### Rationale for Choice

(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)

### Clinic has initially agreed to the following:
- [ ] Trainings and presentations to staff by COAW
- [ ] Designated contact person involved in practice transformation and/or becoming a PCMH
- [ ] Have expressed interest in their patients attending CDSMP series classes
- [ ] Top management support?

### Ongoing clinic participation in a referral system and CDSMP classes:
- [ ] Written MOU and/or Care Compact in place
- [ ] Training scheduled for staff on CDSMP and benefits to the practice
- [ ] Presentation/meetings set on establishing referral systems
- [ ] Identified clinic staff contact for referrals and reporting communications.
- [ ] Identify internal clinic champion(s)
- [ ] Clinic referral system w/COAW is active
- [ ] Implementation of first CDSMP class
- [ ] Meet with practice to assess challenges/successes for first class and revise plans as needed
- [ ] Implementation of ongoing referrals for a CDSMP class
- [ ] Sustainability plan for CDSMP has been identified

### Readiness Checklist

### Outcomes

- [ ] Training staff on CDSMP benefits
  - Date Accomplished ____________
- [ ] Presentations to staff on referrals
  - Date Accomplished ____________
- [ ] NCQA/PCMH recognition requirements overview has been given
  - Date Accomplished ____________
- [ ] Clinic referral system and workflow adjustment is in place
  - Date Accomplished ____________
- [ ] Number of Referrals, Referrals to Enrollment Rate, and Completer Rate for Class One:
  - Date Accomplished ____________
- [ ] Ongoing training needs have been identified, after class One.
  - Date Accomplished ____________
- [ ] Number of Referrals, Referrals to Enrollment Rate, and Completer Rate for Class Two:
  - Date Accomplished ____________
- [ ] Number of Referrals, Referrals to Enrollment Rate, and Completer Rate for Class Three:
  - Date Accomplished ____________

### CDSMP classes will be sustained by:
- [ ] AAA support
- [ ] AoA completer reimbursements
- [ ] PCMH enhanced reimbursement
- [ ] Insurance (Anthem, Medicaid, Kaiser, other)
- [ ] Private pay
- [ ] Donations
- [ ] COAW
- [ ] Outside grant funding
- [ ] Training staff to lead classes
- [ ] Ongoing tech support will be provided by COAW
- [ ] Other ____________