SAPC Payment Reform Value-Based Incentives
Service Design: Follow UP Implementation Process Improvement Plan (3-H)

Name of Organization: _____

1. **CHANGE PROJECT TITLE**	
2. What **are you trying to accomplish and what AIM** will the Change Project address? **Write a brief summary**	
3. Using the SMART Goal format write your PIP Aim Statement, include baseline data and the target goal. Examples: see below	Reduce/Increase(choose one) _____ by (% or #)_____ from(baseline) _____to(goal)_____ by (completion date)_____.
4. **LOCATION** (specify if you have more than one/include address)	
5. **START DATE** and expected **COMPLETION DATE**	Start End
6. **LEVEL OF CARE or SERVICE if applicable**	
7. What **CUSTOMER POPULATION** are you trying to help, e.g., customers in a specific program, age group, demographic, language etc.?	
8. **EXECUTIVE SPONSOR**	Name: Title:
	E-Mail

Adapted from NIATx and the University of Wisconsin – Madison.

9. **CHANGE LEADER** Include mail address and telephone number	Name: E-mail address:	Telephone number:
10. **CHANGE TEAM MEMBERS/ROLE on the team** (Scribe, Data collection, etc.)	1. 2. 3. 4. 5.	
11. How will you **COLLECT DATA** to measure the impact of change? Who will collect it?		
12. What is the expected **IMPACT** of this change project? Increase revenue or productivity, decrease expenses, improve communication, improve staff morale. How will the Executive Sponsor know?		

Examples of SMART Goals:

Decrease wait to first clinical service from 2 days to same day of appointment for 30% of clients by February 28, 2026

Decrease the wait times from request for services to first appointment from 5 days to 1 day by December 31, 2025

Decrease client wait time for first induction to MAT from 3 days to 1 day, by December 31, 2025

Decrease the time it takes to complete a client intake from 4 hours to 90 minutes by March 31, 2026 Reduce

no-shows to appointments from 45% to 30% by March 31, 2026

Increase admissions for Black Men ages 18-35 from 15% to 25% by December 31, 2025

Increase continuation (at least 21 days) in treatment for Spanish speaking clients from 75% to 90% by April 30, 2026

Increase client satisfaction scores from 3.0 to 3.5 by January 31, 2026

Decrease the number of clients who leave against medical advice from 20% to 5% by April 30, 2026

Decrease the client wait time to meet with a care coordination staff from 3 days to 1 day March 31, 2026

List any milestones you need to achieve before executing your PDSA cycles.

Milestone	Person Responsible	Due Date	Completion Date
Collect baseline data			
Schedule Change Meetings and add to the calendar			

RAPID CYCLE TESTING – (add more cycles as needed)

Rapid Cycle #:	
Cycle Begin Date:	**Cycle End Date:**

What is the idea/change to be tested?

P	**PLAN:** *What steps are you specifically making to test this idea/change? Who is responsible? How it will get done?*
D	**DO:** *What steps **did** you implement? Document any problems and unexpected observations from the PLAN.*
S	**STUDY:** *What were the results? How do they compare with baseline measure?*
A	**ACT:** *What is your next step? Adopt? Adapt? Abandon? Why?*

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EVALUATION AND SUSTAIN PLAN

Project Outcomes (only complete once the project is finished)	
1. What was the project **END DATE** (when you stopped making changes)?	
2. What did you **LEARN** (e.g., what were some unexpected outcomes or lessons learned from your change efforts)?	
3. What was the **FINANCIAL IMPACT** of this change project? (e.g. Increased revenue? Reduced costs? Increased staff retention?)	

Sustainability Plan (complete changes you will sustain)	
A. Who is the **SUSTAIN LEADER**?	
B. What **CHANGES** do you want **TO SUSTAIN**?	
C. What **SUSTAIN STEPS** are being taken to ensure that the changes stay in place and that it is not possible to revert back to the old way of doing things?	
D. What is the **TARGET SUSTAIN MEASURE**, i.e. the point at which the Change Team would intervene to get the project back on track?	
E. What system is in place to effectively **MONITOR** the **SUSTAIN MEASURE**?	

Adapted from NIATx and the University of Wisconsin – Madison.

NOTES:

By signing, I confirm that the information reported is accurate, and acknowledge that we must adhere and are subject to all reporting, tracking, audits, and recoupment requirements described in SAPC IN 25-09 FY 2025-26 SAPC Rates.

Provider Agency Name:_____

Name:_____ Email:_____

Signature: _____ Date:_____

**** For CIBHS Use Only ****	
CIBHS **Approved:** ☐ **Comments:**	