## Project Description / Purpose

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| **Project Name:** | *HIE/SDOH Referral Integration* |
| **Clinic:** | *All Locations* |
| **Process:** | *Implementation of the Unite US platform* |
| **TIP 2.0 Process Milestone:** | *Health related social needs* |
| **Project Description / Purpose** | |
| *Addressing social and economic needs for our members and families to fulfill their needs and maintain their health and*  *well-being.* | |

## Project Overview

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| **Problem Summary:** | *Enter description of problem or performance gap identified here. Include descriptions of*  *the impact to staff and/or patients.*  *MIKID serves under privileged families in rural communities where social and economic*  *resources are limited or nonexistent. MIKID as a stand-alone agency offers a variety of*  *services in these locations and recognizes a need for additional resources/Services*  *outside our scope.*  *The impact on families includes social and economic needs not being met. Families have*  *no additional support to these resources. In addition, no access to these resources*  *causing a great impact that leads to families vocalizing these needs to our providers.* |
| **Desired Outcome(s):** | *Describe the desired outcome(s) of the project*  *Implementation of the Unite us platform would give opportunity and access to the*  *resources available.*  *Hire a SDOH referral coordinator position to lead and coordinate with the families the*  *needed/requested resources.*  *The goal would be to have 15% of our families/members be signed up on the platform to*  *ensure their social and economic needs are met in 3 months.* |
| **Benefits:** | *Enter a description of the expected benefits here*  *By providing a robust implementation of the unite US platform, we can provide families*  *the much needed and requested resources.* |

## Timeline

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|  | **Description of Task and Completion Dates** |
| **Task 1** | *Planning- Month 1*  *Assign roles*  *Lay out the process for implementation.*  *Coordinate with multiple departments* |
| **Task 2** | *Development & Implementation- Month 2*  *Training*  *Role out PPT* |
| **Task 3** | *Implementation- Month 2*  *Make the process live* |
| **Task 4** | *Monitoring & Evaluation- Month 3*  *Evaluate and adjust process a needed* |

\* Add new rows as needed.

## Project Scope

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| **In Scope Project Objectives** |
| *Enter a description of the objectives that are in scope here.*  *All new Medicaid members upon admission as well as existing members in a renewal period.* |
| **Out of Scope Project Objectives or Activities** |
| *Enter description of the objectives or activities that are out of scope here.*  *All existing members that do not fall within a renewal period.* |

## Project Team

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| **Team Lead:** | Kim Briggs | **Project Champion:** | Kim Briggs |
| **Process Owner:** | Kim Briggs | **Process Manager:** | Kim Briggs |

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| **Stakeholders** | | | |
| **Stakeholder** | **Title** | **Department** | **Organization** |
| Kim Briggs | Kim Briggs | Kim Briggs | Kim Briggs |
| Kim Briggs | Kim Briggs | Kim Briggs | Kim Briggs |
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| **Project Team Members** | |  |
| **Name** | **Team Role** |  |
| Kim Briggs | Kim Briggs |  |
| Kim Briggs | Kim Briggs |  |
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## Signatures

|  |  |
| --- | --- |
| **Process Owner** |  |
| **Project Champion** |  |
| **Team Leader** |  |