

**CHANGE REQUEST
(PLAN MODIFICATION REQUEST AND TECHNICAL CHANGE
REQUEST)
COMPANION DOCUMENT**

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Overview

Per the Program Funding and Mechanics Protocol, a DSRIP provider may submit requests to change elements of an existing DSRIP project prospectively, including milestones and metrics, with good cause. This companion document provides instructions to DSRIP providers on how to request approval to change elements of their DSRIP projects for **demonstration year (DY) 4 and/ or DY5**. Providers should not submit requests to change their projects for DY2 or DY3. Also, providers should not submit requests to change their Category 3 outcome measures through this change request process; requests for changes to Category 3 outcome measures will be addressed through the separate Category 3 review process.

There are two types of changes that providers can request through this change request process: **plan modifications** and **technical changes**.

A **plan modification** is a:

1. Change to the type/ scope of services provided;
2. Change to the quantifiable patient impact (QPI) (either the number of patients served or the number of encounters provided);
3. Change to a milestone/ metric;
4. Change to the percentage of the population targeted by the project who is Medicaid/ low-income uninsured;
5. Change to a core component;
6. Change to the number/ type of staff to be hired; or
7. Change that may cause a project to vary from the selected project option (e.g., if the project is required to use an evidence-based model and the provider is changing the model being used).

A **technical change** is a change that does not meet the criteria for a plan modification (e.g., a minor change that does not impact the type/ scope of services provided). Examples of technical changes include expanding a project to an additional county, and updating the QPI goals in the narrative to match the QPI goals in the workbook. Providers are not required to submit technical change requests, unless:

1. The project narrative is missing the project summary; and/ or
2. The project narrative still contains the milestones/ metrics table.

Otherwise, providers are not required to submit technical change requests, but may submit them if they so choose. Technical changes may be helpful to reflect in the narrative for reporting and compliance monitoring purposes; i.e., since the narrative is one of the key pieces of the project that may be reviewed for reporting and monitoring, it should accurately reflect the project. However, providers are strongly discouraged from submitting technical change requests to correct minor grammatical/spelling errors and/ or formatting issues in their narratives.

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HHSC will take action on plan modification requests using a CMS-approved approach, criteria, and checklist. HHSC will notify providers in writing of any questions or concerns identified. Once the projects are determined by HHSC to meet the approved criteria, the plan modifications will be approved and HHSC will notify CMS. Substantial reductions in project scope (such as reductions to quantifiable patient impact, as well as significant changes in the hiring of staff and completion of core components) will be subject to a secondary review and ongoing compliance monitoring by the independent assessor. If the independent assessor disagrees with HHSC's assessment to approve a plan modification, CMS will have an opportunity to review the plan modification and request a re-review by HHSC.

This will be the last opportunity for providers to initiate plan modification requests and technical change requests to 4-year projects for DYs 4-5 and 3-year projects for DY4 for most issues. There will be some additional plan modifications initiated by HHSC/the compliance monitor during the midpoint assessment review (e.g. if a project achieved its DY5 QPI goal in DY3, it will need to increase its future goal(s)).

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Timeline

- **July 9, 2014** – HHSC posts change request information to the Transformation Waiver website under [Tools and Guidelines for Regional Healthcare Partnership Participants - Change Requests \(Plan Modification and Technical Change Requests\)](#).
- **July 10, 2014, 2:00 pm** – Change Request Webinar. Please refer to the Transformation Waiver website for dial-in information.
- **August 1, 2014** – Final date to submit questions regarding change requests to HHSC at TXHealthcareTransformation@hhsc.state.tx.us with SUBJECT: CHANGE REQUEST QUESTION – RHP# – PROJECT ID#.
- **August 8, 2014, 5:00 pm** – Anchors submit completed Change Request Forms and revised project narratives, as appropriate, to HHSC. Performing providers must submit their completed Change Request Forms and revised project narratives, as appropriate, to the anchor prior to August 8 (by the date specified by the anchor) to compile and send in one submission packet to HHSC by the due date. Anchors should email the files, or one or more links to the files, to: TXHealthcareTransformation@hhsc.state.tx.us.
- **September 12, 2014** – HHSC: 1) provides feedback to the anchors on change requests; 2) revises the project narratives as appropriate and sends them to the anchors; and 3) updates providers' milestone/ metric workbooks to reflect plan modification requests and posts the updated workbooks to the Transformation Waiver website.
- **September 26, 2014, 5:00 pm** – Anchors submit responses to HHSC feedback and revised narratives, as appropriate. Performing providers must submit responses to HHSC feedback and revised narratives, as appropriate, to the anchor prior to September 26 (by the date specified by the anchor) to compile and send in one submission packet to HHSC by the due date. Anchors should email the files, or one or more links to the files, to: TXHealthcareTransformation@hhsc.state.tx.us.

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Process

- Each performing provider that seeks to change one or more of their DSRIP projects for DY4 and/or DY5 must complete one Change Request Form.
- The provider will enter their RHP number and TPI number into the "Provider Info. & Cat. 4" tab of the Change Request Form. This will generate a list of all the provider's DSRIP projects.
- For each project, the provider will indicate if they are requesting one or more plan modifications and/ or technical changes to the project. They will then create a tab for each project for which they indicate they are requesting a plan modification and/ or technical change.
 - Once a provider creates the project tabs for the projects they want to change, they cannot go back later and make changes to the projects they want to change. Therefore, if a provider is not sure if they will request a change for a project, they should create a tab for the project; if they later decide not to submit a change request for that project, they can indicate 0 plan modifications and 0 technical changes in that project tab.
- In each project tab, the provider will enter the number of plan modifications and/ or technical changes they are requesting for the project. This will generate the appropriate number of change requests for the project within the project tab (i.e., Change Request #1, Change Request #2, etc.).
- If the plan modification or technical change request impacts the project narrative, the provider will revise the project narrative to reflect the change.
- The provider will send the completed Change Request Form and the revised project narrative(s), as appropriate, to the anchor.
- The anchor will compile the forms and revised narratives for all providers in the RHP and submit them to HHSC by **Friday, August 8, 2014 at 5:00 pm.**

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Resources for Change Requests

Please review/ utilize the following documents in developing your change requests. All are located at <http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml>. Please note that files labeled as XLSX or XLSM Excel files may be difficult to open using Internet Explorer. We suggest trying a different browser, such as Safari, Firefox, or Google Chrome to access those files.

- **Change Request Form** – The Change Request Form is the file that providers seeking to change one or more of their DSRIP projects in DY4 and/ or DY5 must complete. Providers should save the file under the file name “CRF – RHP# - PROVIDER TPI#”.
- **Most Recent Project Narratives** – The most recent Category 1 and 2 project narratives for 4-year and 3-year projects. These narratives are based on initial RHP Plan submission (Spring 2013), changes through Phase 1 (Summer 2013 – responses to CMS Initial Review Findings), and changes through Phase 4/Plan Modifications (Winter 2013). *If you need to make changes to the project narrative to reflect your change request(s), save the project narrative as a Microsoft Word document (pdf files will not be accepted). Do not rename the narrative file. Then revise the narrative as appropriate to reflect your change request(s). Your changes will appear in track changes, as HHSC has set up the narrative files to track changes made by the provider. Please do not alter the Track Changes settings in Microsoft Word.*
- **Master Summary Workbooks/Most Recent Milestones and Metrics for 4-year Projects** – The Master Summaries (one per region) include the most recent milestones and metrics for 4-year projects. They also include the most recent Category 4 and IGT information.
- **All Regions 3-Year Projects Workbook** – The All Regions 3-Year Projects workbook includes the most recent milestones and metrics for 3-year projects. It also includes the most recent Category 4 and IGT information. Note that the projects that have not been approved by HHSC and CMS are not included in the file. Also, the file includes projects for RHP 16 that may not all be funded. These projects are included as originally submitted as of 07/03/14.
- **QPI Summary** – The QPI Summary provides the most recent QPI metrics as included in the Master Summaries. It also includes the Medicaid/Low-income Uninsured (LIU) percentages as submitted in Phase 2 – QPI (Summer 2013) or updated through Phase 4/Plan Modifications (Winter 2013). *Separate from the change request process, HHSC needs to obtain some additional information for 457 projects on what percentage of the project is estimated to benefit the LIU population. When these projects submitted their Medicaid/LIU percentage for Phase 2, they provided a combined percentage for these two target populations of the waiver, which was allowed. In order to respond to a Legislative inquiry regarding the estimated impact of DSRIP specifically on the LIU population, HHSC needs these 457 projects to break down their estimates between Medicaid and LIU. For most projects, these estimates are in the narrative, but are not requirements in the metrics. Instead, providers are required to report qualitatively regarding the estimated Medicaid/LIU percentage served by the project as part of the semi-annual qualitative reporting on each project. HHSC has asked each anchor to work with the providers on the list of*

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457 projects to break out the percentages for these projects and for the anchor to return the file to HHSC by Monday, July 28, 2014.

- **Category 1 and 2 Menus (skinny menu)** – These menus are the 3-year project menus, and they include the milestones/metrics that may be added through Plan Modifications.
- **Category 3 Feedback** - Providers will have received their initial feedback on the Category 3 selections made in March 2014 no later than July 28, 2014. Providers MAY use this initial feedback to make changes to their Category 1 or 2 project narratives (format for changes described on p. 18 of this document); however, providers will also have the option to update the project narratives during Full Plan submission, anticipated at the end of DY3, after the Category 3 selections are finalized. **For those providers that received HHSC feedback that the selected outcome duplicates a Category 1 or 2 project milestone, a plan modification may be required to remove this duplication.**
- **IGT Entity Change Form** – The IGT Entity Change Form may be used if you have changes in IGT Entity or proportion of IGT funding and can be found at <http://www.hhsc.state.tx.us/1115-docs/DY3-Templates/April2014/IGT-Entity-Change-Form.xlsx>. This form may be submitted to the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us. IGT Entity changes do not need to be submitted through the Change Request process.

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General Guidance

- Performing providers may not submit change requests for DY2 or DY3.
- Performing providers may not submit a change request to increase a project's valuation.
 - If a performing provider determines that they are not able to carry out a project based on the approved valuation, they may submit a change request to narrow the scope of the project, which HHSC will review in light of the approved valuation.
- **Performing providers may not rescind a submitted change request.** (For example, if a change request is submitted and HHSC/CMS determine that based on that change request the project's valuation must be reduced, the provider cannot decide not to do the change request. The provider's decision will be whether to move forward with the project at the reduced value or whether to withdraw the project.)
- A single change request that impacts both DY4 and DY5 is considered one change request.
- If a provider submits a change request to reduce the quantifiable patient impact (QPI) or Medicaid/low-income uninsured percentage, the project's valuation may be reduced. Other changes that significantly reduce the scope of a project also may result in a valuation reduction.
- All changes that are substantial reductions in project scope (such as reductions to QPI, as well as significant changes in the hiring of staff and completion of core components) will be subject to a secondary review and ongoing compliance monitoring by the independent assessor.

Narrative Changes

- If the plan modification or technical change request impacts the project narrative, the provider needs to revise the most recent version of the project narrative posted at <http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml> to reflect the change and submit the revised narrative with the Change Request Form.
 - HHSC has set up the narrative files to track changes made by the provider. Please do not alter the Track Changes settings in Microsoft Word.
 - Please do not rename the project narrative files.
- A request to make minor, clean-up changes to the narrative is considered one technical change request.

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Milestone/ Metric Changes

- Any change to a milestone/ metric requires a plan modification. Options for changing milestones/ metrics include adding a milestone/ metric, deleting a milestone/ metric or revising a milestone/ metric.
- A separate plan modification request must be submitted for each milestone/ metric that is added, deleted, or revised. However, if the same milestone/ metric is added, deleted, or revised for both DYs 4 and 5, only one plan modification request must be submitted.
- If a provider would like to replace a milestone/ metric with a different milestone/ metric, they must submit two separate plan modification requests: one to delete the current milestone/ metric, and one to add the new milestone/ metric.
- A performing provider is not eligible for payment for a metric unless all of the metric goals are achieved. For example, a provider is not eligible for payment for a metric that has two goals if the provider achieves one of the goals but not the other. For this reason, HHSC encourages providers that have metrics with two or more goals to consider submitting plan modification requests to separate them out into separate metrics, especially if the provider thinks it may achieve them at different times. This would be done for a two-goal metric as follows:
 - Plan Modification #1 – Revise the current metric to delete one of the goals.
 - Plan Modification #2 – Add a metric with the goal that was deleted from the current metric.
- If a provider submits a plan modification request to delete a milestone/ metric, the provider is strongly encouraged to submit a separate plan modification request to add a comparable milestone/ metric in its place UNLESS the request is to delete the QPI milestone/ metric in DY5 (or for a 3-year project, to delete a QPI milestone/ metric in DY4 or DY5), in which case the provider is required to submit a separate plan modification request to add a QPI milestone/ metric in the applicable DY.
 - Examples of milestones/ metrics that providers may consider adding include:
 - Milestones/ metrics related to core components that demonstrate major activities of the project.
 - Robust continuous quality improvement (CQI) milestones/ metrics such as:
 - Milestone: Review project data and respond to it every week with tests of new ideas, practices, tools, or solutions. This data should be collected with simple, interim measurement systems, and should be based on self-reported data and sampling that is sufficient for the purposes of improvement.
 - Metric: Description of and the number of new ideas, practices, tools, or solutions tested by each provider each week. Could be summarized at quarterly intervals.
 - Milestone: Participate in at least bi-weekly interactions (meetings, conference calls, or webinars) with other providers and the RHP to promote

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collaborative learning around shared or similar projects. Participation should include: 1) sharing challenges and any solutions; 2) sharing results and quantitative progress on new improvements that the provider is testing; and 3) identifying a new improvement and publicly commit to testing it in the week to come.

- Metric: Number of bi-weekly meetings, conference calls, or webinars organized by the RHP that the provider participated in.
 - Metric: Share challenges and solutions successfully during this bi-weekly interaction.
- A general goal of DSRIP is to show increased capacity and enhanced services compared to what existed prior to the project, and also as the waiver progresses. As such, each metric has a baseline and goal in which the provider states what the baseline is for a metric, and what the DSRIP goal will be. For example, if a clinic already has 2 doctors and is hiring 1 more doctor, the baseline would be 2 and the goal would be 1 additional doctor for a total of 3 doctors. For QPI metrics, the baseline would be the volume of individuals served/ visits provided prior to the project, and the goal would be how many more individuals will be served/ visits provided in a given year due to the project.
 - HHSC encourages DSRIP providers to review each project's narrative and milestones/metrics to ensure that the project's baselines and goals are as clear as possible and that there is consistency between the narrative and the milestones/metrics.
 - When project achievement is reported, the review prior to payment is based on the project-specific metric language, but also relies on the content of the project narrative. The DSRIP mid-point assessment and ongoing compliance monitoring also will utilize the full project (narrative and milestones/metrics).
 - For non-QPI metrics, the goal was sometimes stated as improvement over the previous year or improvement over a pre-DSRIP baseline. Either is fine, but HHSC recommends that providers review project metrics to ensure they're consistent with the goals of the project.
 - A provider may request to modify the baseline and/or goal for a metric through a plan modification, and should always provide a clear explanation of why the change is being requested.

Quantifiable Patient Impact (QPI) Metric Overview

After initial CMS project approvals in spring 2013, HHSC required that all projects have a quantifiable patient impact (QPI) metric for DY5, and strongly encouraged QPI metrics for DY4 and DY3 as applicable to the project. Three-year projects are required to have QPI metrics in both DY4 and DY5. QPI metrics should show how many additional individuals are served or how many additional encounters are provided each DY due to the project. These metrics, along with the percentage of individuals/encounters that include the waiver's target populations (Medicaid and the low income uninsured individuals) were used to inform the valuation review for the projects. Since QPI is a complex

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issue, HHSC is providing an overview of QPI in this companion for providers to review in case they plan to submit change requests related to QPI metrics.

Pre-DSRIP baseline information for QPI metrics typically would reflect the year prior to the year the project starts to measure the impact of the project in serving additional individuals or providing additional encounters (e.g., depending on when a DSRIP project started serving new patients or additional patients, the pre-DSRIP baseline year might be DY2 or DY1). For brand new projects, the pre-DSRIP baseline was zero individuals or encounters. For projects that expand an existing program or services, there is a pre-DSRIP baseline greater than zero that the project seeks to build on. While the provider must show that it is serving additional individuals or providing more encounters than the pre-DSRIP baseline, the pre-DSRIP baseline number is not counted as part of the QPI attributable to the project since it existed prior to the project.

Goal information for QPI metrics should be the annual (DY) goal for the increased number of individuals served or encounters provided compared to the pre-DSRIP baseline year. In the case of QPI metrics that measure individuals, the individuals should be unduplicated during a year, but do not need to be unduplicated year to year, so if a care management program successfully retains the same individual as an enrollee in DY4 and DY5, that individual counts as one enrollee for the program in each year (so would count as two individuals for cumulative QPI purposes).

For this round of plan modifications and future reporting instructions, HHSC will work to better explain the difference between the "pre-DSRIP baseline" (level of services prior to the project) and a baseline that a provider may establish as part of its DSRIP project. For example, if a provider is opening a new clinic or beginning a new program, then in the first year of the program the provider may have a metric to establish the first year's volume for the program that it refers to in a DY2 or DY3 metric as the project's baseline, and in many cases the provider's goals in subsequent DYs build on this number. For example, a project may have a DY2 (non-QPI) metric to establish the first year's number of visits for a new primary care clinic (1000 visits), and then have QPI metrics in DY3-5 to increase that volume to 1200, 1400 and 1600 visits per year, respectively. In this case, since the 1000 visits in DY2 were due to the project, those 1000 visits are counted toward the project's QPI goals in DY3-5.

Another source of confusion for some providers has been the fact that HHSC shows cumulative QPI goals in the project workbooks. This cumulative number is needed to review for payment since QPI metrics may be carried forward into the subsequent DY for late achievement if they're not achieved by the end of the year designated in the plan. For instance, a provider must fully achieve its QPI goal for DY3 if carried forward into DY4 before it begins to count its QPI goal for DY4.

For change requests, providers will submit annual QPI goals (see shaded columns in the four examples that follow). These numbers should reflect the additional individuals/encounters the project is aiming for during that DY compared to the pre-DSRIP baseline. HHSC staff will convert this number to a cumulative number in the workbook for reporting review so that the metric reflects both the annual QPI goal and the cumulative QPI goal (and HHSC has pre-populated the QPI metrics in the workbooks with the current cumulative QPI goals). HHSC will provide more detailed instructions prior to October 2014

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reporting, when providers will have another opportunity to demonstrate achievement of DY3 QPI metrics. For DY3, projects will need to demonstrate that they achieved the DY3 QPI goal in addition to the project's pre-DSRIP baseline. For future DYs, if a project carries forward its DY3 (or DY4) QPI metric for late achievement, the provider will first need to demonstrate achievement of the earlier year's QPI metric prior to achieving the subsequent year's QPI's goal, which is how HHSC will use the cumulative goal information.

QPI Example 1 (New Project - Encounters): If a new primary care clinic is opening during DY2, then the pre-DSRIP baseline would be zero encounters. The QPI metrics show how many additional visits will be provided each year in DY3-5 due to the new clinic. If a clinic provided 1000 visits in DY2 (its first year of operation as a DSRIP project), and the goal is to provide an additional 400 visits in DY3, 600 visits in DY4 and 800 visits in DY5, then the project's QPI would be 1400 visits in DY3, 1600 visits in DY4 (for a cumulative DY3-4 QPI of 3000 encounters), and 1800 visits in DY5 (for a cumulative DY3-5 QPI of 4800 encounters). All of these 4800 encounters over the three years (DY3-5) are attributable to the project.

	Pre-DSRIP Encounters Baseline	Annual Additional Encounters Goal (QPI) - for Change Requests	Total Annual Encounters (Baseline + QPI)	Cumulative QPI Goal	Total Cumulative Encounters Goal (Baseline*3 + QPI)
DY3	0	1400	1400	1400	1400
DY4	0	1600	1600	3000	3000
DY5	0	1800	1800	4800	4800

QPI Example 2 (Expansion Project - Encounters): If a primary care clinic is expanding services, and has QPI metrics in DY3-5, then the baseline typically would be DY2, but may also be DY1 or the period prior to when expansion efforts began. The QPI metrics show how many additional visits will be provided each year in DY3-5 due to the project (by adding additional providers, hours, space, etc.) If the clinic provided 1000 visits per year pre-DSRIP, and the goal is to provide an additional 400 visits in DY3, 600 visits in DY4 and 800 visits in DY5, then the project would need to demonstrate 1400 visits in DY3 (1000 baseline and 400 additional visits in DY3), 1600 visits in DY4 (1000 baseline and 600 additional visits in DY4 for a cumulative DY3-4 QPI of 1000), and 1800 visits in DY5 (1000 baseline and 800 additional visits in DY5 for a cumulative DY3-5 QPI of 1800). Since the assumption is that this clinic would have continued to provide 1000 visits per year (or 3000 visits from DY3-5) absent the project, the QPI attributable to the project is only the additional 1800 visits from DY3-5, but the provider will still be required to demonstrate that it provided the Total Annual Encounters for each DY of 1400, 1600 and 1800 (Pre-DSRIP Baseline + QPI Annual Goal) in order to show that it increased capacity compared to the pre-DSRIP baseline by the QPI goal for that year.

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	Pre-DSRIP Encounters Baseline	Annual Additional Encounters Goal (QPI) - for Change Requests	Total Annual Encounters (Baseline + QPI)	Cumulative QPI Goal	Total Cumulative Encounters Goal (Baseline*3 + QPI)
DY3	1000	400	1400	400	1400
DY4	1000	600	1600	1000	3000
DY5	1000	800	1800	1800	4800

QPI Example 3 (New Project - Individuals): A diabetes care management program is being established through DSRIP, so the pre-DSRIP baseline is zero individuals enrolled in the program. Through DSRIP, the project plans to serve 50 patients in DY2 (a non-QPI metric), and add 50 more patients to the program each DY, for 100 individuals enrolled in DY3, 150 individuals enrolled in DY4 (cumulative goal of 250 individuals for DY3-5) and 200 individuals enrolled in DY5 (cumulative QPI goal of 450 for DY3-5). If a single individual participates in the program for multiple years, that person may be counted as one for QPI purposes for each of those years.

	Pre-DSRIP Individuals Baseline	Annual Additional Individuals Goal (QPI) - for Change Requests	Total Annual Individuals Served (Baseline + QPI)	Cumulative QPI Goal	Total Cumulative Individuals (Baseline*3 + QPI)
DY3	0	100	100	100	100
DY4	0	150	150	250	250
DY5	0	200	200	450	450

QPI Example 4 (Expansion Project - Individuals): A diabetes care management program is being expanded with DSRIP. Prior to DSRIP, a hospital had a care management program that enrolled 50 individuals with diabetes each year (the pre-DSRIP baseline info). Through DSRIP, the hospital plans to add 50 more patients to the program each DY, for 100 individuals enrolled in DY3 and annual QPI goal of 50), 150 individuals enrolled in DY4 (annual QPI goal of 100, cumulative goal of 150) and 200 individuals enrolled in DY5 (annual QPI goal of 150, cumulative QPI goal of 300). The provider will need to demonstrate the Total Annual Individuals Served each year - that it served 100 individuals to meet the DY3 QPI metric, 150 individuals to meet the DY4 metric, and 200 individuals to meet the DY5 metric. If a single individual participates in the program for multiple years, that person may be counted as one for QPI purposes for each of those years. If the provider falls short of its DY3 QPI metric achievement and only enrolls 75 people in DY3, then in DY4 the first 25 people enrolled in the program will count toward the DY3 QPI metric and the project will then begin counting individuals to meet the DY4 metric. So, by the end of DY4, to achieve both DY3 and DY4 metrics, the provider will need to have met the cumulative QPI goal of 250 individuals served across the two years.

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	Pre-DSRIP Individuals Baseline	Annual Additional Individuals Goal (QPI) - for Change Requests	Total Annual Individuals Served (Baseline + QPI)	Cumulative QPI Goal	Total Cumulative Individuals (Baseline*3 + QPI)
DY3	50	50	100	50	100
DY4	50	100	150	150	250
DY5	50	150	200	300	450

Quantifiable Patient Impact (QPI) Metric Changes

- **HHSC strongly discourages** providers from submitting a change request to reduce the project’s QPI metric goals.
 - HHSC recommends that instead of submitting a change request to reduce the project’s QPI metric goals, providers submit a change request to add milestones/ metrics to spread the risk, particularly milestones/ metrics related to core components that demonstrate major activities of the project.
 - If a provider submits a change request to reduce the QPI goals, the project’s valuation may be reduced.
 - **For certain projects that were flagged for valuation, if a performing provider submits a change request to reduce QPI metric goals, the project valuation will be reduced.** HHSC will send an email to those providers with projects flagged for valuation notifying them which projects were flagged.
 - Plan modification requests may not be rescinded, so if a project requests to reduce QPI goals and that leads to reduced valuation, the provider will have to decide whether to move forward with the project at the reduced valuation.

- For QPI metric change requests, providers must submit annual QPI goals (see shaded columns in the four examples). These numbers should reflect the additional individuals/encounters the project is aiming for during that DY compared to the pre-DSRIP baseline. HHSC staff will convert this number to a cumulative number in the workbook for reporting review so that the metric reflects both the annual QPI goal and the cumulative QPI goal (and HHSC has pre-populated the QPI metrics in the workbooks with the current cumulative QPI goals).

- HHSC understands that a handful of providers were confused by how to report QPI when they finalized their Phase 2 QPI information in August 2013, so the information they submitted in Phase 2 was cumulative information rather than by individual DY. For example, from Example 2 above, rather than submitting QPI goals of 100 additional patients over baseline in DY4 and 150 over baseline in DY5, the provider inadvertently reported the cumulative figures (150 in DY4 and 300 in DY5). If the provider made this error, it should report that it made an error and clarify

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that the reported figures were cumulative rather than annual. HHSC will need to re-review project valuation in light of the reduced QPI goals, and a project's valuation may be reduced.

- HHSC also has heard from a few providers that their DY3 QPI goals (and possibly also DY4-5 goals) were too ambitious. HHSC discourages providers from reducing QPI metric goals if at all possible and instead carrying forward metrics for late achievement the following year. However, if a provider wants to make a reduction request, since QPI is reported cumulatively for payment purposes (and the DY3 goal cannot be changed at this time) a provider should consider both its annual and cumulative QPI goals. For example, assume a project was aiming to serve 100 patients in DY3, 200 in DY4 and 300 in DY5, for a cumulative of 600 additional patients over the life of the waiver. Due to a late start, the provider will not be able to see any patients in DY3, so will have to carry forward the 100 DY3 patients into DY4. If the provider is requesting to reduce its DY4 and/or DY5 QPI goals, keep in mind that you will still need to achieve the 100 from DY3 prior to achieving the revised goals for DY4 and DY5.
- If a provider is achieving QPI goals two years early (i.e. achieved DY5 goal in DY3), HHSC recommends that the provider proactively increase its future QPI targets through a plan modification request rather than having the compliance monitor require that change as part of the midpoint assessment. During the midpoint assessment, the provider may still be asked to make QPI increases or further changes to the project, but HHSC still thinks it is better for the provider to proactively offer what it believes are feasible goals for QPI for DY4 and DY5.
- Performing Providers must meet the goals in both the “Baseline/Goal” and the “Numeric Goal” for a metric in order to be eligible for payment for the metric.
- The “Baseline/Goal” for a QPI metric may include goals other than the QPI goal. A performing provider must achieve all of the goals in the “Baseline/Goal” in order to be eligible for payment for the metric. For this reason, HHSC encourages providers that have metrics with two or more goals to consider submitting plan modification requests to separate them out into separate metrics. This would be done for a two-goal metric as follows:
 - Plan Modification #1 – Revise the current milestone/ metric to delete one of the goals from the “Baseline/Goal.”
 - Plan Modification #2 – Add a milestone/ metric and include as the “Baseline/Goal” the goal that was deleted from the current, revised metric.
- The “Numeric Goal” for a QPI metric is the number of individuals served or encounters provided through the project. The “Numeric Goal” for a QPI metric must match the QPI goal in the “Baseline/Goal” even if there are other numeric goals in the “Baseline/Goal”.

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- For example, a project under Project Option 2.15.1 identified P-6.1: number of providers achieving Level 4 of interaction (close collaboration in a partially integrated system) as the QPI metric in DY4.

Project Option 2.15.1

DY4 Metric P-6.1: Number of providers achieving Level 4 of interaction (close collaboration in a partially integrated system).

Metric #1 Baseline/Goal (DY4): One provider achieves Level 4 of interaction. Serve 100 individuals.

Numeric Goal: 100.

Metric #1 QPI (Yes/No): Yes.

- In order to be eligible for payment for the metric, the provider must report and provide documentation to support that: 1) one provider achieved Level 4 of interaction; and 2) 100 individuals were served.
- Providers are required to select only one "QPI Grouping" for their project - either Individuals OR Encounters. When adding, deleting or revising QPI metrics, the provider should confirm that all QPI metrics proposed for the project fall under the same grouping.

Category 3 Changes

- The Category 3 review process will continue on a separate track, i.e., requests to switch Category 3 outcome measures will be handled through the Category 3 review process rather than the change request process.
- Although the change request and Category 3 processes are separate, providers may submit a technical change request to revise the project narrative to reflect their planned changes to their Category 3 outcome measures.
 - If this is the only change that needs to be made to a project narrative, the provider has the option of:
 - Submitting a technical change request through the change request process to revise the project narrative to reflect the latest Category 3 outcome measure(s) based on the provider's submission and HHSC's review (see the Technical Changes section below for suggested language to add to the narrative regarding Category 3 outcomes); or
 - Waiting to submit the revised narrative during the final RHP plan submission process (date TBD) to reflect the correct Category 3 outcome measure(s) for the project.
 - See the "Technical Changes" section below for further detail.

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- Also, HHSC may provide feedback to providers through the Category 3 process that the provider should submit a change request through the change request process.
 - For example, if a Category 1 or 2 milestone/ metric is duplicative of a Category 3 outcome measure, HHSC may ask the provider through the Category 3 process to submit a change request through the change request process to delete the duplicative milestone/ metric.

Category 4 Changes

- The only Category 4 change allowed through the Change Request process is to remove reporting on optional Reporting Domain 6 - Initial Core Set of Healthcare Quality Measures.
- During reporting, providers may use a 12-month measurement period of their choosing for RD 4-6. This may be calendar year, state or federal fiscal year, or facility fiscal year if preferred. Providers are not held to the measurement period indicated in the Category 4 narrative originally submitted with the RHP Plan. Providers will be required to choose the same sequential measurement period they chose for DY 3. For example, if a provider reported on Calendar Year 2012 in DY 3, they are required to report on Calendar Year 2013 in DY 4.

Technical Changes

A **technical change** is a change that does not meet the criteria for a plan modification (e.g., a minor change that does not impact the type/ scope of services provided). Technical changes may be helpful to reflect in the narrative for reporting and compliance monitoring purposes; i.e., since the narrative is one of the key pieces of the project that may be reviewed for reporting and monitoring, it should accurately reflect the project. However, providers are strongly discouraged from submitting technical change requests to correct minor grammatical/spelling errors and/ or formatting issues in their narratives.

Providers are not required to submit technical change requests, unless:

1. The project narrative is missing the project summary; and/ or
2. The project narrative still contains the milestones/ metrics table.

If the project narrative is missing the project summary, the provider should: 1) submit a technical change request to add the project summary to the project narrative; and 2) add the project summary to the project narrative (per the instructions below), and submit the revised project narrative with the technical change request. The project summary should include the following sections:

- **Provider Description** - Brief provider description, including size of the provider and the role of the provider in the healthcare delivery system in a particular RHP.
- **Intervention** - Description of the intervention.
- **Need for the project** - Brief description of the need for the project including data as appropriate.

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- **Target population** - The population of people that will be served by the project and the percent that are expected to be Medicaid/low income uninsured individuals.
- **Category 1 or 2 expected patient benefits** - The expected benefit of the project to patients based on Category 1 or 2 milestones and Category 3 outcome measure(s).
- **Category 3 Outcomes** - Description of the selected Category 3 outcome measure(s).

If the project narrative still contains the milestones/ metrics table, the provider should: 1) submit a technical change request to delete the milestones/ metrics table from the project narrative (since the milestones/ metrics information is now included in the Excel workbook); and 2) delete the table from the project narrative and submit it with the technical change request.

Otherwise, providers are not required to submit technical change requests, but may submit them if they so choose. For example, providers may submit a technical change request to update the QPI or Medicaid/low income uninsured percentage to match the **QPI Summary**, and/or update the selected Category 3 outcome measure(s).

If you are updating the QPI or Medicaid/low income uninsured percentage to match the **QPI Summary**, please add a statement such as the following to the **Project Summary** under the **Target Population** and **Category 1 or 2 expected patient benefit** sections, and to the full narrative under the **5-year expected outcome** section for 4-year projects or the **Quantifiable Patient Impact** section for 3-year projects.

- The project seeks to provide 200 telemedicine consults in DY4 and 400 in DY5 for a cumulative QPI impact of 600 telemedicine consults.
- Approximately 40% of our patients are Medicaid eligible and 20% are low income uninsured.

At the time of change request submission, providers will have received preliminary feedback or approval on the Category 3 outcome measures selected in March of 2014. If you are updating the **Category 3 outcome**, please add a statement such as the following to the Category 1 or 2 **Project Summary** under the **Category 3 outcomes** section and to the full narrative under the **Related Category 3 Outcome Measure(s)** section.

- For those Category 1 or 2 projects that have received feedback on their selected **Category 3 outcomes are approved for use as described in the selection tool OR approved for use with additional clarification and are NOT making significant changes to their selections** during the Category 3 review process, the following language may be added .
 - "The following Category 3 measure(s) has/have been *approved* in 2014 to describe improvements to the delivery system and/or patient population: IT-X.X (Measure title) and IT-X.X (Measure Title)".
 - IT-X.X- Title: Provider description of measure to also include description of denominator subsets. Recommend that provider utilize a format like the one that is found in the Category 3 feedback forms in the Final Interpretation Section.

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- For those Category 1 or 2 projects that have received feedback that their Category 3 selections are **not currently approved for use as described in the selection tool AND the provider is proposing a different outcome.**
 - "The following Category 3 measure(s) has/have been *proposed* in 2014 to describe improvements to the delivery system and/or patient population: IT-X.X (Measure title) and IT-X.X (Measure Title)".
 - IT-X.X- Title: Provider description of measure to also include description of denominator subsets. Recommend that provider utilize a format like the one that is found in the Category 3 feedback forms in the Final Interpretation Section.
- Example (facility subset): IT-1.10- A1c Poor Control: We will demonstrate improvement in DY4 and DY5 by reducing the percentage of individuals whose most recent A1c result is >9% or has not been measured during the measurement year out of all individuals aged 18-64 year with diabetes receiving services at the Healthy Patients clinic.
- Example (P4R measure with Population Focused Priority measure as alternate improvement activity): IT-11.14- Annual physical exam for persons with mental illness: In DY4 and DY5 we will report the percentage of patients that have received an annual physical exam out of all patients with a behavioral health diagnosis. In DY5 we will demonstrate improvement in Adherence to Antipsychotics as an alternative improvement activity.
- Example (P4R measure with Stretch Activity): IT-1-24- Adolescent tobacco use: In DY4 and DY5 we will report the prevalence of adolescent tobacco use. In DY5 we will demonstrate improvement by submitting a comprehensive outcome evaluation as an alternative improvement activity.

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Change Request Form Instructions

- Each performing provider that seeks to change one or more of their DSRIP projects in DY4 and/ or DY5 must complete one Change Request Form.
- Save the file under the file name “CRF – RHP# - PROVIDER TPI#”.
- Enter your RHP number and TPI number into the "Provider Info. & Cat. 4" tab of the Change Request Form. This will generate a list of all your DSRIP projects.
- For each project, indicate if you are requesting one or more plan modifications and/ or technical changes to the project.
 - Once you create the project tabs for the projects you want to change, you cannot go back later and make changes to the projects you want to change. Therefore, if you are not sure if you will request a change for a project, you should create a tab for the project; if you later decide not to submit a change request for that project, you can indicate 0 plan modifications and 0 technical changes in that project tab.
- Click on the “Create Project Specific Tabs” button. A tab will be created for each project for which you indicate you are requesting a plan modification and/ or technical change.
- Complete the yellow cells in each project tab as appropriate.
- If the plan modification or technical change request impacts the project narrative, revise the project narrative to reflect the change.
 - Go to the most recent version of the project narrative posted on the HHSC Transformation Waiver website at <http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml>.
 - Save the project narrative as a Microsoft Word document (pdf files will not be accepted). Do not rename the narrative file. Revise the narrative as appropriate to reflect your change request(s). Your changes will appear in track changes, as HHSC has set up the narrative files to track changes made by the provider. Please do not alter the Track Changes settings in Microsoft Word.
- Send the completed Change Request Form and the revised project narrative(s), as appropriate, to the anchor. The anchor will notify you of the due date.
- The anchor will compile the forms and revised narratives for all providers in the RHP and submit them to HHSC by **Friday, August 8, 2014**.
- If you are having technical issues with the Change Request Form, please try the following:

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- If you are using Internet Explorer as your web browser, try using a different browser, such as Google Chrome.
- Check if workbook macros are enabled.
 - Go to File→Options→Trust Center→Trust Center Settings→Macro Settings→Enable all macros.
- Check if Automatic Calculation is enabled.
 - Go to File→Options→Formulas and select the radio box for “Automatic” under “Workbook Calculation” OR within the tab, you can enter SHIFT+F9 for it to automatically calculate that tab’s formulas.
- If you continue to have issues, email the waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us.

Provider Info. & Cat. 4 Tab

- **Input Progress** – Indicates “Incomplete” or “Complete” based on your progress in completing the “Provider Info & Cat 4” tab. Confirm that it has changed from the red “Incomplete” to the green “Complete” status.
- **Project Sheets Created** - Indicates “Incomplete” or “Complete” based on your progress in creating the project-specific tabs. Confirm that it has changed from the red “Incomplete” to the green “Complete” status after you have clicked on the "Create Project-Specific Tabs" button to run the macro.
- **RHP #** - Select your RHP number from the dropdown list.
- **Performing Provider TPI** – Select your TPI number used for Project ID#s from the dropdown list. This will generate a list of all of your DSRIP projects.
- **Performing Provider Name** – Autofills with the performing provider name based on the Performing Provider TPI selected.
- **Requestor Information** - Enter the name, phone number, and email address of the appropriate contact person for your organization for questions regarding change requests. Note that if you want to make general contact changes for DSRIP notifications, please complete and submit the *Contact Information Change Form* located at: <http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/Contact-Change.pdf>.
- For each DSRIP project listed, in the column titled “Requesting Plan Modifications(s) and/ or Technical Change(s) (Yes/No)”:
 - Select “Yes” if you are submitting one or more plan modification and/ or technical change requests for the project; or
 - Select “No” if you are not submitting any plan modification or technical change requests for the project.
- **Category 4 – Reporting Domain 6** – For hospital DSRIP providers who selected to participate in optional Reporting Domain 6 (RD-6) - Initial Core Set of Healthcare Quality Measures, there is an additional section for you to complete.

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- **Do you plan to retain optional RD-6?** - Please indicate (Yes/No) whether you plan to continue reporting on RD-6.
 - If you are requesting not to report on RD-6, please give an explanation in the provided box. Note that the DSRIP funding associated with RD-6 will no longer be available to the provider.
- Click on the “Create Project-Specific Tabs” button. A tab will open for each project for which you indicate you want to request a plan modification and/ or technical change.

Project Tab

One tab will be created for each project for which you indicated in the “Provider Info. & Cat. 4” tab that you are requesting a plan modification and/ or technical change.

Providers should enter information into yellow cells as appropriate. Providers should not enter information into grayed out cells. Information entered into grayed out cells will not be considered during review.

- **Progress Indicator** – Indicates “Incomplete” (red) or “Complete” (green) based on your progress in completing the project tab. Confirm that the Progress Indicator has changed from “Incomplete” (red) to “Complete” (green) before submitting the Change Request Form.
- **Project ID#** - Autofills based on information you provided in the “Provider Info. & Cat. 4” tab.
- **Project Option** - Autofills based on information you provided in the “Provider Info. & Cat. 4” tab.
- **Project Type** - Autofills based on whether the project is a 4-year project or 3-year project.
- **How many plan modifications are you requesting for this project?** – Select from the dropdown menu the number of plan modifications you are requesting.
 - Consider the following in making your selection:
 - The types of changes that are considered plan modifications (which are listed on p. 2 of this document).
 - A single plan modification that impacts both DY4 and DY5 is considered one plan modification.
 - Any change to a milestone/ metric requires a plan modification. Options for changing milestones/ metrics include adding a milestone/ metric, deleting a milestone/ metric, or revising a milestone/ metric. A separate plan modification request must be submitted for each milestone/ metric that you want to add, delete, or revise.
 - If you want to replace a milestone/ metric with another milestone/ metric, you must submit two separate plan modification requests (one to delete the existing milestone/ metric and one to add a new milestone/ metric).
 - Note that next to this cell is a cell titled “Plan Modifications Count.” This cell counts the actual number of change requests that are plan modifications. The number in this cell should match the number of plan modifications you indicated that you are requesting for this project.

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- **How many technical changes are you requesting for this project?** – Select from the dropdown menu the number of technical changes you are requesting.
 - Consider the following in making your selection:
 - A technical change is any change that is not considered a plan modification (e.g., a minor change that does not impact the type/ scope of services provided).
 - A single technical change that impacts both DY4 and DY5 is considered one technical change.
 - Minor, clean-up changes to the narrative are considered one technical change.
 - Revising the narrative to reflect the updated Category 3 outcome measure is considered a technical change. If this is your only technical change, you may either submit a technical change request now OR make the change in the final RHP plan submission.
 - Note that next to this cell is a cell titled “Technical Changes Count.” This cell counts the actual number of change requests that are technical changes. The number in this cell should match the number of technical changes you indicated that you are requesting for this project.

All Change Requests (Plan Modification Requests and Technical Change Requests)

The following sections must be completed for all change requests (plan modification requests and technical change requests).

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Is this change request a plan modification request or a technical change request?	
Please provide a description of the change request.	
Please provide the rationale for the change request.	
Does this change request impact the project narrative? If yes, please attach a revised project narrative.	
Which page numbers of the narrative have you revised to reflect this change request?	
Does this change request impact milestones/ metrics?	
Do you want to add, delete, or revise a milestone/ metric?	
<p>Notes</p> <p><i>1) Adding, deleting, or revising a milestone/ metric requires a plan modification.</i></p> <p><i>2) A separate plan modification request must be submitted for each milestone/ metric that you add, delete, or revise.</i></p> <p><i>3) If you want to replace a milestone/ metric with another milestone/ metric, you must submit two separate plan modification requests (one to delete the existing milestone/ metric and one to add the new milestone/ metric).</i></p> <p><i>4) Please note that reductions to the project's QPI goals may result in the reduction of the project's valuation.</i></p>	
Does this change request impact the percentage of individuals served by the project who are Medicaid/ low-income uninsured?	
Please provide a description of how this change request impacts the percentage of individuals served by the project who are Medicaid/ low-income uninsured.	
Please provide the rationale for changing the percentage of individuals served by the project who are Medicaid/ low-income uninsured.	
What is the revised Medicaid percentage?	
What is the revised low-income uninsured percentage?	
Revised combined total Medicaid/ low-income uninsured percentage	0.0%
Does this change request impact the scope or level of services provided by the project?	
Please provide a description of how this change request impacts the scope or level of services provided by the project.	
Please provide the rationale for changing the scope or level of services provided by the project.	
Does this change request impact the extent to which the project is carrying out any core components, including CQI as applicable?	
Which core components does it impact?	
How does it impact them?	

1. Is this change request a plan modification request or a technical change request?

- There is a dropdown menu that includes the options “Plan Modification” and “Technical Change.” Select the appropriate option.

2. Please provide a description of the change request.

- Enter a description of the change request.

3. Please provide the rationale for the change request.

- Enter the rationale for the change request. Please provide a detailed reason for why you are submitting the change request. This will be a key factor in HHSC’s decision on whether to approve the request.

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4. **Does this change request impact the project narrative? If yes, please attach a revised project narrative.**
- There is a dropdown menu that includes the options “Yes” and “No.” Select the appropriate option. If you select “Yes”, the following will open up below:
 - a. **Which page numbers of the narrative have you revised to reflect this change request?**
 - Enter the page numbers of the narrative that you have revised to reflect this change request.
5. **Does this change request impact milestones/ metrics?** (NOTE: Providers only need to respond to this question if they are submitting a plan modification request. Providers do not need to respond to this question if they are submitting a technical change request).
- There is a dropdown menu that includes the options “Yes” and “No.” Select the appropriate option. If you select “Yes,” the following will open up:
 - a. **Do you want to add, delete, or revise a milestone/ metric?**
 - There is a dropdown menu that includes the following options: “Add a milestone/ metric”; “Delete a milestone/ metric”; and “Revise a milestone/ metric.” **Instructions for each of these three options are provided in the “Plan Modification Requests that Impact Milestones/ Metrics” section below.**
6. **Does this change request impact the percentage of individuals served by the project who are Medicaid/ low-income uninsured?**
- There is a dropdown menu that includes the options “Yes” and “No.” Select the appropriate option. If you select “Yes”, the following will open up below:
 - a. **Please provide a description of how this change request impacts the percentage of individuals served by the project who are Medicaid/ low-income uninsured.**
 - Enter a description of how the change request impacts the percentage of individuals served by the project that is Medicaid/ low-income uninsured.
 - b. **Please provide the rationale for changing the percentage of individuals served by the project who are Medicaid/low-income uninsured.**
 - Enter the rationale for reducing the percentage of individuals served by the project that is Medicaid/low-income uninsured. Please provide a detailed reason for why you are reducing the percentage of individuals served by the project that is Medicaid/low-income uninsured. This will be a key factor in HHSC’s decision on whether to approve the request.
 - c. **What is the revised Medicaid percentage?**

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Plan Modification Requests that Impact Milestones/ Metrics

If your plan modification request impacts milestones/ metrics, follow the instructions below for adding a milestone/ metric, deleting a milestone/ metric, and revising a milestone/ metric. **If your plan modification impacts a QPI metric, be sure to carefully read the QPI section above for instructions specific to QPI.**

Adding a Milestone/ Metric

Providers may want to review the Category 1 Menu for 3-Year Projects and/ or the Category 2 Menu for 3-Year Projects available at: <http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml> under the heading “New 3-Year DSRIP Projects” when selecting the milestone(s)/ metric(s) they want to add. Please note the for customizable metrics, all yellow cells (manual description) cells must be completed; if not applicable, select “NA.”

1. Do you want to add, delete, or revise a milestone/ metric?

- There is a dropdown menu that includes the following options: “Add a milestone/ metric”; “Delete a milestone/ metric”; and “Revise a milestone/ metric.” Select “Add a milestone/ metric.” The following will open up below.
 - a. Which milestone do you want to add?**
 - There is a dropdown menu of options that includes the milestones for the project option, as well as the customizable milestones “P-X” and “I-X”. Select from the dropdown menu the milestone you want to add.
 - If you do not want to add a milestone, but want to add a metric to an existing milestone, select the existing milestone to which you want to add a metric, or select “P-X” or “I-X” if you want to add a customizable metric to an existing customizable milestone.
 - b. Which metric do you want to add?**
 - There is a dropdown menu of options that includes the metrics for the milestone you selected. Select from the dropdown menu the metric you want to add.
 - If you select a customizable metric (“P-X.1” or “I-X.1”), the following will open up below.
 - **Please provide justification for adding a customizable milestone/ metric instead of a milestone/ metric from the existing protocol.**
 - Enter the justification for adding a customizable milestone/ metric instead of a milestone/ metric from the existing protocol. Providers should only add a customizable metric if there are no on-menu metrics that accurately reflect the provider’s goal. Providers should not add a customizable metric for a metric that

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was included in the 4-year project menu but removed in the 3-year project menu.

2. For which DYs do you want to add the milestone/ metric?

- There is a dropdown menu of options that includes “DY4 only”, “DY5 only”, and “DYs 4-5.” Select the appropriate option. Follow the instructions for DY4 and/ or DY5 below based on the option you select.

DY4

- a. **Milestone Number** - Autofills with the milestone you selected to add.
- b. **Milestone Description:**
 - If you selected to add a non-customizable milestone (a milestone other than “P-X” or “I-X”), it autofills with the milestone description for the milestone you selected.
 - If you selected to add a customizable milestone (“P-X” or “I-X”), it grays out.
- c. **Milestone Provider Manual Description (if needed):**
 - If you selected to add a non-customizable milestone (a milestone other than “P-X” or “I-X”), you do not need to enter a milestone description here. However, if you want to use a milestone description that is different from the description that autofilled in the cell above, you should enter the milestone description that you want to use here.
 - If you selected to add a customizable milestone (“P-X” or “I-X”), you must enter the milestone description for the customizable milestone here.
- d. **Metric Number** - Autofills with the metric you selected to add.
- e. **Metric Description:**
 - If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), it autofills with the metric description for the metric you selected.
 - If you selected to add a customizable metric (“P-X.1” or “I-X.1”), it grays out.
- f. **Metric Provider Manual Description (if needed):**
 - If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), you do not need to enter a metric description here. However, if you want to use a metric description that is different from the description that autofilled in the cell above, you should enter the metric description that you want to use here.
 - If you selected a customizable metric (“P-X.1” or “I-X.1”), you must enter the metric description for the customizable metric here.
- g. **Data Source:**

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- If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), it autofills with the data source for the metric you selected.
 - If you selected to add a customizable metric (“P-X.1” or “I-X.1”), it grays out.
- h. Data Source Provider Manual Description (if needed):**
- If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), you do not need to enter a data source here. However, if you want to use a data source that is different from the data source that autofilled in the cell above, you should enter the data source that you want to use here.
 - If you selected to add a customizable metric (“P-X.1” or “I-X.1”), you must enter the data source for the customizable metric here.
- i. Metric Measure:**
- If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), it autofills with the metric measure for the metric you selected.
 - If you selected to add a customizable metric (“P-X.1” or “I-X.1”), it grays out.
- j. Numerator:**
- If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), it autofills with the numerator for the selected metric, if applicable. If the metric does not have a numerator, it grays out.
 - If you selected to add a customizable metric (“P-X.1” or “I-X.1”), and:
 - You select “Percentage” as the **Goal Type** below, you must enter the numerator here.
 - You select “Yes/No” or “Number” as the **Goal Type** below, it grays out.
- k. Denominator:**
- If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), it autofills with the denominator for the selected metric, if applicable. If the metric does not have a denominator, it grays out.
 - If you selected to add a customizable metric (“P-X.1” or “I-X.1”), and:
 - You select “Percentage” as the **Goal Type** below, you must enter the denominator here.
 - You select “Yes/No” or “Number” as the **Goal Type** below, it grays out.
- l. Baseline:**

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- A goal of DSRIP is to show increased capacity/enhanced services compared to what existed prior to the project, and also as the waiver progresses. Baseline information typically would reflect the year prior to the year the project starts to measure such increases in its metrics.
 - For example, if a clinic is expanding services, and has metrics to demonstrate that in DY3-5, then the baseline typically would be DY2. If a clinic was providing 1000 visits per year prior to the project, and the goal is to increase by 200 visits per year, then the project would need to demonstrate 1200 visits in DY3 to reach the 200 QPI, 1400 visits in DY4 (2600 cumulative DY3-4), and 1600 visits in DY5 (4200 cumulative DY3-5).
- You should enter the appropriate baseline here.
- m. Goal (DY4 ONLY)** – Enter the appropriate goal for DY4 here. If the metric is the QPI metric, the provider should enter the number of additional individuals that will be served/encounters that will be provided in DY4 as a result of this project.
- n. Goal Type** – There is a dropdown menu of options that includes “Yes/No”, “Number”, and “Percentage”. You should select one of these options as follows:
 - “Yes/No” – Select this for a goal that can be answered with a “Yes” or “No” that it is completed, e.g. completing a plan, implementing protocols, completing an installation.
 - The one exception is if there are multiple numeric goals within a goal, e.g. 10% increase in staff with 5 trainings. Because the system can only handle one numeric goal, these types of goals are identified as Yes/No but all numeric goals must be met to be eligible for payment.
 - “Number” – Select this for a goal with a number in the goal, e.g. train 5 nurses.
 - “Percentage” – Select this for a goal with a percentage in the goal, e.g. 10% increase in encounters.

Make sure that the **Goal Type** you select is consistent with the **Goal** you entered above (i.e., if the **Goal** you entered above is “increase staff by 10%”, you should select “Percentage” here).

- o. Numeric Goal (DY4 ONLY)** – If you selected “Number” or “Percentage” as the **Goal Type** above, you must enter a number or percentage here as the goal for DY4 ONLY. If you selected “Yes/No” as the **Goal Type**, this cell will gray out.
- p. QPI Metric?** – There is a dropdown menu of options that includes “Yes” and “No.”
 - If you want the metric you are adding to be the QPI metric in DY4, select “Yes.” (Note: If you want the metric you are adding to be the only QPI

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metric in DY4, and you currently have a QPI metric in DY4, you will need to submit a separate plan modification request to revise the current QPI metric in DY4 to make it a non-QPI metric).

- q. QPI Grouping:**
 - If you selected “Yes” for **QPI Metric?** above, this autofills with the QPI grouping for the metric you selected to add.
 - If you selected “No” for **QPI Metric?** above, this grays out.
- r. Change QPI Grouping (optional)** – If you selected “Yes” for **QPI Metric?** above, and you want to use a QPI grouping that is different from the QPI grouping that autofilled in the **QPI Grouping** cell above, select from the dropdown menu the desired QPI grouping (“Encounters” or “Individuals.”)
 - You should only change the QPI grouping in the rare case that the recommended grouping does not align with a project. If you do choose to change the grouping type, you should provide an explanation for why the recommended grouping is not a good fit for your project in **Please provide the rationale for the change request.**

DY5

- a. Milestone Number** - Autofills with the milestone you selected to add.
- b. Milestone Description:**
 - If you selected to add a non-customizable milestone (a milestone other than “P-X” or “I-X”), it autofills with the milestone description for the milestone you selected.
 - If you selected to add a customizable milestone (“P-X” or “I-X”), it grays out.
- c. Milestone Provider Manual Description (if needed):**
 - If you selected to add a non-customizable milestone (a milestone other than “P-X” or “I-X”), you do not need to enter a milestone description here. However, if you want to use a milestone description that is different from the description that autofilled in the cell above, you should enter the milestone description that you want to use here.
 - If you selected to add a customizable milestone (“P-X” or “I-X”), you must enter the milestone description for the customizable milestone here.
- d. Metric Number** - Autofills with the metric you selected to add.
- e. Metric Description:**
 - If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), it autofills with the metric description for the metric you selected.
 - If you selected to add a customizable metric (“P-X.1” or “I-X.1”), it grays out.
- f. Metric Provider Manual Description (if needed):**
 - If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), you do not need to enter a metric description here.

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However, if you want to use a metric description that is different from the description that autofilled in the cell above, you should enter the metric description that you want to use here.

- If you selected a customizable metric (“P-X.1” or “I-X.1”), you must enter the metric description for the customizable metric here.

g. Data Source

- If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), it autofills with the data source for the metric you selected.
- If you selected to add a customizable metric (“P-X.1” or “I-X.1”), it grays out.

h. Data Source Provider Manual Description (if needed):

- If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), you do not need to enter a data source here. However, if you want to use a data source that is different from the data source that autofilled in the cell above, you should enter the data source that you want to use here.
- If you selected to add a customizable metric (“P-X.1” or “I-X.1”), you must enter the data source for the customizable metric here.

i. Metric Measure:

- If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), it autofills with the metric measure for the metric you selected.
- If you selected to add a customizable metric (“P-X.1” or “I-X.1”), it grays out.

j. Numerator:

- If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), it autofills with the numerator for the selected metric, if applicable. If the metric does not have a numerator, it grays out.
- If you selected to add a customizable metric (“P-X.1” or “I-X.1”), and:
 - You select “Percentage” as the **Goal Type** below, you must enter the numerator here.
 - You select “Yes/No” or “Number” as the **Goal Type** below, it grays out.

k. Denominator:

- If you selected to add a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), it autofills with the denominator for the selected metric, if applicable. If the metric does not have a denominator, it grays out.
- If you selected to add a customizable metric (“P-X.1” or “I-X.1”), and:
 - You select “Percentage” as the **Goal Type** below, you must enter the denominator here.
 - You select “Yes/No” or “Number” as the **Goal Type** below, it grays out.

l. Baseline:

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- A goal of DSRIP is to show increased capacity/enhanced services compared to what existed prior to the project, and also as the waiver progresses. Baseline information typically would reflect the year prior to the year the project starts to measure such increases in its metrics.
 - For example, if a clinic is expanding services, and has metrics to demonstrate that in DY3-5, then the baseline typically would be DY2. If a clinic was providing 1000 visits per year prior to the project, and the goal is to increase by 200 visits per year, then the project would need to demonstrate 1200 visits in DY3 to reach the 200 QPI, 1400 visits in DY4 (2600 cumulative DY3-4), and 1600 visits in DY5 (4200 cumulative DY3-5).
- You should enter the appropriate baseline here.
- m. Goal (DY5 ONLY)** – Enter the appropriate goal for DY5 here. If the metric is the QPI metric, the provider should enter the number of additional individuals that will be served/encounters that will be provided in DY5 as a result of this project.
- n. Goal Type** – There is a dropdown menu of options that includes “Yes/No”, “Number”, and “Percentage”. You should select one of these options as follows:
 - “Yes/No” – Select this for a goal that can be answered with a “Yes” or “No” that it is completed, e.g. completing a plan, implementing protocols, completing an installation.
 - The one exception is if there are multiple numeric goals within a goal, e.g. 10% increase in staff with 5 trainings. Because the system can only handle one numeric goal, these types of goals are identified as Yes/No but all numeric goals must be met to be eligible for payment.
 - “Number” – Select this for a goal with a number in the goal, e.g. train 5 nurses.
 - “Percentage” – Select this for a goal with a percentage in the goal, e.g. 10% increase in encounters.

Make sure that the **Goal Type** you select is consistent with the **Goal** you entered above (i.e., if the **Goal** you entered above is “increase staff by 10%”, you should select “Percentage” here).

- o. Numeric Goal (DY5 ONLY)** – If you selected “Number” or “Percentage” as the **Goal Type** above, you must enter a number or percentage here as the goal for DY5 ONLY. If you selected “Yes/No” as the **Goal Type**, this cell will gray out.
- p. QPI Metric?** – There is a dropdown menu of options that includes “Yes” and “No.”
 - If you want the metric you are adding to be the QPI metric in DY5, select “Yes.” (Note: If you want the metric you are adding to be the only QPI metric in DY5, and you currently have a QPI metric in DY5, you will need to submit a separate plan modification request to revise the current QPI metric in DY5 to make it a non-QPI metric).
- q. QPI Grouping:**

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- If you selected “Yes” for **QPI Metric?** above, this autofills with the QPI grouping for the metric you selected to add.
- If you selected “No” for **QPI Metric?** above, this grays out.
- r. **Change QPI Grouping (optional)** - If you selected “Yes” for **QPI Metric?** above, and you want to use a QPI grouping that is different from the QPI grouping that autofilled in the **QPI Grouping** cell above, select from the dropdown menu the desired QPI grouping (“Encounters” or “Individuals.”)
 - You should only change the QPI grouping in the rare case that the recommended grouping does not align with a project. If you do choose to change the grouping type, you should provide an explanation for why the recommended grouping is not a good fit for your project in **Please provide the rationale for the change request.**

Deleting a Milestone/ Metric

1. Do you want to add, delete, or revise a milestone/ metric?”

- There is a dropdown menu that includes the following options: “Add a milestone/ metric”; “Delete a milestone/ metric”; and “Revise a milestone/ metric.” Select “Delete a milestone/ metric.” The following will open up below.
 - a. **Which milestone do you want to delete?”**
 - There is a dropdown menu of options that includes the milestones for the project option, as well as the customizable milestones “P-X” and “I-X”. Select from the dropdown menu the milestone you want to delete. If you want to delete a customizable process milestone (i.e., “P-101”, “P-102”, etc.), select “P-X”. If you want to delete a customizable improvement milestone (i.e., “I-101”, “I-102”, etc.), select “I-X.”
 - If you do not want to delete a milestone, but want to delete a metric for a milestone with two or more metrics, select the milestone for which you want to delete one of the metrics. If you want to delete a metric for a customizable process milestone (i.e., “P-101”, “P-102”, etc.) with two or more metrics, select “P-X”. If you want to delete a metric for a customizable improvement milestone (i.e., “I-101”, “I-102”, etc.) with two or more metrics, select “I-X”.
 - Note: Since the dropdown options are based on the project option rather than the specific project, they include milestones that are not current milestones for the project. Do not select a milestone that is not a current milestone for the project. Please check the most recent workbook for the project to ensure that the selected milestone is a current milestone for the project.
 - b. **Which metric do you want to delete?”**
 - There is a dropdown menu of options that includes the metrics for the milestone you selected to delete, as well as the customizable metrics

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102.1”, etc.). Select “I-X” if you want to revise a customizable improvement metric (i.e., “I-101.1”, “I-102.1”, etc.)

- Note: Since the dropdown options are based on the project option rather than the specific project, they will include milestones that are not current milestones for the project. Do not select a milestone that is not a current milestone for the project. Please check the most recent workbook for the project to ensure that the selected milestone is a current milestone for the project.

2. Which metric do you want to revise?

- There is a dropdown menu of options that includes the metrics for the project option, as well as the customizable metrics “P-X.1” and “I-X.1”. Select from the dropdown menu the metric you want to revise. Select “P-X.1” if you want to revise a customizable process metric (i.e., “P-101.1”, “P-102.1”, etc.) Select “I-X.1” if you want to revise a customizable improvement metric (i.e., “I-101.1”, “I-102.1”, etc.) If you select a customizable metric (“P-X.1” or “I-X.1”), the following will open up below.
 - a. **Which customizable metric do you want to revise?”** - Enter the customizable metric that you want to revise (i.e., “P-101.1”).
- Note: Since the dropdown options are based on the project option rather than the specific project, they will include metrics that are not current metrics for the project. Do not select a metric that is not a current metric for the project. Please check the most recent workbook for the project to ensure that the selected metric is a current metric for the project.
- Note: If the project has another metric with the same metric number (for example, if the project has two metrics I-5.1), clearly indicate which one you want to revise (i.e., “Milestone 1, Metric 2, I-5.1”) in **Please provide a description of the change request.**

3. For which DYs do you want to revise the milestone/ metric?

- There is a dropdown menu of options that includes “DY4 only”, “DY5 only”, and “DYs 4-5.” Select the appropriate option. Follow the instructions for DY4 and/ or DY5 below based on the option you select.
- There will be two cells – one for the current (existing) milestone/metric information (in Column B), and one for the new milestone/metric information (in Column C).

DY4

- a. **Milestone Number** – Both cells autofill with the milestone you selected to revise.
- b. **Milestone Description:**
 - If you selected to revise a non-customizable milestone (a milestone other than “P-X” or “I-X”), both cells autofill with the milestone description for the milestone you selected.

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- If you selected to revise a customizable milestone (“P-X” or “I-X”), both cells gray out.
- c. Milestone Provider Manual Description (if needed)** - If the current milestone has a “Milestone Provider Manual Description”, enter it in both cells.
- d. Metric Number** – Both cells autofill with the metric you selected to revise.
- e. Metric Description:**
 - If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”) both cells autofill with the metric description for the metric you selected.
 - If you selected to revise a customizable metric (“P-X” or “I-X”), both cells gray out.
- f. Metric Provider Manual Description (if needed)** - If the current metric has a “Metric Provider Manual Description”, enter it in both cells.
- g. Data Source:**
 - If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), both cells autofill with the data source for the metric you selected.
 - If you selected to revise a customizable metric (“P-X.1” or “I-X.1”), both cells gray out.
- h. Data Source Provider Manual Description (if needed):**
 - Current - If the current metric has a “Data Source Provider Manual Description”, enter it in this cell.
 - New - If the current metric has a “Data Source Provider Manual Description” (which you entered in the “Current” cell), and you want to keep it, enter it in this cell. If you want to change it, you have the following options:
 - If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), you may leave this cell blank. However, if you want to use a data source that is different than the data source that autofilled in **Data Source**, enter the data source that you want to use in this cell.
 - If you selected to revise a customizable metric (“P-X.1” or “I-X.1”), you must enter a data source in this cell (but it does not have to match the current data source you entered in the “Current” cell. You can change it if you wish).
- i. Metric Measure:**
 - If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), both cells autofill with the metric measure for the metric you selected.
 - If you selected to revise a customizable metric (“P-X.1” or “I-X.1”), both cells gray out
- j. Metric Measure Provider Manual Description (if needed):**

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- Current - If the current metric has a “Metric Measure Provider Manual Description”, enter it in this cell.
- New - If the current metric has a “Metric Measure Provider Manual Description” (which you entered in the “Current” cell), and you want to keep it, enter it in this cell. If you want to change it, you have the following options:
 - If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), you may leave this cell blank. However, if you want to use a metric measure that is different than the metric measure that autofilled in **Metric Measure**, enter the metric measure that you want to use in this cell.
 - If you selected to revise a customizable metric (“P-X.1” or “I-X.1”), you must enter a metric measure in this cell (but it does not have to match the current metric measure you entered in the “Current” cell. You can change it if you wish).

k. Numerator:

- If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), both cells autofill with the numerator for the selected metric, if applicable. If the metric does not have a numerator, both cells gray out.
- If you selected to revise a customizable metric (“P-X.1” or “I-X.1”), both cells gray out.

l. Denominator:

- If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), both cells autofill with the denominator for the selected metric, if applicable. If the metric does not have a denominator, both cells gray out.
- If you selected to revise a customizable metric (“P-X.1” or “I-X.1”), both cells gray out.

m. Baseline/Goal:

- Current - Enter the current Baseline/Goal.
- New:
 - If you are not seeking to change the Baseline/Goal, enter the current Baseline/Goal.
 - If you are seeking to change the Baseline/Goal, enter the desired Baseline/Goal as follows.
 - Baseline - If you are seeking to changing the Baseline, note that a goal of DSRIP is to show increased capacity/enhanced services compared to what existed prior to the project, and also as the waiver progresses. Baseline information typically would reflect the year

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prior to the year the project starts to measure such increases in its metrics.

- For example, if a clinic is expanding services, and has metrics to demonstrate that in DY3-5, then the baseline typically would be DY2. If a clinic was providing 1000 visits per year prior to the project, and the goal is to increase by 200 visits per year, then the project would need to demonstrate 1200 visits in DY3 to reach the 200 QPI, 1400 visits in DY4 (2600 cumulative DY3-4), and 1600 visits in DY5 (4200 cumulative DY3-5).
- Goal – If you are seeking to change the Goal, enter the new goal for **DY4 ONLY**.

n. Goal Type:

- Current - Select the current **Goal Type** from the dropdown menu.
- New:
 - If you are not seeking to change the **Goal Type**, select the current **Goal Type** from the dropdown menu.
 - If you are seeking to change the **Goal Type**, select the appropriate option from the dropdown menu (“Yes/No”, “Number”, or “Percentage”) as follows:
 - “Yes/No” – Select this for a goal that can be answered with a “Yes” or “No” that it is completed, e.g. completing a plan, implementing protocols, completing an installation.
 - The one exception is if there are multiple numeric goals within a goal, e.g. 10% increase in staff with 5 trainings. Because the system can only handle one numeric goal, these types of goals are identified as Yes/No but all numeric goals must be met to be eligible for payment.
 - “Number” – Select this for a goal with a number in the goal, e.g. train 5 nurses.
 - “Percentage” – Select this for a goal with a percentage in the goal, e.g. 10% increase in encounters.

Make sure that the **Goal Type** you select is consistent with the **Goal** you entered (i.e., if the **Goal** you entered is “increase staff by 10%”, you should select “Percentage” as the **Goal Type**).

o. Numeric Goal:

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- Current - Enter the current **Numeric Goal** (unless the **Goal Type** selected is “Yes/No”, in which case this cell will gray out).
- New:
 - If you are not seeking to change the **Numeric Goal**, enter the current **Numeric Goal** (unless the **Goal Type** selected is “Yes/No”, in which case this cell will gray out)..
 - If you are seeking to change the **Numeric Goal**, enter a number or percentage as the goal **for DY4 ONLY**.
- p. QPI Metric?:**
 - Current – Select “Yes” if the current metric is the QPI metric or “No” if it is not.
 - New – Select “Yes” or “No” depending on whether you want the metric to be the QPI metric or not.
- q. QPI Grouping:**
 - Current – If the metric is currently the QPI metric (and you selected “Yes” to **QPI Metric?**), enter the current QPI grouping (“Individuals” or “Encounters”). If the metric is not currently the QPI metric, this cell grays out.
 - New – If you want the metric to be the QPI metric (and you selected “Yes” to **QPI Metric?**), enter the appropriate QPI grouping for the metric. If you do not want the metric to be the QPI metric (and you selected “No” to **QPI Metric?**), this cell grays out.

DY5

- a. Milestone Number** – Both cells autofill with the milestone you selected to revise.
- b. Milestone Description:**
 - If you selected to revise a non-customizable milestone (a milestone other than “P-X” or “I-X”), both cells autofill with the milestone description for the milestone you selected.
 - If you selected to revise a customizable milestone (“P-X” or “I-X”), both cells gray out.
- c. Milestone Provider Manual Description (if needed)** - If the current milestone has a “Milestone Provider Manual Description”, enter it in both cells.
- d. Metric Number** – Both cells autofill with the metric you selected to revise.
- e. Metric Description:**
 - If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”) both cells autofill with the metric description for the metric you selected.
 - If you selected to revise a customizable metric (“P-X” or “I-X”), both cells gray out.
- f. Metric Provider Manual Description (if needed)** - If the current metric has a “Metric Provider Manual Description”, enter it in both cells.

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g. Data Source:

- If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), both cells autofill with the data source for the metric you selected.
- If you selected to revise a customizable metric (“P-X.1” or “I-X.1”), both cells gray out.

h. Data Source Provider Manual Description (if needed):

- Current - If the current metric has a “Data Source Provider Manual Description”, enter it in this cell.
- New - If the current metric has a “Data Source Provider Manual Description” (which you entered in the “Current” cell), and you want to keep it, enter it in this cell. If you want to change it, you have the following options:
 - If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), you may leave this cell blank. However, if you want to use a data source that is different than the data source that autofilled in **Data Source**, enter the data source that you want to use in this cell.
 - If you selected to revise a customizable metric (“P-X.1” or “I-X.1”), you must enter a data source in this cell (but it does not have to match the current data source you entered in the “Current” cell. You can change it if you wish).

i. Metric Measure:

- If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), both cells autofill with the metric measure for the metric you selected.
- If you selected to revise a customizable metric (“P-X.1” or “I-X.1”), both cells gray out

j. Metric Measure Provider Manual Description (if needed):

- Current - If the current metric has a “Metric Measure Provider Manual Description”, enter it in this cell.
- New - If the current metric has a “Metric Measure Provider Manual Description” (which you entered in the “Current” cell), and you want to keep it, enter it in this cell. If you want to change it, you have the following options:
 - If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), you may leave this cell blank. However, if you want to use a metric measure that is different than the metric measure that autofilled in **Metric Measure**, enter the metric measure that you want to use in this cell.
 - If you selected to revise a customizable metric (“P-X.1” or “I-X.1”), you must enter a metric measure in this cell (but it does

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not have to match the current metric measure you entered in the “Current” cell. You can change it if you wish).

k. Numerator:

- If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), both cells autofill with the numerator for the selected metric, if applicable. If the metric does not have a numerator, both cells gray out.
- If you selected to revise a customizable metric (“P-X.1” or “I-X.1”), both cells gray out.

l. Denominator:

- If you selected to revise a non-customizable metric (a metric other than “P-X.1” or “I-X.1”), both cells autofill with the denominator for the selected metric, if applicable. If the metric does not have a denominator, both cells gray out.
- If you selected to revise a customizable metric (“P-X.1” or “I-X.1”), both cells gray out.

m. Baseline/Goal:

- Current - Enter the current Baseline/Goal.
- New:
 - If you are not seeking to change the Baseline/Goal, enter the current Baseline/Goal.
 - If you are seeking to change the Baseline/Goal, enter the desired Baseline/Goal as follows.
 - Baseline - If you are seeking to change the Baseline, note that a goal of DSRIP is to show increased capacity/enhanced services compared to what existed prior to the project, and also as the waiver progresses. Baseline information typically would reflect the year prior to the year the project starts to measure such increases in its metrics.
 - For example, if a clinic is expanding services, and has metrics to demonstrate that in DY3-5, then the baseline typically would be DY2. If a clinic was providing 1000 visits per year prior to the project, and the goal is to increase by 200 visits per year, then the project would need to demonstrate 1200 visits in DY3 to reach the 200 QPI, 1400 visits in DY4 (2600 cumulative DY3-4), and 1600 visits in DY5 (4200 cumulative DY3-5).
 - Goal – If you are seeking to change the Goal, enter the new goal for **DY5 ONLY**.

n. Goal Type:

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- Current - Select the current **Goal Type** from the dropdown menu.
- New:
 - If you are not seeking to change the **Goal Type**, select the current **Goal Type** from the dropdown menu.
 - If you are seeking to change the **Goal Type**, select the appropriate option from the dropdown menu (“Yes/No”, “Number”, or “Percentage”) as follows:
 - “Yes/No” – Select this for a goal that can be answered with a “Yes” or “No” that it is completed, e.g. completing a plan, implementing protocols, completing an installation.
 - The one exception is if there are multiple numeric goals within a goal, e.g. 10% increase in staff with 5 trainings. Because the system can only handle one numeric goal, these types of goals are identified as Yes/No but all numeric goals must be met to be eligible for payment.
 - “Number” – Select this for a goal with a number in the goal, e.g. train 5 nurses.
 - “Percentage” – Select this for a goal with a percentage in the goal, e.g. 10% increase in encounters.

Make sure that the **Goal Type** you select is consistent with the **Goal** you entered (i.e., if the **Goal** you entered is “increase staff by 10%”, you should select “Percentage” as the **Goal Type**).

o. Numeric Goal:

- Current - Enter the current **Numeric Goal** (unless the **Goal Type** selected is “Yes/No”, in which case this cell will gray out).
- New:
 - If you are not seeking to change the **Numeric Goal**, enter the current **Numeric Goal** (unless the **Goal Type** selected is “Yes/No”, in which case this cell will gray out)..
 - If you are seeking to change the **Numeric Goal**, enter a number or percentage as the goal **for DY5 ONLY**.

p. QPI Metric?:

- Current – Select “Yes” if the current metric is the QPI metric or “No” if it is not.
- New – Select “Yes” or “No” depending on whether you want the metric to be the QPI metric or not.

q. QPI Grouping:

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- Current – If the metric is currently the QPI metric (and you selected “Yes” to **QPI Metric?**), enter the current QPI grouping (“Individuals” or “Encounters”). If the metric is not currently the QPI metric, this cell grays out.
- New – If you want the metric to be the QPI metric (and you selected “Yes” to **QPI Metric?**), enter the appropriate QPI grouping for the metric. If you do not want the metric to be the QPI metric (and you selected “No” to **QPI Metric?**), this cell grays out.