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April 2014

The BIP Work Plan and NY Connects

The Balancing Incentive Program, or BIP as it’s widely known, authorizes grants to States to increase access to non-institutional community-based long-term services and supports (LTSS). New York’s application was approved in March of 2013, awarding New York \$598.7 million in grant for the grant period April 1, 2013 to September 30, 2015. The 387-page BIP work plan was published on November 25, 2013. The following contains content from the BIP work plan as it relates to NY Connects and the NWD/SEP (No Wrong Door/Single Point of Entry).

BIP - Transforming the Health Care Delivery System

The Balancing Incentive Program contains three structural changes:

1. No wrong door/single entry point system (NWD/SEP)
2. Conflict-free case management services
3. Core standardized assessment instruments.

BIP: Objectives and Due Dates

Pages 1 to 12 of the BIP work plan contain Major Objectives, Due Dates, Lead Persons, Task Status and Deliverables.

Deliverables and Due Dates

Pertinent deliverables with due dates (status will change with the passage of time) include:

- Implement and test system - 2/28/2015
- System goes live - 8/31/2015

Pertinent deliverables relating to the NWD/SEP system:

- Develop and implement a Memorandum of Understanding (MOU) across agencies – 4/1/2014.
- Contract 1-800 number service -11/1/2014.
- Train staff on answering phones, providing information, and conducting the Level 1 screen – 11/1/2014.

Structural Changes

The BIP work plan provides a description of each of the three structural changes (pages 13-40). The first part is devoted to NWD/SEP. NY Connects, the single point of entry established by the state’s area agencies on aging, has been recognized by the federal government as the state’s no wrong door/single point of entry or Aging and Disability Resource Center (ADRC).

The NY Connects Network potentially includes existing NY Connects (ADRC) programs, Disabilities Regional Offices (DDROs), and OMH Regional Field Offices. It’s anticipated that there will be a Request for Proposal (RFP) to contract directly with ILCs and/or CBOs representing individuals with disabilities.

BLUE text boxes – denotes major sections of the work plan

RED – Headings added by the Association on Aging in NY to improve readability

GREEN – Headings added by Aging-NY to denote the sections relating to each “Major Objective.”

Work Plan (387 pages): [link to DOH website](http://www.health.ny.gov/health_care/medicaid/redesign/docs/nys_bip_master_work_plan.pdf)
http://www.health.ny.gov/health_care/medicaid/redesign/docs/nys_bip_master_work_plan.pdf

Fact Sheet updated: April 24, 2014

Descriptions of Deliverables & Companion Text

(Details relating to the Tables located on pages 1-12 of the BIP Work Plan.)

Major Objective #1: Standardized Information, Eligibility & Enrollment

1. All individuals receive standardized information and experience the same eligibility determination and enrollment processes.

1.1 Deliverable – Informational Materials

(Suggested Due Date 6/15/2014)

Develop standardized informational materials that NWD/SEPs provide to individuals.

Lead: SOFA (Kitazawa)

Describe the current status of this task

(as of 11/2013):

Existing Materials available across partnering entities will be reviewed (e.g., brochures summaries of programs and eligibility criteria). Standardized package will be assembled for distribution to individuals, families, and caregivers. New brochures, fact sheets etc. will be developed as necessary. Each existing NY Connects program adheres to State Standards on operations and implementation protocols. These standards are currently being updated by SOFA and the draft will be shared with the No Wrong Door/Single Entry Point (NWD/SEP) work group for review/comment to assure coordination and consistency across the expanded NY Connects Network of NWD/SEPs.

Describe experienced or anticipated challenges to completing this task:

Preliminary package expected to be available by 6/15/2014. Some materials will need to be amended or replaced as the NY Connects Network of NWD/SEPs is expanded statewide, contacts are awarded for additional partners to comprise the Network, the 1-800-telephone

number becomes available, and as various report initiatives are implemented related to eligibility determination and are implemented related to eligibility determination and enrollment processes.

Determining if one set of standardized information will be useful across all populations while retaining ease of use by individuals and families.

Describe the State's plan to address the challenges described above:

The Uniform Resource Locators (URLs) for the NY Connects Resource Directory, myBenefits and other useful sites will be part of the standardized information package. A General informational brochure will be revised when the 1-800 telephone number is available, and wherever else appropriate. Interagency work group will convene to review materials as needed to keep updated Determination will be make if one standardized package works across all populations or if supplemental materials will be provided for specific populations as appropriate.

1.2 Deliverable – Training Agenda and Schedule (Suggested Due Date 8/15/2014)

Train all participating agencies/staff on eligibility determination and enrollment processes: All staff should be trained on these processes by the time the NWD/SEP system is implemented for testing (18 months after date of Work Plan submission). This timing corresponds to an automated NWD/SEP system; the implementation of a paper-based system should require less time.

As a related deliverable, States should submit the training documents used by NWD/SEP staff to follow the NWD/SEP processes, in addition to the training agenda. To be effective, documents should include flow diagrams and clear guidelines for each type of NWD/SEP staff member.

Lead: DOH (Kissinger/Arnold)

Medicaid Eligibility Training

Describe the current status of this task (as of 11/2013):

DOH will take the lead on training on Medicaid eligibility, determination and enrollment processes for consistent knowledge to create seamless linkages. OPWDD will provide information on agency eligibility determination process for incorporation of overall training.

Currently, Local Department of Social Services (LDSS) perform the training function for NY Connects staff regarding eligibility and processes and/or the LDSS staff is co-located or virtually connected with the Area Agencies on Aging (AAA) to form the local NY Connects program. Note: Most NY Connects programs are embedded with the AAA, some are embedded with the LDSS and/or Community Alternative Systems Agency (CASA). NWD/SEP staff will also be trained to initiate and coordinate the collection of Level II assessments as set forth in the CSA work plan.

Describe experienced or anticipated challenges to completing this task:

Depending on decisions made as to best way to deliver training, there may be contracting processes to adhere to impacting timelines. Need to determine most cost-effective and efficient way to deliver training on an on-going sustainable basis; as well as assure consistency across NWD/SEPs. Staff will need to be trained to use the new and enhanced systems, technology and processes associated with reforms under Balancing Incentive Program (BIP) and other simultaneous reform activities (i.e., Medicaid Managed Care, centralization of Medicaid eligibility determinations etc.) The State will take over eligibility function over time.

Describe the State’s plan to address the challenges described above:

Interagency work group will be identified and convened for planning and implementation. Existing appropriate training models and modules will be leveraged that are already in existence, such as the Uniform Assessment System-New York (UAS-NY), and training developed as needed.

**Major Objective #2:
Case Management System**

2. A single eligibility coordinator, “case management system,” or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion.

2.1 Deliverable – Description of the System (Suggested Due Date 8/30/2013)

Design system: The State should submit with the Work Plan a general description of the NWD/SEP system, including the major actors (i.e., Operating Agency, NWD/SEPs), overview of processes (e.g., flow diagram), and the level of automation expected within the system. For example, States should indicate where they plan on using an online Level I screen and/or an automated Level II assessment that feeds into a central database, accessible to all NWD/SEPs.

BIP Oversight

The BIP oversight and operating agency is DOH. New York State (NYS) will expand the current NY Connects programs operational in 54 counties across NYS to cover the entire State and enhance NY Connects by partnering with other systems consistently across the State to form the NY Connects Network of NWDs/SEPs. The current NY Connects program is comprised of the AAA and LDSS. The organizational structure varies by county and may have co-located staff from both these agencies, be located in one agency and coordinate as necessary or are “virtually” connected. The lead NY Connects local agencies are required to have a Memorandum of Understanding (MOU) specifying roles and responsibilities.

There are a variety of local partners involved in NY Connects and that serve on the Local Term Care Council (LTCC), including Community Based Organizations (CBOs) serving people with disabilities, such as Independent Living Centers (ILCs), with some members of the ILC S designated as chair of the LTCC.

Through BIP, the ILCs and CBOs (where the ILC does not have area coverage) will have an opportunity to formally become part of NY Connects to assure a strong local partnership referral, information and assistance source for younger individuals with disabilities

Level II Assessment

Through the expansion and enhancement of NY Connects to form the NY Connects Network of NWDs/SEPs (NY Connects Network), individuals with disabilities of

any age, older adults and caregivers that may be in need of long term services and supports (LTSS) will be able to receive information and assistance about available LTSS operating in accordance with consistent Standards and Operating Protocols, Level I screen, application assistance for Medicaid and other publicly funded programs as appropriate linkage to available services for non-Medicaid eligibles, and assistance in being linked to appropriate Level II assessment (financial and functional) when the Level I screen shows the individual may potentially be eligible for Medicaid community based LTSS. Individuals will be able to receive assistance through the website, a 1-800 number or in person at the NWD office in the community or person’s home.

NY Connects Network

The NY Connects Network potentially includes the existing NY Connects (ADRC) programs, Regional Resource Development Centers (RRDCs), Developmental Disabilities Regional Offices (DDROs), OMH Regional Field Offices and it is anticipated that there will be a Request for Proposal (RFP) to contract directly with ILCs and/or CBOs representing individuals with disabilities.

Individuals/caregivers will be able to access the NY Connects Network and comprehensive, objective information and assistance through the website, a statewide 1-800 telephone number that will be a virtual call center (routing calls to the NWD/SEP within the zip code of the person needing information about or in need of LTSS); or in person at the NWD/SEP, in the community or in the person’s home.

The NWDs/SEPs will coordinate across the Network of NWD/SEPs to minimize the need for “hand- offs” of individuals/caregivers to assure a seamless process. Staff will be trained to provide consistent information about available services, operate in accordance with Standards and Operating Protocols, conduct Level I screens as appropriate and, perform job utilizing person-centered approaches, provide application assistance for Medicaid and other publicly funded programs as needed, provide linkages to available services for individuals not eligible for Medicaid, and to initiate and coordinate the collection of Level II assessments as set forth in the CSA work plan when Level I screen shows potential eligibility for Medicaid Community LTSS. The data will be funneled to an accessible central database.

NY Connects Resource Directory

The current vendor contract for the NY Connects Resource Directory expires February, 2014. SOFA is currently working on a RFP to procure an IT solution for a searchable provider database for the public and information about services and programs. Currently local NY Connects programs are responsible for inputting and maintaining provider data in their service region in accordance with NY Connects Resource Directory business rules, style guide and inclusion/exclusion policy. The State retains ability to override. The back end of the NY Connects Resource Directory is accessible to the NWD/SEPs. The new RFP will seek interoperability or interface among NY Connects Network partners to be able to share information from a Level I screen and services provided as needed and appropriate.

The www.nyconnects.ny.gov website links to www.mybenefits.ny.gov, which provides an automated screen for programs and services for which the individual may be eligible. Work will be undertaken to determine if this meets the criteria for an automated Level I screen, or linked to a Level I screen for eligibility for LTSS or whether an automated system is feasible.

Long Term Care Councils

An important component of the existing NY Connects design is the required Local Long Term Care Coordinating Councils (LTCCCs). The Councils are comprised of local governmental partners, community based organizations and service providers, hospitals and other institutional and community based medical providers, consumers/caregivers. Currently, there are almost 1,600 stakeholders participating on the Councils across the State. Several of the LTCCCs are chaired or co-chaired by ILCs. With the expansion and enhancement of NY Connects to the NY Connects Network, the LTCCCs will also be required to have participation from the mental health and Intellectual Disability and/or Developmental Disability (ID/DD) networks. Currently, some of the LTCCCs already have this representation on the Council. The LTCCC s are charged with assessing the LTSS needs of the community, identifying priorities to address, and develop an action plan. Examples of LTCCC efforts include improving transportation coordination, facilitating better communication and coordination between health and community providers and improving services availability and accessibility.

Lead: SOFA (Pferr)

See pages 5 and 6 for accompanying person flow diagram - Appendix A.1

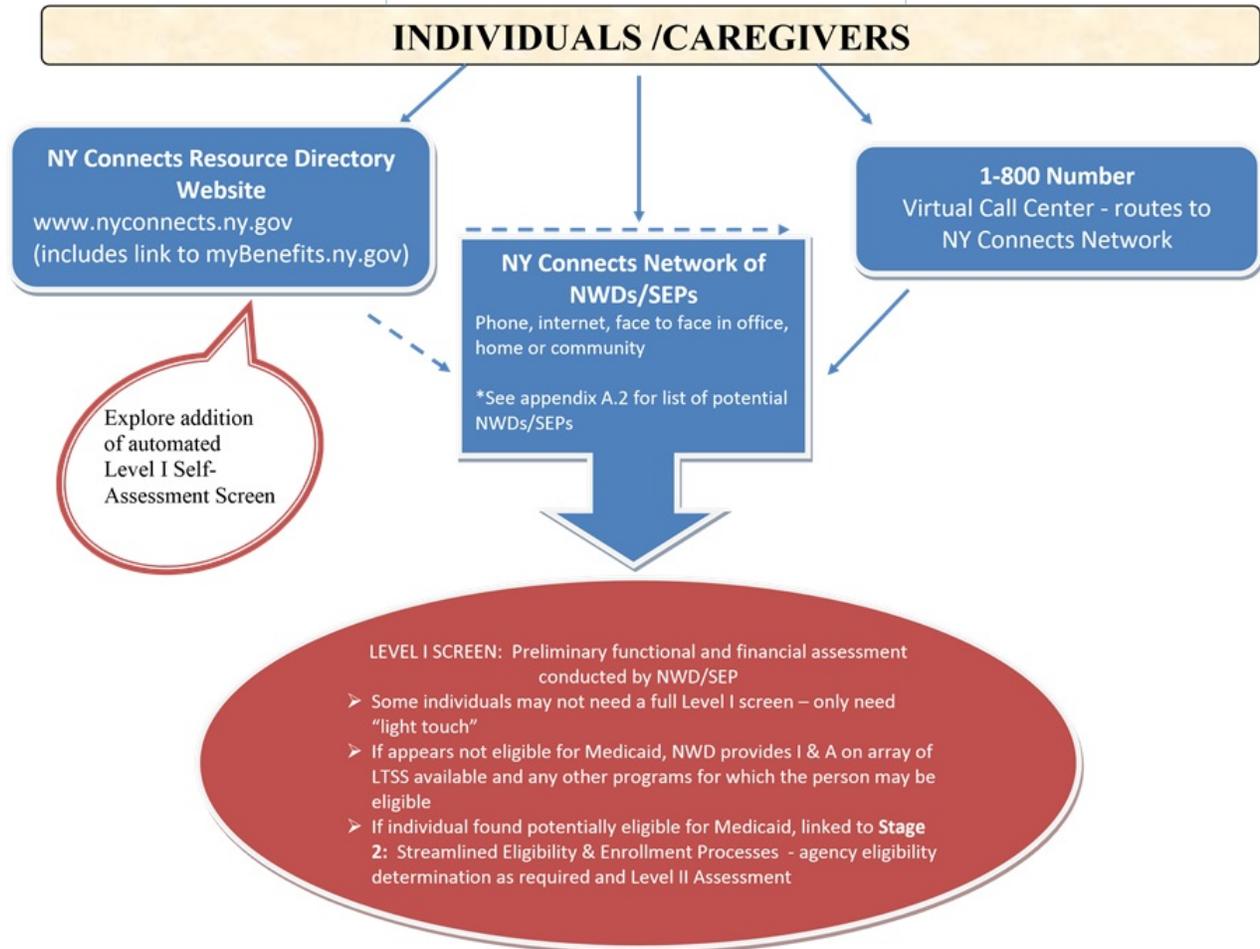
Describe the current status of this task (as of 11/2013):

The BIP NWD/SEP work group has been meeting regularly to think through the best way to coordinate the various systems to create a user friendly, streamlined network of NWDs/SEPs, building upon the existing NY Connects program and adding NWD access partners. This State cross-systems group will continue meeting to fully develop and implement the NY Connects Network statewide to be accessed by individuals and caregivers of all ages in need of long term services and supports, regardless of payer source, diagnosis or disability.

Discussions include the use of technology to create a virtual call center and appropriate access by NWD/SEP staff (in accordance with Health Insurance Portability and Accountability Act (HIPAA) compliance, confidentiality etc.), to information from the Level I screen, when and how a “hand-off” should occur, what will happen to individuals not eligible for Medicaid, and other identified issues.

Describe experienced or anticipated challenges to completing this task:

- Coordinating multiple, large systems to achieve person-centered approaches.
- Implementing technological solutions in a timely manner.
- Promise of technology being realistic (i.e. interoperability and interfaces among disparate systems).
- Bridging philosophical differences in different systems.
- Confidentiality.
- Overall complexity.



Describe the State’s plan to address the challenges described above:

Interagency NWD/SEP work group will regularly meet.

Given overlap of work among the various work groups established for the BIP initiative, it is expected that members will cross-populate the work groups at the appropriate times. In addition, the BIP NWD/SEP work group will bring in people with technical expertise in information technology to advise on the next phase of planning.

2.2 Design System

Deliverable: Detailed technical specifications of system (Suggested Due Date 4/1/2014)

Network Structure

The second task involves a much more detailed design structure of the NWD/SEP system. If the State plans to contract a vendor to build an automated system, the deliverable associated with this task will be a Request for Proposals (RFP) disseminated to potential vendors. The RFP should include the data flow, highlighting which entity will house the data, data transfer mechanisms, levels of user access and data security measures. If the NWD/SEP is paper-based, the description should include how information will be transferred to different participating entities in a timely manner (e.g. phone, fax) and how non electronic data will be stored and retrieved securely.

Lead: SOFA (Pferr), DOH (Kissinger)

2.3 Select Vendor

Deliverable: Vendor Name and Qualifications (Suggested Due Date 8/31/2014)

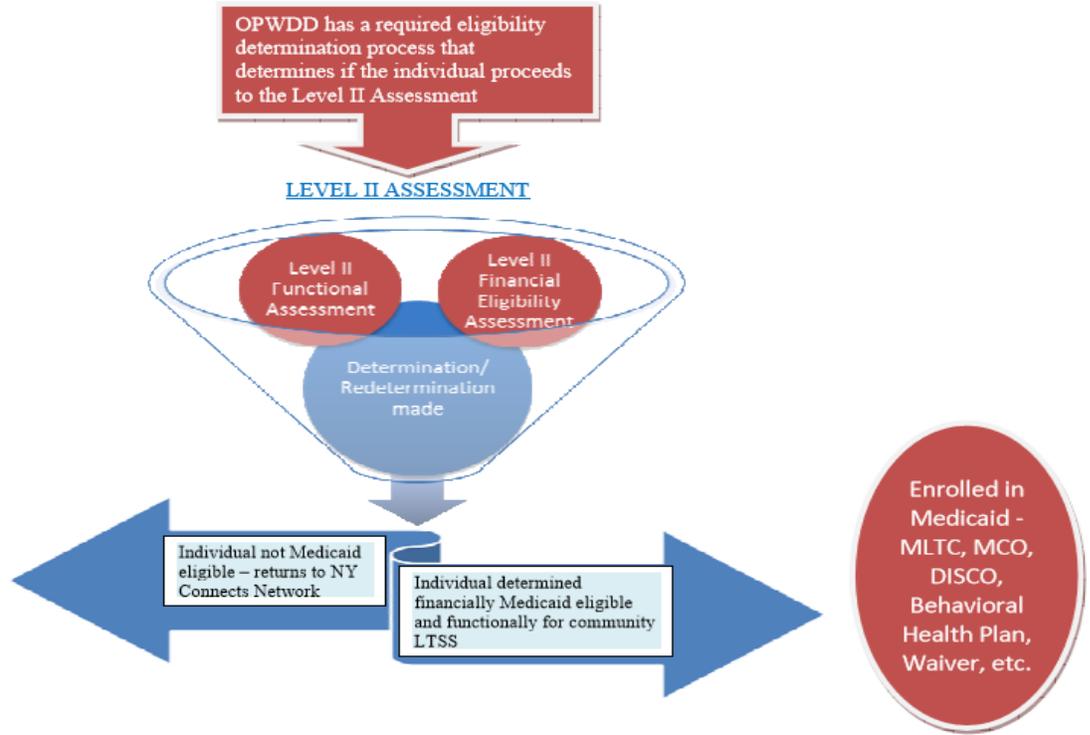
Once a vendor is selected to build or enhance the NWD/SEP system, the State should submit a memo indicating the vendor name and qualifications (i.e., reason for selection).

Lead: SOFA (Pferr), DOH (Kissinger)

2.4 Implement and test system

Deliverable: Description of Pilot Roll-out (Suggested Due Date 2/28/2015)

STAGE 2: STREAMLINED ELIGIBILITY & ENROLLMENT PROCESS: Agency Eligibility Determination as Required and Level II Assessment



Stage 2 Streamlined Eligibility 1

A.1-3

We expect many States will gradually roll out the NWD/SEP system, incorporating NWD/SEPs one at a time or in groups. This will allow States to test processes, identify lessons learned, and make improvements. This task requires a description of the rollout plan, including which entities will implement the system when, and protocols for evaluating processes and incorporating lessons learned.

Lead: SOFA (Pferr), DOH (Kissinger)

2.5 System goes live

Deliverable: Memo indicating system is fully operational (Suggested Due Date 8/31/2015)

Once the system is live or fully operational, States should submit a memo to CMS indicating that it is fully operational and describe any major system changes implemented since the detailed design.

Lead: SOFA (Pferr), DOH (Kissinger)

2.6 System updates

Deliverable: Description of successes and challenges (Suggested Due Date 8/31/2015)

After the system goes live, States should submit a brief semiannual report describing the successes and challenges associated with the system.

A list of potential NWDs/SEPs is contained in Appendix A.2 and includes most New York State Offices for the Aging, as well as Disabilities Regional Offices (DDROs), OMH Regional Field Offices and it is anticipated that there will be a Request for Proposal (RFP) to contract directly with ILCs and/or CBOs representing individuals with disabilities.

Lead: SOFA (Pferr), DOH (Kissinger)

**Major Objective #3:
Identify NWD/SEPs**

NWD/SEPs

3. State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency

3.1. Identify the Operating Agency

Deliverable: Operating Agency is the Department of Health (Suggested Due Date 8/30/2013)

The name of this agency should be included in the initial description of the NWD/SEP system.

Lead: DOH (Kissinger)

3.2. Identify the NWD/SEPs

Deliverable: List of NWD-SEP entities and locations (Suggested Due Date 8/30/2013)

The names of the entities and their locations should be included in the initial description of the NWD/SEP system.
Lead: DOH (Kissinger), SOFA (Pferr)

Describe the current status of this task (as of 11/2013):

See Appendix A.2.

Lists of Potential NWD/SEP Entities and Locations

Appendix A.2.a: CASA Association

Appendix A.2.b: Nursing Home Transition and Diversion (NHTD) Waiver Program, Regional Resource Development Center (RRDC) Contact List

Appendix A.2.c: Home Care Services Program, Community Alternative Systems Agency (CASA), List of Borough Offices

Appendix A.2.d: OPWDD Regional Front Door Access Numbers

Appendix A.2.e: Independent Living Centers

Appendix A.2.f: Local Department of Social Services (LDSS) List

Appendix A.2.g: NY Connects List

Appendix A.2.h: Office of Mental Health Field Offices

NY Connects will be the platform to implement the required NWD/SEP element of BIP.

NY Connects Network

NYSOFA, DOH, OPWDD and the OMH are working together to develop the necessary plans to expand and enhance NY Connects to become the NY Connects Network. Other partners will be added as expansion rolls out and RFA, RFP and contracting processes are finalized. Currently there are 53 NY Connects Programs covering 54 counties; LDSS in each county and Human Resource Administration (HRA) in New York City (NYC), Area Agencies on Aging covering every county and NYC Department for the Aging (DFTA) in NYC, RRDCs, DDROs, and OMH Field Offices. At this point, the State is reviewing a procurement strategy to contract with additional partners to form the expanded NY Connects Network of NWDs/SEPs which will be targeted to ILCs and other appropriate CBOs representing individuals with disabilities to achieve statewide coverage.

Describe experienced or anticipated challenges to completing this task:

Getting potential NWD/SEPs which are not already in the NY Connects to understand the requirements, evaluate their organizations capacity to making the commitment in a short period of time. Contracting processes; issuance of an RFA and RFP to determine rest of complement of NWD/SEPs comprising the Network. Completing deliverables in required time frame/meeting the time table.

Describe the State’s plan to address the challenges described above:

Developing concise communication materials to allow potential NWD/SEPs to understand the requirements and make the commitment.

Establishing long range meeting schedule of interagency work group to meet deliverables.

Memorandum of Understanding

3.3. Develop and implement a Memorandum of Understanding (MOU) across agencies, including the State Medicaid Agency and the Operating Agency.

Deliverable: Signed MOU (Suggested Due Date 4/1/2014)

Given that many agencies will be involved in the NWD/SEP system, it is essential that each agency has a clear role and is on board with completing its resource in helping define tasks and develop or solidify support.

Lead: DOH (Kissinger), SOFA (Pferr)

Describe the current status of this task (as of 11/2013):

In progress. Information gathering has begun.

Describe experienced or anticipated challenges to completing this task:

The various approval processes for each of the entities involved in BIP may make it difficult to implement an MOU in a timely manner.

Describe the State’s plan to address the challenges described above:

Leverage the priority processes that have been established with approval authorities.

Major Objective #4: Access Points & Accessibility

Service Coverage

4. NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS, community LTSS program options counseling, and enrollment assistance.

4.1. Identify service coverage of all NWD/SEPs

Deliverable: Percentage of State population covered by NWD/SEPs

(Suggested Due Date 1/1/2015)

As previously noted, NWD/SEP's services cover all residents within a certain distance. Ideally, the combined services of all NWD/SEPs should cover the State's entire population. Because this is not always feasible, States should submit the percentage of the State's population actually covered by the NWD/SEP and a description of why 100 percent coverage is not feasible.

Lead: SOFA (Pferr), DOH (Kissinger)

Describe the current status of this task (as of 11/2013):

NY Connects works as a coordinated system of information, assistance, and access for New Yorkers seeking long term services and supports information and assistance. Currently there are 53 programs covering 54 counties. With BIP, the ILCS or CBOs serving individuals with disabilities will be offered an opportunity to contract with the State, through an RFP process, to partner with the NY Connects Network.

The date for New York to achieve 100 percent coverage for the State has been amended to 1/1/2015. Work is already underway to bring the non-participating

counties formally into the NY Connects Program. By March 1, 2014, a letter will be sent to all currently non-participating counties, extending an offer to participate in the NY Connects program.

If a county decides not to participate in the program, a Request for Proposal will be issued to select an entity to administer the NY Connects Program in that area. This expansion of NY Connects in concert with the other NWD/SEP partners (see Appendix 2-A) to form the NY Connects Network of NYSs/SEPs will provide 100 percent service coverage. Expanding the geographic and human resource capacity, along with the necessary technological solutions, will enable a seamless and more timely experience for potentially eligible Medicaid individuals/Medicaid recipients in need of LTSS regardless of age, disability or diagnosis; as well as comprehensive information and assistance and linkage to services for individuals not eligible for Medicaid. New York does not see a need to develop a mitigation plan as there is an expectation that the State will meet this deliverable by 1/1/2015.

Describe experienced or anticipated challenges to completing this task:

- Needing to issue an RFP and RFA to determine full complement of NWD/SEPs; which will likely impact rollout time frames.
- Coordinating multiple, large systems to achieve person-centered approaches as well as standardized implementation of NWD/SEP functions.
- Implementing technological solutions in a timely manner.
- Promise of technology being realistic (i.e. interoperability and interfaces among disparate systems).
- Bridging philosophical differences in different systems.
- Confidentiality.
- Overall complexity.

Describe the State's plan to address the challenges described above:

Interagency work group will work through challenges and BIP State Team will assist in problem-solving as needed.

4.2. Ensure NWD/SEPs are accessible to older adults and individuals with disabilities

Deliverable: Description of NWD/SEP features that promote accessibility (Suggested Due Date 5/31/2014)

States should indicate the features of the NWD/SEPs that promote accessibility, including wheelchair ramps, proximity to public transportation, bilingual staff, etc.

Lead: SOFA (Kitazawa)

Describe the current status of this task

(as of 11/2013): All NY Connects programs are required to provide free language accessibility services to those with limited English proficiency.

NY Connects and Home Visits

NY Connects programs can conduct home visits if an individual is unable to make a visit to the NY Connects program and wishes to speak to an Information and Assistance Specialist/Options Counselor in person.

In addition, New York is exploring the use of TTY (Text-Telephone device for the hearing impaired) to fully serve those who are deaf, hearing impaired, or have speech difficulties. Where the NY Connects programs currently exist, they can be accessed by telephone, face to face, and in the home.

Area Agencies on Aging (AAA) must comply with federal, state and local laws, regulations, and issuances including the Americans with Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Older Americans Act, 45 CFR Part 1321, 45 CFR Part 84 (Nondiscrimination on the basis of Handicap), Executive Order 13166 (Improving Access to Services for Persons with Limited English Proficiency, Article 15 of the New York State Executive Law (Human Rights Law), New York State Elder Law and Office for the Aging Rules and Regulations Parts 6651 through 6656, and New York State Office for the Aging Equal Access to Services and Targeting Policy (12-PI-08).

Full Access to Services

The NY Connects Standards explicitly state the following:

- NY Connects must ensure that core functions are provided in a culturally and linguistically appropriate manner. Consumers with special needs will be linked to appropriate services to ensure full access to services, as applicable. NY Connects must provide barrier-free access to its services that accommodates people with special needs and access for consumers who speak languages other than English.
- NY Connects must provide educational materials that are culturally and linguistically sensitive, at a maximum sixth grade level of readability, and can be accessed by individuals with special needs.

- NY Connects must demonstrate the capacity to conduct on site visits including visiting a consumer residence, outpatient setting, acute care facility, or any other setting that will best accommodate consumer needs in accordance with this standard. Should the NY Connects Program determine the need for an off0-site visit to provide information and assistance, then such off-site visits must be made within three working days.
- Compliance with federal, state, and local laws, and NY Connects standards will be required for all entities participating in the NY Connects Network and the three modes of NY Connects website is 508 compliant;
- The toll-free number being established for the program will have TTY capability and language accessibility services; and
- Direct client contact may take place in the NY Connects office, in the community, or in the client's home.

Describe the State's plan to address the challenges described above:

Recognizing the need for an interagency work group and identifying the people with the right skill sets to develop the standard and assure its implementation.

Major Objective #5: Website

5. The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP network.

5.1. Identify or develop URL

Deliverable: The URL is:

www.nyconnects.ny.gov (Suggested Due Date 8/30/2013)

Many States already have websites with information on community LTSS. If the State plans to use a website already in existence, it should submit the URL of that website.

Lead: SOFA (Pferr)

Describe the current status of this task as of (11/2013): The URL is:

www.nyconnects.ny.gov

Describe experienced or anticipated challenges to completing this task:

Current vendor contract for the NY Connects Resource Directory expires February, 2014.

Describe the State's plan to address the challenges described above:

In compliance with contracting requirements, and the expansion and enhancement of NY Connects, SOFA is currently working with the NYS Office of Information Technology on a RFP to procure a solution for a searchable provider database for the public and information about services and programs. Currently local NY Connects programs are responsible for inputting and maintaining provider data in their service region in accordance with NY Connects Resource Directory business rules, style guide and inclusion/exclusion policy. Since the launch of the website, efforts have continued to be made to grow the site including LTSS across the multiple systems. The back end of the NY Connects Resource Directory will be accessible to the NWD/SEPs

The new RFP will seek interoperability or interface among NY Connects Network partners to be able to share information from a Level I screen and services provided as needed and appropriate.

The original RFP and development of site was performed in collaboration with DOH. OPWDD and OMH provided input prior to initial launch. An interagency team will assist in the transition efforts.

5.2. Develop and incorporate content
Deliverable: Working URL with content completed (Suggested Due Date 7/15/2014)

The State should incorporate additional information into its website as necessary. Once the website is completed, the State should submit the URL for CMS to review. New York will continue to add providers/ services to the NY Connects Resource Directory.
Lead: SOFA (Pferr)

Describe the current status of this task (as of 11/2013):

NYC DFTA is currently under contract to identify and upload LTSS services and providers serving NYC (which meet SOFA requirements) into the Resource Directory. The current vendor contract expires February 2014. SOFA, with the assistance of, the Office of Information Technology Services Human Services Cluster, is currently in the process of developing an RFP for a solution for a searchable provider database for the public, as well as information about services and programs. Currently NY Connects programs responsible for inputting provider data in service region in accordance with NY Connects resource directory business rules, style guide and inclusion/exclusion policy, although SOFA retains the ability to override.

The back end of the Resource Directory will be accessible to the NWD/SEPs. New RFP will also seek interoperability or interface among NY Connects partners.

The NWD/SEP work group members will be invited to participate in some of the RFP development discussion and/or review and comment on draft documents.

Additional resources with information technology expertise will be brought into the work group as needed.

Describe experienced or anticipated challenges to completing this task:
Complexity of keeping website content up-to-date and consistent.

Describe the State’s plan to address the challenges described above:
Interagency Team will review and update, as necessary, the NY Connects resource directory business rules, style guide and inclusion/exclusion policy as well as implement additional protocols to expand and enhance content adhering to security requirements and maintaining accuracy.

Level I Screening Tool

5.3. Incorporate the Level I screen into the website

Deliverable: Working URL of Level I screen and instructions for completion (Suggested Due Date 11/1/2014)

If the State chooses to incorporate a Level I screening tool into its community LTSS website, it should submit the working URL of the tool, in addition to the instructions for users to complete the screen.
Lead: SOFA (Rosenbaum)

**Major Objective #6:
Single 800 Number for LTSS**

6. Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.

6.1. Contract 1-800 number services: Deliverable: Phone numbers (Suggested Due Date 11/1/2014)

Many States already have 1-800 numbers for providing information on community LTSS. If the State plans to use a number already in existence, it should submit that phone number. If not, it must describe its method for developing or contracting a 1-800 number service and indicate when the number is functioning.
Lead: SOFA (Pferr)

Describe the current status of this task (as of 11/2013):

New York is exploring options to implement a statewide 1-800 number, including the use of TTY.

Describe experienced or anticipated challenges to completing this task:

Need to have the expanded network of NWDs in place and trained before implement the 1-800 number service. Describe the State’s plan to address the challenges described above: Execute contract, perform testing, and prepare for launching of 1-800 number service to coincide with NY Connects Network launch statewide.

6.2. Train staff to answer phones, provide information, and conduct the Level I screen

Deliverable: Training Materials (Suggested Due Date 11/1/2014)

NWD/SEP staff must be trained on how to provide information and conduct assessments in a standardized fashion. The State should submit related training materials and schedules.

Lead: SOFA (Kitazawa)

Describe the current status of this task (as of 11/2013): Not started.

However, there is existing training for Information and Assistance Specialists at the existing NY Connects programs, developed by the University at Albany, State University of New York, which will be reviewed by work group. This training focuses on initial contact with individual/family member/caregiver, person-centered approach, screening and problem-solving. Updated training with additional modules will be developed and delivered to all staff at NWD/SEP.

Describe experienced or anticipated challenges to completing this task:

Depending on decisions made as to best way to deliver training, there may be contracting processes to adhere to impacting timelines. Need to determine most cost-effective and efficient way to deliver training on an on-going sustainable basis; as well as assure consistency across NWDs/SEPs.

Describe the State’s plan to address the challenges described above:

Interagency work group will be identified and convened for planning and implementation. Existing appropriate training models and modules will be leverage that are already in existence. Additional experts will be brought in as needed.

**Major Objective #7:
NWD/SEP: “go to system” for LTSS**

Go-to system for LTSS

7. State advertises the NWD/SEP system to help establish it as the “go to system” for community LTSS

**7.1. Develop advertising plan
Deliverable: Advertising Plan
(Suggested Due Date 9/30/2014)**

Nursing homes, hospitals, community-based organizations, medical providers, and other governmental social programs should be aware of and refer clients to the NWD/SEP system. Therefore, the State must develop and submit a plan for advertising the system to all potential referring partners.

Lead: DOH (Kissinger), SOFA (Pferr)

Describe the current status of this task (as of 11/2013):

Currently, all NY Connects programs are required to conduct public education to educate the residents of the community on the availability of NY Connects. NY Connects programs must provide education to the general public, as well as targeted stakeholders, including hospitals, community based organizations, medical providers, who may serve as conduits to the long term services and supports system.

Describe experienced or anticipated challenges to completing this task:

Need to have statewide coverage and staffing capacity by the NY Connects Network before a public education/advertising plan is launched to be able to respond to the dramatic increase in the influx of calls that will likely result from the public education campaign.

If the State chooses to incorporate a Level I screening tool into its community LTSS website, it should submit the working URL of the tool, in addition to the instructions for users to complete the screen.

Describe the State’s plan to address the challenges described above:

The NY Connects Network will be rolled out and a team or contractor will develop an advertising plan to launch across the State when the Network is operational and staffing is in place statewide.

Advertising

**7.2. Implement advertising plan
Deliverable: Materials Associated with Advertising Plan (Suggested Due Date 12/31/2014)**

To indicate that the advertising plan has been implemented, States should submit related materials, such as posters and pamphlets.

Lead: DOH (Kissinger), SOFA (Cochran)

**Major Objective #8:
Level 1 & Level II Assessments**

8. A CSA, which supports the purposes of determining eligibility, identifying support needs, and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA includes a CDS (a Core Data Set of required domains and topics).

8.1. Develop questions for the Level I screen

Deliverable: Level 1 Screening questions (Suggested Due Date 4/1/2014)

The Level I screen should include a series of basic financial and functional questions that indicate whether a person may be eligible for Medicaid-funded community LTSS. States must identify and submit these questions.

Lead: DOH (Ambros)

Describe the current status of this task (as of 11/2013):

This task is in progress. The Level I screen for all is being developed in conjunction with the process analyses currently being conducted for the NWD/SEP network.

Describe experienced or anticipated challenges to completing this task: Identifying a Level I screen that will work across populations with a minimum number of questions. Behavioral health questions have not traditionally been included and will require development.

Describe the State’s plan to address the challenges described above:

The State will test the screen vs. “# of questions” trade off via case studies representing individuals from all populations.

The State will explore options for optimizing the design of the Level I screen to incorporate hierarchal stopping points using the order of the questions.

The OMH will use other State models to help incorporate the behavioral health perspective.

8.2. Fill out CDS crosswalk to determine if State’s current assessments include required domains and topics

Deliverable: Completed Crosswalk
(Suggested Due Date 8/30/2014)

Refer to Appendix H in the Manual for instructions on how to determine if the assessment already in use has all required domains and topics within the CDS. An electronic version of the CDS crosswalk can be found on the Balancing Incentive Program technical assistance website at: <http://www.balancingincentiveprogram.org/resources/crosswalk-between-corestandardized-assessment-csa-and-core-dataset-cds>.

Lead: DOH (Ambros)

Final Level II Assessments

8.3. Incorporate additional domains and topics if necessary (stakeholder involvement is highly recommended)

Deliverable: Final Level II assessment(s); notes from meetings involving stakeholder input (Suggested Due Date 3/31/2014)

Many States already use assessments that include all of the required domains and topics within the CDS. If not, the State should incorporate additional domains and topics using input from stakeholders. For the required deliverable, the State should submit the final assessment in addition to any materials that indicate stakeholder involvement.

Lead: DOH (Ambros), OPWDD (Woodward), OMH (Gratton)

Describe the current status of this task (as of 11/2013): The State is currently implementing a UAS-NY using the interRAI suite tools for the elderly and physically disabled population which contain the domains and topics in CMS’s CDS.

The State is currently piloting an instrument developed by interRAI and the OPWDD for the ID/DD population. While this instrument is not final yet, it includes all the required domains and topics in CMS’s CDS and the State is highly confident that any changes which may be revealed by the pilot will not impact the status of the instrument in terms of its containing the domains and topics in CMS’s CDS.

Behavioral/ Mental Health

The State has decided on interRAI’s Community Mental Health Assessment instrument for the adult Behavioral Health/Mental Health (BH/MH) population.

The State will continue to use the Child and Adolescent Needs and Strength (CANS-NY) for children entering the Home and Community Based Services (HCBS) Waiver. The CANS-NY meets all domains and topics currently required for CMS’s CDS.

Stakeholder Involvement:

For the elderly and physically disabled population served by DOH, stakeholder involvement began with a Request for Information (RFI) released and published in 2007 and continued with the Long Term Care Advisory Committee for the duration of its existence. Once the instruments that best met DOH goals became apparent, the DOH hosted a 2 hour meeting and presentation by interRAI principal Brant Fries and fellow Mary James for the Committee. Committee members, which included representation from the spectrum of stakeholders, were able to ask questions and affirm the interRAI suite of instruments were the best fit for individuals, providers and agencies.

Coordinated Assessment for OPWDD

For the population served by OPWDD, domains assessing individual’s strengths, social relationships and supports as well as items reflective of individual goals and desire for change are incorporated into the Coordinated Assessment System (CAS), the piloted instrument.

Approximately 400 individuals (stakeholders) from nineteen provider agencies have been assessed utilizing the CAS. Input from these individuals and agency stakeholders will be sought and a validity study of the tool will be commenced. Upon completion of the pilot review and 29 the validity study the CAS will be finalized. (The rest of the section omitted, pages

The Community Mental Health instrument for adults is being influenced by the public Medicaid Redesign Team (MRT) processes.

There was stakeholder involvement in the development of the CANS-NY algorithm. John Lyons, PhD. (author) met with OMH State staff, OMH Field Office staff and staff from St. Luke's Hospital (Children's Single Point of Access (C-SPOA)) in finalizing the CANS-NY algorithm.

The development of CANS-NY was a collaborative effort between the Office of Children and Family Services (OCFS), OMH and John Lyons in combining the CANS-MH and the CANS-B2H so waiver providers were not directly involved in its development.

8.4. Train staff members at NWD/SEPs to coordinate the CSA

Deliverable: Training Materials
(Suggested Due Date 8/15/2014)

NWD/SEP staff must be trained to initiate and coordinate the collection of Level II assessments. This involves working with the clinical staff responsible for actually conducting the assessment and ensuring the assessment is completed in a timely fashion. Once again, States should submit training materials and schedules associated with this task.

Describe the current status of this task
(as of 11/2013):

For the elderly and physically disabled population served by DOH, the web-based training curriculum and courses were co-developed by experts in education and training and Registered Nurses (RNs). In addition, the web based training courses for the Level II assessments were tested by RN's and social workers in the field during the BETA test of the UAS-NY in the spring of 2012.

These activities began long before the BIP application was approved, but since the training is web-based and it currently involves many of the organizations which have been identified as SEP's, it is anticipated the statewide training for the NWD/SEP members to initiate and coordinate the collection the Level II assessments for the elderly and physically disabled population can be completed by 8/15/14.

The OPWDD hired and trained sixteen staff to complete the pilot phase of the tool. Additional staff will need to be hired and trained for the implementation of the validity study and for the initial phase-in of the tool. Contracting for the development of rigorous training modules to be integrated into the UAS-NY will need to begin. Draft work plans for the State's responsibilities in regards to timely coordination and completion of the Level II assessment are currently in progress. It is anticipated the NWD/SEP members can be trained to initiate and coordinate the collection of the OPWDD Level II assessment by 8/15/14.

For the OMH HCBS Waiver, all associated staff that participate in the referral, assessment and plan of care process will be trained on the changes by 8/15/14; the associated participants are already trained and certified in the use of the CANS-NY. Very minor adaptations to the current process will be necessary to bring it more consistently in line with BIP requirements. An OMH/Office of Alcohol and Substance Abuse Services (OASAS) training design is in the planning stage with anticipated completion for the NWD/SEP members to initiate and coordinate the collection of OMH Level II assessments by 8/15/14.

Describe experienced or anticipated challenges to completing this task:
As set forth above, the automation and training for the Level II assessments are in

varying degrees of completion. This complicates training for initiating and coordinating the collection of the OPWDD Level II assessment.

As the various instruments evolve and are integrated in one system, so will the content of the training. This will hold true for the content of both coordinating and conducting assessments and system navigation. An investment is required to develop and integrate training on the OPWDD Level II instrument.

Potential contracting delays would challenge the delivery of the training modules integrated into the UAS-NY system.

For the OMH HCBS Waiver, analysis of needed resources to enhance existing processes needs to be completed. Investment is also needed to integrate training for the OMH Level II instruments.

Potential contracting delays would challenge the delivery of the training modules integrated into the UAS-NY system.

For the OMH HCBS Waiver, analysis of needed resources to enhance existing processes needs to be completed. Investment is also needed to integrate training for the OMH Level II instruments.

Describe the State's plan to address the challenges described above:

The State will align training for the Level I screen as set forth in the NWD/SEP work plan with the training for the initiation and coordination of the Level II assessment for NWD/SEP members as these processes are naturally connected.

The State will build on the web-based training already developed for those served by the DOH.

The web-based training is self-paced and available 24/7 and so provides maximum availability and flexibility.

The OPWDD intends to contract with the external expertise in training development utilized by DOH to leverage existing resources. To minimize contract delays for the Level II assessments, the State would seek to contract through an MOU process. The OMH will also evaluate how to leverage existing resources.

8.5. Identify qualified personnel to administer the CSA

Deliverable: List of entities contracted to conduct the various components of the CSA (Suggested Due Date 2/28/2014)

Describe the current status of this task (as of 11/201): In progress.

Staff qualifications

The DOH requires UAS-NY nurses to complete assessments. The system also allows those with 31 other disciplines such as social workers and therapists to directly contribute to assessments before they are completed by a nurse.

The OPWDD selected the initial assessment personnel from a pool of OPWDD staff whose current job requirements were similar in scope and whose positions would be requiring eventual re-assignment within the agency. Required qualifications: Bachelor’s degree or higher in social work or in a human service field, one year post-bachelor’s degree experience working with individuals with ID/DD, experience conducting interviews or assessments, and experience adapting interview skills to elicit information from individuals with ID/DD and their families, staff, and advocates.

In addition to the above requirements, OPWDD will be including licensed registered nurses as acceptable educational criteria when hiring additional staff.

The CANS instrument is completed by the Single Point of Access (SPOA)/Local Government Unit (LGU), a member of the SPOA team and/or the HCBS Waiver agency. Once completed, it is reviewed and approved by the SPOA/LGU for LOC determination.

The OMH/OASAS are currently considering entities for completing assessments, including the necessary qualifications/professional preparedness for the Community Mental Health instrument.

Entities. Once the protocol for removing conflict free case management is established and the NWD/SEP network has been contractually arranged, the State will submit a list of entities responsible for conducting the different portions of the assessment, including the financial assessment and the Level II assessment, in addition to their qualifications.

Describe experienced or anticipated challenges to completing this task:

Identifying and executing the related organizational arrangements seamlessly for conflict free case management is seen as the challenge to training qualified professionals to conduct different portions of the assessment.

Describe the State’s plan to address the challenges described above:

The State plans to develop its training schedule and staff qualifications in concert with the contractual requirements of the organizations which will conduct the various parts of the assessments-

**Major Objective #12:
Integration with Health Exchange IT**

12. States must make an effort to coordinate their NWD/SEP system with the Health Insurance Exchange IT system.

Deliverable: Description of plan of coordination (Suggested Due Date 4/1/2014)

12.1. Describe plans to coordinate systems: This may include discussions with State Exchange IT system staff, the identification of key data fields that should be shared across the systems, and the development of a bridge between the systems.

Lead: DOH (Ambros), SOFA (Kitazawa)

Deliverable: Description of coordination efforts (Suggested Due Date 2/28/2014 semiannual)

12.2 Provide updates on coordination, including the technological infrastructure.

Lead: DOH (Ambros), SOFA (Kitazawa)

BLUE text boxes – denotes major sections of the work plan

RED – Headings added by the Association on Aging in NY to improve readability

GREEN – Headings added by Aging-NY to denote the sections relating to each “Major Objective.”

Entire Work Plan: [link to DOH website](#)

www.health.ny.gov/health_care/medicaid/redesign/docs/nys_bip_master_work_plan.pdf

Appendix E

(Excerpts relating to NY Connects)

Expand NY Connects

E.1-8 Funding table

Activity: Expand NY Connects statewide and add features.

Estimated amount for 4/1/14 to 9/3-/14:

\$13 million	BIP
\$12 million	MFP
<u>\$ 6 million</u>	<u>NYS</u>
\$31 million	Total

E.1-10 Funding – Grand Totals

Funding outlined in the Work Plan is a combination of three funding sources: BIP, MFP and NYS (General Fund).

\$598,700,000	BIP
\$ 43,000,000	MFP
<u>\$ 10,000,000</u>	<u>NYS</u>
\$651,700,000	Grand Total

NY Connects Infrastructure

Note 14 on pages E.1-26 through E.1-27 of refers to NY Connects:

Improve infrastructure for the efficient provision of community LTSS across all populations.

NY Connects is New York State’s federally recognized Aging and Disability Resource Center.

NY Connects works as a coordinated system of information, assistance, and access for all New Yorkers seeking long

term services and supports (LTSS) resources. Through BIP, the current NY Connects programs, which consists of a county-based partnership between the Area Agency on Aging and Local Department of Social Services (and/or Community Alternative Systems Agency (CASA)), will be expanded to comprise additional partners, potentially including the Regional Resource Development Centers (RRDCs), Developmental Disabilities Regional Offices (DDROs), and Office for Mental Health (OMH) Regional Field Offices, as well as Independent Living Centers (ILC’s) and other Community Based Organizations representing individuals with disabilities.

800 Number

Individual/caregivers will be able to access the NY Connects Network and call center (routing calls to the NY Connects Network within the zip code of obtain comprehensive, objective information and assistance on LTSS through the website, a statewide 1-800 telephone number that will be a virtual the person needing information about or in need of LTSS); or in person, in the office, community or in the person’s home.

The NY Connects Network will minimize the need for “hand-offs.” Staff will be trained to provide consistent information and assistance about available services, operate in accordance with NY Connects Standards and Operating Protocols, conduct the Level I Screen, utilize a person-centered approach, provide application assistance for Medicaid and other publicly funded programs as appropriate, provide linkages to available services for non-Medicaid eligibles, and assist individuals in linking to the appropriate Level II assessment when Level I screen shows potential eligibility for Medicaid Community LTSS.

NY Connects and Medicaid

Through New York State’s participation in BIP, it is anticipated that there will be a significant increase in the number of Medicaid recipients and Medicaid eligibles who contact NY Connects for information on LTSS. With the roll out of a toll free number to help individuals across the State access information on LTSS, along with potential inclusion of an enhanced Level I screening tool into the NY Connects LTSS Resource Directory website (to be used by NY Connects staff and network partners or individuals themselves to determine what services and if any financial assistance may be available to them for LTSS), NYSOFA estimates that currently 25 percent of individuals who contact NY Connects over the course of a year are Medicaid recipients or eligible for the Medicaid program.

NY Connects Advertising Strategy

Moreover, New York will develop a comprehensive advertising strategy to promote the NY Connects Network or No Wrong Door system to ensure widespread awareness. The dramatic increase in demand, particularly among Medicaid eligibles, requires commensurate capacity to meet the demand to be built into the NY Connects programs and Network partners and increase the service shed of the enhanced NY Connects Network to cover the entire State of New York. Expanding the geographic and human resource capacity, as well as developing the necessary technological solutions to allow for the interface of client information (in accordance with protocols to be developed to assure HIPAA and confidentiality compliance), will enable a seamless and more timely experience for potentially eligible Medicaid individuals/Medicaid recipients.

**Other BIP Initiatives:
BIP Innovations Fund**

The Innovation Fund RFA was released March 26, 2014. A total of \$45 million is available for grants. Grant applications are due May 7, 2014. The Innovations Fund is described in the Work Plan:

Funding table for Innovations Fund (Appendix E, page E.1-5)

Create a fund for demonstrating innovations (Appendix E: Note 3 on page E.1-13)

Increase caregiver support services (Appendix E: Note 4, page E1.13-14)

BIP Innovations grant announcement:
<http://www.health.ny.gov/funding/rfa/1402140135/index.htm>

Additional Resources

BIP Work Plan (11/25/13, 387 pages) [view](#)

National Technical Assistance Center for BIP
www.balancingincentiveprogram.org/

MRT Website
www.health.ny.gov/health_care/medicaid/redesign/

Sign up for MRT Listserv
www.health.ny.gov/health_care/medicaid/redesign/listserv.htm

Facebook
www.facebook.com/NewYorkMRT

Twitter
twitter.com/NewYorkMRT

Email
BIP@health.state.ny.us

Highlights of BIP Webinar Provided by DOH on January 9, 2014

No Wrong Door/Single Entry Point (NWD/SEP) Network:

- Consistent information must be delivered about LTSS options whether an individual seeks information from a 1-800 number, a website, or a local office that is part of the state's NWD/SEP network.

- Provides assistance in enrolling the individual in services.

The State plans to:

- Expand NY Connects statewide;
- Add an interactive web-based screening tool to allow individuals to help identify their LTSS needs; and
- Develop tools and training to ensure consistent information about the LTSS available in communities across New York.

Goals/Targets:

- Standardize information so that all individuals experience the same eligibility determination and enrollment process.
- State has a network of NWD/SEPs and an Operating Agency; DOH is the Oversight Agency.
- NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, community LTSS program options counseling, and enrollment assistance.
- The NWD/SEP system includes an informative community LTSS website and a 1-800 number.
- State advertises the NWD/SEP system to help establish it as the "go to system" for community LTSS.

Challenges/Next Steps:

- State will need to promote NWD/SEP as the "go to system" or gateway to information about community-based LTSS.
- Agencies becoming part of the NY Connects network will need to transform their business model to conform with operational standards.
- Agencies will have to learn new systems in order to provide general information and be accessible across "all populations."
- Agencies will need to have staff trained on the new system, enhanced functions, and the interpretation of screening results.

BIP & MFP Common Goals

The Balancing Incentive Program and Money Follows the Person Demonstration:

- Share a rebalancing goal;
- Provide enhanced funding which complement the program requirements:
- MFP funding can be used for the implementation of broader infrastructure developments such as "no wrong door" access to care systems;
- Are designed to work together and across populations;
- Are challenged by moving into MLTC environments.

Entire powerpoint (1/9/14):
https://www.health.ny.gov/health_care/medicaid/redesign/docs/2014-01-09_bip_work_plan_stakeholder.pdf

Fact Sheet updated: April 24, 2014