

APPENDIX 2 - RHP 1

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
ACCESS - 111411803.1.100	4	0 of 1 DY 3 milestone complete. Project had little progress towards metric completion as of the end of DY3. Hiring a behavioral health physician for the project was a significant challenge and may cause difficulties meeting the QPI metric goals for DY4 and DY5. Provider response stated that a behavioral health physician was hired in January 2015 and is currently serving patients. Provider also stated they are on track for QPI metric goals for DY4.	No recommendations at this time.	No recommendations at this time.	N/A	M&S did not have recommendations for this project.
ACCESS - 111411803.1.101	1	1 of 1 DY 3 milestone complete. The project is on track as of October DY3 reporting. QPI metric starts in DY4. No significant risks were identified.	No recommendations at this time.	No recommendations at this time.	N/A	M&S did not have recommendations for this project.
ACCESS - 111411803.2.100	3	0 of 1 DY 3 milestone complete. The project did not have completed DY3 milestone related to training employees. The provider needed to first hire certified peer support specialists in order to train. QPI metric in DY4 is 25 individuals. The provider states in October DY3 reporting that peer support specialists were hired in November of 2014.	No recommendations at this time.	No recommendations at this time.	N/A	M&S did not have recommendations for this project.
Andrews Center - 751281410.2.100	1	2 of 2 DY 3 milestones complete. 1 milestone provisionally approved. The project is on track as of October DY3 reporting. The provider exceeded their goal for DY3 QPI metric P-101.1, as they reported 71 of 50 individuals. DY4 QPI metric is 75. No significant risks were identified.	No recommendations at this time.	No recommendations at this time.	N/A	M&S did not have recommendations for this project.
Mother Frances Hospital - 094108002.2.100	2	2 of 3 DY 3 milestones complete. 2 milestones provisionally approved by HHSC. Provider's progress is on track and likely to stay on track. QPI metric starts in DY4. The target population is unclear, which puts achievability of QPI at risk. It is also unclear how the project will measure the patients that are candidates for palliative care. Provider clarified that the target population is "terminally ill patients of Trinity Mother Frances hospitals and clinics." Provider also notes they will utilize EHR and the palliative care database to identify patients with diagnoses of cancer and end stage Congestive Heart Failure as identified by American College of Cardiology/AHA defined Stage D Heart Failure.	No recommendations at this time.	Technical Change: Update Milestone P-7 in DY4 and DY5 to replace "chronic conditions or MCC" with "terminally ill diagnosis."	N/A	M&S recommended updating Milestone P-7 in DY4 and DY5 to replace "chronic conditions or MCC" with "terminally ill diagnosis." HHSC does not agree with the recommendation to make changes to DY4 because it is too late to make changes to DY4 metrics (since providers have already had the opportunity to report on them in April 2015). However, HHSC does agree to make changes to this milestone/ metric in DY5. HHSC sent the email below to the provider on 5/5/15 with the proposed changes. Current Milestone/ Metric Information (DY5) Milestone Description - Determine how many consults are submitted per number of patients admitted with chronic conditions or MCC that are candidates for palliative care services Custom Milestone Description - Blank Metric Description -Palliative care consults for patients with chronic conditions Custom Metric Description - Blank Numerator - Number of palliative care consults for patients with PCC/MCC

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						<p>Denominator - Total number of patients admitted with chronic conditions or MCC</p> <p>Baseline/Goal - Goal: 15% of eligible patients with chronic conditions receive palliative care consults</p> <p>Proposed Revised Milestone/ Metric Information (DY5)</p> <p>Milestone Description - Determine how many consults are submitted per number of patients admitted with chronic conditions or MCC that are candidates for palliative care services</p> <p>Custom Milestone Description - Determine how many consults are submitted per number of patients admitted with a terminally ill diagnosis that are candidates for palliative care services</p> <p>Metric Description -Palliative care consults for patients with chronic conditions</p> <p>Custom Metric Description - Palliative care consults for patients with a terminally ill diagnosis</p> <p>Numerator - Number of palliative care consults for patients with a terminally ill diagnosis</p> <p>Denominator - Total number of patients admitted with a terminally ill diagnosis</p> <p>Baseline/Goal - Goal: 15% of eligible patients with a terminally ill diagnosis receive palliative care consults</p> <p>The provider responded that they were in agreement, so these changes were made to the DSRIP Online Reporting System on 5/11/15.</p>
Red River Regional Hospital - 177870603.1.100	4	<p>1 of 2 DY 3 milestones complete. One provisionally approved by HHSC.</p> <p>Provider has not started QPI metric P-3.2 as of October DY3. QPI goal was 60 encounters. Provider submitted a needs assessment but has not made any progress on implementing the project due to financial and operational constraints.</p> <p>Provider response stated that initially their research found that the cost of providers made the progress cost prohibitive. Since then, the provider reports having been acquired by a larger hospital system that utilizes telemedicine. Provider also reports that they are using a form of telemedicine using Arris to electronically read, transmit, and report on Radiology images and the provider intends to use this activity to complete DY3 carryforward metrics.</p>	No recommendations at this time.	<p>Possible Plan Modification: Provider should consider decreasing QPI goal for metric P-3.2 to a more achievable value due to financial and operational constraints.</p> <p>Possible Plan Modification: Recommend updating the project narrative to reflect the changes in the scope of the project to use Radiology as their telemedicine QPI.</p>	N/A	<p>M&S recommended that the provider consider decreasing the goal for QPI metric P-3.2 to a more achievable goal due to financial and operational constraints. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment.</p> <p>M&S also recommended updating the project narrative to reflect the changes in the scope of the project to use radiology as their telemedicine QPI. HHSC agrees with this recommendation and requested an updated narrative from the provider. The provider submitted a revised narrative as requested.</p>

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Red River Regional Hospital - 177870603.1.101	4	<p>0 of 3 DY 3 milestones complete.</p> <p>All milestones were carried-forward to DY4 but without significant improvements the project will remain off track. Project is on hold because the provider has not been able to hire an orthopedic surgeon due to recruitment issues to West Texas. QPI metric I-23.1 was not started as of October DY3 reporting. The QPI goal was 1410 visits.</p> <p>Provider response stated facility was acquired by a larger Hospital system on March 1, 2015. This project was put on hold until this acquisition was made in hopes that the larger system would yield a positive impact on recruitment efforts. The project still does not have an orthopedic surgeon hired.</p> <p>Provider has submitted a plan modification request to remove I-23.1 (QPI) from DY4 and replace it with P-11.1. However, DY4 metric I-34.1 is not part of the plan modification and it measures QPI for uninsured/low income patients.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goal for metric I-23.1 to a more achievable value due to difficulty hiring an orthopedic surgeon.	HHSC will consider the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	<p>M&S recommended that the provider consider decreasing the goal for QPI metric I-23.1 to a more achievable value due to difficulty hiring an orthopedic surgeon. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment.</p> <p>M&S also recommended that consideration be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range. HHSC will consider the potential</p> <p>impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.</p>
University Physician Associates - 127278302.2.100	1	<p>2 of 2 DY 3 milestones complete.</p> <p>The project is on track as of October DY3 reporting. QPI metric P-101.1 reports 252 of 233 patients as of October DY3 reporting. No significant risks were identified.</p> <p>Note: Provider stated, "This project is coordinated through University of Texas Health Science Center Tyler (UTHSCT) with support from Department of State Health Services (DSHS) TB program. DSHS collects all pertinent patient information and provides it directly to UTHSCT. DSHS provides its services free of charge, and as a result does not collect payer source information; therefore, there is not a process for tracking the number of Medicaid and uninsured patients as a percent of the total project population. The percentages provided in the original project narrative (combined 60% for Medicaid/Uninsured) were an approximation of the patient population at the time of submission.</p> <p>Provider should investigate ways to be able to track the percentage of Medicaid/uninsured patients this project serves.</p>	No recommendations at this time.	No recommendations at this time.	N/A	M&S did not have recommendations for this project.

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Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Burke Center - 136367307.1.100	4	<p>0 of 3 DY 3 milestones complete.</p> <p>The progress of this project is not on track to meet milestone and metrics and it will take significant effort to get back on track. The provider has hired one of the two new staff members and they are presently working on their comprehensive plan. They plan to open their clinic in early DY4 and begin working on their QPI metric. QPI metric goal for DY3 is 50 individuals.</p> <p>The provider states that the detox unit was not opened in January 2015 due to the MD backing out of supervising the unit. Provider reports having now completed a contract with a new medical supervisor, and they plan to open the unit on April 20, 2015. However, since the provider is the only detoxification unit in their geographic region, they do not foresee any problems reaching their QPI metrics.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goal for metric I-11.2 to a more achievable value due to delayed opening of the unit.	If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.	<p>MSLC recommended that the provider consider decreasing their QPI goal to a more achievable value due to delayed opening of the unit. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment.</p> <p>MSLC also recommended that HHSC consider the potential impact on project valuation if the plan modification is submitted and approved and revised valuation falls outside the range. If the provider submits a plan modification request to decrease the QPI goals and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.</p>
Nacogdoches Memorial Hospital - 131030203.1.100	1	<p>1 of 1 DY 3 milestone complete.</p> <p>1 milestone provisionally approved by HHSC.</p> <p>Project met all milestones as of October DY3 reporting. Noted possible risk because the provider did not address how they intend to increase visits from year-to-year, thus increasing their encounter rate.</p> <p>Provider indicates they will increase QPI by increasing marketing efforts and collaboration with community-based organizations to increase referrals.</p>	Recommend future supporting documentation for the existing of a clinic would be a primary care schedule or performing provider document showing maternal care at a new site.	No recommendations at this time.	HHSC will consider MSLC's recommendation regarding supporting documentation, review our current policies, and incorporate in future reviews if recommended steps are missing.	<p>MSLC recommended that future supporting documentation for the existing of a clinic would be a primary care schedule or performing provider document showing maternal care at a new site. HHSC will consider MSLC's recommendation, review our current policies, and incorporate in future reviews if recommended steps are missing.</p> <p>MSLC did not have specific recommendations for the project.</p>
Physician Practice affiliated with UTMB - 109372601.1.100	5	<p>No metrics completed.</p> <p>Provider states in October DY3 reporting, "This new 3 year project has been withdrawn as of 10/21/14."</p>	No recommendations at this time.	No recommendations at this time.	N/A	The provider withdrew this project.
Spindletop Center - 096166602.2.100	2	<p>2 of 2 DY 3 milestones complete.</p> <p>Provider has met all goals and is likely to remain on track. Provider reports serving 644 of their goal of 600 unique individuals and they developed plans for the project. Risk noted because the provider states there is no way to measure patient impact for Medicaid/Low Income Uninsured population.</p> <p>Provider should investigate ways to be able to track the percentage of Medicaid/uninsured patients this project serves.</p>	Recommend reaching out to the provider to determine a method of tracking Medicaid/Uninsured impact for this project.	No recommendations at this time.	<p>HHSC sent the following email to the provider on 5/20/15:</p> <p>Dear Spindletop Center,</p> <p>HHSC is following up on 096166602.2.100, which was reviewed by Myers & Stauffer (MSLC) during the mid-point assessment. MSLC recommended that HHSC reach out to the provider to determine a method of tracking Medicaid/Uninsured impact for this project.</p> <p>In the October DY3 QPI Reporting Template that the provider submitted for this project, they indicated that the DY3 MLIU% is 92%, but included the following in the "Description of MLIU" cell:</p> <p>"Actual MLIU information is unknown since the program curriculum is presented in public schools and other community settings, and student insurance information is not available to the program presenters. "Actual" percentages entered are Spindletop's mental health child percentages and may not be the same as the program's."</p> <p>HHSC advises that the provider use free and reduced school lunch indicators to estimate MLIU.</p>	<p>MSLC recommended that HHSC reach out to the provider to determine a method of tracking Medicaid/Uninsured impact for this project.</p> <p>In response, HHSC reviewed the reported information submitted by the provider.</p> <p>In the October DY3 QPI Reporting Template that the provider submitted for this project, they indicated that the DY3 MLIU% is 92%, but included the following in the "Description of MLIU" :</p> <p>"Actual MLIU information is unknown since the program curriculum is presented in public schools and other community settings, and student insurance information is not available to the program presenters. "Actual" percentages entered are Spindletop's mental health child percentages and may not be the same as the program's."</p> <p>HHSC reached out to the provider on 5/20/15 and advised that the provider use free and reduced school lunch indicators to estimate MLIU.</p>

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The Gulf Coast Center - 135222109.1.100	1	4 of 4 DY 3 milestones complete. Provider has met all goals as of October DY3 Reporting. Provider has produced an action plan, operational protocols, conducted stakeholder meetings, and conducted a gap analysis. QPI metric starts in DY4. No significant risks were identified.	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
The Gulf Coast Center - 135222109.2.100	3	1 of 4 DY 3 Milestones completed The project appears to be on track to meet its goals. The provider states that there was a delay in funding that led to the 3 milestones not being met. QPI metric starts in DY4. The provider states that the Needs Assessment and the Strategic Planning Action Plan were completed and will be submitted in April. The provider has hired 5 staff as of 12/31/2014 and is in the process of hiring the administrative assistant to fully satisfy the requirements of the hiring Milestone.	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
The Gulf Coast Center - 135222109.2.101	2	0 of 2 DY 3 milestones complete. The project should be on track to meets its 2 Milestones that were approved for carryover The provider cites the delay in the approval of the project as the reason for the delay in metric completion. QPI metric starts in DY4. The provider states that the 2 Milestones were completed and will be submitted in the April 2015 DY4 Reporting process.	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
The Gulf Coast Center - 135222109.2.102	3	1 of 3 DY 3 milestones complete. The project should be on track to meet its goals. Provider has completed 2 face to face meetings. The provider cites the delay in funding of the project as the reason why the other two milestones were not met. QPI metric was not started as of October DY3. QPI goal is 120 individuals. The provider states the smoking cessation project has been implemented and should be on track to meet its QPI goal having served 69 patients and having a full compliment of staff to meet its 40 participants per month goal in the remaining 6.5 service month left.	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
The Gulf Coast Center - 135222109.2.103	1	4 of 4 DY 3 milestones complete. Provider has met all goals as of October DY3 Reporting. Provider reports 96 individuals receiving services, 4 peers trained, 2 administrators/key clinicians trained, and a needs assessment was completed. QPI metric reported 96 of 64 individuals as of October DY3. QPI goal for DY4 is 208 individuals. No significant risks were identified.	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.

APPENDIX 2 - RHP 3

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Bayside Community Hospital - 020993401.1.100	5	<p>The anchor for RHP 3 reports that this project has been recently withdrawn by Chambers County.</p> <p>Provider has already submitted a formal withdrawal form to HHSC for this project.</p>	No recommendations at this time.	No recommendations at this time.	N/A	Provider withdrew the project.
City of Houston Department of Health and Human Services - 093774008.2.100	4	<p>0 of 3 DY 3 milestones complete.</p> <p>The project is not on track as of October DY3 reporting. Provider reports not starting their QPI metric of 1200 patients served by the patient navigator program. In October DY3 the provider reports that the project is bringing the planning phase of the project to close and will be enrolling participants in the upcoming month.</p> <p>The provider stated that the project has begun serving clients. They have established relationships with community partners such as hospitals, civic organizations, schools, and various providers to reach its target population of individuals with chronic diseases and/or who are disconnected from care. The provider reports that all of the DY3 metrics have been started.</p>	Consideration should be given to the potential impact on project valuation if the plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goals for metric I-10.1 due to delayed implementation of the project.	<p>If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.</p>	<p>MSLC recommended that the provider consider decreasing the QPI goals due to delayed implementation of the project. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment.</p> <p>MSLC also recommended that HHSC consider the potential impact on project valuation if the plan modification is submitted and approved and revised valuation falls outside the range. If the provider submits a plan modification request to decrease the QPI goals and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.</p>
City of Houston Department of Health and Human Services - 093774008.2.101	3	<p>1 of 5 DY 3 milestones complete. 1 milestone provisionally approved.</p> <p>No significant risks appear to be hindering the progress of this project. The project has provided care to 93 of 500 individuals towards their QPI. Provider has developed and disseminated care coordination protocols and indicated that the achievement of other metrics would be carried forward.</p> <p>The provider stated they have completed services for individuals counting towards the DY3 QPI metric of 500, and is currently working on its DY4 QPI metric of 525 clients. Provider has increased outreach efforts to include recruitment of clients directly from the Texas Department of Criminal Justice Parole offices, Directions of Recovery, Southeast Transitional Center GEO, and the Work Force at Stella Link. Provider has established relationships with the Harris County Jail, Brian Federal Correction, and the Liedel House. Additionally, the program has developed memorandums of understanding with primary care and mental health providers to refer clients to insure continuum of care.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
Fort Bend County Clinical Health Services - 296760601.2.100	4	<p>0 of 3 DY 3 milestones met.</p> <p>The project is behind schedule as of October DY3 reporting. The project has not yet begun to start their DY3 QPI metric to provide physical and behavioral health care services to 150 individuals. The provider indicated that due to the late approval of the project, implementation was delayed which resulted in incomplete milestones. Provider noted challenges regarding finding office space and establishing MOU's. Also noted discrepancies in the progress updates for metric P-3.1 which stated that the metric had not been started while the provider stated that the referral protocol had been completed.</p> <p>The provider stated that FQHC did some reconfiguration within the office to be able to provide space for the project. The provider stated that the Access Health/FBRC MOU which had been delayed by the Access Health legal counsel was finally executed. The provider has stated that they should be able to meet their QPI goals. The increased staff trainings and the correct use of screening tools should have the positive effect of increasing referrals. Provider states the Referral Protocol was completed with the understanding that it would adapt and change once the project was initiated and gaps in the referral process was recognized. In April 2015, the protocol has been slightly updated to better reflect the actual referral process.</p>	Consideration should be given to the potential impact on project valuation if the plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goals for metric I-8.1 due to delayed project approval.	<p>If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.</p>	<p>MSLC recommended that the provider consider decreasing the QPI goals due to delayed approval of the project. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment.</p> <p>MSLC also recommended that HHSC consider the potential impact on project valuation if the plan modification is submitted and approved and revised valuation falls outside the range. If the provider submits a plan modification request to decrease the QPI goals and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.</p>

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Fort Bend County Clinical Health Services - 296760601.2.101	3	<p>0 of 2 DY 3 milestones complete.</p> <p>The project is behind schedule as of October DY3 reporting. DY3 metrics relate to planning activities only. QPI metric starts in DY4.Provider created a Recovery & Reintegration care coordinator position and the applicant selection process was initiated. Noted discrepancies regarding the goal for Metric I-5.1 for DY4 which states a goal of "Improvement."</p> <p>Provider states that due to the late approval, the hiring process started later than originally planned. Project staff has been hired as of 12/1/14. Additional staff will be hired as the project develops. The provider clarified Milestone I-5 by stating "The goal for this metric would be that 10% of the individuals served in the program show a decrease in needs and an increase in strengths as documented by the Adult, Needs and Strengths Assessment (ANSA)."</p>	No recommendations at this time.	<p>Technical Change: Update the project narrative to be in line with the metrics and milestones listed in the Phase 4 Master Summary.</p> <p>Technical Change: Update DY4 and DY5 Metric I-5.1 to clearly state an appropriate baseline and state the goal as a 10% increase in the number of individuals receiving specialized interventions and who show a decrease in needs as well as an increase in strengths as documented by the Adult, Needs and Strengths Assessment (ANSA)</p>	N/A	<p>MSLC recommended updating the project narrative to be in line with the metrics and milestones listed in the Phase 4 Master Summary. However, as the milestones/ metrics of record are in the DSRIP Online Reporting System, it is not necessary to update the project narrative to reflect the project's milestones/ metrics.</p> <p>MSLC also recommended updating the clarifying the metric language for Metric I-5.1 in DY4 and DY5. HHSC agreed with this recommendation, and worked with the provider to clarify the language. HHSC updated the DSRIP Online Reporting System to reflect the revised language.</p>
Harris County PHES - 158771901.1.100	2	<p>2 of 2 DY 3 milestones complete.</p> <p>The project is on track as of October DY3 reporting. Provider created a work plan, project timeline and evaluation plan and implemented a mobile dental clinic program. QPI metric starts in DY4.</p> <p>Risk noted that in DY4, if they visit 7 schools twice a year, that equals 14 visits and their QPI goal for I-14.1 is to examine 2880 children, then they would need to see 205 children per school visit within the schools operating hours. This may be difficult for the provider to accomplish. Also noted lack of clarity regarding metric P-6.1 and metric I-14.1.</p> <p>Provider notes that there would be a minimum of 7 unique schools in DY4 and an additional 10 unique schools in DY5. Provider states Metric I-14.1 is measuring all patients who receive a dental screening only in addition to patients who receive a dental screening and subsequent fluoride varnish.</p>	<p>Consideration should be given to the potential impact on project valuation if the plan modification is submitted and approved and revised valuation falls outside the range.</p> <p>Recommend future support for implementing a mobile clinic with an affiliated fixed-site dental clinic include the names of the school clinics they have partnered with, correspondence between the school and the provider indicating the partnership, and/or evidence that the provider has begun to see patients.</p>	<p>Possible Plan Modification: Provider should consider reviewing the projection used to establish their QPI goal of the number of patients examined to ensure it is realistic. If not, a QPI reduction should be considered due to the high volume of children per day the provider is intending to treat.</p> <p>Technical Change: Update metric P-6.1 in DY4 & 5 to clarify that there would be a minimum of 7 unique schools in DY4 and an additional 10 unique schools in DY5.</p> <p>Technical Change: Update I-14.1 Metric #2 wording to state that the metric is measuring all patients who receive a dental screening only in addition to patients who receive a dental screening and subsequent fluoride varnish.</p>	<p>If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.</p> <p>HHSC will consider MSLC's recommendation regarding supporting documentation for implementing a mobile clinic with an affiliated fixed-site dental clinic, review our current policies, and incorporate in future reviews if recommended steps are missing.</p>	<p>MSLC recommended that the provider consider reviewing the projection used to establish their QPI goal of the number of patients examined to ensure it is realistic. If not, MSLC recommended that the provider consider reducing their QPI due to the high volume of children per day the provider is intending to treat. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment.</p> <p>MSLC recommended that the provider update Metric P-6.1 in DY4 and DY5 to clarify that there would be a minimum of 7 unique schools in DY4 and an additional 10 unique schools in DY5. In response to this recommendation, HHSC sought clarification from the provider on the goals for Metric P-6.1. The provider indicated that they had intended to visit a total of 10 unique schools twice during DY5 (rather than a total of 17 schools - the initial 7 in DY4 plus 10 additional for a total of 17 in DY5). Therefore, HHSC did not make any changes to Metric P-6.1.</p> <p>MSLC also recommended that the provider update the metric language for Metric I-14.1 (related to the increasing the number of children receiving dental screenings and fluoride varnish) to state that the metric is measuring all patients who receive a dental screening only in addition to patients who receive both a dental screening and subsequent fluoride varnish. HHSC has updated this language as recommended. Note: Provider indicated that only a very small percentage of children served (less than 2%) receive only a dental screening and not fluoride varnish).</p>
Harris County PHES - 158771901.1.101	2	<p>2 of 2 DY 3 milestones complete.</p> <p>The milestones of the project are on track as of October DY3 reporting. DY3 metrics are related to planning activities only. QPI metric starts in DY4. The provider created a work plan, project timeline, evaluation plan, and implemented a mobile clinic. Noted that the Phase 4 Master Summary does not show the same metrics as HHSC's reporting website.</p>	No recommendations at this time.	<p>Technical Change: Update the Phase 4 Master Summary so that metrics align with the metrics listed on the HHSC Reporting website.</p>	N/A	<p>M&S recommended updating the Phase 4 Master Summary so that metrics align with the metrics listed on the HHSC Reporting website. HHSC will update the Phase 4 Master Summary to reflect the most current milestones/ metrics for the project.</p>
Harris County PHES - 158771901.2.100	2	<p>3 of 3 DY 3 milestones complete.</p> <p>The provider completed all of their DY3 milestones. The provider overachieved DY3 QPI metric as 322 individuals out of their goal of 250 individuals were reached. DY5 QPI goal is 300 individuals. Provider also created and implemented an innovational strategy and outcomes testing documentation.</p>	No recommendations at this time.	<p>Possible Plan Modification: Provider should consider increasing QPI goals for metric I-5.2 due to overachieving DY3 QPI goal.</p>	N/A	<p>M&S recommends that the provider consider increasing the goals for QPI metric I-5.2 due to overachieving in DY3. Through a separate process, HHSC will propose an increased DY5 QPI metric goal to the provider that is higher than the DY3 achievement. The provider will have to either accept the proposed increased goal or propose an alternate goal that is higher than the DY3 achievement.</p>

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Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Harris County PHES - 158771901.2.101	2	<p>2 of 2 DY 3 milestones complete.</p> <p>The milestones of the project are on track as of October DY3 reporting. Provider created an evaluation plan and a project plan as well as treating 344 of a goal of 300 patients. Provider noted challenges recruiting participants.</p> <p>Provider reports that participants are recruited from existing agency programming such as the Refugee Health Program, and the program partners with other community based organizations, other county agencies, and community health fair events for recruiting. Provider noted transportation issues that consistently created a barrier to program accessibility for interested and potential program participants, but the program began to facilitate classes in local community centers, places of worship, and other regional partner facilities to address this issue. Provider noted extending the programming into various communities of need lead to greater program visibility, participation, and completion.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
Harris County PHES - 158771901.2.102	2	<p>4 of 4 DY 3 milestones complete.</p> <p>The milestones of the project are on track as of October DY3 reporting. Provider implemented a strategy plan and implemented both VDOT and 3HP programs. Provider reported 30 patients enrolled in VDOT and 30 patients enrolled in 3HP. However, provider support demonstrates that they enrolled 34 patients in VDOT and 39 in 3HP.</p> <p>Provider clarified that the actual progress for DY3 Milestone I-5 was 34 (VDOT) and 39 (3HP) patients.</p>	No recommendations at this time.	Technical Change: Update reported progress for metrics I-5.2 to show the provider's actual progress of 34 patients enrolled in VDOT and 39 patients enrolled in 3HP.	N/A	MSLC recommended updating the reported progress for metrics I-5.2 to show the provider's actual progress of 34 patients enrolled in VDOT and 39 patients enrolled in 3HP. The October DY3 QPI Reporting Template shows 34 patients enrolled in VDOT and 39 patients enrolled in 3HP for QPI metrics I-5.2 in DY3. Therefore, no changes are needed.
Memorial Medical Center - 137909111.1.100	1	<p>4 of 4 DY 3 milestones complete. 3 milestones provisionally approved.</p> <p>The milestones of the project are on track as of October DY3 reporting. A discrepancy was noted in the semi annual summary for I-11.2, on the line titled 'Goal/Baseline' the provider indicates that the goal is 24. On the line titled 'Numeric Goal' the provider indicates that the goal is 40. Noted discrepancy between the activity reported for DY3 metric I-11.2 which was 40 individuals but the supporting document showed 43 individuals served. Noted a discrepancy in the DY4 and DY5 metrics I-11.2 which state the same goals for DY4 as DY5.</p> <p>Provider clarified that the intended goal for DY3 metric I-11.2 was 40 individuals and their actual activity towards this goal was 43 individuals. Provider also stated that metric I-11.3 goals should be 50 individuals and 374 encounters in DY4 and 55 individuals and 411 encounters.</p>	No recommendations at this time.	<p>Technical Change: Update DY3 Metric I-11.2 to clarify goal for the line titled 'Goal/Baseline'. The provider indicates that the correct goal is 40.</p> <p>Technical Change: Update the actual activity for Metric I-11.2 reported in the semi annual summary to 43 so as to match the actual activity for the project.</p> <p>Technical Change: Update DY4 and DY5 metrics I-11.2 in the Phase 4 Master Summary to reflect the goals of 50 individuals and 374 encounters in DY4 and 55 individuals and 411 encounters.</p>	N/A	<p>MSLC recommended updating DY3 Metric I-11.2 to clarify the goal for the line titled 'Goal/Baseline' because the provider indicated that the correct goal is 40. However, HHSC does not make changes to metrics that the provider has already reported on and that HHSC has approved for payment. Also, the Numeric Goal for this metric in DY3 was correct at 40, and that was the goal that HHSC used to determine whether the provider met the metric.</p> <p>MSLC also recommended updating the actual activity for Metric I-11.2 reported in the semi annual summary to 43 so as to match the actual activity for the project. However, as indicated above, HHSC does not make changes to metrics that the provider has already reported on and that HHSC has approved for payment.</p> <p>MSLC also recommended updating DY4 and DY5 metrics I-11.2 in the Phase 4 Master Summary to reflect the goals of 50 individuals and 374 encounters in DY4 and 55 individuals and 411 encounters. MSLC indicated that the provider has stated that the goals for QPI metric I-11.3 should be 50 individuals and 374 encounters in DY4 and 55 individuals and 411 encounters in DY5. However, there are two separate metrics under Milestone I-11. I-11.2 is a non-QPI metric that is individuals-based. I-11.3 is a QPI metric that is encounters-based.</p> <p>HHSC's records show that the goal for non-QPI metric I-11.2 in DY4 is 50 individuals, so HHSC will change the Numeric Goal for I-11.2 in DY4 from 90 (the cumulative goal) to 50. HHSC's records show that the goal for non-QPI metric I-11.2 in DY5 is 50 individuals; however, the provider indicates that the intended goal is 55 individuals (a higher goal), so HHSC will change the Baseline/Goal cell and Numeric Goal cells for I-11.2 in DY5 to 55.</p>

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						<p>HHSC's records show that the goal for QPI metric I-11.3 is 750 encounters in DY4 and 800 encounters in DY5. The provider will have an opportunity in June 2015 to submit a plan modification request to adjust their DY5 QPI goal if they deem appropriate.</p> <p>HHSC sent the following email to the provider on 5/14/15:</p> <p>Dear Memorial Medical Center,</p> <p>Myers and Stauffer LC (MSLC) completed a mid-point assessment review of your project 137909111.1.100. MSLC indicates that you stated that the goals for QPI metric I-11.3 should be 374 encounters in DY4 and 411 encounters in DY5. However, HHSC's records show that the goals for QPI metric I-11.3 are 750 encounters in DY4 and 800 encounters in DY5. You will have an opportunity in June 2015 to suggest changes to your project's DY5 milestones/ metrics if you deem appropriate. All change requests will need to be explained.</p> <p>With regard to non-QPI metric I-11.2, HHSC's records show that the DY4 goal is 50 individuals, so HHSC will change the Numeric Goal for I-11.2 in DY4 from 90 (the cumulative goal) to 50. HHSC's records show that the DY5 goal is 50 individuals; however, the provider indicates that the intended goal is 55 individuals (a higher goal), so HHSC will change the Baseline/Goal cell and Numeric Goal cells for I-11.2 in DY5 to 55.</p> <p>If you have any questions or concerns, please let us know by Thursday, May 21. If we do not hear from you by then, we will assume that you approve these changes.</p> <p>Thank you,</p> <p>Kim Tucker Healthcare Transformation Waiver Operations Texas Health and Human Services Commission</p> <p>The provider did not respond by May 21, so HHSC assumed they agreed with these changes and updated the DSRIP Online Reporting System to reflect them.</p>
Mental Health and Mental Retardation Authority of Harris County - 113180703.1.100	2	<p>4 of 5 DY 3 milestones complete. 4 milestones provisionally approved.</p> <p>The project appears to be on track as of October DY3 reporting. The provider accomplish their goal of hiring and training two additional staff and provider noted serving 42 of their goal of 50 people.. Noted a discrepancy in that the Phase 4 Master Summary states that DY3 contains metric I-11.1 but it does not appear on the semi-annual report. Also, Metric I-12.1 is not reported in the semi-annual report but is listed in the Phase 4 Master Summary. Provider notes significant challenges with finding a location for the project.</p> <p>Provider states that since the majority of work provided by the case managers is in the field, the problem with finding a location for staff to work was resolved by having staff share offices.</p>	No recommendations at this time.	Technical Change: Recommend updating the Phase 4 Master Summary and the Semi-Annual Reports so that all metrics are in line with each other.	N/A	M&S recommended updating the Phase 4 Master Summary and the Semi-Annual Reports so that all metrics are in line with each other. However, per the DSRIP Online Reporting System, Metric I-11.1 is not a DY3 metric, and Metric I-12.1 is a DY3 metric. The provider submitted a progress update for Metric I-12.1 in the DSRIP Online Reporting System in DY3, Round 2 October 2014 reporting. Therefore, no action is needed.
Mental Health and Mental Retardation Authority of Harris County - 113180703.2.100	2	<p>3 of 4 DY 3 milestones complete. 3 milestones provisionally approved.</p> <p>The project appears to be on track as of October DY3 reporting. The provider reported seeing 9 patients of their 10 patients. They stated that they did not meet their metric due to difficulty in staffing which has been resolved. The provider indicated that hiring qualified staff would be a challenge however, they reported in their DY3 I-6.1 milestone that they were fully staffed.</p>	No recommendations at this time.	Technical Change: Update the QPI Summary to include DY3: Metric I-6.1: Goal 10	N/A	M&S recommended updating the QPI Summary to include DY3: Metric I-6.1: Goal 10. HHSC will update the QPI Summary to reflect the most current QPI milestones/ metrics for the project.

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Mental Health and Mental Retardation Authority of Harris County - 113180703.2.101	1	<p>4 of 4 DY 3 milestones complete. 3 milestones provisionally approved.</p> <p>The milestones of the project are on track as of October DY3 reporting. Provider participated in semi-annual RHP meetings, established a baseline of MCOT consumers' inpatient admissions in HCPC (1455 individuals) and baseline of consumers' follow-up with outpatient clinic (366 individuals). Provider also served 215 individuals of their goal of 200 patients over their baseline of 1,000. Noted discrepancy in that the support for their QPI demonstrates 276 individuals served.</p> <p>Provider clarified that the 215 individuals reported was a typographical error and the number should have been 276 as stated in the support.</p>	No recommendations at this time.	<p>Technical Change: Update the DY3 Semi-annual report metric P-101.1. so that the progress information reported relates to this metric. Same recommendation for metric P-102.1</p> <p>Technical Change: Update DY3 metric I-6.1 to reflect actual of 215 in the semi annual summary, instead of 276 as noted in the metric template.</p>	N/A	<p>M&S recommended changing the DY3 Round 2 Progress Update cell for P-101.1 and P-102.1 in the DSRIP Online Reporting System so that the reported progress update relates to the metric. M&S also recommended changing the supporting documentation submitted for QPI metric I-6.1 to reflect the actual metric achievement of 215.</p> <p>It is not necessary (or possible at this point) to change the Progress Update cell for a metric in the DSRIP Online Reporting System that a provider has submitted once HHSC has made a final determination on the metric. With regard to QPI metric I-6.1, HHSC has worked with the provider to amend the QPI Reporting Template to reflect the actual metric achievement for DY3. Therefore, no additional action is needed.</p>
Mental Health and Mental Retardation Authority of Harris County - 113180703.2.102	3	<p>3 of 4 DY 3 milestones met. 3 milestones provisionally approved.</p> <p>The project is off track as of October DY3 reporting. Provider hired two case manager at the end of DY3, established a baseline for graduation rates (55.1%), and reduced emergency room visits and inpatient admissions for 6 individuals enrolled in the CTI program. In DY3 the provider reported only 8 of the 42 patients for their QPI metric (I-6.1) but the provider also notes that now that project staff has been hired there should be no problem achieving the QPI for this project. Noted significant discrepancies between the project narrative and the metric goals including the length of the program. Also noted that many metrics in the Phase 4 Master Summary do not clearly state a metric description or metric goals.</p> <p>Provider stated that the project narrative is incorrect and that the program is a structured 9-month program.</p>	No recommendations at this time.	<p>Technical Change: Update the narrative so that the length of the program is consistent with the number of months indicated as successful completion of the program which is 9-months.</p> <p>Technical Change: Update the project narrative to align the metric goals with those stated in the Phase 4 Master Summary</p>	N/A	<p>M&S recommends updating the narrative so that the length of the program is consistent with the number of months indicated as successful completion of the program which is 9-months. The narrative already indicates that the program is a 9-month program, so HHSC did not make any updates to the narrative.</p> <p>M&S also recommends updating the project narrative to align the metric goals with those stated in the Phase 4 Master Summary. The metric goals of record are in the DSRIP Online Reporting System, so no narrative updates are needed.</p>
Mental Health and Mental Retardation Authority of Harris County - 113180703.2.103	4	<p>0 of 4 DY 3 milestones complete.</p> <p>The project is off track as of October DY3 reporting. Provider reported serving 0 of 84 individuals in DY3 because the MOU was not signed early enough and because of staffing needs. A noted risk for this project is that QPI milestone I-6.1 goal for DY3 includes both individuals enrolled and not enrolled in the program. Provider states in the narrative, "The total served in DY3 included assessing individuals who might qualify for the project as well as providing services to those who qualify. DY4 and DY5 represent the expected number of individuals who will actually be enrolled in the service." QPI for this project should only include individuals who are enrolled in the program and receiving services.</p>	Consideration should be given to the potential impact on project valuation if the plan modification is submitted and approved and revised valuation falls outside the range.	<p>Possible Plan Modification: Provider should consider decreasing QPI goals for metric I-6.1 to a more achievable total.</p> <p>Technical Change: Update DY3 -DY5 metric I-6.1 so that it states that it is only counting individuals who are enrolled in the program and who are receiving services.</p>	If the provider submits a plan modification request to decrease the QPI metric goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.	<p>MSLC recommended that the provider consider decreasing their QPI goals to a more achievable total. They also recommended that HHSC consider the potential impact on project valuation if the plan modification is submitted and approved and revised valuation falls outside the range. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any</p> <p>requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment. If the provider submits a plan modification request to decrease the QPI metric goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.</p> <p>MSLC also recommended updating DY3 -DY5 metric I-6.1 so that it states that it is only counting individuals who are enrolled in the program and who are receiving services. HHSC will not update DY3 metric I-6.1 as DY3 is over. The DY4 and DY5 metric I-6.1 already states that it is counting individuals who are enrolled/ served; therefore, no changes are needed.</p>

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Mental Health and Mental Retardation Authority of Harris County - 113180703.2.104	4	<p>0 of 4 DY 3 milestones complete.</p> <p>The project is off track as of October DY3 reporting. Provider reports serving 0 of 750 individuals for their DY3 QPI metric goals. Provider noted challenges with collaboration with other entities and compliance with HIPAA regulations. The provider stated that those initial challenges were overcome. The provider stated that they anticipated accomplishing these milestone by DY4 Round 1 (April reporting).</p> <p>Provider reports that an MOU has been drafted and is currently under review by Harris County Legal division.</p>	Consideration should be given to the potential impact on project valuation if the plan modification is submitted and approved and revised valuation falls outside the range.	<p>Possible Plan Modification: Provider should consider decreasing QPI goals for metric I-6.1 to a more achievable total.</p> <p>Technical Change: Update DY4 metric I-1.1 to clearly state the baseline and indicate whether the percentage change is an increase or decrease.</p>	If the provider submits a plan modification request to decrease the QPI metric goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.	<p>MSLC recommended that the provider consider decreasing QPI goals for metric I-6.1 to a more achievable total. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment. If the provider submits a plan modification request to decrease the QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.</p> <p>M&S also recommends clarifying metric I-1.1. HHSC agrees that this metric should be clarified. HHSC worked with the provider to revise Metric I-1.1 in DY4 and DY5 in the DSRIP Online Reporting System to clarify the metric language.</p>
Mental Health and Mental Retardation Authority of Harris County - 113180703.2.105	3	<p>2 of 5 DY 3 milestones complete.</p> <p>2 milestones provisionally approved.</p> <p>This project is slightly off track as of October DY3 reporting. The project got a very late start and was implemented in July 2014. The provider was able to enroll 29 of 150 individuals in the program during this time and completed project planning. The DY4 metric goals are low enough to allow the provider an opportunity to catch up on their DY3 metrics.</p> <p>Provider reports that HHSC approved a plan modification to remove milestone I-102.1 from DY5.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
OakBend Medical Center - 127303903.2.100	1	<p>2 of 2 DY 3 milestones complete.</p> <p>Two provisionally approved by HHSC.</p> <p>The project met all milestones in DY3 and is likely to remain on track. Provider participated in face to face learning and implemented a medication management program. QPI metrics are not until DY4.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
Texana Center - 081522701.2.100	3	<p>0 of 1 DY 3 milestones complete.</p> <p>Project is slightly off track but is likely to catch up in DY4. Provider reports that a doctor was hired and will begin seeing patients in November 2014. QPI metrics do not begin until DY4.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
The University of Texas Health Science Center - Houston - 111810101.1.100	1	<p>4 of 4 DY 3 milestones complete</p> <p>The project has met all its DY3 milestones and as of October DY3 reporting is on track to meet its goals going forward. QPI metric starts in DY4. Provider designated and trained staff, developed a project plan, and created clinical guidelines. Noted that support for hiring metrics may be insufficient to demonstrate metric completion.</p> <p>This project is being assessed as a benchmark project because the project appears to have selected appropriate menu milestone metrics that clearly accurately track how the project goals will be met. Additionally, the narrative states this project was voted the 2nd best project by their peers in RHP 3.</p>	Recommend that future supporting documentation of hiring include HR documents such as a signed contract or payroll screen prints.	No recommendations at this time.	HHSC will consider MSLC's recommendation regarding supporting documentation for hiring, review our current policies, and incorporate in future reviews if recommended steps are missing.	M&S recommends that future supporting documentation of hiring include HR documents such as a signed contract or payroll screen prints. HHSC will consider MSLC's recommendation regarding supporting documentation for hiring, review our current policies, and incorporate in future reviews if recommended steps are missing.

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The University of Texas Health Science Center - Houston - 111810101.1.101	2	<p>3 of 4 DY 3 milestones complete.</p> <p>The project appears to be on track as of October DY3 reporting. The provider participated in face to face learning, conducted a needs assessment, and increased the number of providers and staff. The provider was unable to establish an additional clinic but the provider reports having a lease agreement, a floor plan, and is scheduled to open in early DY4.The provider states the clinic space is in an alternative zip code with the approval of HHSC.</p> <p>Provider states that the delay in securing a permanent location will have minimal impact on the progress of the project. They came up with alternative strategies to engage and provide the community with health services without permanent walls.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
The University of Texas Health Science Center - Houston - 111810101.2.100	2	<p>3 of 3 DY 3 milestones complete.</p> <p>The project is on track as of October DY3 reporting. Provider completed an innovational strategy, documented implementation strategy and testing outcomes, and hired and trained personnel. QPI metrics are not until DY4. Noted a possible risk of overlap between the four metrics I-5.2 which may count patients multiple times.</p> <p>Provider states that the QPI count will be unique patients counted towards one program and will not be counted for another.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
The University of Texas Health Science Center - Houston - 111810101.2.101	3	<p>2 of 4 DY 3 milestones complete.</p> <p>Milestones and metrics of the project reported on the semi-annual report do not appear to be preventing the progress of the project. Provider has completed face to face learning, and developed a medical home implementation plan. Provider was unable to implement the medical home model in 2 clinics and was unable to reorganize staff into 2 primary care teams. However, the provider reports that the clinic was opened in early September and will be fully implemented shortly. Provider does not have QPI metrics until DY4.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
University of Texas M.D. Anderson Cancer Center - 112672402.2.101	3	<p>4 of 5 DY 3 milestones complete. 4 milestones provisionally approved by HHSC.</p> <p>Milestones and metrics of the project reported on the semi-annual report do not appear to be preventing the progress of the project. Provider participated in face to face meetings, provided staff training, engaged stakeholders, and developed a strategy and plan. Provider reports identifying 14 of 75 children to enroll in the program towards the QPI metric goal. Provider reports that the delay in enrollment is due to late project approval. The provider stated this metric will be completed by April 2015.</p> <p>The narrative states metric I-5.1 will be used; however, the project is using metric I-5.2 instead.</p>	No recommendations at this time.	Technical Change: Update the project narrative so the metrics are in line with the Phase 4 Master Summary.	N/A	M&S recommends updating the project narrative so the metrics are in line with the Phase 4 Master Summary. However, the metric goals of record are in the DSRIP Online Reporting System, so narrative updates are not needed.

APPENDIX 2 - RHP 4

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Citizens Medical Center - 137907508.1.101	3	<p>3 of 4 DY 3 Milestones complete. 1 milestone provisionally approved.</p> <p>The project is on track to meet most of its objectives as of October DY3 reporting. Provider implemented standardized referral and work-up guidelines and increased the specialty care encounters. The provider overachieved QPI goal for metrics I-23.1 and I-34.1 in DY3, as they reported 261 out of 100 encounters for I-23.1 and 162 MLIU encounters out of 46 for I-34.1. DY5 QPI goals for metrics I-23.1 and I-34.1 are 125 and 69, respectively.</p> <p>The Numerical Goal Progress for DY3 metrics I-23.1 and I-34.1 do not match what the provider reports.</p>	<p>Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.</p>	<p>Possible Plan Modification: Recommend QPI increase due to overachieving of both DY3 QPI metrics.</p> <p>Technical Change: Update the Numerical Goal Progress section for DY3 metrics I-23.1 and I-34.1 as it currently states 100 for both metrics, and not the progress of 261 and 162, as reported by the provider.</p>	<p>HHSC does not change valuation based on QPI changes, unless the project becomes outside of ranges compare to other projects, and HHSC can decrease project's valuation.</p>	<p>MSLC recommended increasing the DY5 QPI. HHSC is working with all projects with DY3 QPI achievement that met or exceeded their DY5 QPI goal. This project is included in that process so HHSC did not contact this provider again.</p> <p>MSLC recommended a technical change to October reporting information. In reporting, providers were confused on what to enter in the Numeric Goal Progress field. Because I-23.1 and I-34.1 are QPI metrics, the numeric progress is based on the QPI Template. HHSC did not contact the provider to update their reported information.</p>
Memorial Hospital - 121785303.1.100	3	<p>3 of 4 DY 3 milestones complete. 3 milestones provisionally approved.</p> <p>Most of the milestones for this project appear to be on track as of October DY3 reporting. However, the provider reported 18 of their 50 patients for their QPI goal due to challenges with getting patients to commit to monitoring. Provider states they are working with other providers to convince them to order the procedure. Noted a discrepancy between the narrative and the RHP Plan regarding milestone P-10. Supporting documentation for provider's needs assessment may be insufficient to demonstrate achievement of metric P-2.1 in DY3.</p> <p>Provider noted that they are in the process of developing a handout for patients that explains not only the risks of failing to control their diabetes, but in how monitoring will benefit them and how easy it is to participate.</p>	<p>Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.</p> <p>Recommend that future supporting documentation for needs assessments be required to address the current needs or "gaps" between current conditions and desired conditions.</p>	<p>Possible Plan Modification: Provider should consider decreasing QPI goals should the current goals be unachievable due to challenges with patient commitment.</p> <p>Technical Change: Update approved RHP Plan to include the DY3 Process milestone P-10 as is listed in the narrative.</p>	<p>If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.</p> <p>HHSC will consider requiring that future supporting documentation for needs assessment address the current needs or "gaps" between current conditions and desired conditions.</p>	<p>MSLC recommended decreasing the QPI and updating the narrative with technical changes. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment.</p>
MHMR OF NUCES COUNTY - 138305109.1.100	2	<p>3 of 3 DY 3 milestones complete. 2 milestones provisionally approved by HHSC.</p> <p>The milestones for this project appear to be on track for this provider as of October DY3 reporting. The provider hired and trained staff to operate and manage the project, participated in semi-annual meetings, and increased the number of people utilizing behavioral healthcare services to 23 individuals above their baseline when their goal was only 10 individuals. Noted discrepancies regarding the baseline for metric I-11.2 in the RHP plan and semi-annual report metric description. Also noted that support for hiring metrics may be insufficient to demonstrate metric achievement.</p>	<p>Recommend that future supporting documentation for hiring employees should indicate that the employee has already begun working, such as a screen print from the payroll system.</p>	<p>Technical Change: Update RHP Plan and semi-annual reporting metric descriptions to state the baseline for metric I-11.2 as being 100, as is reported by the provider.</p>	<p>HHSC will consider requiring that future supporting documentation for hiring employees indicate that the employee has already begun working, such as a screen print from the payroll system.</p>	<p>MSLC recommended including the QPI baseline within the metric goal language. HHSC is not updating baselines for QPI metrics in the goal language because the baseline is included in the QPI Template. HHSC did not contact the provider to include QPI baseline</p>
MHMR OF NUCES COUNTY - 138305109.2.100	2	<p>3 of 4 DY 3 milestones complete. 2 milestones provisionally approved.</p> <p>The project is on track as of October DY3 reporting. Provider reports establishing a healthcare navigation program, participating in semi-annual meetings, and 8 of 8 patients received patient navigations services towards their QPI goal. Challenges reported by the provider related the cost effectiveness of the formulary and limited office space. Noted discrepancy in the project narrative which states the I-7.1 is one of their improvement milestones but the approved RHP plan has milestone P-7.1 for DY4-5.</p> <p>The provider stated they dedicated one room for the Advance Practice Nurse Practitioner and providing patient navigators with their own office. The provider also stated they have patient navigators assist clients in obtaining a Nueces County Health District Indigent Health Care Program card, and provide assistance in helping clients obtain Medicaid benefits. The provider stated they prescribe Generic medications when possible. The provider confirmed that during plan modifications I-7.1 was left in the project narrative in error.</p>	<p>No recommendations at this time.</p>	<p>Technical Change: Update RHP Plan metric P-8.1 in DY4-5 to properly state the metric goal.</p> <p>Technical Change: Remove metric I-7.1 from the project narrative.</p>	<p>N/A</p>	<p>MSLC recommended that a goal be added to P-8.1 and make a technical change to the plan narrative. HHSC updated P-8.1 to include a goal of "Participate in semi-annual face-to-face meetings or seminars organized by the RHP" and informed the provider of the change. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5 including the narrative technical change.</p>

APPENDIX 2 - RHP 5

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
McAllen hospitals LP dba Edinburg Regional Medical - 094113001.1.106	1	<p>5 of 5 DY 3 milestones complete.</p> <p>The project is on track as of October DY3 reporting. The provider reports having established 1 specialty care clinic, and increased the number of specialty care encounters to 155 of their goal of 150. Noted discrepancies in the metrics listed between the project narrative, the semi-annual reports, and the Phase 4 Master Summary.</p> <p>Provider stated that the project they originally submitted as 094113001.1.106 was not approved, so they submitted and received approval for a replacement project under the same name (094113001.1.106).</p>	No recommendations at this time.	Technical Change: Update project narrative, Phase 4 Master Summary, and the metrics listed on the semi-annual reports be updated to show the same metrics and baseline/goals.	N/A	MSLC recommended that the metrics be aligned between the DSRIP Online Reporting System and project narrative. HHSC addressed these differences during the Summer 2014 Change Request process. HHSC did not contact the provider regarding updating this information.
McAllen Hospitals LP dba Edinburg Regional Medical - 094113001.1.100	4	<p>0 of 3 DY 3 milestones complete.</p> <p>The project is not on track as of October DY3 reporting. Project has not progressed because they are still waiting for the RV unit to be built. Provider has noted completing 0 of 1000 encounters in DY3. The provider notes that they intend to have the RV unit running approximately 20 hours a month, which seems low. Noted a discrepancy for metric I-15.1 which states the baseline and goal as being measured as encounters but the metric description, numerator, and denominator are all expressed as being individuals.</p> <p>After Myers and Stauffer follow up, provider states that they received the RV unit and started seeing patients in January 2015. They expanded their operating hours to 7 days a week to make up for the carry-forward goals as well as their DY4 goals. They expect to meet all future goals.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	<p>Possible Plan Modification: The provider should consider reducing QPI goals for metric I-15.1 due to delayed arrival of the RV unit.</p> <p>Technical Change: Adjust baseline and goal for metric I-15.1 to state the goals as individuals since the metric description, numerator, and denominator are all expressed as individuals.</p>	If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.	MSLC recommended a QPI decrease due to project delays. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment. MSLC recommended a technical change to I-15.1 which measures individuals when the QPI grouping is encounters. HHSC updated DY5 I-15.1 to I-12.1 and notified the provider of the change.
McAllen Hospitals LP dba Edinburg Regional Medical - 094113001.2.101	2	<p>4 of 5 DY 3 milestones complete.</p> <p>Project is slightly off track as of October DY3 reporting with respects to the QPI metric achievement. Provider reported opening 9 new clinics using the medical home model, established policies and procedures, determined panel size, and trained medical home personnel. Provider enrolled 1672 of 3000 individuals in DY3 despite not starting to enroll patients until August 2014.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC had no recommendations for this project.

APPENDIX 2 - RHP 6

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Camino Real Community Services - 121990904.2.100	1	<p>3 of 3 DY 3 milestones complete. 2 milestones provisionally approved by HHSC.</p> <p>The milestones and metrics of this project are on track as of October DY3 reporting. The provider designed an intervention and hired and trained staff for the project. They enrolled 3 of 3 patients into the program in DY3.</p>	No recommendations at this time.	Technical Change: Update QPI Summary to align with metric goals stated in the Phase 4 Master Summary.	N/A	MSLC recommended that the QPI Summary be updated to match the metric goals. HHSC updated the QPI Summary after October reporting to reflect current goals and DY3 achievement. HHSC did not contact the provider regarding this change.
Camino Real Community Services - 121990904.2.101	2	<p>1 of 2 DY 3 milestones complete. 1 milestone provisionally approved by HHSC.</p> <p>The milestones and metrics of this project are on track as of October DY3 reporting. The provider has developed services within collocated sites and reported 34 of 50 patients in DY3, despite the project not getting off the ground until August 2014.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC had no recommendations.
Guadalupe Regional Medical Center - 138411709.2.100	2	<p>4 of 5 DY 3 milestones complete. 3 milestones provisionally approved by HHSC.</p> <p>The program is on track to meet its goals as of October DY3 reporting. The Provider has begun the Palliative Program, educated primary care specialties in providing palliative care, participated in 1 of 2 face to face meetings, and reported 57 of 25 consultations for QPI metric I-14.3 in DY3. DY4 QPI goal is 65 consultations. Noted minor discrepancy between the metrics noted in the project narrative and the Phase 4 Master Summary.</p>	No recommendations at this time.	Technical Change: Update the metrics in project narrative so they align with the metrics listed in the Phase 4 Master Summary as well as the semi-annual reporting website.	N/A	MSLC recommended that the provider make a technical change to the plan narrative to update referenced milestones/metrics. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5 including the narrative technical change.
Hill Country Community MHMR Center (dba Hill Country MHDD Centers) - 133340307.2.100	3	<p>1 of 2 DY 3 milestones complete. 1 milestone provisionally approved by HHSC.</p> <p>The project is slightly behind on their metric progress as of October DY3 reporting. The provider did not see patients towards their goal of 15 individuals in DY3, due to late approval of the project and delays in hiring of staff. The provider completed an implementation plan and has hired necessary staff in DY3. In the DY3 reporting the provider noted that services were already being provided to patients in DY4.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC had no recommendations.
Medina Healthcare System (Medina Regional Hospital) - 133260309.1.100	3	<p>2 of 3 DY 3 milestones complete. 2 milestones provisionally approved by HHSC.</p> <p>The milestones and metrics of the project reported on the semi-annual report do not appear to be preventing the progress of the project as of October DY3 reporting. The provider trained 8 nurses out of a goal of 6 nurses and participated in bi-weekly meetings. Provider reported having 0 of 30 urgent medical appointments scheduled through the nurse advice line due to late approval of the project. Provider reports already pursuing marketing efforts to try to get the project back on track.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goals due to delayed project approval.	HHSC will review updated QPI and valuation if a Plan Mod is submitted.	MSLC recommended a QPI decrease due to project delays. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment.
Nix Health - 112676501.1.100	2	<p>3 of 3 DY 3 milestones complete. 2 milestones provisionally approved by HHSC.</p> <p>The project has completed all of their DY3 metrics. Provider reports hiring and training 3 staff, developing administrating protocols and clinical guidelines, and served 33 of a goal of 30 unique patients. Provider reports challenges in achieving regular patient participation due to patient transportation issues and other life factors faced by the patients. Also, outside agency referrals also proved to be a challenge as most individuals seeking group and individual services were also seeking medication management by a prescriber, a service that Nix does not offer at this time.</p> <p>Provider states they are assessing and working on solutions for enrollment challenges including collaborating with admissions and benefits enrollment staff to identify patients who are best suited for the program. The provider is working on identifying barriers to providing follow up care and they began offering medication management services to patients graduating from the program.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC had no recommendations.

APPENDIX 2 - RHP 6

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Nix Health - 112676501.1.101	2	<p>4 of 4 DY 3 milestones complete. 3 milestones provisionally approved by HHSC.</p> <p>The project has completed all of their DY3 metrics. Provider reported 280 interpreter encounters in DY3 out of a goal of 130 encounters. DY4 QPI goal is 336. Provider also reported 4 outreach activities, completion of a gap analysis, and submission of policies and procedures. Discrepancy noted in that metric P-7.2 in DY4 does not have a stated baseline or goal. Also noted a possible risk due to the provider's inability to be able to report on the MLIU impact of the project.</p> <p>Provider states that for DY4 metric P-7.2 the baseline for DY3 was 12% (22/183) and the DY4 goal is 5% improvement which will be 16.42% total. Provider stated that they had patient account information for only a partial amount of the patients and that they are working on enhancing this process to resolve the issue.</p>	No recommendations at this time.	Technical Change: Update metric P-7.2 in DY4 to state a baseline of 12.02% (22/183) as determined by the provider in DY3 and have a goal of 5% improvement which would be 16.42%.	N/A	MSLC recommended to update the baseline/goal language for DY4 P-7.2. HHSC notes that the baseline of 12.02% and goal of 16.42% are already included in the metric goal language for P-7.2 as updated through Plan Mods in Summer 2014. HHSC did not contact the provider regarding this recommendation.
Nix Health - 112676501.2.100	1	<p>5 of 5 DY 3 milestones complete. 4 milestones provisionally approved by HHSC.</p> <p>The project has completed all of their DY3 metrics. Provider trained hospital staff, produced a report of interview findings, selected an evidence based framework, and created a multidisciplinary committee. Provider also reported serving 173 individuals out of a goal of 128 individuals. DY4 QPI goal is 600. Noted lack of clarity regarding the provider's plans to increase QPI in DY4 and DY5.</p> <p>Provider notes expanded outreach practices at multiple locations and increased education of their inpatient referral sources as continued efforts to increase QPI each year.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC had no recommendations.
The Bexar County Board of Trustees for Mental Health Mental Retardation Services, d/b/a The Center For Health Care Services - 137251808.2.100	2	<p>2 of 2 DY 3 milestones complete. 1 milestone provisionally approved by HHSC.</p> <p>The project has exceeded all its DY3 metrics. The provider surpassed all of their hiring and training goals for DY3. The provider over-achieved their QPI goal by serving 79 individuals which is more than the DY3,DY4, and DY5 goals of 40, 60, and 60 respectively.</p> <p>This project is being assessed as a benchmark project because it is on pace in its accomplishment of metrics and milestones. Additionally, the project appears to have selected appropriate menu milestone metrics that clearly accurately track how the project goals will be met.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Recommend considering a QPI increase due to DY3 over-achievement of QPI metric.	HHSC does not change valuation based on QPI changes.	MSLC recommended increasing the DY5 QPI. HHSC is working with all projects with DY3 QPI achievement that met or exceeded their DY5 QPI goal. This project is included in that process so HHSC did not contact this provider again.
University Hospital - 136141205.1.100	4	<p>1 of 3 DY 3 milestones complete. Milestone P-1.1 provisionally approved.</p> <p>The project is behind schedule as of October DY3 reporting. The provider cites the delay in the approval of funding as the cause. Provider reports 193 encounters of their goal of 1200 encounters for DY3.</p> <p>The provider states the delay in funding as the cause for the delay of hiring a nurse practitioner. However, as of January 15, 2015 they have hired PA who will act as a provider and help in meeting their QPI goal</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goals due to delayed funding.	HHSC will review updated QPI and valuation if a Plan Mod is submitted.	MSLC recommended a QPI decrease due to project delays. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment.
University Hospital - 136141205.1.101	1	<p>2 of 2 DY 3 milestones complete. Milestone P-3 provisionally approved.</p> <p>Project is on track to meet its goals as of October DY3 reporting. Provider reported completing the documentation of personnel assigned to evaluate the registry program and added 177 individuals to the registry out of their goal of 150 individuals for DY3. Noted lack of clarity regarding how the provider intended to increase QPI from DY3 to DY5.</p> <p>Provider reports that during DY4 process flows, guidelines and checks sheets were developed for Care Coordination teams (University Hospital and Ambulatory) to facilitate contacting the high/medium risk patient population. Provider states that this project has served 494 individuals year to date and is on target to achieve their goals for DY4 and DY5.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC had no recommendations.

APPENDIX 2 - RHP 6

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
University of Texas Health Science Center at San Antonio - 085144601.2.100	4	<p>2 of 4 DY 3 milestones complete.</p> <p>The project is behind schedule as of October DY3 reporting. Provider was able to report completion of a learning diffusion strategy and participation in semi-annual meetings. Provider reports that they were unable to meet their QPI milestone having met only 5 out of a possible 2000 individuals. Provider was also unable to complete the documentation of strategy testing outcomes.</p> <p>The provider states that the challenges relating to EMR have been resolved and should be able to meet their carryover goals and DY4 and DY5 goals. The one concern they have is the Affordable Care Act as this has the potential to shrink the number of patients coming to the clinic as patients get more options for their providers.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goals if they are believed to be unachievable.	HHSC will review updated QPI and valuation if a Plan Mod is submitted.	MSLC recommended a QPI decrease. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment.
University of Texas Health Science Center at San Antonio - 085144601.2.101	4	<p>2 of 3 DY 3 milestones complete.</p> <p>The project is behind schedule as of October DY3 reporting. Provider completed project plans and generated a needs assessment in DY3 but enrolled 0 of 100 people towards their QPI goal. Provider notes a delay in funding and late project approval as the reasons for the delay in progress.</p> <p>The provider states that the clinic was ready to receive patients in October 2015 but did not reach capacity till January 2015. The provider revamped its marketing and collaborated with a mental health clinic that does not provide substance abuse treatment so as to receive referrals to provide this service. The provider has also reached out to major organizations that serve adolescents and need referral sources for substance involved youth. The provider is confident that DY4 and DY5 encounters would be met. They cite that they will benefit from the recent collaboration with one of the most prominent child outpatients clinics in San Antonio. This partnership will allow them to receive and treat adolescents with a primary substance use disorder.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC had no recommendations.
Uvalde Memorial Hospital - 121782003.1.100	1	<p>3 of 3 DY 3 milestones complete.</p> <p>2 milestones provisionally approved by HHSC.</p> <p>Project met all DY3 milestones. Provider implemented a disease management registry across multiple providers, increased the number of personnel assigned to evaluate the program, and enrolled 410 patients out of a goal of 100 for their DY3 QPI metric goal. DY4 QPI goal is 600. Noted discrepancy between the Phase 4 Master Summary, which states the metrics for DY3 are P-4.1, P-5.1, and I-15.2, and the semi-annual reporting website which lists the DY3 metrics as being P-3.1, P-4.1, and I-15.2.</p>	No recommendations at this time.	Technical Change: Update semi-annual reporting website and/or the Phase 4 Master Summary so that the metrics listed for DY3 align with each other.	N/A	MSLC recommended a technical change regarding DY3 milestones/metrics. The milestones/metrics for DY3 align with HHSC records. These were updated during Summer 2014 Plan Mods where the 3-year project menu was combined with the 4-year project menu.
Val Verde Regional Medical Center - 119877204.2.100	2	<p>3 of 4 DY 3 milestones complete.</p> <p>3 milestones provisionally approved by HHSC.</p> <p>The project is on track as of October DY3 reporting. The provider reports completing care transitions policies and procedures, completing hire and training goals, and participating in semi-annual meetings. Provider was unable to complete their documentation of a staffing plan. QPI metric starts in DY4.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC had no recommendations.

APPENDIX 2 - RHP 7

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Austin Travis County Integral Care - 133542405.1.100	1	<p>4 of 4 DY 3 milestones complete. 2 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. The provider hired 2 specialists who accomplished 82 patient encounters out of their goal of 40 encounters for DY3 and 70 of those encounters were MLIU encounters. Noted possible duplication in the provider support for metrics I-23.1 and I-34.1.</p> <p>The provider stated for I-23.1 and I-34.1, the goals for the numbers of encounters were achieved. Each consumer can have multiple encounters and each encounter can be counted towards the QPI goal.</p>	No recommendations at this time.	Technical Change: Update project narrative to state that the goal for DY3 is to hire 2 specialty providers as is stated in the Phase 4 Master Summary.	N/A	MSLC recommended updating the project narrative to state that the goal for DY3 is to hire 2 specialty providers as is stated in the Phase 4 Master Summary. However, the milestones/ metrics of record are in the DSRIP Online Reporting System, so it is not necessary to update the project narrative to reflect the project's milestones/ metrics.
Austin Travis County Integral Care - 133542405.1.101	2	<p>5 of 5 DY 3 milestones complete. 4 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. The provider conducted a language and cultural gap analysis and developed a cultural competence program. The provider trained 28 employees of their 25 employee goal and provided 4199 encounters of a 550 encounter goal. DY4 QPI goal is 4620. Noted possible duplicates in provider support for QPI metric.</p> <p>Provider stated that 4199 was the total number of encounters achieved because each consumer can have multiple encounters and each encounter can be counted towards the QPI goal.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.
Austin Travis County Integral Care - 133542405.2.100	2	<p>4 of 5 DY 3 milestones complete. 3 milestones provisionally approved.</p> <p>The milestones for this project are on mostly track as of October DY3 reporting. The provider developed and implemented standards for sharing private health information and began seeing patients at 4 integrated sites. The provider saw 21 out of 20 individuals to meet their QPI goal.</p> <p>Provider stated that they achieved their carryforward metric and will report on in in April 2015. They felt that although they felt they had achieved it in October, they decided to delay reporting to error on the side of caution.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.
City of Austin - Health & Human Services Department - 201320302.1.100	4	<p>1 of 2 DY 3 milestones complete. 1 milestone provisionally approved by HHSC.</p> <p>The milestones and metrics of the project are not on track as of October DY3 reporting. DY3 activities are related to planning and QPI encounters will not begin until DY4. Provider reported that the program lost 2 students which will affect the number of encounters by students and ultimately, the number of encounters by graduates in DY5. Noted a discrepancy between the project narrative I-11 DY4 goal and the Phase 4 Master Summary.</p> <p>The provider reported the QPI goals for metric I-101.1 for DY4 and DY5 are no longer achievable due to having them having fewer students and having lower encounters per student than anticipated. The provider has reported that they are working closely with ACC and Capital IDEA to increase the number of students enrolled in the program.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	<p>Possible Plan modification: Provider should consider reducing the goal for QPI metric I-101.1 due to having fewer students and lower encounters than anticipated. The provider reported the QPI goals for metric I-101.1 for DY4 and DY5 are no longer achievable.</p> <p>Technical Change: Update the DY4 goal for metric I-11.4 in the project narrative (currently states 25 trainees) to align with the DY4 goal for metric I-11.4 as stated in the Master Summary Workbook (33 trainees)."</p>	<p>If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.</p>	<p>MSLC recommended that the provider consider reducing the goal for QPI metric I-101.1 due to having fewer students and lower encounters than anticipated. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment.</p> <p>If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.</p> <p>MSLC also recommended updating the DY4 goal for metric I-11.4 in the project narrative (currently states 25 trainees) to align with the DY4 goal for metric I-11.4 as stated in the Master Summary Workbook (33 trainees). However, the metric goals of record are in the DSRIP Online Reporting System, so no narrative updates are needed.</p>

APPENDIX 2 - RHP 7

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
City of Austin - Health & Human Services Department - 201320302.2.100	1	<p>4 of 4 DY 3 milestones complete. 3 milestones provisionally approved by HHSC.</p> <p>The milestones and metrics are on track as of October DY3 reporting. Provider reports reaching 260 of 250 patients towards their QPI goal. Noted discrepancy in the narrative which notes target population as male and female Latinos aged 13-19, the semi-annual reporting notes target population as 15-19 year old Latinas in Travis County.</p> <p>The provider reported that the target population to receive the intervention is male and female Latinos aged 13-19. The outcome they are striving to positively impact is the Teen Pregnancy Rate of Latinas aged 15-19.</p>	No recommendations at this time.	Possible Plan Modification: Provider should consider updating the target population stated in the plan narrative to be consistent with the target population stated in the semi annual report.	N/A	MSLC recommended that the provider consider updating the target population stated in the plan narrative to be consistent with the target population stated in the semi annual report. However, the information of record is in the DSRIP Online Reporting System, so it is not necessary to update the project narrative.
City of Austin - Health & Human Services Department - 201320302.2.101	2	<p>2 of 3 DY 3 milestones complete. 1 milestone provisionally approved by HHSC.</p> <p>The milestones are mostly on track as of October DY3 reporting. Provider reported enrolling and serving 16 of their 15 individual goal and completed a needs assessment. Provider also reported being halfway complete of their goal of 20% of individuals demonstrating improvement. The provider reported, in the last quarter of the fiscal year, 1 staff relocated and left the team which left the team short staffed for a time and unable to add any new clients. A new team member has been hired, starting work in October, 2014.</p> <p>The provider reported that new hires will include a landlord outreach specialist and a new rehab specialist with significant experience working with their target population. The provider also reported they have contracted with two providers for direct care services</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.
City of Austin - Health & Human Services Department - 201320302.2.102	3	<p>2 of 4 DY 3 milestones complete. 2 milestones provisionally approved.</p> <p>The provider is slightly off track as of October DY3 reporting. Provider reports completing an implementation strategy, documented testing outcomes, and performed 4 plan do study act cycles. Provider did not provide documentation of the implementation of the innovational strategy and reported 3349 of 6000 individuals reached. Project was not approved and funded until October 1, 2014. The provider reported all activities were impacted by late approval and start of the project in June 2014.</p> <p>Provider states that with consistent traffic through the STD clinic they are confident that they will screen at least 6000 unique individuals each DY.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.
Community Care Collaborative - 307459301.2.100	1	<p>3 of 3 DY 3 milestones complete. 2 milestones provisionally approved by HHSC.</p> <p>Provider completed all DY3 milestones. Provider documented implementation strategy and testing outcomes, participate in semi-annual meetings, and they served 95 individuals out of a goal of 20 individuals. DY5 QPI goal is 100 individuals. Noted that the narrative and the Phase 4 Master Summary had a baseline of "0" but in the OCT DY3 semi-annual report it has a baseline of 64 individuals.</p> <p>Provider states that baseline should be 64 for Milestone I-5.</p>	No recommendations at this time.	Technical Change: Update the baseline for I-5.2 in the narrative to be in line with the semi-annual report baseline which is 64 individuals.	N/A	MSLC recommended updating the baseline for I-5.2 in the narrative to be in line with the semi-annual report baseline which is 64 individuals. However, The information of record is in the DSRIP Online Reporting System, so it is not necessary to update the project narrative.

APPENDIX 2 - RHP 7

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Dell Children's Medical Center - 186599001.1:100	2	<p>5 of 5 DY 3 milestones complete. 4 milestones provisionally approved by HHSC.</p> <p>The project completed all of its DY3 goals. Provider hired and trained staff, participated in semi-annual meetings, established 2 new community based sites, and established a manual of operations. Provider also reported serving 116 individuals out of a QPI goal of 96 individuals. Provider noted significant difficulties transitioning from Lone Star Circle of Care to new vendor.</p> <p>Provider reports that during the transition from Lone Star Circle of Care to Austin Travis County Integral Care (ATCIC), the biggest challenge was timeline to secure organization and staff contracts ahead of the start of the academic calendar. By working closely with ATCIC and expediting the internal contract review process, therapists were able to begin serving students in a timely manner and the project is on track to meet its DY4 goals. Because ATCIC manages its own DSRIP projects and was already familiar with this campus-based project from discussion during collaborative meetings led by the RHP 7 Anchor, they experienced minimal operational challenges during implementation</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
St. David's Healthcare Partnership d/b/a/ St. David's South Austin Medical Center - 112717702.1:100	1	<p>2 of 2 DY 3 milestones complete.</p> <p>Provider completed all DY3 milestones. Provider produced implementation plans, vendor agreements, and training documentation. Provider also reported achieving 756 of 723 telemedicine visits. Noted possible duplicates in provider support for QPI.</p> <p>Provider notes that encounters reported did not include duplicates. The QPI for this project is based on the total number of psychiatric telemedicine "encounters", rather than individuals. Therefore, if an individual has three separate encounters, the QPI metric should calculate that at three encounters, not one individual.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
University Medical Center at Brackenridge - 137265806.2:100	1	<p>4 of 4 DY 3 milestone complete. 3 milestones provisionally approved by HHSC.</p> <p>The provider achieved their DY3 metric goals. Provider reports serving 393 individuals of a goal of 300 individuals. DY4 QPI metric goal is 850. Provider also participated in semi-annual meetings, developed a comprehensive care management program, and increased the number of multi-disciplinary teams.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project

APPENDIX 2 - RHP 9

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Children's Medical Center of Dallas - 138910807.1.100	1	<p>4 of 4 DY 3 milestones complete. 3 milestones provisionally approved by HHSC.</p> <p>The milestones and metrics of this project are on track as of October DY3 reporting. The provider trained staff members and implemented the telemedicine program at 28 sites out of a goal of 12 sites. The provider accomplished 79 telemedicine encounters out of their goal of 30 encounters. DY4 QPI goal is 1800 encounters. Provider noted significant difficulties getting registration packets completed .</p> <p>Provider stated a number of different mitigation strategies were being used to address their challenges including allowing schools to create and use electronic registration forms and coordinating telemedicine visits to align with the school enrollment events.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
Children's Medical Center of Dallas - 138910807.2.100	1	<p>3 of 3 DY 3 milestones complete. 3 milestones provisionally approved by HHSC.</p> <p>The milestones and metrics are on track as of October DY3 reporting. The provider created protocols and a dissemination plan, trained staff on care coordination protocols, and identified staff to support the target population. The provider will begin seeing patients towards their QPI in DY4.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
Dallas County MHMR dba Metrocare Services - 137252607.1.100	1	<p>3 of 3 DY 3 milestones complete. 3 milestones provisionally approved by HHSC.</p> <p>The milestones and metrics are on track as of October DY3 reporting. Provider reported opened a new clinic, hired and trained staff, and developed administrative protocols and clinical guidelines. Provider reports that clinic is a temporary site and they report they've seen 37 individuals over 4 months despite their QPI goals not starting until DY4. Their DY4 goals is to see 1000 patients.</p> <p>Provider states that although they have had significant delays in the construction of the new clink they are fully able to serve patients in the temporary location until the new clinic is complete.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
Dallas County MHMR dba Metrocare Services - 137252607.2.100	1	<p>3 of 3 DY 3 milestones complete. 2 provisionally approved milestones.</p> <p>The milestones and metrics are on track as of October DY3 reporting. Provider developed a report highlighting ease of access to the location sites and established one integrated behavioral and physical healthcare clinic. Provider also reported having served 116 individuals out of their goal of 100 individuals. The provider reported challenges evolved around the EMR system as modules had yet to be developed in servicing primary care pediatric patients.</p> <p>Provider states that given the initial assessment, constraints were identified with the current EMR system was anticipated with a shift towards a new EMR system over the following months. This impacted the project and then led to a decision for a partial development to take place with a full module upon the transition of the new EMR. Organizational changes occurred which changed the plans on the replacement and added to the lack of progress.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.

APPENDIX 2 - RHP 9

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Dallas County MHMR dba Metrocare Services - 137252607.2.101	3	<p>3 of 4 DY 3 milestones complete. 3 milestones provisionally approved by HHSC.</p> <p>The milestones and metrics of the project do not appear to be preventing the progress of the project. The provider conducted their needs assessment, established their care navigation program, and increased the number of PCP referrals for patients to 100% out of a goal of 80%. However, provider only reports providing 11 primary care referrals out of a QPI goal of 103. Provider reported, the project's patient enrollment is delayed because of contractual requirements that need to be in place to comply with HIPPA and that contracts and marketing efforts have been made in order to catch up on metric completion.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goal due to delays in patient enrollment.	If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.	<p>MSLC recommended that the provider consider decreasing QPI goal due to delays in patient enrollment.</p> <p>HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment.</p> <p>If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.</p>
Dallas County MHMR dba Metrocare Services - 137252607.2.102	2	<p>3 of 3 DY 3 milestones complete. 2 milestones provisionally approved by HHSC.</p> <p>All DY3 metrics have been completed. Provider produced project documentation, established a RAP program, and enrolled 86 individuals out of a goal of 75 individuals. The provider notes they had some significant challenges with staff turnover.</p> <p>Provider reports that a new Program Manager was hired internally to manage the team. Several positions were also filled, and management spent a great deal of time training new team members as well as working with existing staff to ensure that clients were receiving quality services and demonstrating improvement. Management has worked with Human Resources to recruit qualified professionals who are not only experienced in the field, but are committed to serving the project.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
Dallas County MHMR dba Metrocare Services - 137252607.2.103	2	<p>4 of 4 DY 3 milestones complete. 4 milestones provisionally approved.</p> <p>The milestones and metrics of this project are on track as of October DY3 reporting. Provider reported establishing an ABA program, conducting a needs assessment, participation in 2 meetings a month, and hiring staff. QPI metric starts in DY4. The provider has reported challenges regarding staff turnover and finding locations for the clinics.</p> <p>Provider states that the project had a reduction in client enrollment, increase in cost, and delay in the timeline of the project. However, they were able to hire and train additional staff which resulted in a stronger and more dedicated team. The provider also noted that the team operated at a temporary suite for a few months to serve the clients until the first permanent space was finalized. A realtor specialized in non-profits was able to assist them in finding a secondary location to meet their needs and estimated completion is scheduled for July.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
Parkland Memorial Hospital - 127295703.1.100	1	<p>1 of 1 DY 3 milestone complete. One provisionally approved by HHSC.</p> <p>Provider completed DY3 milestones. Provider reported providing over 100 additional hours of clinic access. QPI metric starts in DY4. No significant risks were identified.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
Parkland Memorial Hospital - 127295703.1.101	1	<p>3 of 3 DY 3 milestones complete. 3 milestones provisionally approved by HHSC.</p> <p>Provider completed DY3 milestones. Provider reports establishing a baseline for performance indicators, completed referral and work-up policies, and increased the number of specialist providers. QPI metric starts in DY4. No significant risks were identified.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.

APPENDIX 2 - RHP 9

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Parkland Memorial Hospital - 127295703.1.102	2	<p>4 of 4 DY 3 milestones complete.</p> <p>4 milestones provisionally approved by HHSC.</p> <p>Project completed all DY3 milestones. Provider hired and trained staff, developed a project plan and timeline, developed protocols and guidelines, and participated in semi-annual meetings. QPI metric starts in DY4. Provider notes that one of their eight Women's Clinics closed and this may pose a risk to the project.</p> <p>Provider states that the closure of one of Parkland's Women's Clinic does not materially affect this project or the ability of Parkland Health & Hospital System to achieve the milestones for this project. A plan modification to address this closure for this project is not necessary.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
Parkland Memorial Hospital - 127295703.2.100	1	<p>2 of 2 DY 3 milestones complete.</p> <p>2 milestones provisionally approved by HHSC.</p> <p>Provider completed DY3 milestones. Provider developed standard protocols and policies for medication management program and hired 3 providers and staff. QPI metric starts in DY4. No significant risks were identified.</p>	No recommendations at this time.	Technical Change: Update the description for Metric I-15.1 in DY4 and DY5 to replace "percent" with "increase number of patients."	N/A	MSLC recommended updating the description for Metric I-15.1 in DY4 and DY5 to replace "percent" with "increase number of patients." In response, HHSC changed the custom description for Metric I-15.1 in DY4 and DY5 in the DSRIP Online Reporting System to replace "percent of patients" with "increased number of patients" and notified the provider of this change.
Parkland Memorial Hospital - 127295703.2.101	1	<p>2 of 2 DY 3 milestones complete.</p> <p>3 milestones provisionally approved by HHSC.</p> <p>Project completed all DY3 milestones. Provider documented the staffing plan and submitted project protocols. Provider notes that lack of pharmacy resources on the consult team is "limiting." Noted lack of clarity in how the project will measure the DY4 QPI Milestone I-11 number of patients that receive all recommended education, care, and services as dictated by approved and evidence based care guidelines. QPI metric starts in DY4.</p> <p>Provider states the discharge protocol tool has been built into Epic, so they are able to measure the number of patients receiving education, care and services through the patient's EMR. Also, they note that the Transitional Care Nurse provides patients with individualized care guidelines as noted in order/notes in the patient's EMR.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
Texas A&M Health Science Center / Baylor College of Dentistry - 009784201.1.100	1	<p>4 of 4 DY 3 milestones complete.</p> <p>3 milestones provisionally approved by HHSC.</p> <p>Provider met all DY3 milestones. Provider created 2 new dental car clinics, integrated oral health information into electronic health records, tested 5 new ideas, and served 904 individuals out of a goal of 900 individuals. No significant risks were identified.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
Timbertawn Mental Health System - 094379701.2.100	3	<p>2 of 3 DY 3 milestones complete.</p> <p>Provider completed most of the milestones for this project as of October DY3 reporting. . Provider reports hiring staff and performing at least 1 PDSA cycle. However, the provider did not report properly on their QPI metric which HHSC has determined is no longer eligible for payment. Noted significant risk based on the impact that the lack of funding would have on the continued progress of the project.</p> <p>Provider states that the individuals reported in DY3 were counted above baseline of 572 individuals. Provider had issues with having duplicate patient numbers and are correcting this counting for DY4 to ensure that they are accurately counting patients. Provider states that they are able to continue to provide services to individuals served in the project; however, the payment we were unsuccessful in receiving would be beneficial to our project as we are absorbing costs associated with the project.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.

APPENDIX 2 - RHP 9

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
UT Southwestern Medical Center --- Faculty Practice Plan - 126686802.1.100	2	<p>5 of 5 DY 3 milestones complete. 3 milestones provisionally approved.</p> <p>The project is on track as of October DY3 reporting. Provider reports treating 59 of a goal of 50 patients and having 947 encounters out of a goal of 200 for DY3 QPI metric I-23.1. QPI metric I-23.1 has a goal 1840 in DY4. Provider also increased the number of specialist providers, participated in semi-annual meetings, launched 1 specialty care clinic, and increased the number of MLIU patients to 179 out of a goal of 140.</p> <p>Provider states that on January 21, 2015 they adjusted their QPI to reflect 852 total Sickle Cell Encounters.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
UT Southwestern Medical Center --- Faculty Practice Plan 126686802.2.100	4	<p>2 of 3 DY 3 milestones complete. 2 provisionally approved.</p> <p>The project is behind schedule as of October DY3 reporting. Provider reports documentation of 10 clinics using Compass MBC Software, documentation of an innovational strategy, and only 130 of 3000 individuals reached towards the DY3 QPI goal.</p> <p>Provider states that due to the structure of the funding for this 3 year projects, funds were made available to the project team only in the last 6 months of DY3. They were only able to fully engage in the development and initial implementation of the VitalSign6 program in the last 4 months of DY3. Provider notes that their QPI for DY3 was met in the first part of DY4.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.

APPENDIX 2 - RHP 10

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Baylor All Saints Medical Center at Forth Worth - 135036506.2.100	2	<p>3 of 3 DY 3 milestones complete. 2 milestones provisionally approved.</p> <p>The milestones and metrics of this project are on track as of October DY3 reporting. The provider created and implemented their medication management program. The provider also created and implemented a medication reconciliation program. The provider overachieved QPI metric I-9.1 in DY3, as they reported 354 out of 300 patients. DY4 and DY5 QPI goal is also 300 patients.</p>	No recommendations at this time.	Possible plan modification: Provider should consider increasing QPI goal for metric I-9.1 due to overachievement in DY3.	N/A	MSLC recommended the provider consider increasing the goals for QPI metric I-9.1 due to overachievement in DY3. Through a separate process, HHSC will propose an increased DY5 QPI metric goal to the provider that is higher than the DY3 achievement. The provider will have to either accept the proposed increased goal or propose an alternate goal that is higher than the DY3 achievement.
Huguley Memorial Medical Center - 109574702.1.100	1	<p>5 of 5 DY 3 milestones complete. 5 milestones provisionally approved.</p> <p>The milestones and metrics of the project are on track as of October DY3 reporting. QPI metric starts in DY4. No significant risks were identified.</p>	Recommend that future supporting documentation of hiring include HR documents such as a signed contract or payroll screen prints.	No recommendations at this time.	HHSC will take this into account in the future.	MSLC recommended that future supporting documentation of hiring include HR documents such as a signed contract or payroll screen prints. HHSC will consider MSLC recommendation regarding supporting documentation for documentation for hiring metrics, review our current policies and incorporate in future reviews if recommended steps are missing.
Huguley Memorial Medical Center - 109574702.2.100	2	<p>2 of 2 DY 3 milestones complete. 2 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. QPI metric starts in DY4.</p> <p>The QPI goals for I-5.2 in DY5 do not align between the project narrative, the semi-annual website, the QPI Summary, and the Phase 4 Master Summary.</p>	No recommendations at this time.	Technical change: Update the project narrative, the semi-annual website, the QPI Summary, and the Phase 4 Master Summary so the QPI goal for I-5.2 in DY5 aligns.	N/A	MSLC recommended the project narrative, the semi-annual website, the QPI Summary, and the Phase 4 Master Summary be updated so the QPI goal for I-5.2 in DY5 aligns. HHSC reviewed and found that the project narrative, reporting system, workbook and QPI summary all contain the correct goals, so no updates are needed to these documents.
John Peter Smith Hospital - 126675104.1.100	3	<p>4 of 5 DY 3 milestones complete. 3 milestones provisionally approved.</p> <p>The milestones and metrics do not appear to be preventing progress on the project as of October DY3 reporting. The provider 2 of the 4 staff members. They are still in the process of recruiting for those two additional positions. Even though they are understaffed they have exceeded the goal for their QPI metric I-11.2. Their goals was 200 individuals; however, they saw 366 individuals. DY4 QPI goal is 3600 individuals.</p> <p>Provider stated, "We hired 4 Assessment Specialists for this area, we had not hired 4 Social Workers by the end of DY3. This has been resolved during DY4 and we have hired more than 4 social workers at this time."</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
John Peter Smith Hospital - 126675104.2.100	3	<p>3 of 5 DY 3 milestones complete. 3 milestones provisionally approved.</p> <p>The project is behind schedule as of October DY3 reporting. The provider hired 12 of the 15 staff it intended to hire. The provider reported 107 of 1350 individuals for QPI metric I-6.2.</p> <p>The provider did request a plan modification, which was approved by HHSC, to include outpatient visits in their QPI measure.</p> <p>Provider stated, "In November and December, we had a decrease in the number of lactation referrals from inpatient and to address this issue, in March, we modified our lactation referral process so that it is internally vs. externally driven. We are also scheduling lactation clinic visits with NICU moms, which was not something we were doing prior to the change. After modifying the referral process in March, there were 180 lactation referrals, resulting in the highest number of outpatient clinic visits and home visits we have had since implementing the project August 2014. We will also be partnering more closely with the 20 school-based health centers we have throughout the DFW Metroplex."</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project

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Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
John Peter Smith Hospital - 126675104.2.101	3	<p>2 of 4 DY 3 milestones complete. 2 milestones provisionally approved.</p> <p>The project is behind schedule as of October DY3 reporting due to late project approval. QPI metric I-6.2 reports 0 of 700 individuals as of October DY3 reporting.</p> <p>Provider stated, "We received approval for this project from CMS June 2014. We started having project planning meetings in July and since this was a new project, all of the tools had to be developed before we could start the providing services. We also experienced significant delays with hiring the 2 LMSW's because of restructuring in our HR department. One social worker was hired in March and the 2nd one will be starting April 13th. In order to achieve our DY3 QPI metric by 9/30/15, we had added more staff to support this project. We launched this project across several clinics on February 9th and served 29 women. In March, we served 207 women. If we maintain this pace, we will achieve the DY 3 QPI metric in June or July."</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goal for metric I-6.2 due to late project approval.	HHSC will consider the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	MSLC recommended the provider consider decreasing QPI goal for metric I-6.2 due to late project approval. HHSC notified the provider via e-mail on 5/8 that The provider will have an opportunity in June 2015 to submit a plan modification request to reduce their QPI goal if they deem appropriate. If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.
John Peter Smith Hospital - 126675104.2.102	2	<p>4 of 4 DY 3 milestones complete. 4 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. QPI metric starts in DY4.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
John Peter Smith Hospital - 126675104.2.104	1	<p>3 of 3 DY 3 milestones complete. 2 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. The provider exceeded their QPI goal for DY3 metric I-6.1, as they reported 18 of 10 individuals enrolled. DY4 QPI goal is 120.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
MHMR of Tarrant County - 081599501.2.100	2	<p>3 of 3 DY 3 milestones complete. 3 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. The provider indicated that 13 staff members have been hired and trained in identifying trauma-informed and culturally competent models. QPI metric starts in DY4.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
PECAN VALLEY CENTERS FOR BEHAVIORAL AND DEVELOPMENTAL HEALTHCARE - 130724106.1.100	1	<p>2 of 2 DY 3 milestones complete. 2 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. Provider is using individuals as their QPI measurement because that is the only QPI metric option available for this project. The provider believes that encounters based on bed days is actually a better measure of QPI and has added a customizable milestone to report this number.</p>	No recommendations at this time.	Possible Plan Modification: Provider should consider a customizable milestone I-101 in DY4 and DY5 for their QPI reporting metric, as the provider states that encounters are a more appropriate QPI measurement than individuals.	N/A	MSLC recommended the provider should consider a customizable milestone I-101 in DY4 and DY5 for their QPI reporting metric, as the provider states that encounters are a more appropriate QPI measurement than individuals. HHSC waiver staff discussed this recommendation and determined that since the recommended QPI grouping for this project option was individuals and HHSC did not allow other providers to change from the recommended grouping, we would not contact the provider with this recommendation.
Tarrant County/dba Tarrant County Public Health - 022817305.2.100	3	<p>2 of 3 DY 3 milestones complete. 2 milestones provisionally approved.</p> <p>Most of the milestones are on track as of October DY3 reporting. Provider carried-forward QPI metric I-6.2 to DY4. As of October DY3, the provider reported 49 of 200 individuals for QPI metric I-6.2. The provider reported they will increase the pace and expect to meet this metric by the end of December 2014.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
Texas Health Arlington Memorial Hospital - 130614405.1.100	1	<p>3 of 3 DY 3 milestones complete. 2 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. The provider exceeded goals for QPI metric I-11.2, as they reported 32 of 10 individuals in DY3. QPI goal in DY4 is 400.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project

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Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Texas Health Harris Methodist Hospital Alliance - 316296801.2.100	3	<p>1 of 5 DY 3 milestones complete.</p> <p>The project is behind schedule as of October DY3 reporting due to late project approval. Provider has not started QPI metric I-10.2, with a goal of 100 patient referrals as of October DY3.</p> <p>DY3 Milestone P-2, Metric 2.1 may require a technical change because as written, the metric measure is for a development plan for the navigator position, but the numeric goal is written as 4 (navigators hired and trained). A development plan is what the metric is supposed to be measuring (as written), not number of navigators hired. The QPI goal of 1350 for I-10-2 in DY4 in the QPI Summary does not align with the narrative, semi-annual reporting website, and the Phase 4 Master Summary.</p> <p>Provider stated, "We plan to not fall behind on future metrics because we have an approved, initiated Emergency Department Patient Navigation Program that is in full swing. As of February, we have met all DY3 metrics that were carried forward, and we are well underway for DY4 metrics."</p>	No recommendations at this time.	<p>Technical Change: Update DY3 Milestone P-2, Metric P-2.1 to remove "4" from numeric goal field as the intent is not to hire 4 RN's in this metric.</p> <p>Technical Change: Update QPI Summary to ensure DY4 QPI goal aligns with the narrative, semi-annual reporting website, and the Phase 4 Master Summary.</p>	N/A	<p>MSLC recommended the DY3 Milestone P-2, Metric P-2.1 be updated to remove "4" from numeric goal field as the intent is not to hire 4 RN's in this metric. HHSC does not agree with this recommendation. As written, the metric requires the provider to report on the number of people trained as patient navigators, number of navigation procedures, or number of continuing education sessions for patient navigators. The provider has indicated their goal is to hire 4 RNs.</p> <p>MSLC recommended the QPI Summary be updated to ensure DY4 QPI goal aligns with the narrative, semi-annual reporting website, and the Phase 4 Master Summary. HHSC reviewed the QPI summary, project narrative, reporting system and workbook and they all reflect the same DY4 QPI goal.</p>
Texas Health Harris Methodist Hospital Azle - 127304703.2.100	3	<p>2 of 3 DY 3 milestones complete.</p> <p>2 milestones provisionally approved.</p> <p>The milestones and metrics do not appear to be preventing progress on the project as of October DY3 reporting. Provider reported 17 of 100 patients for DY3 QPI metric I-10.2 as of October DY3 reporting. The provider is carrying this metric forward into DY4. The provider reports hiring a total of 4 patient navigators, whereas their original goal was only one. The increase in navigators should increase the patient impact moving forward. The project reports they expect to meet future QPI goals.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
Texas Health Harris Methodist Hospital Fort Worth - 112677302.1.100	1	<p>3 of 3 DY 3 milestones complete.</p> <p>2 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. QPI metrics start in DY4. There were no significant risks identified.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
Texas Health Harris Methodist Hospital Fort Worth - 112677302.2.100	1	<p>DY3: 3 of 3 milestones complete.</p> <p>2 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. QPI metrics start in DY4. There were no significant risks identified.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
Texas Health Harris Methodist Hospital Fort Worth - 112677302.2.101	1	<p>DY3: 3 of 3 milestones complete.</p> <p>3 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. QPI metrics start in DY4. There were no significant risks identified.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
Texas Health Harris Methodist Hospital Southwest Fort Worth - 120726804.2.100	2	<p>4 of 5 DY 3 milestones complete.</p> <p>3 milestones provisionally approved.</p> <p>Most of the milestones and metrics are on track as of October DY3 reporting. The provider reports metric P-101.1 will be met in DY4. Provider exceeded its QPI goal having reported 253 of 215 consultations as of October DY3 reporting. DY4 QPI goal is 517.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
The University of Texas Southwestern Medical Center (Moncrief Cancer Institute or UTSW/MCI) - 126686802.2.100	2	<p>4 of 4 DY 3 milestones complete.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. Provider exceeded its QPI goal having seen 277 patients surpassing its goal of 225. DY4 QPI goal is 638.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project

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Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER - 138980111.2.100	4	<p>1 of 4 DY 3 milestones complete. 1 milestone provisionally approved.</p> <p>The project is behind schedule due as of October DY3 reporting due to late project approval. Provider reported 12 of 50 patients for QPI metric I-9.1 as of October DY3.</p> <p>Provider stated, "In January 2015, UNTHSC's 1115 Waiver management team reviewed this project and began meeting with project leadership on a weekly basis in order to overcome challenges in meeting future metrics. Since that time, clinical pharmacists are focusing on Medicaid patients and encounters and clinic processes have been changed to incorporate the clinical pharmacists into the intake process instead of only seeing patients upon PCP request. As a result of this change, total encounters between 10/1/14 and 1/27/15 almost doubled between 1/28/15 and 2/25/15. Additionally, the project has added clinic days and adjusted clinic schedules to accommodate the highest patient volume times. Improvements will continue as the 1115 Waiver management team and the project team continue to meet and evaluate progress."</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goal for metric I-9.1 due to late project approval.	HHSC will consider the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	MSLC recommended the provider consider decreasing QPI goal for metric I-6.2 due to late project approval. HHSC notified the provider via e-mail on 5/8 that The provider will have an opportunity in June 2015 to submit a plan modification request to reduce their QPI goal if they deem appropriate. If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.
Wise Clinical Care Associates - 206106101.1.100	2	<p>4 of 4 DY 3 milestones complete. 3 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. Provider overachieved QPI goal having reported 2454 of 1000 visits. DY5 QPI goal is 2400 visits.</p>	No recommendations at this time.	Possible plan modification: Provider should consider increasing QPI goal for metric I-12.1 due to overachievement in DY3.	N/A	MSLC recommended the provider consider increasing the goals for QPI metric I-12.1 due to overachieving in DY3. Through a separate process, HHSC will propose an increased DY5 QPI metric goal to the provider that is higher than the DY3 achievement. The provider will have to either accept the proposed increased goal or propose an alternate goal that is higher than the DY3 achievement.
Wise Regional Health System - 130606006.1.100	1	<p>3 of 3 DY 3 milestones complete. 2 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. QPI metric starts in DY4. No significant risks were identified.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
Wise Regional Health System - 130606006.2.100	1	<p>5 of 5 DY 3 milestones complete. 5 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. QPI metric starts in DY4. No significant risks were identified.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project
Wise Regional Health System - 130606006.2.101	2	<p>4 of 4 DY 3 milestones complete. 3 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. Provider exceeded its QPI goal of 2500 individuals reached by reaching 4277 individuals. DY4 QPI goal is 4600.</p>	Recommend that future support for hiring metrics include HR new hire signed documentation be used for support.	No recommendations at this time.	HHSC will take this into account in the future.	MSLC recommended that future support for hiring metrics include HR new hire signed documentation be used for support. HHSC will consider MSLC recommendation regarding supporting documentation for documentation for hiring metrics, review our current policies and incorporate in future reviews if recommended steps are missing.

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Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Hendrick Medical Center - 138644310.2.100	2	<p>3 of 3 DY 3 milestones complete. 3 milestones provisionally approved.</p> <p>The milestones and metrics for this project are on track as of October DY3 reporting. Provider trained 100% of the relevant staff, conducted semi-annual meetings, and developed a comprehensive care management program. Noted risks regarding possible insufficient supporting documentation for metrics P-2.1 and P-3.1.</p>	<p>Recommend that future supporting documentation for training to include copies of training materials used.</p> <p>Recommend that future supporting documentation for developing a comprehensive care management program include the Complete Plan, rather than just the summary of the plan.</p>	No recommendations at this time.	HHSC will take this into account in the future.	HHSC will consider MSLC recommendation regarding supporting documentation for documentation of training and developing a comprehensive care management program, review our current policies and incorporate in future reviews if recommended steps are missing.
Rolling Plains Memorial Hospital - 133244705.1.100	1	<p>1 of 1 DY 3 milestones complete. 1 milestone provisionally approved by HHSC.</p> <p>Provider met all DY3 milestones. Provider hired 1 primary care provider, 1 nurse, and 1 receptionist in DY3. QPI metric starts in DY4. Provider expects at least two physicians to retire soon and there are noted challenges associated with physician recruitment to the area.</p> <p>Provider states that they are in the process of hiring a mid-level in the physician's office and they offer walk in clinic hours daily to allow them to provide the patient with increased access to the clinic as an alternative to the ER.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendation for this project.

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Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
BSA Health System - 133457505.2.100	1	<p>3 of 3 DY 3 milestones complete.</p> <p>The milestones and metrics of this project are on track as of October DY3 reporting. The provider conducted a needs assessment for the target population, trained 2 patient navigators, and served 150 patients of their QPI goal of 100 patients. DY4 QPI goal is 201. Noted a lack of clarity regarding the baseline for DY3 metric I-10.2.</p> <p>Provider states that the project is meant to be an expansion a pilot program called "BSA Healthy Connections" but this project would expand this program to a new target population, MLIU patients. Provider states that their uploaded information in DY3 Round 2 their baseline is stated as 4 MLIU patients. Provider states that the prior DSRIP owner reported their progress as 165 less the annualized baseline of 15.</p>	No recommendations at this time.	Technical Change: Update Phase 4 Master Summary and semi-annual reports to clearly state the numerical value of the baseline for DY3 metric I-10.2.	N/A	MSLC recommended updating the Phase 4 Master Summary and semi-annual reports to clearly state the numerical value of the baseline for DY3 metric I-10.2. HHSC is not updating baselines for QPI metrics in the goal language because the baseline is included in the QPI Template.
Golden Plains Community Hospital - 197063401.1.100	2	<p>3 of 4 DY 3 milestones complete.</p> <p>The milestones and metrics of this project are mostly on track as of October DY3 reporting. Provider has opened a new clinic that operates 5 days/week and hired a primary care provider and staff. Provider overachieved QPI metric I-12.1 in DY3 reporting 552 encounters out of a goal of 300. QPI goal for DY5 is 500.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider increasing QPI goal due to overachievement in DY3.	HHSC does not change valuation based on QPI changes, unless the project becomes outside of ranges compare to other projects, and HHSC can decrease project's valuation.	MSLC recommended the provider consider increasing QPI goal due to overachievement in DY3. Through a separate process, HHSC will propose an increased DY5 QPI metric goal to the provider that is higher than the DY3 achievement. The provider will have to either accept the proposed increased goal or propose an alternate goal that is higher than the DY3 achievement.
Swisher Memorial Healthcare System - 130721710.1.100	1	<p>3 of 3 DY 3 milestones complete.</p> <p>The milestones and metrics of this project are on track as of October DY3 reporting. Provider reported providing 419 patients with information about the medical advice line via mail and established clinical protocols for the medical advice line. Provider also served 104 patients through the nurse advice line out of a QPI goal of 100 patients. Noted discrepancy regarding whether metric I-13.1 should be measuring individuals or encounters.</p> <p>Provider states that milestone I-13 should be measuring encounters.</p>	No recommendations at this time.	Technical Change: Update the wording of the description of metric I-13.1 so that it reflects the provider's encounter goal instead of a percent of targeted patients (individuals).	N/A	MSLC recommended the wording of the description of metric I-13.1 be updated so that it reflects the provider's encounter goal instead of a percent of targeted patients (individuals). HHSC found that both the reporting system and the workbook reflect the provider's goal of encounters and no additional changes are needed.
Swisher Memorial Healthcare System - 130721710.1.101	2	<p>3 of 4 DY 3 milestones complete.</p> <p>The milestones and metrics of this project are mostly on track as of October DY3 reporting. Provider hired providers and staff, added 8 exam rooms, and expanded the hours at the primary clinic by 9 hours. Provider reports 13,259 of their goal of 15,008 encounters. Provider noted that they had a change in baseline calculation for DY2. They reported that their DY2 baseline was 14,431, versus the previously reported, 14,571. This change will affect the cumulative numbers expressed in DY4 and DY5.</p> <p>Provider verified that DY2 baseline number is 14,431.</p>	No recommendations at this time.	Technical Change: Update the baseline for milestone I-12 in DY4 and DY5 to 14,431.	N/A	MSLC recommended the baseline for milestone I-12 in DY4 and DY5 be updated to 14,431. The most recent QPI summary and the reporting system both reflect the baseline of 14,431. HHSC believes the recommendation from MSLC has already been addressed.
Texas Panhandle Centers - 127378105.2.100	4	<p>0 of 3 DY 3 milestones complete.</p> <p>The project is behind schedule as of October DY3 reporting. Provider enrolled 7 of 75 individuals into the program for DY3 QPI metric I-6.1. Provider cites late approval of the project funding (July 2014) as a significant cause of the delay in metric completion. Noted possible lack of clarity regarding the provider's ability to track readmission and preventable admission rates. Additionally, metric I-1.1 in DY4 and DY5, as written, includes "adults receiving specialized interventions" in the goal measurement. The project's target population is children and adolescents and this metric should reflect only this population in their calculations.</p> <p>Prior collaboration with community stakeholders has resulted in a mechanism already in place to track and measure readmission/preventable admission rates. Also, they are hiring an additional advocate to recruit and enroll students across the School District.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	<p>Possible Plan Modification: Provider should consider decreasing QPI goal due to late project approval.</p> <p>Technical Change: Update DY4-DY5 Milestone I-1, to remove "Adults" from milestone goal verbiage to better align with the target population of "youths and adolescents."</p>	HHSC will consider the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	<p>MSLC recommended the provider should consider decreasing QPI goal due to late project approval. HHSC let the provider know they will have an opportunity in June 2015 to submit a plan modification request to reduce their QPI goal if they deem appropriate.</p> <p>MSLC recommended metric I.1-1 be updated to remove "adults" from the milestone goal verbiage to better align with the target population of "youths and adolescents." HHSC notified the provider of this recommendation and updated the reporting system by removing the reference to "adults" from this metric.</p>

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Texas Tech University Health Sciences Center- Lubbock - 084599202.1.100	4	<p>0 of 3 DY 3 milestones complete.</p> <p>The project is behind schedule as of October DY3 reporting. Provider reported 0 of 105 patients DY3 QPI metric I-17.2. Provider cites the delay in project approval as the reason for delay in metric completion. Noted discrepancy regarding provider measuring QPI using milestone I-16, which specifically states that the metric measure is "number of unique patients..." The provider is reporting encounters, not number of unique patients impacted. Also, In the Phase IV summary and the menu, the metric is listed as I-16.2; however, HHSC's DSRIP website states the metric as I-17.2.</p> <p>Provider noted that the QPI milestone drop-down list on the Phase II QPI workbook only lists 4 QPI milestone options for project area 1.7: I-12, I-13, I-17, and I-18, none of which are encounter-based (as required by HHSC for 1.7 projects per the Phase II QPI Workbook). This discrepancy is the reason the milestones on the Phase IV summary and the DSRIP website do not match. Provider stated that selecting a vendor took more time than anticipated due to inexperience with the RFP process with our Purchasing Department. They currently have one selected with a contract agreement in place and expect to hit our 105 encounters by the end of September.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	<p>Possible Plan Modification: Provider should consider decreasing QPI goal due to late project approval.</p> <p>Technical Change: Update the QPI measurement type for Milestone I-16 from "number of unique patients" to "encounters by patients" as the provider is reporting encounters, not individuals.</p>	HHSC will consider the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	<p>MSLC recommended the provider consider decreasing QPI goal due to late project approval. HHSC notified the provider of the recommendation and let them know they would have an opportunity in June 2015 to request a reduction in their QPI goal if they deem appropriate.</p> <p>MSLC recommended the QPI measurement type for Milestone I-16 be changed since the provider is reporting encounters. The provider is not using I-16 as a milestone and their current QPI milestone (I-17) reflects encounters as the measurement.</p>
UHS at Amarillo Inc. dba Northwest Texas Healthcare System - 137245009.1.100	1	<p>2 of 2 DY 3 milestones complete.</p> <p>The milestones and metrics of this project are on track as of October DY3 reporting. The clinics have expanded hours and 2 Nurse Practitioners had been hired.. QPI metric starts in DY4. No significant risks were identified.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
UHS at Amarillo Inc. dba Northwest Texas Healthcare System - 137245009.1.101	1	<p>2 of 2 DY 3 milestones complete.</p> <p>The milestones and metrics of this project are on track as of October DY3 reporting. The clinic was opened on September 30 2014 and by end of September 2014 had seen 99 patients despite not having QPI metrics in DY3. The Nurse Practitioner and an LVN were hired. No significant risks were identified.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
UHS at Amarillo Inc. dba Northwest Texas Healthcare System - 137245009.1.102	1	<p>2 of 2 DY 3 milestones complete.</p> <p>The milestones and metrics of this project are on track as of October DY3 reporting. The senior clinic has been purchased and the Nurse Practitioner and Medical Assistant were hired. QPI metric starts in DY4.</p> <p>There is a typographical error in the Phase 4 Master Summary for QPI metric I-12.1 in DY5.</p>	No recommendations at this time.	Technical Change: Update Phase 4 Master Summary for DY5 which states 3,00 instead of 3,000.	N/A	MSLC recommended the reporting system be updated to reflect 3,000 instead of 3,00 for metric I-12.1 in DY5. HHSC communicated this recommendation to the provider and updated the reporting system accordingly.
UHS at Amarillo Inc. dba Northwest Texas Healthcare System - 137245009.2.100	1	<p>1 of 1 DY 3 milestone complete.</p> <p>The milestones for this project are on track as of October DY3 reporting. The provider was able to train 4 nurses as navigators surpassing its goal of 2.4 FTE. QPI metric starts in DY4. No significant risks were identified.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
University Medical Center - 137999206.2.100	1	<p>2 of 2 DY 3 milestones complete.</p> <p>2 milestones provisionally approved by HHSC.</p> <p>The milestones for this project are on track as of October DY3 reporting. The provider states they have hired a dedicated Registered Nurse trained in the Medicare Transition program who began Medicaid/Uninsured transition with high risk diabetic, hypertensive, asthmatic and CHF patients at the beginning of October. QPI metric starts in DY4.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
University Medical Center - 137999206.2.101	2	<p>0 of 1 DY 3 milestone complete.</p> <p>The milestones for this project are on track as of October DY3 reporting. Project has made 130 contacts and served 122 patients in DY3. Noted that in the semi-annual summary the provider's baseline is stated as zero and their goal as 115 but the provider's comments in the goal calculation state that their goal is to have 50% (161) patients offered classes and that they achieved 130 contacts. The baseline and goals should be clarified for metric P-4.1 in DY3.</p>	No recommendations at this time.	Technical Change: Update the baseline and goals for metric P-4.1. According to the stated numerical goal of 115 their numerical progress of 130, they should have achieved this metric. However, the semi-annual report shows that it has not been achieved.	N/A	MSLC recommended the baseline and goals for metric P-4.1 be updated. According to the stated numerical goal of 115 their numerical progress of 130, they should have achieved this metric. However, the semi-annual report shows that it has not been achieved. During the DY3 reporting periods, the provider requested to carry-forward metric P-4 to the DY4 reporting period. Based on the information received, the provider is not indicating achievement. HHSC will verify the achievement of the goal and notify the provider of their determination.

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W.J. Mangold Memorial Hospital - 126667806.1.100	3	<p>1 of 2 DY 3 milestones complete.</p> <p>The project is likely to be on track to meet its goals. An MD who is critical to the success of the project has been hired and will help in reducing the wait time to 21 days. The provider was unable to provide information about their QPI due to the fact that they could not run reports as there was no ample time after the hiring of the MD. They plan to report during the carry forward Year.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have recommendations for this project.
W.J. Mangold Memorial Hospital - 126667806.2.100	4	<p>0 of 3 DY 3 milestones complete.</p> <p>The program is significantly behind schedule as it has yet to start any of it's metrics. QPI metric goal in DY3 is 50 patients enrolled. The provider reported that they did not anticipate the Patient Navigation program to be approved hence they had a late start.</p> <p>Provider states, "We have begun to more strategically search for a navigator. We have put out ads in the paper and are strongly seeking out individuals who we feel would be good at becoming a patient navigator. We have also had our Board Members begin to look for anyone interested. For the meantime, until we can get someone hired, our social worker is assuming many of the jobs a navigator would be doing, but she is not actually acting as our official navigator. We have also begin to look in house at a few people and hope that if we do not find someone outside of our hospital and clinic, we may have a prospective person in house to assume the role."</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goal due to late start with the project and difficulty finding a patient navigator.	HHSC will consider the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	MSLC recommended the provider should consider decreasing QPI goal due to late start with the project and difficulty finding a patient navigator. HHSC let the provider know they will have an opportunity in June 2015 to submit a plan modification request to reduce their QPI goal if they deem appropriate. If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.

APPENDIX 2 - RHP 13

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Lillian M. Hudspeth Memorial Hospital - 121781205.1.100	1	2 of 2 DY 3 milestones complete. Two provisionally approved by HHSC. Provider has met all goals as of October DY3 Reporting. Provider has established 1 additional primary care clinic and has hired 1.5 FTE staff to work in and support clinic operations. QPI metric starts in DY4. No significant risks were identified.	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.
Pecos County Memorial Hospital - 130616905.1.100	1	3 of 3 DY 3 milestones complete. Provider has met all goals as of October DY3 Reporting. Provider established a baseline for the number of visits (343 encounters), expanded the hours of an existing community/school based program, and hired and trained 4 part time providers and staff. QPI metric starts in DY4. No significant risks were identified.	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.
Shannon West Texas Memorial Hospital - 137226005.2.100	1	2 of 2 DY 3 milestones complete. Provider has met all goals as of October DY3 Reporting. QPI metric starts in DY4. No significant risks were identified.	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.

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Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Medical Center Hospital - 135235306.2.100	1	<p>4 of 4 DY 3 milestones complete. 4 milestones provisionally approved by HHSC.</p> <p>The project is on track as of October DY3 reporting. The provider ran a pilot of this program to assess their need to apply for the 1115 waiver, hired additional pharmacists and technicians, and developed criteria to identify targeted patient populations. QPI metric starts in DY4. Noted a discrepancy in the project narrative regarding metric P-101.1 and the support for the quarterly reports may not have been sufficient to demonstrate metric achievement.</p> <p>This project was assessed as a benchmark because this project addresses medication management and medication reconciliation for hospital inpatients with chronic conditions. The project emphasizes communication between Pharmacists and physicians to ensure the patient's medications are accurate and interactions are addressed. This project ensures that the people most qualified and knowledgeable of the patients medical conditions and drug interactions take ownership for medication management.</p>	No recommendations at this time.	Technical Change: Update metric P-101.1 in the project narrative to be in line with the metric baseline and goals as stated in the semi-annual reports.	N/A	MSLC recommended that the provider make a technical change to the plan narrative to update referenced milestones/metrics. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5 including the narrative technical change.
Midland Memorial Hospital - 136143806.1.100	4	<p>1 of 2 DY 3 milestones complete. 1 milestone provisionally approved by HHSC.</p> <p>Project is behind schedule as of October DY3 reporting. Provider hired one advanced clinician to provide behavioral health services. Provider reports that 0 of 100 patients were seen towards their DY3 QPI goal.</p> <p>Provider states that there is a professional and support staff shortage in West Texas and recruitment efforts are posing significant problems for the project. Despite the clinician hired in DY3 the inability to attract licensed counselors and other required professional staff prevented opening the adolescent program at that time. The inpatient adolescent program opened on a limited basis in March, 2015, but performance concerns led Oceans to terminate the psychiatrist's employment agreement, and inpatient management is being handled by temporary psychiatry staff reassigned from Oceans facilities in other communities until a permanent hire can be made.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goal due to staffing challenges.	HHSC will review updated QPI and valuation if a Plan Mod is submitted.	MSLC recommended a QPI decrease due to staffing challenges. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment. If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.
Odessa Regional Medical Center - 112711003.1.100	4	<p>0 of 3 DY 3 milestones complete.</p> <p>Project is behind schedule as of October DY3 reporting. Provider reports having seen 0 of their 500 encounter goal for DY3, with 0 of 250 of those encounters counting towards their metric goal. Provider notes in their reporting that their current speech therapist resigned and they are having difficulty hiring a replacement.</p> <p>Provider states that since reporting in October, they have hired a Speech-Language Pathologist and have begun assembling the necessary materials and equipment needed.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goal because of time lost due to the resignation of the speech therapist.	HHSC will review updated QPI and valuation if a Plan Mod is submitted.	MSLC recommended a QPI decrease due to the resignation of the speech therapist. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment. If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.
Permian Basin Community Centers - 138364812.2.100	2	<p>3 of 3 DY 3 milestones complete. 2 milestones provisionally approved by HHSC.</p> <p>The project is on track as of October DY3 reporting. Provider hired and trained 2 staff, and enrolled 113 of 77 patients in their program. QPI goal for DY4 is 155.</p> <p>Provider notes that although enrollment numbers were initially high, their internal review determined that 155 enrollees represented full-service capacity for the project once implemented.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.

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Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Permian Regional Medical Center - 127298103.1.100	2	<p>1 of 1 DY 3 milestones complete. 1 milestone provisionally approved by HHSC.</p> <p>The project is on track as of October DY3 reporting. The provider notes that it's difficult to recruit and hire qualified individuals to rural West Texas and did not outline a plan to increase QPI in DY4-DY5. QPI metric starts in DY4.</p> <p>Provider notes that four providers were hired and they are planning multiple community outreach programs to increase QPI annually.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.
Texas Tech University Health Science Center- Permian Basin - 081939301.2.100	1	<p>3 of 3 DY 3 milestones complete. Three provisionally approved by HHSC.</p> <p>The project is on track as of October DY3 reporting. Provider reported establishing a multi-disciplinary team, completed comprehensive care program documentation, and served 103 of their goal of 75 patients for their DY3 QPI. Provider notes that they don't currently have a way to measure income level, which poses a risk to the project.</p> <p>Provider states that all the patients seen under the new Asthma protocol are tracked in a patient registry. They ran the registry and then identified their payor source. They do not collect income level information on all of their patients. Only those going through additional screening for grants would possibly be asked to supply proof of their income level.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.
Texas Tech University Health Science Center- Permian Basin - 081939301.2.101	1	<p>3 of 3 DY 3 milestones complete. 2 milestones provisionally approved by HHSC.</p> <p>The project is on track as of October DY3 reporting. Provider completed a needs assessment, hired a patient navigator, and served 33 patients out of a DY3 QPI metric goal of 30. Provider is only increasing QPI by 10% in DY4 and DY5, which nets to an increase of only 3 patients in DY4 and 6 patients in DY5. This increase seems very small, especially when the provider hired two navigators instead of one as the project originally stated.</p> <p>Provider notes that initial estimates for QPI were based on processes at the time; however, they have been able to streamline the processes in order to have a higher QPI in DY4 and DY5.</p>	No recommendations at this time.	Possible Plan Modification: Provider should consider increasing QPI goals for DY4 and DY5 due to provider's adjustment in processes that would allow for greater QPI.	N/A	MSLC recommended a QPI increase due to streamlining of processes and increased staffing. Provider agreed to a DY5 increase of 550. HHSC updated DY5 I-10.2 goal to: 550 patients provided Navigation services in DY5.
West Texas Centers - 130725806.1.100	2	<p>4 of 4 DY 3 milestones complete. 3 milestones provisionally approved by HHSC.</p> <p>The project is on track as of October DY3 reporting. The provider conducted mapping and gap analysis and hired additional staff. The provider reported 139 patients in DY3 although their goal was to see 10 patients. DY5 QPI goal is 40. The overachievement for Milestone I-11 Metric I-11.1 was significant, exceeding even the DY5 goal of 40 patients. Notes slight variation regarding the baseline for QPI baseline metric I-11.1.</p> <p>Provider states, "The 139 number should have been 140. The baseline number of 193 on the DSRIP reporting tool appears to be in error in the DSRIP reporting tool. Provider did not catch this when reporting. Provider calculates the 140+279 persons served through our electronic data records identified as adults having a mental health crisis and being diverted to a more appropriate crisis alternative through a WTC MCOT rehab intervention service. "</p>	No recommendations at this time.	Possible Plan Modification: Provider should consider increasing QPI goals due to overachievement during DY3. Technical Change: Update the semi-annual report to state a baseline of 140 individuals and update the metric "Goal/Baseline" section to also state the baseline of 140 individuals	N/A	MSLC recommended increasing the DY5 QPI. HHSC is working with all projects with DY3 QPI achievement that met or exceeded their DY5 QPI goal. This project is included in that process so HHSC did not contact this provider again. MSLC recommended a technical change to DY3 QPI reporting. HHSC found that the QPI Template had the correct calculation based on the data submitted and did not update the reports. HHSC contacted the provider to explain how the QPI individuals were calculated in the QPI Template.

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Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Emergence Health Network - 127376505.1.100	4	<p>2 of 5 DY 3 milestones complete. 2 milestones provisionally approved by HHSC.</p> <p>The project is behind schedule as of October DY3 reporting. Provider reports completion of policies and procedures and an implementation plan. However, provider reports hiring 0 of 3 nurse practitioners, serving 0 of 275 individuals, and 0% of 15% decrease in preventable admissions into the criminal justice system. Provider cites transition planning and execution challenges as the cause of delay. Noted discrepancies between the metrics listed in the RHP Plan, QPI Summary, and semi-annual reporting regarding I-11.1 and I-12.1.</p> <p>Provider States Milestone I-10 will not be met by this project and they request a change to Metric I-11 lowering cost of crisis alternatives. Provider noted that Construction of Minor Medical Clinic next to the extended Observation Unit was a challenge. The provider states that the clinic will be open in June. The provider also states that the hiring of qualified professionals is one of the major challenges as it takes long. However, in the end they do end up hiring the right person. For project 127376505.1.100 the QPI metric will be I-11.1. Please disregard I-12.1. The provider stated that was their understanding that the core components had to directly correlate with the metrics for this project, which is why they were written in that matter. However, we have followed the core components listed under category 1 as the project has developed.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	<p>Possible Plan Modification: Recommend considering changing Metric I-10.1 in DY3-5 due to provider's reported inability to make an impact on the preventable admissions into the criminal justice system. Provider stated they would consider a change to metric I-11.1.</p> <p>Technical Change: Update the RHP Plan, QPI Summary, and semi-annual reports be so that all the metrics are in line with each other, particularly metric I-11.1. since provider states that metric I-12.1 should be removed.</p> <p>Technical Change: Align the core components listed in the narrative align with the core components listed in the 3 year Category 1 Menu.</p>	HHSC will review updated QPI and valuation if a Plan Mod is submitted.	MSLC recommended that the provider update I-10.1 to I-11.1 for DY3-5 and update the project narrative core components. HHSC does not allow changes to DY3 milestones/metrics. HHSC checked with the provider regarding updated goals for DY4-5 I-11.1 and whether they would like to update the project narrative. The Core Components description of implementation was included in the provider workbook and considered the official record rather than the project narrative. The provider did not submit an updated narrative but requested the replacement of I-10.1 with I-11.1 with goals of DY4 1% decrease and DY5 2% decrease in costs from baseline.
Emergence Health Network - 127376505.1.101	4	<p>1 of 5 DY 3 milestones complete. 1 milestone provisionally approved by HHSC.</p> <p>The project is behind schedule as of October DY3 reporting. Provider completed project plan and timeline. However, provider reports no progress on hiring and training staff, establishing a new community-based behavioral health setting, no PDSA cycles completed, and 0 of 40 individuals served. Provider indicated that due to project planning inefficiencies, recruitment challenges and execution challenges, implementation was delayed. Noted discrepancy regarding the baseline reported in the narrative for metric I-11.2. Provider noted significant challenges with recruiting and project planning inefficiencies.</p> <p>Provider clarified that the baseline for the QPI reporting should be zero since the project is a new initiative. Provider stated that a clinic site was secured and 50% staff have been hired and trained. The Westside Clinic is expected to meet QPI for DY 3 and DY 4 by October 2015. The provider stated the ongoing problem has been with hiring providers, specifically nurse practitioners with a psychiatric specialty. The region has historically had issues with recruiting for this type of specialty and other higher level providers. The agency is working with a recruitment firm to address this issue. The timeline for hiring providers is lengthy, although proven successful.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	<p>Possible Plan Modification: Provider should consider reducing QPI goals due to the difficulty hiring.</p> <p>Possible Technical Change: Provider noted that their MLIU as listed in the QPI Summary was no longer accurate due to changes in demographics. Adjust the MLIU percentage accordingly.</p> <p>Technical Change: Change the baseline listed in the project narrative for metric I-11.2 so that it states a baseline of zero since this is a new project.</p>	HHSC will review updated QPI and valuation if a Plan Mod is submitted.	HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment. HHSC does not consider MLIU changes to be technical changes due to the potential impact on valuation. HHSC will inform the provider of the opportunity to submit a Plan Mod for MLIU updates. HHSC will also inform the provider of updates to the narrative through Plan Mods; however, the pre-DSRIP baseline of record is included in the QPI Template.
Las Palmas Medical Center - 094109802.1.100	1	<p>3 of 3 DY 3 milestones complete. 2 milestones provisionally approved by HHSC.</p> <p>Provider met all DY3 milestones. Provider hired 3 providers, established an urgent care clinic, and reported 615 patient visits of their DY3 goal of 600 visits. No significant risks were identified.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.
TEXAS TECH HS CTR FAMILY MED - 084597603.1.100	2	<p>5 of 5 DY 3 milestones complete. 3 milestones provisionally approved by HHSC.</p> <p>Provider completed all DY3 milestones. The provider implemented referral technology, hired 2 new pediatric endocrinologists, and attended 10 bi-weekly interactions with other providers and the RHP. Provider also reports a total of 1752 encounters (308 MLIU) of their goal of 1544 encounters (300 MLIU). The provider reports in Milestone P-19 that they completed 10 biweekly interactions with other providers; however, their reporting suggests that they are counting internal meetings towards this goal. The metric is intended to measure interactions with other providers and the RHP to promote collaborative learning around shared or similar projects.</p> <p>Provider reports that even though some meetings are internal, there is representation from other RHP's and the information exchanged is then shared with other RHP's during board meetings, hospital rotations, QI sessions, guest lectures, etc..</p>	No recommendations at this time.	<p>Technical Change: Clarify baseline stated for metric I-23.1 in the semi-annual report so that the difference between the "Goal/Baseline" section and the "Baseline and Period" is apparent.</p>	N/A	MSLC recommended that DY3 I-23.1 Baseline/Goal language be updated to reflect the reported baseline. HHSC is not making technical changes to DY3 milestones/metrics at this time. The correct pre-DSRIP baseline is reflected in the QPI Template and in the DY4-5 Baseline/Goal.

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Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
University Medical Center of El Paso - 138951211.2.100	2	<p>4 of 4 DY 3 milestone complete.</p> <p>The project is on track as of October DY3 reporting. The provider has reported completing reports on navigation services offered, develop an outreach program, participated in 2 semi-annual meetings, and served 53 patients out of their goal of 30 patients. DY4 QPI goal is 55 patients. Noted a discrepancy between the provider's summary in the semi-annual report which states that they enrolled 74 patients but they only counted 53 towards their QPI.</p> <p>The provider stated that the section titled "patient impact" it stated that "74 target patients were enrolled". The number was actually 72 and was not "those enrolled" but rather serves as the target population for the project (denominator). These patients are those infants discharged from the NICU at El Paso Children's Hospital during the demonstration period. Of this target population, 53 of them were successfully navigated into our High Risk Clinic at Texas Tech University Health Sciences Center at El Paso (73.6% success rate). Additionally, 30 of those 53 patients were Medicaid and Low-Income Uninsured patients (57%). This confusion was the result of a lack of detail and proper explanation of the numbers cited in the "patient impact" section of the semi-annual summary. The QPI template properly reported the correct data..</p>	No recommendations at this time.	<p>Technical Change: Update Phase 4 Master Summary to remove the duplicate metric I-10.2 listed in DY3.</p>	N/A	MSLC recommended that a duplicate DY3 I-10.2 be removed. The primary source for milestones/metrics is the DSRIP Online Reporting System. The duplicate I-10.2 was removed prior to populating the system so it no longer appears.
University Medical Center of El Paso - 138951211.2.101	2	<p>1 of 1 DY 3 Milestone complete.</p> <p>Has met all of its DY3 goals. Provider reports 570 patients served out of a QPI goal of 350. Provider has overachieved their DY3 QPI metric as DY5 QPI goal is 425 patients.</p> <p>Provider stated the goal for DY4 is supposed to be 385 individuals.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	<p>Possible Plan Modification: Provider should consider increasing QPI goal due to overachievement of DY3 QPI goal.</p> <p>Technical Change: Update project narrative, semi-annual reports, and QPI Summary to state the goal for I-101.1 for DY4 as being 385.</p> <p>Technical Change: Update project narrative to reflect the MLIU percentage as shown in the QPI Summary</p>	HHSC does not change valuation based on QPI changes.	MSLC recommended increasing the DY5 QPI. HHSC is working with all projects with DY3 QPI achievement that met or exceeded their DY5 QPI goal. This project is included in that process so HHSC did not contact this provider again. MSLC notified HHSC that the intended DY4 QPI goal is 385 and not 375. HHSC updated the DSRIP Online Reporting System and informed the provider of the change and gave them the option to update the project narrative. MSLC also recommended that the MLIU percentage be included in the narrative. The QPI Summary is the official record of the MLIU percentage and it is not required to be included in the project narrative. HHSC did not contact the provider to make this change.

APPENDIX 2 - RHP 16

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Central Counties Services - 081771001.2.100	3	<p>1 of 4 DY 3 milestones complete. 1 milestones provisionally approved by HHSC.</p> <p>The provider completed project plans but although they indicated that two officers had been hired but they could not obtain support at the moment. The provider reports 0 of 19 individuals deferred from the criminal justice system and enrolled in mental health services in DY3. The provider stated that the project did not open to see patients until October 2014.</p> <p>Provider reports that they had to rely on the county of Coryell to fill the position with qualified law enforcement individuals since they were the ones who would be conducting the services of the jail diversions. This milestone was soon completed soon after the opening date of the project and this milestone has been fulfilled.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.
Central Counties Services - 081771001.2.101	4	<p>1 of 3 DY 3 milestones complete. 1 milestone provisionally approved by HHSC.</p> <p>The project is behind schedule as of October DY3 reporting. The inner local agreement was signed by the judge of Coryell county and Central Counties Services. The project reported 0 of 14 individuals for DY3 QPI metric. They have not hired staff for this project which could cause significant risks for the project going forward.</p> <p>Provider reports having posted many different listing on a lot of the local area newspapers, job sites (such as Indeed.com and Monster.com), and have also tried to collaborate with local universities about getting newly finished students. Since they have looked into persons with less credentials, they have improved the person who will be in charge of them by getting them a supervisory license which will allow for the lower credential person to be hired and therefore work for this project. Currently they have been able to gain 2 persons employment for this project and will only need one more person to fill this milestone. It is their intention to have this milestone filled well before the October reporting time.</p>	Consideration should be given to potential impact on valuation if plan modification is requested and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider reducing QPI goal due to difficulties hiring.	HHSC will review updated QPI and valuation if a Plan Mod is submitted.	MSLC recommended a QPI decrease due to project delays. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment. If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.
Heart of Texas Region MHMR Center - 084859002.2.101	2	<p>2 of 3 DY 3 milestones complete. 1 milestone provisionally approved by HHSC.</p> <p>The milestones and metrics for the project are on track and it appears it will progress. The provider was proactive in hiring staff to start the project as soon as it was approved. The provider created project plans and served 31 individuals of their DY3 QPI goal of 30 people.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.

APPENDIX 2 - RHP 19

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Faith Community Hospital - 119874904.1.100	1	<p>2 of 2 DY 3 milestones complete. 2 milestones provisionally approved by HHSC.</p> <p>The project is on track to meet its goals as of October DY3 reporting. Provider expanded the hours of the primary care clinic (including evening and weekend hours) . The provider has also completed the hiring and training of the nurse. The project will begin its QPI Milestone in DY4. Noted that support for hiring metric may not be sufficient to demonstrate metric achievement. Also supporting document for staff training may be insufficient for metric achievement.</p>	<p>Recommend that future supporting documentation of hiring include HR documents such as a signed contract or payroll screen prints.</p> <p>Recommend that future support for staff training include a listing of trainings that were provided. Sign in sheets, and copies of the training materials being used.</p>	Technical Change: Update project narrative to clarify the core components by stating that core component 1 will not be implemented, but rather indicate that it will or is being implemented outside of the scope funding of DSRIP, which would be consistent with the reported Project Summary.	HHSC will consider requiring that future supporting documentation for hiring include HR documents such as signed contract or payroll screen prints and for staff training include a listing of trainings that were provided, sign-in sheets, and copies of the training materials being used.	MSLC recommended a technical change to Core Component a) being updated in the project narrative to reflect that it is being implemented. The provider notes that although a new facility is being built, it is not affiliated with the DSRIP project. The DSRIP project is focused on expanding hours and staff. Because the QPI is not dependent on the completion of the new facility in August 2015, HHSC does not agree that core component a) is being implemented. HHSC did not contact the provider regarding this change.
North Texas Medical Center - 121777003.1.100	1	<p>2 of 2 DY 3 milestones complete. 2 milestones provisionally approved by HHSC.</p> <p>The project is on track to meet its goals as of October DY3 reporting. Provider had 4 community outreach activities of a goal of 4 and hired 1.5 FTE. Provider's metrics do not include QPI goals until DY4. DY4 milestone P-6 calls for the establishment of a new behavioral services site. It is unclear if this is in addition to the original clinic established in DY3, or if this is meant to reflect that site.</p> <p>Provider states that DY4 milestone P-6 is supposed to reflect the site that opened at the end of DY3. They opened early and began seeing patients.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.

APPENDIX 2 - RHP 20

Provider Project ID	Overall Risk Ranking	Narrative Describing Mid-Point Assessment Score Justification	Recommendations to HHSC	Recommendations to Provider	HHSC Response to Recommendation for HHSC	HHSC Response to Recommendations for the Project
Laredo Medical Center - 162033801.1.100	4	<p>0 of 2 DY 3 milestones complete.</p> <p>The project has not made any progress on metrics as of October DY3 reporting. The project has not begun any DY3 metrics due to a change in leadership. QPI metric starts in DY4. Noted lack of clarity regarding whether they intend to open a new clinic or use an existing facility. Noted lack of clarity regarding what types of staff they were intending to hire in order to meet hiring goals.</p> <p>Provider stated that no clinic location has been set and no staff have been hired because they are still evaluating locations for the new clinic. However, they expect to complete these goals before the end of DY4.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goal for metric I-12.1 to a more achievable value due to delays in progress of the project.	HHSC will review updated QPI and valuation if a Plan Mod is submitted.	MSLC recommended a QPI decrease due to project delays. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment. If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.
Laredo Medical Center - 162033801.1.101	4	<p>0 of 1 DY 3 milestone complete.</p> <p>Provider reports that they have secured contracts for the addition of tele-psychiatry but they are still evaluating vendors for tele-ICU.</p> <p>The provider reported that to date no contract for TeleICU has been established and they have not started seeing Tele-ICU patients.</p>	Consideration should be given to the potential impact on project valuation if plan modification is submitted and approved and revised valuation falls outside the range.	Possible Plan Modification: Provider should consider decreasing QPI goal for metric I-12.1 to a more achievable value due to lack of progress in the establishment of tele-ICU services.	HHSC will review updated QPI and valuation if a Plan Mod is submitted.	MSLC recommended a QPI decrease due to project delays. HHSC will not initiate a discussion of QPI goal reductions prior to the initiation of the 3-year project change request process. If a provider feels that the DY5 QPI goal is not achievable, they can submit a request to adjust the DY5 QPI goal through the change request process in June 2015. HHSC has notified the provider of the upcoming opportunity to request changes to this project for DY5. HHSC has recommended to the provider that they review the status of the project and request adjustments for DY5 if needed. For any requested adjustments, they should provide a thorough explanation of the reason for the requested adjustment. If the provider submits a plan modification request to decrease the DY5 QPI goal and HHSC approves the request, HHSC will consider adjusting the project valuation if it falls outside the range.
Laredo Medical Center - 162033801.1.102	1	<p>3 of 3 DY 3 milestones complete.</p> <p>The milestones are on track as of October DY3 reporting. No significant risks were identified. QPI metric starts in DY4. Provider generated reports on referral times, developed standard referral and workup policies, and established a new specialty care clinic.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.
Laredo Reg Med Ctr dba Doctor's Hospital of Laredo - 094186602.1.100	1	<p>3 of 3 DY 3 milestones complete.</p> <p>The milestones are on track as of October DY3 reporting. No significant risks were identified. Provider has opened 1 new primary care clinic, reported 595 encounters out of the goal of 500 encounters for QPI metric I-12.1, and completed their hiring goal for DY3. QPI goal for metric I-12.1 in DY4 is 1200 encounters.</p>	No recommendations at this time.	Technical Change: Update DY3 numerical progress for metric I-12.1. Currently the progress is reported as 100 encounters when the actual achievement according to the provider support states that they had 595 encounters.	N/A	MSLC recommended updating DY3 I-12.1 reported "Numeric Goal Progress" to match the actual QPI goal. In reporting, providers were confused on what to enter in the Numeric Goal Progress field. Because I-12.1 is the QPI metric, the numeric progress is based on the QPI Template rather than the DSRIP Online Reporting System. HHSC did not the provider regarding this technical change.
Laredo Reg Med Ctr dba Doctor's Hospital of Laredo - 094186602.1.101	4	<p>0 of 3 DY 3 milestones complete.</p> <p>The project is off track as of October DY3 reporting and will require significant changes to get back on track. The mobile unit was delayed and scheduled to be delivered in January 2015. This caused all of the metrics to be delayed. DY3 QPI metric I-12.1 to have 1000 visits was not started as of October DY3. DY4 and DY5 QPI goals are 1200 and 1400 encounters, respectively.</p> <p>Provider reports that the mobile unit was delivered and operational on February 28, 2015 and has seen an average of 100 encounters per day. The mobile clinic is scheduled to be active in multiple health fairs and expanded service to rural communities outside Laredo (Cenizos, Penitas, and Rio Bravo.) It will be operational 6 days a week and should meet the carry-forward goals and DY4 goals.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.

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Laredo Reg Med Ctr dba Doctor's Hospital of Laredo - 094186602.2.100	4	<p>0 of 4 DY 3 milestones complete.</p> <p>The project is off track as of October DY3 reporting . The provider reports having one navigator hired who will start in November 2014 but the metric requires 3 total navigators and 1 supervisor to be hired. DY3 QPI metric I-10.2 of 200 individuals was not started as of October DY3.</p> <p>Provider states that the a plan modification is being worked out with HHSC to change the 4 navigators hired down to 1 in DY3 milestone P-2 - which they hired in November 2014. Provider notes that they have completed all DY3 carry-forward goals, including QPI to date, except for one meeting which has been scheduled.</p>	No recommendations at this time.	No recommendations at this time.	N/A	MSLC did not have any recommendations for this project.