

# LCHP Grant Funds Request Packet

Effective 10/04/2017

rev. 2/11/2019

## Table of Contents:

1. Grant Funds Policy
  - *This is the formal Policy for all LCHP Grant Funds*
2. Partner Request for Grant Funds Form (Attachment A)
  - *This form will act as the cover letter for your proposal through the request process and will document required approvals*
3. LCHP Grant Funds Request- Minimum Acceptance Criteria (**NEW**)
  - *Outlines minimum requirements that must be met for acceptance of Funds Request.*
4. Grant Funds Rubric (Attachment B)
  - *This Rubric provides guidance for Partners during proposal development and provides a measurable assessment of all proposals for LCHP approving committees. Note the Rubric Score is not the only determination in the approval process*
5. Budgeted Funds & Procedure Guide
  - *This matrix guides Partners through the various types of Budgeted Funds available, and the procedural requirements of each*
6. Funds Request Committee Ballot
  - *This Ballot is used for anonymous voting by a partner-representative committee, prior to submission to Finance*
7. Grant Funding Agreement (Attachment C)
  - *This Agreement is executed upon approval of a proposal*
8. Quarterly Expense Report (Exhibit A)
  - *This Report is submitted quarterly to LCHP Finance*
9. LCHP Claims-Based Performance Measure Definitions
  - *This document outlines all 43 Performance Measures with P4P worth for assistance in choosing applicable measures that would be impacted by your proposal.*

SPONSORED BY:  
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Finance Operations

APPROVED BY:  
LCHP Finance  
Committee:  
Executive  
Governance Board  
9-13-17

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TITLE:

Page 1 of 4

Application and Distribution of Grant Funds to Partners for Special  
Projects and Programs Not Funded by the Approved Funds Flow Model

KEY WORDS:

1. Delivery System Reform Incentive Payment (DSRIP)
2. Performing Provider System (PPS)
3. Medicaid
4. Funds Flow
5. Special Projects
6. Stimulus/ Contract Incubator

A. GENERAL POLICY STATEMENT: It is the policy of the Leatherstocking Collaborative Health Partners (LCHP) to distribute DSRIP funds to partners in a compliant and transparent way. This policy outlines the process by which partners may apply for funds, which have been pooled for the purpose of supporting partners endeavors which further LCHP objectives in population health, innovation, partner relationships, financial matters, programs, and contingency planning.

B. SCOPE: This policy applies to all LCHP partners to address a major component of the financial management requirements of LCHP.

C. ACCOUNTABILITY: This policy will be administered by the LCHP Finance Committee, with oversight by the Director, LCHP Finance Operations and Compliance Officer. LCHP project managers will assist in the execution of this policy and thereby share in accountability for implementing therewith.

D. POLICY ELEMENTS

1. Upon receipt of DSRIP Funds, the dollars will be allocated based on the funds flow model to the Stimulus/ Contract Incubator, Tobacco/ Mental Health Substance Abuse (MHSA), and Contingency categories. As part of the communication about receipt of funds, the dollar values of the categories will be depicted to partners and committee chairs after review by EGB.
2. Funds may be requested for the following purposes from the Stimulus/ Contract Incubator Pool. Funds must be accessed through the grant request process utilizing the form shown in Attachment A. Approved requests will be administered through the LCHP Grant Funding Agreement, Attachment C.

a. Innovation Projects:

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These are projects which represent new and different approaches to achieving LCHP objectives. They should be cutting edge and not found elsewhere in DSRIP or related initiatives. They are not intended to meet specific defined regulatory requirements or a need which must be filled by usual program requirement. Ideally, they will be replicable for other LCHP partners as well as other PPS'. They may often be start up endeavors which are important elements in the achievement of LCHP objectives. Funds may be used to move these forward with a plan for sustainability.

b. New Pioneering Relationships between Safety Net and Non Safety Net Providers:

These are intended to serve as unique relationships configured to more effectively engage Community Based Organizations and offer new tactics to accomplish LCHP objectives. These relationships will often be contractual in design. Minimally, these should involve at least one non safety net organization.

c. Value Based Transition Purposes:

The transition to value based reimbursement will have impact in a variety of ways on health and social service organizations. Funds may be accessed to address such circumstances as costs for services not eventually reimbursed by Medicaid, programmatic changes, for example, reduction in bed capacity, closure of a clinic site, or other influence on existing business models, or a threat to financial feasibility. These factors are to be considered in negotiation with third party payments in the move to VBP and requirements for sustainability.

d. Workforce Training, Education, and Development:

Fulfillment of DSRIP requirements indicate the need to address preparation and education of the collective work force providing services and/ or care to patients. For example, incorporation of SBIRT principles in physician offices, ability to conduct motivational interviewing, and new approaches for law enforcement individuals working with the mentally ill population speak to the need for training/ education interventions. Funds may be requested for these types of purposes.

3. In addition, funds may be requested from the Tobacco Cessation and Mental Health Substance Abuse Pools. The purpose is to encourage and support DSRIP-relevant programs relating to tobacco cessation and mental health/substance abuse inclusive of education, strategic planning and implementation, and programmatic outcomes. These are population health management funds which may be accessed by the grant request process utilizing the form in Attachment A and administered through the LCHP Grant Funding Agreement, Attachment C.
4. The Contingency Fund will be managed by LCHP administration for use in addressing unanticipated issues which require resolution for the PPS. This fund is not intended to address unanticipated or support needs for partners as such.
5. Requests for funds will be forwarded by LCHP administration to the associated clinical project team for review and assessment. For

support, a 50 or greater percent of the whole group must vote positively. In the event a proposed project is not related to an existing clinical project team per consultation with the co chairs of the Finance Committee, administration will recommend an ad hoc group or other assembly of partners for review. For example a performance hub steering committee or the group of performance hub champions may serve the purpose in this regard.

6. Criteria that will be used to assess proposals:
  - a. Score on LCHP Proposal review Rubric. (Attachment B)
  - b. Comprehensiveness and completeness of proposal.
  - c. Past contribution of the partner to LCHP success.
  - d. Availability of pool funds as awarded to LCHP.
  - e. Affordability of proposal. LCHP Administration and Finance Committee will assess the dollar amount of proposals in relation to the amount of available funds and number of applicants.
7. In the event a representative of the proposer's organization is a member of the reviewing committee/ group, he/she will refrain from voting.
8. Billable revenue projections must be included in proposals as relevant. The amounts of revenue actually generated will reduce the amount of an award as the proposal is implemented over time.
9. Requestors will be invited to attend the Finance Committee meeting at which proposals will be discussed to present highlights of their proposals and answer questions.
10. LCHP will adhere to DOH/ DSRIP policy with respect to payment to non safety net partners.
11. To ensure adequacy, fairness, and objectivity, all proposals denied by the Finance Committee regardless of amounts requested will be forwarded to the Executive Governance Body for final review and possible overturning of Finance Committee conclusion. Partners whose requests have been denied may request a formal appeal to the Finance Committee to request a re-review of their request. Appeal should be in narrative form and contain the partner's justification as to why they feel the request should have been approved. If appeal is approved by Finance Committee, it will be forwarded to EGB for final review.
12. Fund requests totaling \$25,000 or greater must be approved by the Executive Governance Body.
13. Successful applicants are required to report the status of funds received from LCHP on a quarterly basis through submission of a Quarterly Expense Report for Grant Funds. Reference Exhibit A, part of Attachment C of this policy.

14. Every attempt will be made to expedite review of requests. For approved requests by Finance Committee and Executive Governance Body for requests over \$25,000, an initial check based on an agreed payment schedule, will be forwarded to applicants within twenty-one (21) days after the executed grant fund agreement is received by LCHP.

E. COMMUNICATION

This policy will be communicated to all existing and new partners electronically and will be posted on the LCHP website.

F. DISTRIBUTION

The policy will be distributed upon request and will be contained in the LCHP Manual of Policies and Procedures.

G. ENFORCEMENT

The LCHP Finance Committee and Management are responsible for compliance to this policy.

H. REVISIONS

The Finance Committee is responsible for revisions to this policy with support from the Director LCHP Finance Operations.



# Partner Request for Grant Funds Form

Funds Request Title: \_\_\_\_\_

## **ATTACHMENT A:**

### **To be completed by Partner:**

Partner Name: \_\_\_\_\_

Partner Representative: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Total Amount Requested: \$** \_\_\_\_\_

Date Submitted to LCHP Project Manager: \_\_\_\_\_

Summary of Proposal: \_\_\_\_\_

Please attach your proposal and assure the following components are included:

- |   |   |
|---|---|
| 1. Proposal overview- including purpose, rationale, impact (counties, partners, patients) | 6. Documentation and Dissemination of Results   |
| 2. Impacted Performance Measures/ DSRIP initiatives (if applicable) and timeframes        | 7. Budget- cost and revenue projections, including <u>all</u> potential DSRIP revenues      |
| 3. Proposal goals and outcomes  | 8. Plan for sustainability, post-DSRIP funding  |
| 4. Activities and Time frames   | 9. Other potential sources of funds for proposal  |
| 5. Project Assessment   | 10. List any in kind contribution by the requesting partner (funds, resources, space, etc.) |

*NOTE: Requests for funds for projects already in place or for which full funding is otherwise available are discouraged.*

Check to be written to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**To be completed by LCHP Facilitator:**

Safety Net?

Non-Safety Net?

LCHP Facilitator: \_\_\_\_\_

**Fund Pool (Check):** Tobacco MHSa Innovation Contract Incubator VBP Transitions Workforce

**Funds Request Title:** \_\_\_\_\_

### **Approvals:**

	Date:	Decision:	Approving Committee:
Review Committee (If Applicable)			
Finance Committee			
EGB			

Request # \_\_\_\_\_ (office use only)



## **LCHP Grant Funds Request - Minimum Acceptance Criteria:**

(All applicable criteria must be met to be included in the current round)

1. Patient impact is explicitly and numerically stated, including timeline to impact and % Medicaid
2. Staffing costs and FTE allocations are appropriately stated
3. Goals are explicitly stated and SMART
4. Revenues are estimated and explicitly stated to be included or excluded from requested amount
5. Collaboration with other contracting/referring partners must be explicitly outlined and partners must be shown to be “meaningfully supportive” of the proposal
  - a. Non Safety Net partners (Medicaid less than 30% of total billing) cannot submit a proposal without having identified and engaged a Safety Net partner with whom to contract and flow LCHP funds through
  - b. For clinical staff, is appropriate supervision in place to meet regulatory requirements

<b>Section of Application</b>	<b>Criteria</b>	<b>Max Points</b>
<b>Project Overview (20 points)</b>	A The improvement/innovation/opportunity being addressed is clearly outlined and is aligned with DSRIP goals	5
	B The project activities and approach are not duplicative of regulatory requirements or existing DSRIP Achievement Values including Organizational, Clinical or Patient Engagement metrics or milestones	5
	C The scope of impact (geography, # partners, measure value, # of patients) is appropriate for the requested funds amount	5
	D The project strengthens collaboration across appropriate LCHP partners	5
<b>Proposal Advances LCHP Performance Measures (10 points)</b>	E The proposal has the potential to impact the 43 P4P measure outcomes, including Preventable ED Use	10
<b>Proposal Advances LCHP Workforce (10 points)</b>	F The proposal has the potential to prepare the LCHP Workforce for Value Based Payments	10
<b>Proposal Goals/ Outcomes (10 points)</b>	G The primary goals of the proposal are clearly stated and are Specific, Measurable, Achievable, Relevant and Time-bound (SMART goals)	10
<b>Activities and Time Frames (5 points)</b>	H Specific activities with a timeline are indicated and achievable	5
<b>Project Assessment (10 points)</b>	I It is clear and reasonable how the project goals will be evaluated	5
	J The evidence to be gathered for assessment activities is defined and reasonable	5
<b>Documentation and Dissemination of Results (10 points)</b>	K Means of sharing best practices with LCHP Partners are identified	5
	L Detailed quarterly reporting plans to LCHP are outlined	5
<b>Budget (15 points)</b>	M Budget seems reasonable, balanced, and cost effective and supports stated goals of the proposed project	5
	N The project will be implemented ONLY if requested LCHP funding is received (1 if No, 5 if Yes)	5
	O Proposal includes upfront contribution by requesting partner(s)	5
<b>Plan for Sustainability (10 points)</b>	P Proposal outlines strategies for continuation beyond DSRIP funding	5
	Q Proposal indicates larger-scale project to follow, pending proof-of-concept	5
<b>Total Points:</b>		<b>100</b>

**Note: The purpose of this Rubric is to inform approving bodies of the qualitative merits of a proposal based on many requirements set forth in the LCHP Grant Funds Policy. There is no "passing" score. This Rubric is not inclusive of all considerations for committee approval (Clinical Project, Finance, EGB or other), but rather can be one of many considerations for comparing multiple proposals or determining approval.**



Budgeted Fund Type:	Stimulus/Contract Incubator Fund						Contingency
	Implement-ation	Innovation	Contract Incubator	VBP Transitions	Workforce Training	Grant Projects	
Applicable Projects/Partners:	Withdrawal Management	All Clinical Projects	Safety Net (SN) Partners	All Partners	All Partners	MHSA, Tobacco	LCHP Admin Only
Approved Funding Request Types:	Initiatives Kick-Starting Clinical Project Success	Initiatives Supporting Clinical Project Success	SN/Non-SN Subcontracts Impacting Perf Measures	Services Not Covered, Revenue Loss, Fragile Providers	Workforce Training, Education and Development	Initiatives Supporting Grant Project Success	Unforeseen PPS-Level Costs
<b>Required Steps to be Completed, By Fund Request Type:</b>							
1 Submit Preliminary/Informal Request to LCHP PM or Director	X	X	X	X	X	X	
2 Review Grant Funds Policy & Procedure with PM	X	X	X	X	X	X	
3 Determine Type of Funds to Request	X	X	X	X	X	X	
4 Complete LCHP Funds Request Form & Proposal	X	X	X	X	X	X	
5 Submit Request to LCHP for Rubric Score	X	X	X	X	X	X	
6 Complete Partner Funds Request Addendum	X	X	X	X	X	X	
7 Obtain Appropriate Committee Approval (>50% of voting members)	X	X	X	X	X	X	
8 Present Request to Finance Committee for Approval	X	X	X	X	X	X	X
9 Submit Request to EGB for Approval	>\$25,000 Only	>\$25,000 Only	>\$25,000 Only	>\$25,000 Only	>\$25,000 Only	>\$25,000 Only	X
10 Formal Notification to Partner of Approval/ Denial	X	X	X	X	X	X	
11 Execute LCHP Grant Funding Agreement	X	X	X	X	X	X	
12 Disbursement of Funds	X	X	X	X	X	X	X
13 Submit Quarterly Expense Report	X	X	X		X	X	
14 Submit Quarterly Revenue Report (Revenue-generating requests only)	X	X	X		X	X	
15 Complete Re-Evaluation of Approved Requests by Finance Committee	X	X	X	X	X	X	X
16 Return Unused Funds to LCHP at Expiration of Agreement	X	X	X	X	X	X	X

Voting Deadline:

Request:

Requestor:

As a current voting member of the \_\_\_\_\_ Committee, and per the LCHP Grant Funds Request Policy, I understand that I am responsible for determining if the above referenced proposal for LCHP Grant Funds is clinically appropriate for its intended outcomes.

Only one vote per LCHP contracted partner organization engaged on this committee will be counted so duplicate representatives are encouraged to consult each other on a single vote. The Grant Funds Policy requires a minimum of 50% of all votes be in favor of the proposal by anonymous vote, either during in-person committee or by completing this form and submitting via email to the LCHP representative prior to the voting deadline determined by LCHP. Partners directly receiving funds from LCHP as a result of this proposal are required to abstain from voting.

List of modifications or clarifications to the proposal, agreed to by requesting partner during committee discussion and included in your approval/denial determination:

- 1.
- 2.
- 3.

Check One:

- I am in favor of the proposal
- I am opposed to the proposal

LCHP Contracted Partner Organization: \_\_\_\_\_

Partner Representative: \_\_\_\_\_

Submission Date & Time: \_\_\_\_\_

**LCHP PPS GRANT FUNDING AGREEMENT**

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THIS LCHP GRANT FUNDING AGREEMENT (the “Agreement”) is entered into as of the day of \_\_\_\_\_, 201\_ (the “Effective Date”), by and between **Bassett PPS, LLC doing business as Leatherstocking Collaborative Health Partners** (“LCHP”), with its principal place of business located at 6181 State Hwy. 7, Colliersville, N.Y. 13747 and \_\_\_\_\_ (“PPS Partner”), with its principal place of business located at \_\_\_\_\_, for \_\_\_\_\_ (Funds request title) and \$\_\_\_\_\_ (dollar amount).

**WHEREAS**, LCHP as a lead entity receives funds from the New York State Department of Health (NYSDOH) under the Delivery System Reform Incentive Payment Program (“DSRIP Program”) to be distributed to eligible PPS Partners as determined by LCHP under the Application and Distribution of Grant Funds to Partners Policy approved by LCHP; and

**WHEREAS**, LCHP and the PPS Partner entered into a LCHP Partner Agreement, dated \_\_\_\_\_, 201\_ (“the Partner Agreement”) **and**;

**WHEREAS**, the Partner Agreement contains terms and conditions relating to the parties’ roles in the DOH DSRIP Program, which terms and conditions are incorporated herein by reference; and

**WHEREAS**, the PPS Partner has submitted a written proposal (“Proposal”) to LCHP seeking grant funds, in accordance with approved LCHP policy;

**WHEREAS**, LCHP and the PPS Partner are desirous of entering into this Agreement in support of meeting the performance goals of the DOH DSRIP Program and in order for the Partner to become eligible to receive grant funds from LCHP under the Grant Funds Policy and Procedure.

**NOW, THEREFORE**, in consideration of the terms and conditions contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the parties and intending to be legally bound, the parties agree as follows:

**Section 1. Purpose:**

- 1.01 The intent is to establish a distribution plan that specifies how LCHP grant funds will be distributed to participating partners to incentivize those partners to reach LCHP performance goals.

**Section 2. Eligibility to Receive Funds:**

- 2.01 As a condition precedent to becoming eligible to receive LCHP Grant Funds, the partner must have entered into a PPS Partner Agreement with LCHP or its predecessor and the said agreement must be on file with LCHP prior to fund distribution.
- 2.02 Payments to Non-Safety Net providers will be in accordance with limits established by the DOH.

**Section 3. Methodology:**

- 3.01 In order to receive LCHP Grant Funds, the partner is required to attest its intention in good faith to do the following:
- (a) Comply with the LCHP Application and Distribution of Grant Funds to Partners Policy and Procedure;
  - (b) Complete requests for quarterly reports by the required due date(s) as set forth in Exhibit “A” (Quarterly Expense Reports) and/or when the LCHP Finance Office requests such information; and
  - (c) Work with appropriate staff at its organization to implement project goals as agreed by LCHP and PPS partner.

**Section 4. Recoupment of Grant Funds:**

- 4.01 LCHP Grant Funds may be subject to recoupment or recovery based upon internal review or audit if it is determined that funds are willfully misused or the PPS Partner fails to substantially comply with its proposal as determined by LCHP in its sole and absolute discretion or the information relied upon for payment purposes was misreported or falsely stated or if the NYSDOH made an error in determining the payment or for any other reason either NYSDOH or the New York State Office of Medicaid Inspector General (“NYSOMIG”) or third party determines an overpayment was made to LCHP or the PPS Partner.
- 4.02 In the event any LCHP Grant Funds paid to the PPS Partner are subject to recoupment as provided in Section 4.01 above or by the NYSDOH, NYSOMIG or any third party for any reason, PPS Partner within ten (10) days following written request by LCHP shall pay to LCHP the amount that is subject to recoupment. In the event the PPS Partner fails to pay to LCHP the grant funds subject to the recoupment within ten (10) days following receipt of LCHP’s written request, LCHP shall be entitled to seek to recover from the PPS Partner the said funds, together with reasonable attorney’s fees and litigation expenses associated with recovering the said grant funds from the PPS Partner. In lieu of seeking recovery from the PPS Partner, LCHP, in its sole and absolute discretion, shall be entitled to deduct the recouped amount from future LCHP Grant Funds payments due the PPS Partner.
- 4.03 The parties acknowledge that in the event LCHP, in its sole and absolute discretion, determines the amount of recouped funds cannot be recovered from a PPS Partner, LCHP may reduce the amount of future grant fund payments due all other eligible PPS Partners on a pro-rata basis to recover the involved sought-after amount of the recouped funds.

**Section 5. Distribution of Funds:**

- 5.01 Upon the approval of the partner grant funding request by the Finance Committee, the Executive Governance Board (“EGB”) will review proposals greater than \$25,000 and

determine whether it agrees to the release of the grant funds. If the EGB agrees to the release of the said grant funds, LCHP will initiate the process of distributing the funds in accordance with approved policy. Partner must have completed to LCHP's satisfaction all compliance obligations and submitted all required information by the required deadlines in order to have LCHP Grant Funds distributed to it within twenty one (21) days of Grant Funding Agreement execution. EGB will not review requests less than \$25,000; Finance committee review be final and the above process will apply.

Payments will be made consistent with a schedule as agreed by the parties.

- 5.02 After Grant Funds are received from LCHP, the PPS Partner is not restricted from making payments to other in-network or out-of-network providers (e.g., contracts for DSRIP-supportive services).

**Section 6. Indemnification:** To the fullest extent permitted by law the PPS Partner shall indemnify and hold harmless LCHP, its directors, trustees, officers, agents, members, employees, successor and assigns (the "Indemnified Parties"), from and against any and all losses, costs, damages, injuries, liabilities, claims, demands, penalties, interest, and causes of action, including without limitation reasonable attorney's fees and litigation expenses, arising out of, resulting from or related to the PPS Partner's performance under this Agreement, compliance with DSRIP Program requirements, receipt and use of LCHP Grant Funds and the breach of this Agreement by the PPS Partner resulting in a first party claim by LCHP or its assignee against the PPS Partner.

**Section 7. Assignment:** Except as otherwise provided in this Agreement, a party to this Agreement shall not assign or transfer its rights, duties or obligations under this Agreement without the prior written consent of the other party; which consent shall not be unreasonably withheld, delayed or conditioned; provided, LCHP shall be permitted to assign this Agreement to an affiliate, subsidiary, or related organization. Upon such assignment, LCHP shall be released and relieved from all obligations, responsibilities, liabilities and claims arising out of or relating to this Agreement. Other than as expressly provided by this Agreement, any attempted assignment, by operation of law or otherwise, shall be void and unenforceable. This Agreement shall inure to the benefit of and shall bind the successors and permitted assignees of the parties hereto.

**Section 8. No Third Party Beneficiary:** This Agreement is entered into by and between LCHP and PPS Partner for their benefit. Except as specifically provided herein, no third party shall have any right to enforce any right or enjoy any benefit created or established under this Agreement.

**Section 9. Governing Law:** This Agreement shall be governed by and construed in accordance with the laws of the State of New York without regard to any conflict of laws principles. THE PARTIES HERETO EXPRESSLY WAIVE ANY AND ALL JURY TRIAL RIGHTS IN CONNECTION WITH THIS AGREEMENT AND OF ANY CLAIM, DEMAND, ACTION, PROCEEDING OR CAUSE OF ACTION ARISING UNDER, RELATING TO, OR IN CONNECTION WITH THIS AGREEMENT. ANY ACTION OR PROCEEDING ARISING OUT OF OR RELATING TO THIS AGREEMENT SHALL BE EXCLUSIVELY VENUED IN THE NEW YORK STATE SUPREME COURT IN AND FOR THE COUNTY OF OTSEGO AND STATE OF NEW YORK AND EACH PARTY WAIVES ANY DEFENSE OF FORUM NON CONVENIENS.

**Section 10. Amendment:** This Agreement may not be changed or modified in any manner except by an instrument in writing signed by a duly authorized officer of each of the parties hereto.

**Section 11. Notices:** All notices and other communications under this Agreement shall be in writing and shall be deemed given when: (a) delivered by hand; (b) transmitted by telecopier with automatic confirmation of transmission; (c) delivered by FedEx or other reputable express delivery service, or registered or certified mail, return receipt requested, postage prepaid; or (d) an attempted delivery by one of the means described in the foregoing subparagraphs (a) through (c) is refused by the addressee, in each case to the parties at their respective address below.

If to LCHP:

Executive Director  
Leatherstocking Collaborative Health Partners  
P.O. Box 145  
6181 State Hwy 7  
Colliersville, N.Y. 13747  
Facsimile No. (607) 353-7430

If to PPS Partner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

or at such other address, and to the attention of such other person, as either LCHP or PPS Partner may designate in writing from time to time.

**Section 12. Waiver of Breach:** No course of dealing between the parties, and no delay by either party in exercising any right, power or remedy, shall operate as a waiver or otherwise prejudice the exercise by the party of that right, power or remedy against that or any other party.

- Section 13. Severability:** Each provision hereof is intended to be severable. If any term or provision is illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity of the remainder of this Agreement.
- Section 14. Compliance With The Law:** Parties agree that they will comply with all federal, state and local laws and regulations regarding the subject matter of this Agreement.
- Section 15. Compliance Plan:** If required by federal or state law, the parties shall each be responsible to maintain and enforce their own compliance policy and procedure.
- Section 16. Survival:** The provisions of Sections 4, 6 and 9 herein shall survive termination of this Agreement.
- Section 17. Counterparts:** This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. It shall not be necessary in making proof of this Agreement to produce or account for more than one counterpart hereof. Signatures to this Agreement which are distributed to the parties via facsimile or other electronic means (including PDF) shall have the same effect as if distributed in original form to all parties.
- Section 18. Headings:** All headings contained in this Agreement are inserted as a matter of convenience and for ease of reference only and shall not be considered in the construction or interpretation of any provision of this Agreement.
- Section 19. Agreement Drafted By All Parties:** This Agreement is the result of arm's length negotiations between the parties and shall be construed to have been drafted by all parties such that any ambiguities in this Agreement shall not be construed against either party.
- Section 20. Entire Agreement:** This Agreement, together with the exhibits attached hereto, constitutes the entire agreement between the parties in connection with the subject matter hereof and supersedes all prior and contemporaneous agreements, understandings, negotiations and discussions, whether oral or written, of the parties, and there are no warranties, representations and/or agreements between the parties in connection with the subject matter hereof except as specifically set forth or referred to herein. In the event of any conflict between the body of this Agreement and the PPS Partner Agreement or any exhibits, the terms and provisions of this Agreement shall control.

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement as of the Effective Date.

**BASSETT PPS, LLC d/b/a LEATHERSTOCKING  
COLLABORATIVE HEALTH PARTNERS**

By: \_\_\_\_\_  
Leonard Lindenmuth, Executive Director

Date: \_\_\_\_\_

**PPS PARTNER:**

\_\_\_\_\_

By: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_



**Leatherstocking Collaborative Health Partners  
Quarterly Expense Report for Grant Funds:**

**Partner Name:** \_\_\_\_\_  
**Project Name:** \_\_\_\_\_  
**Project Ref. Number** \_\_\_\_\_  
**Period Ending:** \_\_\_\_\_ **Submitted by:** \_\_\_\_\_

EXPENSE (PROVIDE EXPLANATION AND JUSTIFICATION)

Personnel	Budget*	Actual
<b>Subtotal: Personnel</b>	\$ -	\$ -
Supplies & Equipment	Budget*	Actual
<b>Subtotal: Supplies &amp; Equipment</b>	\$ -	\$ -
Marketing & Advertising	Budget*	Actual
<b>Subtotal: Marketing &amp; Advertising:</b>	\$ -	\$ -
Other	Budget*	Actual
<b>Subtotal: Other</b>	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -

**Revenue Sources**

REVENUE (PROVIDE BRIEF DESCRIPTION)	Budget*	Actual
<b>Government:</b>		
<b>Business:</b>		
<b>Foundations:</b>		
<b>Individuals:</b>		
<b>Memberships:</b>		
<b>Other Earned Income:</b>		
<b>Other:</b>		
<b>TOTAL</b>	\$ -	\$ -

\* For variances exceeding 5% of budget, please provide a detailed explanation.

Spend - Year to Date		
Item Description	Budget	Spent YTD
Salary		
Benefits		
<b>Totals</b>	\$ -	\$ -

Electronic Form Example  
Please Do Not Use

Measure Name	Numerator Description	Denominator Description	Lower Value Better?	P4P Measure Worth
Adult Access Preventive (20 - 44)	# of adults who had an ambulatory or preventive care visit during the measurement year	# of adults ages 20 to 44 as of June 30 of the measurement year	FALSE	\$ 427,557
Adult Access Preventive (45 - 64)	# of adults who had an ambulatory or preventive care visit during the measurement year	# of adults ages 45 to 64 as of June 30 of the measurement year	FALSE	\$ 427,557
Adult Access Preventive (65 and Older)	# of adults who had an ambulatory or preventive care visit during the measurement year	# of adults ages 65 and older as of June 30 of the measurement year	FALSE	\$ 427,557
Antidepressant Medication Mgmt (Acute)	# of people who remained on antidepressant medication during the entire 12-week acute treatment phase	# of people 18 and older who were diagnosed with depression and treated with an antidepressant medication	FALSE	\$ 361,149
Antidepressant Medication Mgmt (Cont)	# of people who remained on antidepressant medication for at least six months	# of people 18 and older who were diagnosed with depression and treated with an antidepressant medication	FALSE	\$ 361,149
Antipsychotic Medication Adherence	# of people who remained on an antipsychotic medication for at least 80% of their treatment period	# of people, ages 19 to 64 years, with schizophrenia who were dispensed at least 2 antipsychotic medications during the measurement year	FALSE	\$ 722,298
Asthma Medication Ratio (5 - 64 Years)	# of people with a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year	# of people, ages 5 to 64 years, who were identified as having persistent asthma	FALSE	\$ 625,953
Child Access - Primary Care (12 to 19)	# of children who had a visit with a primary care provider during the measurement period or year prior	# of children ages 12 to 19 years as of June 30 of the measurement year	FALSE	\$ 323,907
Child Access - Primary Care (12 to 24 Months)	# of children who had a visit with a primary care provider during the measurement period	# of children ages 12 to 24 months as of June 30 of the measurement year	FALSE	\$ 323,907

Measure Name	Numerator Description	Denominator Description	Lower Value Better?	P4P Measure Worth
Child Access - Primary Care (25 Months to 6)	# of children who had a visit with a primary care provider during the measurement period	# of children ages 25 months to 6 years as of June 30 of the measurement year	FALSE	\$ 323,907
Child Access - Primary Care (7 to 11)	# of children who had a visit with a primary care provider during the measurement period or year prior	# of children ages 7 to 11 years as of June 30 of the measurement year	FALSE	\$ 323,907
Child ADHD Medication F/U (Continuation)	# of children who, in addition to the visit in the Initiation Phase, had at least 2 follow-up visits in the 9- month period after the initiation phase ended	# children ages 6 to 12 years, who were newly prescribed ADHD medication and remained on the medication for 7 months	FALSE	\$ 209,423
Child ADHD Medication F/U (Initiation)	# of children who had one follow-up visit with a practitioner within the 30 days after starting the medication	# of children, ages 6 to 12 years, who were newly prescribed ADHD medication	FALSE	\$ 209,423
CV Monitoring (CV & Schizophrenia)	# of people who had an LDL-C test during the measurement year	# of people, ages 18 to 64 years, with schizophrenia and cardiovascular disease	FALSE	\$ 722,298
Diabetes Monitoring (DM & Schizophrenia)	# of people who had both an LDL-C test and an HbA1c test during the measurement year	# of people, ages 18 to 64 years, with schizophrenia and diabetes	FALSE	\$ 722,298
Diabetes Screening (Antipsychotic Medication)	# of people who had a diabetes screening test during the measurement year	# of people, ages 18 to 64 years, with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication	FALSE	\$ 722,298
Engagement of Alcohol/Drug Treatment	# of people who initiated treatment AND who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit	# of people age 13 and older with a new episode of alcohol or other drug (AOD) dependence	FALSE	\$ 361,149

Measure Name	Numerator Description	Denominator Description	Lower Value Better?	P4P Measure Worth
Follow Up after MH Inpatient (30 Days)	# of discharges where the patient was seen on an ambulatory basis or who was in intermediate treatment with a mental health provider within 7 days of discharge	# of discharges between the start of the measurement period to 30 days before the end of the measurement period for patients ages 6 years and older, who were hospitalized for treatment of selected mental health disorders	FALSE	\$ 361,149
Follow Up after MH Inpatient (7 Days)	# of discharges where the patient was seen on an ambulatory basis or who was in intermediate treatment with a mental health provider within 7 days of discharge	# of discharges between the start of the measurement period to 30 days before the end of the measurement period for patients ages 6 years and older, who were hospitalized for treatment of selected mental health disorders	FALSE	\$ 361,149
Initiation of Alcohol/Drug Treatment	# of people who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the index episode	# of people age 13 and older with a new episode of alcohol or other drug (AOD) dependence	FALSE	\$ 361,149
Medication Mgmt for Asthma (50%)	# people who filled prescriptions for asthma controller medications during at least 50% of their treatment period	# of people, ages 5 to 64 years, who were identified as having persistent asthma, and who received at least one controller medication	FALSE	\$ 312,976
Medication Mgmt for Asthma (75%)	# people who filled prescriptions for asthma controller medications during at least 75% of their treatment period	# of people, ages 5 to 64 years, who were identified as having persistent asthma, and who received at least one controller medication	FALSE	\$ 312,976
PAM Level	Interval measure of % of members of total with Level 3 or 4 on PAM	Baseline measure of % of members of total with Level 3 or 4 on PAM	FALSE	\$ 982,438
PDI 14 - Pediatric Asthma	# of admissions with a principal diagnosis of asthma	# of people ages 2 to 17 as of June 30 of the measurement year	TRUE	\$ 625,953

Measure Name	Numerator Description	Denominator Description	Lower Value Better?	P4P Measure Worth
PDI 90 - Pediatric Composite	# of admissions which were in the numerator of one of the pediatric prevention quality indicators	# of people 6 to 17 years as of June 30 of measurement year	TRUE	\$ 1,295,627
Potentially Avoidable Readmissions	# of readmission chains (at risk admissions followed by one or more clinically related readmissions within 30 days of discharge)	# of people as of June 30 of the measurement year	TRUE	\$ 1,295,627
Potentially Preventable ED Visits (BH)	# of preventable emergency visits as defined by revenue and CPT codes	# of people with a BH diagnosis (excludes those born during the measurement year) as of June 30 of measurement year	TRUE	\$ 722,298
Potentially Preventable ED Visits	# of preventable emergency visits as defined by revenue and CPT codes	# of people (excludes those born during the measurement year) as of June 30 of measurement year	TRUE	\$ 1,295,627
PQI 15 - Asthma Younger Adults	# of admissions with a principal diagnosis of asthma	# of people ages 18 to 39 as of June 30 of the measurement year	TRUE	\$ 625,953
PQI 90 - Overall Composite	# of admissions which were in the numerator of one of the adult prevention quality indicators	# of people 18 years and older as of June 30 of measurement year	TRUE	\$ 1,295,627
Screening for Clinical Depression & Follow-up	# of people screened for clinical depression using a standardized depression screening tool, and if positive, with follow-up within 30 days.	# of people with a qualifying outpatient visit who are age 18 and older	FALSE	\$ 418,846
Use of Primary & Preventive Care Svc (NU and LU Members)	The % of NU and LU Medicaid members who do not have at least one claim with a preventive services CPT or equivalent code.	Baseline percentage of NU and LU Medicaid members who do not have at least one claim with a preventive services CPT or equivalent code.	FALSE	\$ 982,438