					✓					
Crystal Run Village Inc Spv	All Other											
Shinder Neil Md	All Other											

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Bezdicek Petr Md	All Other											
Creech Charlotte L	All Other											
Shah Anita C Md	All Other											
Shah Parag J Md	All Other											
Katz Ira Andrew Md	All Other											
Jawonio Inc Smp	All Other	✓					✓					
J & P Watson	All Other											
Bu Davis Thomas Md	All Other											
Crystal Run Village Smp	All Other											
Jawonio Inc Altman Icf	All Other	✓					✓					
Dayan Alan R Md	All Other											
Foca Marc D Md	All Other	✓		✓	✓	✓						
Horng Jack W Md	All Other											
Jawonio Inc Wesley Icf	All Other	✓					✓					
Beacon Medical Pc	All Other											
Vip Health Care Svcs	All Other											
Vricella Marilyn	All Other											
Larson Steven	All Other											
Krumholz David	All Other											
Kapoor Neera	All Other											
Dul Mitch	All Other											
Appel Julia	All Other											
Hafeez Mohammad Md	All Other											
Revoredo Fred Md	All Other	✓	✓				✓					
Swaby Stanley Stephen Do	All Other	✓										
Ellenville Reg Hsp	All Other											
Hizami Ronen Md	All Other											
Allison Karen Melanie Md	All Other											
Jawonio Inc Hcbs 5	All Other	✓					✓					
Pasha Ghousia Jabeen Md	All Other											
Luchs Scott Glenn Md	All Other											

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Tighe John Francis Jr Md	All Other											
Michaels Rachel	All Other	✓					✓					
Okene Ovundah Edwin Md	All Other											
Greco Robert N Md	All Other											
Thau Andrea	All Other											
Sherman Jerome	All Other											
Schuettenberg Susan	All Other											
Richter Scott	All Other											
Canellos Harriette	All Other											
Adamczyk Diane	All Other											
Schwartz Elizabeth C Cnm	All Other	✓										
Zuckerman Deschino Diane Md	All Other											
Begley-Pritzker Kathleen	All Other											
Zaslofsky Judith	All Other											
Mcgovern Michael J Od	All Other											
Nelson Shirley W Do	All Other											
Brooks Janet Cnm	All Other	✓										
Haskes Lloyd Partman	All Other											
Leahy Mary Md	All Other											
Lamm Joshua	All Other	✓		✓	✓	✓	✓					
Ferrara Lisa A	All Other											
Rubin Iris Caridad	All Other	✓										
Stock Jeffrey A Md	All Other	✓		✓	✓	✓						
Northern Manor Geri Ctr Adhc	All Other											
Jawonio	All Other	✓					✓					
Dorfman Robert P Md	All Other	✓										
Wolintz Robyn Joy Md	All Other											
Lanzkowky Jonathan Md	All Other	✓		✓	✓	✓						
Shahid Muhammad Amir Md	All Other											
Cruz Madeline Dpm	All Other	✓										
Kile Kristopher Trenton	All Other											

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Shapiro Deborah Ann Md	All Other											
Green Herbert	All Other											
Sanchez Julian William	All Other	✓		✓	✓	✓						
White Lalura Rose Md	All Other											
Fishkind Perry Md	All Other	✓	✓	✓	✓	✓	✓					
Rockland Independent Liv Ctr	All Other			✓	✓							
Reichard Steven Gerard Md	All Other											
Nazario-Blas Rudolfo A Md	All Other						✓					
St Christophers Inn Inc	All Other				✓		✓					
Polistina Dean Carl Md	All Other											
Ezras Choilim Hlth Ctr Inc	All Other	✓	✓		✓	✓	✓					
Sharfuddin Muhammad S Md	All Other											
Kaminetzky Jeffrey S Md	All Other	✓	✓		✓	✓	✓					
Halevy-Avgush Rachel	All Other											
Diamant Esther Pamela Md	All Other	✓	✓	✓	✓	✓	✓					
Rosini Jane E Md	All Other											
Costley Sandra Y Md	All Other											
Root Lee P Md	All Other											
Kazanjian Hratch Karnik Md	All Other											
Shih Andrew Chih Md	All Other											
Gamzel Ny Inc	All Other											
Gluck-Shats Maya Md	All Other											
J & P Watson Inc	All Other											
Schlussel Richard Norman Md	All Other											
Wachs Eric A Dmd	All Other	✓		✓	✓	✓						
Nastase Liviu Md	All Other	✓										
Miller Dean A Md	All Other											
Child & Fam Guid Ctr Adict Sv	All Other											
Karsif Karen S Md	All Other											
Zaghi Ramin	All Other	✓		✓	✓	✓						
Weingarten-Kann Phyllis E Md	All Other											

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Schaffer Alan E Md	All Other											
Angioletti Lee Mitchell Md	All Other											
Schwartz Arie Md	All Other	✓					✓					
Richard C Ward A T C	All Other											
Lowe Teresa Ann Od	All Other											
Korman Jerald Md	All Other											
Refuah Health Center Inc	All Other	✓	✓	✓	✓	✓	✓	✓				
Kramer Andrew Ronald Md	All Other	✓		✓	✓	✓						
Eviatar Joseph Alexander Md	All Other											
Koster Harry Robert M Md	All Other											
Americare Certified Ss Inc	All Other											
East Ramapo Central S D	All Other											
Stylianos Steven Md	All Other	✓		✓	✓	✓						
Shuster Edward G Md	All Other											
Angioletti Louis Scott Md	All Other											
Crystal Run Chestnut Ridge	All Other											
Alam Mehjabeen Md	All Other											
Crystal Run Seymour Dr Icf	All Other											
Crystal Run Bayard Lane Icf	All Other											
Lifeline Systems, Inc	All Other											
Cah Orange Cnty Doh Div Phn	All Other					✓		✓				
Caro Edgar S Md	All Other											
Ayers Frederick P Md	All Other											
Berkowitz Jessica F Md	All Other											
Costley-Hoke Karen M Md	All Other											
Tash Robert Ryan Md	All Other											
Rosen Michael Md	All Other	✓	✓	✓	✓	✓	✓					
Sheares Beverley Jeanne Md	All Other	✓		✓	✓	✓						
Kozin Arthur M Md	All Other											
Zemel Anna Rynskaya Md	All Other											
Barenfeld Howard L Md	All Other	✓	✓				✓					

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Eichenfield Andrew Howard Md	All Other	✓		✓	✓	✓						
Antoine Michel Md	All Other	✓										
Shreedhar Rakesh Md	All Other											
Dominican Sisters Family Lthh	All Other											
Mencia Ramon Pedro Md	All Other	✓		✓	✓	✓						
Lazar Stephen Dale Md	All Other	✓										
Goldberg Joel Bennett Od	All Other	✓		✓	✓	✓	✓					
Northern Metro Rhcf Non-Occ	All Other											
Parness Ira A Md	All Other	✓		✓	✓	✓						
Berkowitz Bennett J Md	All Other	✓		✓	✓	✓						
Shah Vikram P Md	All Other											
Hospice Of Orange/Sullivan Cn	All Other											
Bernstein Scott Alan Md Pc	All Other											
Grazi Victor Md	All Other	✓		✓	✓	✓						
Levy Steven Robert	All Other											
Com Hlth Aide Services	All Other											
Portello Joan K	All Other											
Watson Catherin Pace	All Other											
Schwartz Jerrold F Md	All Other	✓	✓	✓	✓	✓	✓					
Bowman Ralph Edward	All Other											
Facelle Thomas L Md	All Other											
Tendler Yacov Md	All Other											
Bernard Peter Jay Md	All Other	✓		✓	✓	✓						
Birns Douglas R Md Md	All Other	✓		✓	✓	✓						
Sullivan Cnty Pub Hlth Ser Lthhcp	All Other											
Smith Philip S Md	All Other	✓										
Corsaro Maria	All Other											
Domosi Dennis Md	All Other											
Henson Elliot M Md	All Other											
Weingarten Marvin J Md	All Other											
Schechter Andrew Gary Md	All Other											

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Morrison Scott I Od	All Other											
Madonna Richard James	All Other											
Harris Leon S Md	All Other											
Kwik Care Rockland Ltd	All Other											
Valdes Marie Elizabeth Md	All Other											
Hirsch Cary Md	All Other											
Cantor Richard S Md	All Other											
Curreri Robert L Md	All Other											
Sawhney Suman Kumar Md	All Other											
Pagnani Daniel J Md Jr	All Other											
Devincenzo Salvatore John Md	All Other											
Kwik-Care Westchester Ltd	All Other											
Mark Madis Md Llc	All Other											
Silverman Rubin S Md	All Other											
Rockland Childrens Pc	All Other											
Rao Geetha P Md	All Other											
Klein Mitchell L Md	All Other											
Lutwak Seymour H Md	All Other	✓					✓					
Lexington Ctr For Recovery	All Other	✓										
Vip Health Care Services	All Other											
Stamm Joseph Martin Od	All Other											
Wetherbee Roger Ellis Md	All Other											
Menitove Stephen M Md	All Other											
Summit Park Hosp Non Occ	All Other											
Fiore John Leonard Md	All Other											
Giovinazzo Vincent Jerome Md	All Other											
Kaplan Jeffrey Gene	All Other	✓				✓	✓					
Bass Sherry J Od	All Other											
Weltin Johannes D Md	All Other	✓	✓	✓	✓	✓	✓					
Sadaghiani Hassan Md	All Other											
Orange Cnty Dept Mental Healt	All Other											

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Osei Clement Md	All Other											
Shapiro Stephen B Md	All Other				✓		✓					
Bhardwaj Sushil Md	All Other											
Jawonio Inc Fisher Icf	All Other	✓					✓					
Sullivan Cy Bd Of Supv Cy Phn	All Other											
Greater Hudson Valley Fam Hlt, The	All Other	✓	✓					✓				
Kramer Theodore Md	All Other											
Zalaznick Steven M Od	All Other											
Shapiro Lawrence R Md	All Other											
Shanin Richard Dpm Pc	All Other	✓					✓					
Baskin Howard F Dpm	All Other	✓					✓					
Sullivan Cnty Pub Hlth Ser	All Other											
Yablon Steven B Md	All Other											
Jawonio Inc	All Other	✓				✓	✓					
Appleman Warren Md	All Other											
Horn David Od	All Other	✓		✓	✓	✓						
Lieder Joseph N O D	All Other											
Rockland County Health Dept	All Other	✓				✓						
Dominican Sister Family Healt	All Other											
Rockland Doh Nursing Div Co	All Other	✓										
Schervier Nursing Care Center	All Other											
Summit Park Nursing Care Ctr	All Other											
Good Samaritan Hosp Med Ctr	All Other							✓				
Westchester Med Ctr	All Other	✓										
Summit Park Hospital Rockland	All Other											
Good Samaritan Hsp Suffern	All Other							✓				
Klein Nicholas Md	All Other											
Cox George R Pc Md	All Other											
Muchnick Richard S Md	All Other											
University Optometric Ctr	All Other											
Sharma Devendra M Md	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Bobroff Lewis M Md	All Other											
Medow Norman B Md	All Other	✓		✓	✓	✓						
Boltin Harry N Md	All Other											
Steinfeld Leonard Md	All Other											
Behnam Mahmood	All Other	✓	✓	✓	✓	✓	✓					
Dzikowski Rena Y Np	All Other	✓		✓	✓	✓						
Frimerman Dan L	All Other	✓		✓	✓	✓						
Simpson Jessica	All Other											
Singh Chanchal	All Other	✓	✓									
St Louis Childebert	All Other											
Mandelbaum Rachel	All Other											
Pine Valley Center Reh & Nrs	All Other											
Chung Danna	All Other					✓						
Nagel Dalia	All Other											
Fisher Lynn	All Other											
Stanberry Andre	All Other											
Ostrowitz Matthew Bennett	All Other											
Tarr Diane E Md	All Other											
Shtrambrand Dmitry Md	All Other											
Aaron Tzvi Hirsh Md	All Other	✓	✓	✓	✓	✓	✓					
Hurwitz Seth Eric	All Other											
Cherian Shoba Anne	All Other	✓	✓									
O'Connor Julie Anne	All Other	✓										
Vip Health Care Services Inc Nhtd	All Other											
Muschel Esther	All Other	✓	✓	✓	✓	✓	✓					
Vip Health Care Services Inc Tbi	All Other											
Nisha Lakhani Md	All Other											
Hook Bathsheba	All Other											
Marinoff Rebecca	All Other											
B Stern Physical Therapy Inc	All Other											
Polinger Adam	All Other	✓	✓			✓	✓					

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Weinstock Lisa Sundeen	All Other											
Kaplan Michael	All Other	✓	✓	✓	✓	✓	✓					
Reingold Stephen	All Other	✓		✓	✓	✓						
Weibman Sharon	All Other	✓		✓	✓	✓						
Bolan Claire	All Other											
Lubell David B	All Other	✓		✓	✓	✓						
Najovits Andrew Joseph	All Other											
Independent Home Care Inc	All Other											
Chen Jason Chih	All Other											
Nicholas Belasco	All Other											
Zhang Cheng	All Other	✓		✓	✓							
Tracz Michael	All Other											
Peter M Kaye Md	All Other											
Independent Living Inc Smp	All Other							✓				
Mary Katherine Michalak	All Other	✓										
Schulman Erica	All Other											
Frommer Eliezer Aaron	All Other	✓	✓				✓					
Petrovic Ivana	All Other											
Mc Dermott Annemarie	All Other											
Bauer Kristy	All Other											
Berg Jonathan	All Other											
Vip Health Care Services Inc	All Other											
Lehmann Robert Aaron	All Other											
Underwood Patricia Lee Np	All Other											
Petrosyan Tamara	All Other											
Adam Tilson	All Other	✓					✓					
Heller Sandra Rosenfeld	All Other	✓					✓					
The Eliot At Erie Station	All Other											
Kaweblum Moises	All Other											
Provost Melissa	All Other	✓	✓	✓	✓	✓	✓					
Frengle-Burke Ingrid	All Other	✓										

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Participating in Projects												
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Goldstein Norman	All Other											
Stead Lesley Ann	All Other											
Hay Elena	All Other											
Paul Leena	All Other											
Elstein Yonatan	All Other											
Carr Hemlata	All Other	✓	✓									
Segal Gershon	All Other	✓										
Jacob Stanley	All Other											
Blumberg Dana Meredith	All Other											
Thalappillil Jenny	All Other											
Bruno Jaclyn	All Other											
Nagarwala Faisal Md	All Other	✓	✓	✓	✓	✓	✓					
Friedman Morris	All Other	✓	✓	✓	✓	✓	✓					
Chen Yong	All Other											
Lusman Sarah Shrager	All Other											
Bhatti Saeed I	All Other	✓										
Russo Rocco Md	All Other	✓	✓									
Wong Thomas	All Other											
Lambert-Derario Lori	All Other											
Osei Raphael Kwaku	All Other	✓										
Rayavarapu Manisha	All Other											
Kirpan Michael	All Other											
Gitty Weisz	All Other	✓					✓					
Schneider Loren J	All Other	✓		✓	✓	✓						
Yedei Chesed Inc	All Other											
Shah Anuj	All Other											
Tehrani Rachel	All Other	✓	✓	✓	✓	✓	✓					
Eng-Burger Mallory	All Other	✓	✓	✓	✓	✓	✓					
Walsh Erin Kelly	All Other	✓		✓	✓	✓						
Patel Payal	All Other											
Podziewski Judy Fnp-C	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Iacono Danielle	All Other											
Madison Karen	All Other											
Rubchinski Elena	All Other											
Davidson Brooke Lindsley	All Other	✓		✓	✓	✓						
Shanmugam Malathi	All Other											
Jaravaza Mukai Heather	All Other	✓	✓									
Thomas Koreen	All Other	✓	✓									
Oakes Jessica L	All Other											
Beruke Hanna	All Other											
Theodore Carol	All Other	✓	✓	✓	✓	✓	✓					
Zikorus Caithleen P	All Other	✓	✓	✓	✓	✓	✓					
Nguyen Tracy Thuy	All Other											
Berrak Su Gulsun	All Other	✓	✓	✓	✓	✓	✓					
Pickett Elizabeth S	All Other	✓		✓	✓	✓						
Duchnowski Eva	All Other											
Latpate Prashant Pandurang	All Other											
Zierler Bernice	All Other	✓		✓	✓	✓						
Ayala Ramses Federico	All Other											
Neuman Adi J	All Other											
Schuman Aviva Leah	All Other	✓	✓	✓	✓	✓	✓					
Rilc Inc Semp	All Other											
Gearing Bobby	All Other											
Ty Sin	All Other											
Mergi Danny	All Other											
Brooks Steven Elliot	All Other											
Lisenby Veronica	All Other											
255 Lafayette Ave	All Other											
Canestraro Julia	All Other											
Chen Christine W	All Other											
Gould Jennifer Ann	All Other											
Hue Jennifer E	All Other											

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Francis Monica	All Other	✓										
Wilson Dania A	All Other											
Serrano-Delgado Rosa	All Other											
Sanghvi Neha	All Other	✓	✓									
Ijomah Uloma	All Other											
Reyes-Pastorell Evang	All Other											
Kim Soo	All Other											
Ankola Prashant	All Other											
Stahl Ariella	All Other	✓	✓	✓	✓	✓	✓					
Krupka Malka	All Other	✓	✓	✓	✓	✓	✓					
Tam Karen	All Other	✓	✓	✓	✓	✓	✓					
Pilz Yasmine Lian	All Other											
Blum Corinne E	All Other											
Gialvsakis John Peter	All Other											
Dick Donna	All Other	✓	✓				✓					
Vanhoy Christine	All Other	✓										
Mitsumoto Jun	All Other	✓	✓									
Jaiswal Atish	All Other											
Castillo Oscar	All Other	✓		✓	✓	✓						
Nuer Miriam	All Other	✓	✓	✓	✓	✓	✓					
Singer Taryn	All Other	✓	✓	✓	✓	✓	✓					
Geller Lauren	All Other											
Schafer Robyn	All Other											
Shrivastava Sneha	All Other	✓	✓									
Chaudry Samia Riaz	All Other											
Kinberg Sivan	All Other	✓		✓	✓	✓						
Botti Erin	All Other											
Eckstein Pesi	All Other	✓	✓	✓	✓	✓	✓					
Friedman Joyce	All Other											
Khan Sakina	All Other											
Narasimhulu Deepa	All Other											

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Bank Sema Gail	All Other	✓					✓					
Sahai Achal	All Other											
Wexler Eric Michael	All Other											
Dominican Sisters Family Health Service, Inc.	Uncategorized											
Share Of New Square Inc. Community Habilitation	Uncategorized											
Share Of New Square Inc. Family Care	Uncategorized											
Centers Plan For Healthy Living Llc	Uncategorized											
Zhu Xiaoying Dr.	Uncategorized											
Joshi Mirali	Uncategorized											
Schwartz Madeline	Uncategorized											
Cristobal Malourdes	Uncategorized											
Ragunauth Raymon	Uncategorized											
Kerry Davis	Uncategorized					✓						
Ashley Storms	Uncategorized		✓									
Lifeline Systems Company Dba Philips Lifeline	Uncategorized											
Johnson, Edward	Uncategorized	✓										
Joseph, Eleanor	Uncategorized	✓										
Family Home Hlth Care Inc	Uncategorized											
Steven Beenstock	Uncategorized		✓									
Menfi, Debbie - Casac	Uncategorized	✓				✓						
Douglas Sanders	Uncategorized					✓						
Sheana Rankin	Uncategorized											
Donette Smith	Uncategorized					✓						
Susan Hahn	Uncategorized					✓						
Ross, Lois	Uncategorized	✓										
Masters Trishna	Uncategorized											
Wunder Scott	Uncategorized					✓						
Vip Health Care Services,Inc.	Uncategorized											
Anthony Thomas	Uncategorized	✓				✓	✓					
Jessica Torres	Uncategorized											
Pinches Jakobowitz	Uncategorized											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Tarsnane Allison	Uncategorized											
Smallin, Christine	Uncategorized					✓						
Raba Siljkovic	Uncategorized											
Brianne Fegarsky Lmsw	Uncategorized	✓				✓						
Good Samaritan Hospital	Uncategorized							✓				
Melanie Minica-Vojtek	Uncategorized											
Lewis Zalman Dr.	Uncategorized	✓		✓		✓	✓					
Jennifer Conforto Lmhc	Uncategorized	✓				✓						
Spoon, Lilyan	Uncategorized											
Hudson River Healthcare, Inc.	Uncategorized	✓	✓					✓				
The Eliot At Erie Station Lhcsa	Uncategorized											
Janet Murphy	Uncategorized	✓				✓	✓					
Community Health Aide Services, Inc.	Uncategorized											
Monica Carr	Uncategorized	✓				✓	✓					
Julie Denny	Uncategorized					✓						
Andrew Lubeskie	Uncategorized											
Sylvester Carter	Uncategorized											
Roxanne Eagan	Uncategorized											
Bauman Ira Dr.	Uncategorized	✓		✓		✓	✓					
Spool, Roger	Uncategorized											
James Tracy Mrs.	Uncategorized											
Cheryl Donnelly	Uncategorized					✓						
Rockland Paramedic Services, Inc.	Uncategorized					✓						
Rotolo, Loretta	Uncategorized											
Parrillo Matthew Mr.	Uncategorized											
Korotkin, Bernard	Uncategorized	✓										
Terri Schoenfeld	Uncategorized	✓				✓	✓					
Linda Filipowicz	Uncategorized					✓						
Cudlitz, Robin	Uncategorized											
Laurel Sharp	Uncategorized					✓						
Shab Benz	Uncategorized											

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Dennehy, Christropher	Uncategorized											
Vajifdar, Dilnaz Miss	Uncategorized						✓					
Evan Schwadron	Uncategorized					✓						
Mauro Patricia Miss	Uncategorized					✓						
Mazur-Kazan, Victoria	Uncategorized					✓						
Shenita Haynes	Uncategorized											
Rosenthal, Jonathon	Uncategorized	✓										
Independent Home Care	Uncategorized											
Charmant Marie	Uncategorized					✓						
Jason Mayer	Uncategorized					✓						
Better Days Adult Daycare	Uncategorized											
Juliet Steibeck Casac	Uncategorized	✓				✓						
Adrienne Denson	Uncategorized					✓						
Lynn Guilfoyle	Uncategorized					✓						
Zucker, Caren	Uncategorized											
Friendship Adc Llc	Uncategorized											
Isaac Schechter	Uncategorized					✓						
James Garchitorena	Uncategorized											
Theresa Rattazzi	Uncategorized											
Maria Charney	Uncategorized					✓						
Weilacher Tracy Ms.	Uncategorized					✓						
Fray, Jeanine	Uncategorized											
Haber Gabrielle	Uncategorized					✓						
Taft, Juile	Uncategorized	✓										
Mullin Megan	Uncategorized											
Puglia Linda	Uncategorized					✓						
Kathleen Moloney	Uncategorized					✓						
Chris Pulakos	Uncategorized					✓						
Cody Maura	Uncategorized					✓						
Mirelva, Colon	Uncategorized											
Feldman Batsheva	Uncategorized	✓		✓	✓	✓	✓					

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Peter Marino Sw	Uncategorized	✓				✓						
Van T Do, Dds	Uncategorized											
Vip Health Care Services,Inc.	Uncategorized											
Lynny Bargas	Uncategorized											
Gerald Imperial Rogers	Uncategorized											
Frantzis Irene	Uncategorized											
Johnson Collin	Uncategorized											
Joyce Deghetto	Uncategorized											
Yuen Cathy Wing Man	Uncategorized											
Ogozaly Kristin	Uncategorized					✓						
Habib Salwa	Uncategorized											
Villavicencio Priscilla	Uncategorized					✓						
Gail Alexander	Uncategorized					✓						
Bodner Yaakov	Uncategorized											
Marlene Bastien	Uncategorized					✓						
Hospitality House, Tc, Inc.	Uncategorized											
Mary Alice Edwards	Uncategorized											
Sandra Abitbol	Uncategorized					✓						
Zoya Shir	Uncategorized											
Tan Connie	Uncategorized											
Eleftherion, Caitlin	Uncategorized											
Rajan Baranwal	Uncategorized					✓						
Lagattuta, Lisa	Uncategorized											
All Pro Home And Health Care Services, Inc	Uncategorized											
Westline Prophete	Uncategorized					✓						
Ortiz-Fattizzi, Grace	Uncategorized											
Lee Swerdloff, Pharmacist	Uncategorized											
Cortney Hutting	Uncategorized											
Jawonio Inc Cdpa	Uncategorized	✓					✓					
Americare, Inc.	Uncategorized											
Refuah Health Center	Uncategorized	✓	✓	✓	✓	✓	✓	✓				

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Newman Alanna	Uncategorized											
Conrad Johnson	Uncategorized					✓						
Roe Matthew Dr.	Uncategorized											
Mahadeshwar Ashlesha	Uncategorized											
Vip Health Care Services,Inc.	Uncategorized											
Dale, Figueroa	Uncategorized											
Rockland Children'S Psychiatric Center	Uncategorized											
Rhoda Charles	Uncategorized					✓						
George Priyanka	Uncategorized											
Kristina Peckins Lmhc	Uncategorized	✓				✓						
Faigy Friedman	Uncategorized					✓						
Orange Ahrc - Jean Black School	Uncategorized											
Richard Brondsky	Uncategorized					✓						
Sullivan County Public Htlth Psshsp	Uncategorized											
Dyleski, Robin	Uncategorized						✓					
Anthony Zuccaro	Uncategorized					✓						
Stefanie Formato	Uncategorized											
Hergenhan Kristen	Uncategorized											
Robin Goldstein	Uncategorized					✓						
Hudson River Healthcare, Inc	Uncategorized	✓	✓					✓				
Deena Mogel	Uncategorized					✓						
Jeanette Calara	Uncategorized											
Lisewski, Deirdre	Uncategorized											
Broderick Nathalia	Uncategorized											
Good Samaritan Hospital	Uncategorized							✓				
Colleen Faust	Uncategorized					✓						
Amarawardana Tharanie Dr.	Uncategorized											
Salner Jenna	Uncategorized											
Rockland Mobile Care, Inc.	Uncategorized											
Anne Marie Finneran	Uncategorized											
Michal Lapa	Uncategorized											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Ramos Elaine Dr.	Uncategorized											
Chris Cirrone	Uncategorized					✓						
Dahlke Lane Ms.	Uncategorized					✓						
Janice Cornfield	Uncategorized					✓						
Joyce Lyons	Uncategorized					✓						
Niblo Donna	Uncategorized					✓						
Mammen Shoba	Uncategorized											
Vip Health Care Services,Inc.	Uncategorized											
Rockland County Health Dept	Uncategorized	✓										
Karen Decher	Uncategorized					✓						
Andrea Sherman	Uncategorized											
Andrew Fruhschein	Uncategorized		✓									
Annette Graffeo	Uncategorized					✓						
Bohl Samantha Dr.	Uncategorized											
Devanzo, Dianne	Uncategorized											
Kristen Tracey	Uncategorized											
Ciavorella, Kathleen	Uncategorized	✓										
Ellenberg Leah Dr.	Uncategorized											
Iwona Garben	Uncategorized											
Good Samaritan Hospital	Uncategorized							✓				
Silver Emily	Uncategorized	✓										
Independent Living Inc	Uncategorized							✓				
Wayne Leblanc	Uncategorized					✓						
Benolerao Tom	Uncategorized											
Kathleen Vanderploeg	Uncategorized		✓									
Robert Kolinsky Rph	Uncategorized											
Eloise Ward	Uncategorized											
Kim Tessin	Uncategorized					✓						
Samuel, Marie - Lpn	Uncategorized	✓				✓						
Gary Kogan Csw	Uncategorized	✓				✓						
Refuah Health Center	Uncategorized	✓	✓	✓	✓	✓	✓	✓				

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Provider Name	**Provider Category**	**2.a.i**	**2.a.ii**	**2.c.i**	**3.a.i**	**3.a.ii**	**3.a.iii**	**4.b.i**				
Michael Schwartz, Dentist	Uncategorized											
Kim Kalechstein	Uncategorized					✓						

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