Umbrella Hub Arrangements Background

The Centers for Disease Control and Prevention (CDC) has developed an opportunity called an umbrella hub arrangement (UHA) that is designed to connect community-based CDC-recognized organizations to health care reimbursement for the National Diabetes Prevention Program (National DPP) lifestyle change program. In a UHA, an organization agrees to serve as the sponsoring umbrella hub organization (UHO) for organizations (subsidiaries) with pending, preliminary, full, or full plus CDC recognition. Together the UHO and subsidiary organizations work to expand the National DPP. For a UHA to be successful the organizations participating in the UHA must engage a variety of partner organizations including community-based organizations that may serve as subsidiary organizations or umbrella hub organizations, public and private payers, appropriate state-level officials, vendors, provider organizations, and other potential allies.

Modifiable Slide Deck

The UHA Modifiable Slide Deck is designed to support relationship building with new partners in a UHA and is available to any organization that is in the process of planning for or implementing a UHA. Specifically, it is recommended that organizations serving as the UHO or participating in a convener role modify the deck as needed and use it in initial conversations with partners to educate them and/or to help make the case for participation in a UHA.

How to Use the Modifiable Slide Deck

The deck is composed of approximately 40 slides that organizations may modify to meet their unique needs. The following includes some considerations for using the slide deck:

- When deciding which slides to include in a presentation, carefully consider which partner you will be presenting to, their current understanding of UHAs, their unique needs and challenges, the objective of the call, and the allotted time for presenting to them.
- It is important to a presentation on UHAs that your audience is familiar with the National DPP lifestyle change program. If your audience is unfamiliar with or needs a refresher on the National DPP, please consider creating an overview slide to match their level of knowledge using the following resources: American Medical Association Tools for the Team, National Diabetes Prevention Program Overview, The National DPP Evidence.
- Slides throughout the deck are either modifiable (you may edit the slide) or fixed (meaning you cannot change them). Within the notes section on each slide are comments for whether the slide is fixed or modifiable and instructions on what to modify if applicable. Asterisks (*) are also used to mark sections of a slide where you need to supply information about your organization or the organization you are presenting to.
- Organizations may consult the Umbrella Hub Arrangements Page of the Coverage Toolkit for help with additional information to adapt the slides to their needs.
- Before presenting the deck, delete any slides that do not serve the goal of your presentation, as well as the instruction notes from each slide. Feel free to add your organization’s logo on any slide that you modify. You may also re-create any slide that is fixed if you would like to use your logo throughout.

To obtain an editable version of the slide deck, please reach out to Jane Myers at jmyers_ic@chronicdisease.org.
Learn. Explore. Activate. Problem-Solve (LEAP) Series

Umbrella Hub Arrangement Modifiable Slide Deck

This template is to support UHA relationship building. You may access an editable version of this deck by contacting Jane Myers at jmyers_ic@chronicdisease.org
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  – The Local Need and Landscape

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  – Purpose of a UHA
  – Benefits of a UHA
  – UHA Participants and Roles
  – UHA Partners and Roles

Recap & Next Steps

Appendix
  – Puzzle Pieces of Sustainability
  – Road to Sustainability
How to Use - Part 1

Who: The UHA Modifiable slide deck is a resource provided by the National Association of Chronic Disease Directors (NACDD) and Leavitt Partners, an HMA Company. The deck is available to any organization that is in the process of planning for or implementing an umbrella hub arrangement.

What: The deck is composed of approximately 40 slides that can be used to make the case for umbrella hub arrangements. Each organization using the deck may modify some of the slides to meet its unique needs.

When: The deck is designed to support relationship building with new partners in the Umbrella Hub Arrangement. Specifically, it is recommended that organizations modify the deck as needed and use it in initial conversations with partners and stakeholders. Organizations may consult the Umbrella Hub Arrangements Page of the Coverage Toolkit for additional information to help adapt the slides to your needs.

Keep in Mind:
• Slides throughout the deck are either modifiable (you may edit the slide) or fixed (meaning you cannot change them). Within the notes section on each slide are comments for whether the slide is fixed or modifiable and instructions on what to modify if applicable. Asterisks (*) are also used to mark sections of a slide where you need to supply information about your organization or the organization you are presenting to.
• Please delete any slides that do not meet your needs. Delete the instruction notes from each slide before presenting the deck. Feel free to add your organization’s logo on any slide that you modify. You may also re-create any slide that is fixed if you would like to use your logo throughout.
• More general tips:
  – Schedule presentations during an existing meeting if possible.
  – Carefully consider which stakeholders to present to.
  – Promote/market the presentation to potential audiences if applicable/possible.
  – Circulate an appropriate agenda.
  – Plan out presentation timing/timeline in advance.
# How to Use - Part 2

This deck is to be used for initial conversations with a new partner/stakeholder, including orienting new leadership within an organization. The slides should be built out based on your unique understanding and knowledge. Be sure to consider any presentation time limits while building out the slides. Lastly, you may need to label slides differently or exclude certain language or details depending on your relationship with the organization you are presenting to. Below are several scenarios for what slides to use in a presentation.

## Presenting to a Potential Subsidiary

**Potential slides to use:**
- The Local Need and Landscape Slides
- What is a UHA
- Purpose of a UHA
- UHA Contracting
- UHA Contracting Model
- General Benefits for UHA Participants—also use Subsidiary - Benefits and Role slide
- National Context
- Implementation Slides
- Next Steps Slides

**Potential slides to delete:**
- Other benefits and roles slides

## Engaging a Payer

**Potential slides to use:**
- The Local Need and Landscape Slides— as they relate to payers’ beneficiaries
- What is a UHA
- Purpose of a UHA
- UHA Contracting
- UHA Contracting Model
- Payers – Benefits and Role
- National Context
- Road to Sustainability and Sustainability Journey
- Next Steps Slides

**Potential slides to delete:**
- General Benefits for UHA Participants
- Other Benefits and Roles slides
- Other Implementation slides

## Discussing with Referring Providers

**Potential slides to use:**
- The Local Need and Landscape Slides— as they relate to patient populations
- What is a UHA
- Purpose of a UHA
- Referring Providers – Benefits and Role
- National Context
- Road to Sustainability and Sustainability Journey
- Next Steps Slides

**Potential slides to delete:**
- General Benefits for UHA Participants
- Other benefits and roles slides
- Other Implementation slides

**Additional Resource:**
- Link: Physician and care team engagement presentation tips
How to Use - Part 3

Another scenario where this deck could be used is if a convener (e.g., state health department or 1705 organization) would like to initiate discussion and work towards establishing or growing a UHA. A convener is an agency or organization that will not directly participate in a UHA but has an interest in developing and supporting the UHA model. Below are several scenarios on what slides a convener could use to present to those they would like to participate in a UHA. Conveners may also use this deck to present to internal leadership.

1. Presenting to an MCO
   - Potential slides to use:
     - The Local Need and Landscape Slides
     - What is a UHA
     - Purpose of a UHA
     - UHA Contracting
     - UHA Contracting Model
     - General Benefits for UHA Participants—also use UHO and Subsidiary benefits and roles slides
     - National Context
     - Implementation Slides
     - Next Steps Slides
   - Potential slides to delete:
     - Other benefits and roles slides

2. Presenting to Medicaid
   - Potential slides to use:
     - The Local Need and Landscape Slides
     - What is a UHA
     - Purpose of a UHA
     - UHA Contracting
     - UHA Contracting Model
     - General Benefits for UHA Participants—also use Payers and Referring Provider benefits and roles slides
     - National Context
     - Road to Sustainability and Sustainability Journey
     - Next Steps Slides
   - Potential slides to delete:
     - Other Benefits and Roles slides
     - Other Implementation slides

3. Presenting to a Potential Hub
   - Potential slides to use:
     - The Local Need and Landscape Slides— as they relate to patient populations
     - What is a UHA
     - Purpose of a UHA
     - General Benefits for UHA Partners— also use Referring Providers benefits and roles slide
     - Implementation slides
     - Next Steps Slides
   - Potential slides to delete:
     - Other Benefits and Roles slides
Overview
<table>
<thead>
<tr>
<th>Organizational Vision for a UHA</th>
<th>Role of Our Organization in a UHA</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Insert description of the vision your organization has for creating a UHA in your state or region</em></td>
<td><em>Insert description of the role your organization will play in the UHA in your state or region</em></td>
</tr>
</tbody>
</table>
The Local Need and Landscape – Prediabetes Prevalence

• 88 million people 18 years of age and older or **34.5% of the adult population have prediabetes**. Additionally, 24.2 million people 65 years of age and older have prediabetes.
  – *insert other data points that relate to vision or are locally relevant*

• In **Your State or Region**, **Number of people or percentage of population** have prediabetes.

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*Source: Centers for Disease Control and Prevention*
The Local Need and Landscape – CDC - Recognized Organizations

• *State or Region* has *number* CDC-recognized organizations delivering the National Diabetes Prevention Program (National DPP) lifestyle change program:
  o *Number* National DPP organizations with full plus CDC recognition.
  o *Number* National DPP organizations with full CDC recognition.
  o *Number* National DPP organizations with preliminary CDC recognition.
  o *Number* National DPP organizations with pending CDC recognition.

• *State or Region* has *number* Medicare Diabetes Prevention Program suppliers.

*Consider including additional information/data from State DPRP Quarterly Reports*
The Local Need and Landscape – Coverage Landscape

• In *State or Region*, coverage for the National DPP lifestyle change program is as follows:
  o *Number* private employers
  o *Number* commercial health plans
  o *insert public employee coverage details*
  o *insert Medicaid and Medicare coverage details*

It is important to a presentation on UHAs that your audience is familiar with the National DPP. If your audience is unfamiliar with or needs a refresher on the National DPP, please consider creating an overview slide to match their level of knowledge using the following resources: American Medical Association Tools for the Team, National Diabetes Prevention Program Overview, The National DPP Evidence.
The Local Need and Landscape – Summary

- *Insert overview description of the gaps in your state or region that a UHA could help to fill.*

- To help address this, the following UHA services could be utilized:
  - *insert service.*
  - *insert service*
  - *insert service*
Umbrella Hub Arrangement
What is a UHA

A **UHA** is a business agreement between organizations, where one organization that can submit payer claims and provide technical assistance contracts with other community organizations to support expansion of the National DPP.

**UHO**: lead organization with the reach and resources to provide administrative services and coordinate stakeholders.

**Subsidiary**: a CBO in a UHA that delivers the National DPP lifestyle change program and receives administrative support from the UHO.

**Billing Platform**: an electronic platform, either an in-house service used by the UHO or a third party contracting with the UHO, that can bill and receive payments from the Centers for Medicare & Medicaid Services (CMS) and other payers.

For more information reference the [Umbrella Hub Arrangement Terminology Guide](#).
Purpose of a UHA

A UHA utilizes multiple stakeholders to help connect community-based organizations (CBOs) with health care payment systems to pursue sustainable reimbursement for the National DPP lifestyle change program.

**Subsidiaries**
Utilize administrative services provided by the UHO to create a sustainable delivery system.

**Billing Platform**
Contracts with the UHO to help assist subsidiaries with billing services.

**SHDs and 1705 Orgs**
Serve as conveners to help connect CBOs to a UHA.

**Other Stakeholders**
(Payers, referral sources, foundations, etc.)
Provide the UHA with necessary support to maximize impact and reach.

**UHO**
Leads the UHA and provides CBOs with needed administrative assistance.
There are four types of contracts that need to be implemented in a UHA:

1. Contracts between the UHO and the subsidiaries
2. Master Service Agreement (MSA) between the UHO and the billing vendor
3. Business Associate Agreements (BAAs) between a UHO and billing vendor and BAAs between subsidiaries and billing vendor
4. Contract between UHO and health plans
UHA Contracting Model

- Master Service Agreement (MSA) between Billing Platform and UHO
- Business Associate Agreements (BAAs) between Billing Platform and UHO as well as Subsidiaries

For more details on the contracting piece, refer to the UHA Basics Webinar.
General Benefits for UHA Partners

Partners include health plans, referral sources, conveners, and/or the general community

1. **Reliance on UHO** to navigate and manage services offered by subsidiaries to save partners time and costs

2. Opportunity to meaningfully **support improving population health** in the partners region(s)

3. **Serve as a critical partner** to support CBOs in the partners region(s)

4. **Advance a partner’s mission and goals** that align with the goals of a UHA
General Benefits for UHA Participants
Participants include umbrella hub organizations, subsidiaries, and billing platforms

1. **Combining DPRP status** to allow smaller CBOs to aggregate their participant data to meet the minimum requirements for DPRP recognition

2. **Streamlining business and administrative support** so subsidiaries can focus on providing the National DPP lifestyle change program

3. **Operating as one MDPP supplier** to reduce need for subsidiaries to complete a complex MDPP supplier application process and to increase opportunities for subsidiaries to enroll Medicare eligible beneficiaries

4. **Achieving benefits of scale** by increasing reimbursement opportunities and enrolling larger numbers of National DPP lifestyle change program participants

5. **Connecting delivery organizations to more reimbursement opportunities** via a network of commercial and public payer (Medicaid, Medicare) health plans
UHO – Benefits and Role

Benefits

• Provide needed support and services to your organization’s members that align with your mission and goals

• Elevate your organization’s profile and involvement in the effort to prevent type 2 diabetes

• Improve population health and advance health equity by increasing access to the National DPP lifestyle change program

Role

• Serve as the lead organization in a UHA

• Administrative, billing and data support (e.g., payer contracting, claims submission, DPRP data management)

• Relationship building with healthcare providers, payers, and potential subsidiaries

• Complete MDPP supplier application on behalf of UHA participants
Subsidiary – Benefits and Role

Benefits

• Join other mission-aligned organizations in a collective impact approach to scaling the National DPP and keep primary focus on delivering the National DPP lifestyle change program
• Receive reporting, claims, and administrative support from the UHO
• Reduce burden of administrative and billing infrastructure costs needed to pursue sustainable reimbursement

Role

• Deliver the National DPP Lifestyle Change Program in their communities and meet DPRP required metrics
• Meet regularly with the UHO
• Adhere to responsibilities as outlined in the UHA Charter and/or BAAs, including submitting data on the UHA timeline and providing required billing information
Billing Platform – Benefits and Role

Benefits

• Elevate your business profile by bringing needed technologies to CBOs serving populations at high risk

• Be a key contributor in making a positive change for the collective impact of the population being served

• Advance your organization’s mission and goals that align with the goals of a UHA

• Increased long-term sustainability

Role

• Provide an electronic platform to support a more streamlined process for those involved in the UHA (e.g., support data management and submission)

• Support CBOs with less capacity to submit claims and receive reimbursements

• Bill and receive payments from CMS and other payers
Payers—Benefits and Role

**Benefits**

- Access to a “one-stop-shop” where payers can contract with one entity to access multiple delivery organizations and streamline reimbursement rates/processes.
- Elevate your organization’s profile and involvement in the effort to prevent type 2 diabetes.
- Achieve cost savings related to providing an intervention at the prediabetes stage.

**Role**

- Provide coverage of the National DPP lifestyle change program.
- Provide guidance on how to access coverage.
  - Examples include Medicare Advantage (MA) plans, Medicaid managed care organizations (MCOs), self-insured employers, and other private insurers.
Referring Providers – Benefits and Role

Benefits

• Elevate your organization’s profile and involvement in the effort to prevent type 2 diabetes and improve health and well-being of patients

• Improve ease of referral to the National DPP lifestyle change program (and possibility of bi-directional referrals to receive updates on patient progress)

• Reliance on UHA to administer and support their patients through the National DPP lifestyle change program

Role

• Assist with identifying and referring eligible patients to the UHA to enroll in the National DPP lifestyle change program

• Support enrolled beneficiaries as they participate in different evidence-based programs
  
  o Examples include doctors, nurses, physician assistants, and other clinicians
Conveners – Benefits and Role

**Benefits**

- The opportunity to serve as a critical partner to support CBOs in your region
- Improve population health in the community(ies) your organization serves
- Advance your organization’s mission and goals that align with the goals of a UHA

**Role**

- Technical assistance and support services (e.g., MDPP supplier application, National DPP lifestyle coach trainings, marketing tools, payer contracting, participant referral and retention efforts)
- Leverage existing relationships to encourage participation or support for UHAs (e.g., CDC-recognized organizations, payers, and providers)
  - Examples include state and local health departments, local diabetes advocacy and prevention organizations, employers, private businesses, CBOs, etc.
National Context

To date, three hubs have been selected to operationalize the concept of a UHA as a part of the CDC-funded Umbrella Hub Demonstration project.

- Hawaii Primary Care Association
- Health Promotion Council
- Marshall University
Quality Assurance Considerations: CDC Diabetes Prevention Recognition Program

In a UHA, an organization with preliminary, full, or full plus CDC Diabetes Prevention Recognition Program (DPRP) recognition agrees to serve as the sponsoring hub for a group of organizations (subsidiaries) that have CDC pending, preliminary, full, or full plus DPRP recognition. DPRP recognition is tracked through semi-annual data submissions to CDC.

Note that CDC’s updated UHA guidance expands the eligibility of non-delivery organizations to serve as hubs.*

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations must submit a completed DPRP application</td>
<td></td>
</tr>
<tr>
<td>The National DPP offerings must follow a CDC approved curriculum</td>
<td></td>
</tr>
<tr>
<td>The National DPP LCP must have a duration of one year.</td>
<td></td>
</tr>
<tr>
<td>The National DPP sessions must maintain a CDC approved duration and class frequency</td>
<td></td>
</tr>
<tr>
<td>Organizations must maintain a minimum number of program completers</td>
<td></td>
</tr>
<tr>
<td>Participant must show designated risk reduction achievements at 12 months</td>
<td></td>
</tr>
<tr>
<td>Organizations must show that at least 35% of evaluation cohort are blood test eligible</td>
<td></td>
</tr>
<tr>
<td>Organizations must meet additional retention criteria to maintain full recognition</td>
<td></td>
</tr>
</tbody>
</table>

*To access the CDC’s UHA guidance and application, visit https://nationaldppsc.cdc.gov/s/article/National-Diabetes-Prevention-Program-Umbrella-Hub-Arrangements-Guidance-and-Application

**For more information regarding DPRP recognition, visit https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf
Recap and Next Steps
Activities for Operationalizing a UHA

The list on the left represents activities and steps we are currently working on, and the list on the right represents future activities and steps:

<table>
<thead>
<tr>
<th>Current Activities</th>
<th>Future Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 <em>insert previous or current activity</em></td>
<td>☐ *insert future activity</td>
</tr>
<tr>
<td>2 <em>insert previous or current activity</em></td>
<td>☐ *insert future activity</td>
</tr>
<tr>
<td>3 <em>insert previous or current activity</em></td>
<td>☐ *insert future activity</td>
</tr>
<tr>
<td>4 <em>insert previous or current activity</em></td>
<td>☐ *insert future activity</td>
</tr>
<tr>
<td>5 <em>insert previous or current activity</em></td>
<td>☐ *insert future activity</td>
</tr>
<tr>
<td>6 <em>insert previous or current activity</em></td>
<td>☐ *insert future activity</td>
</tr>
</tbody>
</table>

*insert previous or current activity*
Activities for Operationalizing a UHA (Example)

The list on the left represents activities and steps we are currently working on, and the list on the right represents future activities and steps:

<table>
<thead>
<tr>
<th>Current Activities</th>
<th>Future Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Engaging with potential subsidiaries</td>
<td>❑ Preparing MDPP Supplier application</td>
</tr>
<tr>
<td>2. Engaging with potential UHOs</td>
<td>❑ Contracting with a billing platform</td>
</tr>
<tr>
<td>3. Engaging with potential payer partners</td>
<td>❑ Testing claims and submissions</td>
</tr>
<tr>
<td>4. Engaging with potential referral partners</td>
<td>❑ Building sustainability plan</td>
</tr>
<tr>
<td>5. Developing a charter</td>
<td>❑ Preparing contracts with payers</td>
</tr>
<tr>
<td>6. Preparing CDC umbrella hub application</td>
<td></td>
</tr>
</tbody>
</table>
Next Steps

Ask for *Insert Organization Name*
*Insert the “ask” of the org that is the audience of the presentation*

Next Steps or Action Items
*Insert any potential next steps or action items*

Plan for Next Engagement
*Insert any potential plans for next engagement with the audience organization*
If you have any questions or would like to discuss UHA’s further, please contact us at:

- *insert phone number*
- *insert email*
- *insert office locations*
Support from the Centers for Disease Control and Prevention

The “Diabetes Technical Assistance and Support for State Health Departments” project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $6,600,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The National Association of Chronic Disease Directors

Since 1988, the National Association of Chronic Disease Directors and its more than 7,000 Members have worked to strengthen state-based leadership and expertise for chronic disease prevention and control in all states, territories, and nationally. Learn more at chronicdisease.org.

This slide deck was originally developed by the National Association of Chronic Disease Directions in collaboration with Leavitt Partners, and in support from the Centers for Disease Prevention and Management.
Appendix
How to Use – Sustainability Slides

**What:** The following slides can help you to demonstrate where you are in the process of developing a UHA and where you can be if a particular partner commits to working with you.

**Who:** The sustainability slides provide a picture of where you currently are in efforts to grow your UHA and where you would like to be in the near future. Thus, the content of the following slides may be best used with internal leadership and careful consideration should be given before using them with a new partner. However, partners in which you have a strong relationship with or who have participated in the UHA for some time may benefit from an understanding of your current UHA efforts and where they may best support these efforts.

**When:** You will likely be at various points on your journey to developing and operationalizing a UHA. That’s okay! Forming a UHA takes time, with some components taking more time than others. Consider your existing relationship with your partners and the appropriate amount of details to share with them at the time of your presentation. In some cases, it may be too early to present the sustainability slides to your partners.

**Keep in Mind:**
- These slides demonstrate the “Puzzle Pieces of Sustainability” that are important for keeping a UHA operating in the long-term. Thus, they might best serve internal leadership/team discussions and project management or for discussions with longstanding and/or strong partner relationships.
- If you are not ready to use the following slides to show where your organization is in your sustainability timeline, consider using the first slide with internal teams or partner organizations to demonstrate/become familiar with the important components of sustainability.
- There are several slides that serve as examples for how to modify the sustainability slides and should be removed prior to being presented.
### Road to Sustainability

#### Just Getting Started
- No Referral Partners or in discussion with potential partners
- No existing marketing initiatives
- No existing Payer contracts or in discussion with potential payer partners
- No existing subsidiary partners or in discussion with potential subsidiaries
- No evidence-based programs or in process of identifying programs (other than the National DPP LCP)

#### Identified Strengths and Further Opportunities
- 1 committed Referral Partner
- 1 large scale campaign or 2-3 smaller targeted campaigns
- 1 committed payer
- 1-2 committed subsidiary partners
- 1 or more evidence-based program in place without reimbursement opportunities

#### Middle of the Road
- 2 committed Referral Partners
- 2 committed payers
- 3-4 committed subsidiary partners

#### On the Road to Sustainability
- 3 or more Referral Partners
- 2-3 large campaigns, ongoing targeted marketing (e.g., social media, radio, website, mailers, etc.)
- 3 or more committed payers and/or 2 or more diverse payer contracts
- 5 or more committed subsidiary partners
- Multiple evidence-based programs in place with reimbursement opportunities
Our Sustainability Journey

Just Getting Started

Identified Strengths and Further Opportunities

Middle of the Road

On the Road to Sustainability
# Our Sustainability Journey

<table>
<thead>
<tr>
<th>Planned Goals</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>insert brief details about specific goals for this category</em></td>
<td><em>insert timeframe for completion of goals</em></td>
</tr>
<tr>
<td><em>insert brief details about specific goals for this category</em></td>
<td><em>insert timeframe for completion of goals</em></td>
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<tr>
<td><em>insert brief details about specific goals for this category</em></td>
<td><em>insert timeframe for completion of goals</em></td>
</tr>
</tbody>
</table>

**Categories:**
- Referral
- Marketing
- Payer Contracts
- Subsidiaries
- Evidence-Based Programs
Our Sustainability Journey (Example)

- **Just Getting Started**
- **Identified Strengths and Further Opportunities**
- **Middle of the Road**
- **On the Road to Sustainability**

- **MARKETING**
- **PAYER CONTRACTS**
- **REFERRAL**
- **SUBSIDIARIES**

- **EVIDENCE-BASED PROGRAMS**
## Our Sustainability Journey (Example)

<table>
<thead>
<tr>
<th>Planned Goals</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up system for bi-directional referrals</td>
<td>4-6 months</td>
</tr>
<tr>
<td>Create procedures and flyers to conduct a flyer campaign</td>
<td>2-4 months</td>
</tr>
<tr>
<td>Contract with at least two payers and establish new relationships with at least one payer</td>
<td>6-12 months</td>
</tr>
<tr>
<td>Set up contracts with at least two subsidiaries and identify another potential subsidiary</td>
<td>6-8 months</td>
</tr>
<tr>
<td>No action in the short term</td>
<td>N/A</td>
</tr>
</tbody>
</table>