

## DSRIP ORGANIZATIONAL AND PROJECT APPLICATIONS: ESSENTIAL FQHC PARTICIPATION CONSIDERATIONS

As major Medicaid safety net providers, Federally Qualified Health Centers (FQHCs) are critical partners in the development and implementation of DSRIP Performing Provider Systems and projects. This chart includes a list of components of the DSRIP Performing Provider System (PPS) **Organizational and Project Plan Applications** (due December 16, 2014) as well as important considerations for FQHCs as they are negotiating with PPSs.

### DSRIP ORGANIZATIONAL APPLICATION – 30% of the Overall Score

Application Section	Application Guidance	FQHC Considerations
Executive Summary	<b>Executive Summary:</b> Include an executive summary clearly articulating how the PPS will evolve into a highly effective integrated delivery system.	
	<b>Certificate of Public Advantage:</b> Is the PPS applying for a Certificate of Public Advantage (COPA) as part of the application?(Y/N) <ul style="list-style-type: none"> <li>• A COPA allows for State encouragement of appropriate collaborative arrangements among health care providers who might otherwise be competitors, if the benefits of such arrangements outweigh any disadvantages likely to result from a reduction of competition.</li> </ul>	As with regulatory relief and governance, it is important for FQHCs to be involved in decisions around COPAs and ACOs and the protections that may be realized from those structures.
	<b>Accountable Care Organization (ACO):</b> Is the PPS applying to become an Accountable Care Organization (ACO) as part of this application? (Y/N) <ul style="list-style-type: none"> <li>• As defined in the proposed regulations, an ACO is an organization comprised of clinically integrated independent health care providers that work together to provide, manage, and coordinate health care (including primary care) for a defined population; with a mechanism for shared governance; the ability to negotiate, receive, and distribute payments; and to be accountable for the quality, cost, and delivery of health care to the ACO’s patients; and has been issued a certificate of authority.</li> </ul>	As with regulatory relief and governance, it is important for FQHCs to be involved in decisions around COPAs and ACOs and the protections that may be realized from those structures.

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	<b>Regulatory Relief:</b> Is the PPS applying for regulatory relief <sup>1</sup> as part of this application? (Y/N) If yes, must identify and describe regulations that the PPS would like waived.	It is important for FQHCs to be included in regulatory relief decisions and for the list to include relief needed by FQHCs.
<b>Governance</b>	<b>Governance Organizational Structure:</b> Provide a narrative that explains the organizational structure of the PPS.	It is important for FQHCs to be represented in PPS governance structures and placed in decision-making roles.
	<b>Governance Members and Governing Processes:</b> Describe the governing process of the PPS.	
	<b>The Project Advisory Committee (PAC):</b> Describe the formation of the project advisory committee of the PPS.	
	<b>Compliance:</b> A PPS must have a compliance plan to ensure proper governance and oversight. Please describe the compliance plan and process the PPS will establish.	
	<b>PPS Financial Organizational Structure:</b> Please provide a narrative on the planned financial structure for the PPS including a description of the financial controls that will be established.	It is important for FQHCs to have representation on committees that are charged with making decisions regarding provider/organizational payment, including incentive payment triggers and amounts.
	<b>Oversight and Member Removal:</b> Please describe the oversight process the PPS will establish.	
<b>Community Needs Assessment</b>	<b>Overview on the Completion of the CNA:</b> Please describe the completion of the CNA process.	
	<b>Healthcare Provider Infrastructure:</b> Each PPS should do a complete assessment of the health care resources that are available within its service area, whether they are part of the PPS or not.	It is important for FQHCs' sites and services to be included in the inventories, including clinical as well as enabling services.
	<b>Community Resources Supporting PPS Approach:</b> Each PPS should do a complete assessment of the community resources that are available within its service area.	It is important that the community resources that FQHCs provide and the resources upon which they rely are included in the inventories.
	<b>Community Demographics:</b> Provide detailed demographic information.	As major safety-net providers, FQHCs

<sup>1</sup> Please see Regulatory Flexibility Guidance for Performing Provider Systems, available at: [http://www.health.ny.gov/health\\_care/medicaid/redesign/docs/reg\\_flex\\_guidance.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/docs/reg_flex_guidance.pdf)

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	<b>Community Population Health &amp; Identified Health Challenges:</b> Please describe the health of the population to be served by the PPS.	have unique insight on the Medicaid population within the service area and their unique demographics and health needs. FQHC input should be reflected in the CNA process.
	<b>Healthcare Provider and Community Resources Identified Gaps:</b> Please describe the PPS' capacity compared to community needs.	
	<b>Stakeholder &amp; Community Engagement:</b> Describe the PPS stakeholder and community engagement process and summarize the key findings.	
	<b>Summary of CNA Findings:</b> Complete the summary of community needs identified, summarizing at a high level the unique needs of the community.	
<b>DSRIP Projects</b>	<i>See next table</i>	
<b>PPS Workforce Strategy</b>	<b>Detailed workforce strategy identifying all workplace implications to the PPS:</b> Please describe the anticipated impacts on the workforce the DSRIP program will have and the overall strategy to minimizing the negative impact to the workforce. In the table provided, must identify the percentage of existing employees will require re-training, percentage of employees that will be redeployed, and the percentage of new employees expected to be hired.	It is important that FQHC workforce needs be assessed and included in the plan.
	<b>Analysis of Workforce Impact:</b> Please outline the expected impact on the workforce based on the following three categories: 1. Retraining of Existing Staff 2. Redeployment of Existing Staff 3. New Hires	
	<b>Workforce Strategy Budget:</b> Identify by DSRIP project number the planned spending the PPS is committing to in its workforce strategy over the term of the waiver.	
	<b>State Program Collaboration Efforts:</b> Describe the PPS workforce strategy and how it may intersect with existing State program efforts.	
	<b>Stakeholder &amp; Worker Engagement:</b> Describe stakeholder and worker engagement process.	

Application Section	Application Guidance	FQHC Considerations
<b>Data-Sharing, Confidentiality and Rapid-Cycle Evaluation</b>	<p><b>Data-Sharing &amp; Confidentiality:</b> PPS plan must have a data-sharing and confidentiality plan that ensures compliance with all Federal and State privacy laws while also identifying opportunities within the law to develop clinical collaborations and data-sharing to improve the quality of care and care coordination.</p>	<p>The IT infrastructure at your PPS will have a significant impact on the ability to share data across providers. Any technology (e.g., health information exchange, care management software) that will be available and/or required by DSRIP should be available to community partners, including FQHCs, and provided at no to little cost. The IT requirements cannot be so onerous that they are diverting resources away inefficiently. PPS leads should be aware of FQHC partners' current IT capabilities and integrate/leverage those systems to advance the objectives of the PPS rather than making the FQHC reinvent the wheel, a potentially costly and inefficient exercise.</p>
	<p><b>Rapid-Cycle Evaluation:</b> As part of the DSRIP Project Plan submission requirements, the PPS must include in its plan an approach to rapid cycle evaluation (RCE).</p> <ul style="list-style-type: none"> <li>• RCE informs the system in a timely fashion of its progress and should include how that information will be consumed by the system to drive transformation and who will be accountable for results, including the organizational structure and process to be overseen and managed.</li> </ul>	<p>It is important that FQHCs be included in all rapid-cycle evaluation systems and process.</p>
<b>PPS Cultural Competency/Health Literacy</b>	<p><b>Approach to Achieving Cultural Competence:</b> Discuss current cultural competence challenges and describe the strategic plan for addressing cultural competence.</p>	<p>Many FQHCs already have deep expertise and existing systems that effectively provide culturally competent care and improve health literacy. It is important for PPSs to leverage these systems / expertise.</p>
	<p><b>Approach to Improving Health Literacy:</b> Describe the PPS plan to improve and reinforce health literacy of patients served and indicate the initiatives pursued by the PPS to address health literacy.</p>	

Application Section	Application Guidance	FQHC Considerations
DSRIP Budget & Flow of Funds	<b>Payments for Meeting Performance Targets:</b> The PPS must establish a plan to allocate the DSRIP funding among the participating providers in the PPS.	It is important that FQHCs who lead or participate in programs receive incentive payments based on their contributions to the improvements and the level of investment in project implementation.
Financial Sustainability Plan	<b>Assessment of PPS Financial Landscape:</b> Describe the assessment the PPS has performed to identify the PPS partners that are currently financially challenged and are at risk for financial failure, and identify at a high level the expected financial impact DSRIP projects will have on financially fragile providers and/or other providers that could potentially negatively impacted by the goals of DSRIP.	
	<b>Path to PPS Financial Sustainability:</b> The PPS must develop a strategic plan to achieve financial sustainability so as to ensure all Medicaid members attributed to the PPS have access to the full ranges of necessary services.	It is important that FQHCs be included in financial sustainability plans and payment reform. FQHCs bring a number of resources to the PPS, including NHSC, FTCA, NAP and Expansion Funding, and these should be taken into consideration.
	<b>Strategy to Pursue and Implement Payment Transformation to Support Financial Sustainability:</b> Describe the PPS' plan for engaging in payment reform over the course of the five year demonstration period.	
Bonus Points	<b>Proven Population Health Management Capabilities:</b> Outline the experience and proven population health management capabilities of the PPS Lead, particularly with the Medicaid population	Many FQHCs already have expertise and existing systems for population health management for Medicaid populations, including the CHCANYS Center for Primary Care Informatics' data warehouse. It is important for PPSs to leverage these systems / expertise.
	<b>Proven Workforce Strategy Vendor:</b> If applicable, please outline whether the PPS has or intends to contract with a proven and experienced entity to help carry out the PPS' workforce strategy of retraining, redeploying, and recruiting employees	
	<b>Selection of 11th Project (2.d.i. Implementation of Patient Activation Activities to Engage, Educate, and Integrate the Uninsured and Low/Non Utilizing Medicaid Populations into Community Based Care):</b> Bonus points will be attributed to those PPSs that have elected to pursue the 11th project.	FQHCs already have expertise and existing systems for serving uninsured populations and conducting outreach to increase access to a medical home, including for low- and non-utilizers. Opportunity for PPSs implementing the 11 <sup>th</sup> Project to partner with FQHCs on the design and implementation.

## DSRIP PROJECT PLAN APPLICATION – 70% of the Overall Score

Note that the State’s application guidance indicated a two phase process for submitting project information:

- **Project plan application due December 16, 2014** (described below)
- **Implementation plans by April 1, 2015.** The State will use these to monitor progress. Guidance on implementation plans has not yet been released. The project plan application does not allow space for detailed project descriptions. Given that, it is likely that PPSs will be required to provide significant project details in the implementation plans. It will be critical that FQHCs are included throughout these implementation plans.

Application Section	Application Prompt	Areas of FQHC Focus and Why
Project Plan	<b>For each project, the PPS Project Plan requires all or a portion of the following project responses and evaluations:</b>	
	<b>Project Description and Justification:</b> Identify gaps to be filled, current assets and resources that can be mobilized and employed to help achieve the DSRIP project, anticipated challenges, and coordination efforts among PPSs in overlapping regions. For some projects this also includes a description of how the target population will be impacted by the project.	It is important to include FQHC assets and resources.
	<b>(Project 2.a.i. only) System Transformation Vision and Governance:</b> Please describe the comprehensive strategy and action plan for reducing the number of unnecessary acute care or long-term care beds in parallel with developing community-based healthcare services and describe how this project’s governance strategy will evolve participants into an integrated healthcare delivery system.	It is important that FQHCs be included as critical community-based healthcare services able to support bed reduction and participate in the governance strategy related to achieving true system integration
	<b>Scale of Implementation:</b> DSRIP projects will be evaluated based upon the overall scale and broadness in scope, including the total number of providers by county that the PPS intends to include in the Integrated Delivery System (IDS) by the end of Demonstration Year 4, or sooner as applicable, and the volume of patients the PPS intends to target.	This is new information for PPSs that can be used to leverage FQHC participation. Projects with more partners and targeted patients will receive more funding.
	<b>Speed of Implementation/Patient Engagement:</b> DSRIP projects will be evaluated based upon the proposed speed of implementation and timeline for patient engagement.	Opportunity for FQHCs to demonstrate how they can help speed implementation. It is important to emphasize that PPS projects should focus on replicating services, but rather on building off of FQHC capabilities.

Application Section	Application Prompt	Areas of FQHC Focus and Why
	<p><b>Project Resource Needs and Other Initiatives:</b> Describe the capital funding needs and any other Medicaid or delivery system reform initiative outside of DSRIP which overlaps this project. <i>Section not scored.</i></p>	<p>While not scored, this is an opportunity for FQHCs with capital needs related to DSRIP to negotiate inclusion of those requests in this section and in the capital proposal.</p>
	<p><b>Domain 1 DSRIP Project Requirements Milestones &amp; Metrics:</b> Progress towards achieving the project goals and project requirements will be assessed by specific milestones for each project, measured by particular metrics as presented in the attachment Domain 1 DSRIP Project Requirements Milestones &amp; Metrics. <i>PPS project reporting will be conducted in two phases: A detailed Implementation Plan due in April 1, 2015 and ongoing Quarterly Reports throughout the entire DSRIP period.</i></p>	<p>It is important that FQHCs are included in measurement and reporting systems and processes.</p>