

**COAW**  
**Patient Centered Medical Home/Federally Qualified Health Center**  
**Monthly Embedment Process Report**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 County \_\_\_\_\_  
 Affiliation: \_\_\_\_\_  
 Through the month of: \_\_\_\_\_

Rationale for Choice	Readiness Checklist	Outcomes
<p>(To include: demographic rationale, any barriers to have to work around, what specifically is the background for choosing this practice, and comment on the willingness of the practice's administration to participate)</p>	<p><b>Clinic has initially agreed to the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Trainings and presentations to staff by COAW</li> <li><input type="checkbox"/> Designated contact person involved in practice transformation and/or becoming a PCMH</li> <li><input type="checkbox"/> Have expressed interest in their patients attending CDSMP series classes</li> <li><input type="checkbox"/> Top management support?</li> </ul> <p><b>Ongoing clinic participation in a referral system and CDSMP classes:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Written MOU and/or Care Compact in place</li> <li><input type="checkbox"/> Training scheduled for staff on CDSMP and benefits to the practice</li> <li><input type="checkbox"/> Presentation/meetings set on establishing referral systems</li> <li><input type="checkbox"/> Identified clinic staff contact for referrals and reporting communications.</li> <li><input type="checkbox"/> Identify internal clinic champion(s)</li> <li><input type="checkbox"/> Clinic referral system w/COAW is active</li> <li><input type="checkbox"/> Implementation of first CDSMP class</li> <li><input type="checkbox"/> Meet with practice to assess challenges/successes for first class and revise plans as needed</li> <li><input type="checkbox"/> Implementation of ongoing referrals for a CDSMP class</li> <li><input type="checkbox"/> Sustainability plan for CDSMP has been identified</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Training staff on CDSMP benefits Date Accomplished _____</li> <li><input type="checkbox"/> Presentations to staff on referrals Date Accomplished _____</li> <li><input type="checkbox"/> NCQA/PCMH recognition requirements overview has been given Date Accomplished _____</li> <li><input type="checkbox"/> Clinic referral system and workflow adjustment is in place Date Accomplished _____</li> <li><input type="checkbox"/> Number of Referrals, Referrals to Enrollment Rate, and Completer Rate for Class One: Date Accomplished _____</li> <li><input type="checkbox"/> Ongoing training needs have been identified, after class One. Date Accomplished _____</li> <li><input type="checkbox"/> Number of Referrals, Referrals to Enrollment Rate, and Completer Rate for Class Two: Date Accomplished _____</li> <li><input type="checkbox"/> Number of Referrals, Referrals to Enrollment Rate, and Completer Rate for Class Three: Date Accomplished _____</li> </ul> <p><b>CDSMP classes will be sustained by:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> AAA support</li> <li><input type="checkbox"/> AoA completer reimbursements</li> <li><input type="checkbox"/> PCMH enhanced reimbursement</li> <li><input type="checkbox"/> Insurance (Anthem, Medicaid, Kaiser, other)</li> <li><input type="checkbox"/> Private pay</li> <li><input type="checkbox"/> Donations</li> <li><input type="checkbox"/> COAW</li> <li><input type="checkbox"/> Outside grant funding</li> <li><input type="checkbox"/> Training staff to lead classes</li> <li><input type="checkbox"/> Ongoing tech support will be provided by COAW</li> <li><input type="checkbox"/> Other _____</li> </ul>