**Design Grant Questionnaire**

*Please answer each of the following questions thoughtfully and concisely. Note that you will only be able to enter your responses within the grey form fields, and that many, if not all, of these forms have word limits.*

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**Contact Information**

Please provide contact information for the individual completing this questionnaire. Note that as this questionnaire will be used to assist NYS DOH in determining whether your PPS will receive the second design grant award payment, please note that the individual certifying this questionnaire should be the CEO, CFO or comparable level personnel.

Date: 10/15/2014

Provider Name**:** Adirondack Health Institute

Contact Name: Colleen Florio

Contact Email: cflorio@adkhi.org

Contact Phone: 518-480-0111 x32003

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**PPS Status**

The following questions relate to whether your PPS is continuing to finalize formation, and intends to complete your own DSRIP Project Application due on December 16, 2014.

**1)** Does your PPS plan to submit a DSRIP Project Plan application as a standalone PPS on December 16, 2014*?* If your PPS does not intend to continue operating as standalone PPS (e.g., your PPS has dissolved due to merger with another PPS or has decided to cease participation in the DSRIP program), your answer to this question should be 'No'. *If 'Yes', please skip the next two questions and complete the rest of the Design Grant Questionnaire. If 'No', please continue to the next question in this section.* (*3 character limit)*

Yes

**2)** Is your PPS merging with another PPS? If yes, please explain in detail your plan to integrate and support the merged PPS (e.g., please describe specific projects and activities). If awarded a second design grant payment, please provide a narrative explaining your intentions with the funding awarded. If your PPS is not merging with another PPS and is planning to cease participation in the DSRIP program, please answer 'No' to this question and answer the next question. *(3,000 character limit)*

**3)** If your PPS has elected to cease participation in the DSRIP program, please provide an explanation as to why your PPS has made this decision. *(3,000 character limit)*.

Note: If your PPS has elected to merge with another PPS or has elected to cease participation in the DSRIP program as a standalone PPS, please contact the NYS DOH for further discussion.

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**Award Letters Conditions**
The following questions relate to award conditions stated on the August 6, 2014, if applicable to your PPSs.

**1)** Did your award letter include a condition which must be addressed prior to receiving the second award payment? *Please answer with either 'Yes' or 'No'. If 'Yes', please continue onto Question 2. If 'No', please move onto Question 3. (3 character limit)*

No

**2)** Have you addressed your award condition? Please describe the steps taken to address the award condition. (2*,000 character limit)*

**3)** If you have not fully addressed your award condition, please provide an explanation as to why the condition has not yet been addressed, and plans to satisfy the condition prior to November 3, 2014. Please also reference communication you have had with NYS DOH about this condition to date. (*2,000 character limit)*

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**Network updates and attestation**
The following questions relate to compliance regarding each PPSs DSRIP Network Tool submission and attestation and data sharing requirements.

**4)** **A.** Has your PPS met the October 1, 2014 deadline to update your partner organization list using the DSRIP Network Tool? *Please answer with either 'Yes' or 'No'. If 'Yes', please continue on to Question 5. If 'No', please move onto Question 4B. (3 character limit)*

No

**B.** If you have not met the deadline, please provide an explanation as to why this deadline has not been met and what your plans are to remediate. (*2,000 character limit)*

In advance of October 1, we accessed the Network Tool and reviewed the pre-populated provider information (upon initial review, 96% of the Providers were "validated"). Subsequently, the deadline was extended and we received the instructions to include individual providers in the Network Tool. Individual provider information was sought from network partner organizations, and the tool has been updated continuously as the information becomes available. We are confident that the Provider

Tool now contains enough complete and accurate information to serve the purposes of the intial attribution. We continue to gather additional individual provider information from Network Partners that have not yet provided it, however, this represents a small proportion of the Network.

**5)** **A.** Has your PPS maintained a file of signed partnership agreements from all partner organizations, which can be made available to the State and/or CMS upon request? *If 'Yes', please continue on to Question 6. If 'No', please move onto Question 5B. (3 character limit)*

No

**B.** If you have not completed this requirement, please provide an explanation as to why it has not been completed and provide your plan to remediate. (*2,000 character limit)*

All providers listed in the Adirondack Health Institute's DSRIP PPS Network Tool have agreed to be listed. The majority of the Providers listed in the Tool were formally invited to take part in the Network prior to AHI submitting the Project Design Grant application earlier this year. These providers were listed because they responded in the affirmative to a letter requesting their participation. Since that time, many additional providers have asked to join the Network, and AHI has listed them. We are in the process of obtaining signed memorandums of understanding from every provider listed in the Network Tool. The MOU has been drafted and is under legal review; we anticipate obtaining signed MOUs from all participating Providers in the Network by early November. During the last week of October, AHI will follow-up with any Providers that have not signed the MOU, and will update the Network Tool if needed. This step will be completed by 11/15, to ensure the Network Tool is accurate for final attribution. In addition, a contract (Participant Agreement) has been drafted that formalizes the relationship between the PPS and contracted Partners. These contracted Partners are those that will be directly involved in project implementation, will contribute resources to achieve project requirements, and will have access to performance-based payments. The Participant Agreements cannot be executed until after the financial model for sharing performance based payments has been finalized.

**6)** **A.** Has your PPS executed a Data Exchange Application and Agreement ("DEAA") with the State for data available in the DSRIP portal, and any data sharing outside of the portal? *If 'Yes', please continue on to Question 7. If 'No', please move onto Question 6B. (3 character limit)*

Yes

**B.** If you have not completed the above, please provide an explanation as to why these activities have not been completed and provide your plan to remediate. (2*,000 character limit)*

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**Contract attachments**

The following questions relate to contracts submitted to NYS DOH by PPSs regarding renewed grant amounts, for which PPSs were required to resubmit to NYS DOH with the updated grant amounts.

**7)** Has your PPS returned all contract attachments that need to be completed? If not, please provide a brief status update on your current progress and remediation steps. The required attachments are listed below for your reference. (2*,000 character limit)*

- **APPENDIX A** - Standard Clauses as required by the Attorney General for all State contracts
- **STATE OF NEW YORK AGREEMENT**
- **APPENDIX B-3** - Award Letter
- **APPENDIX B-2** - Webinar 1 and 2
- **APPENDIX B-1** - Questions and Answers 1 and 2
- **APPENDIX C** - Proposal
- **APPENDIX E-1** - Proof of Workers' Compensation
- **APPENDIX E-2** - Proof of Disability Insurance Coverage
- **APPENDIX H** - Federal Health Insurance Portability and Accountability Act ("HIPAA") Business Associate Agreement ("Agreement")

Yes

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**Community Needs Assessment**
The following questions address your PPSs progress in completing your Community Needs Assessment ("CNA").

**8)** Please provide a status update on your CNA's progress versus the timeline stated on your design grant application. (2*,000 character limit)*

Staffing and logistics issues have created delays in completion of the DSRIP CHNA. Initially, our plan was to have a fully developed CHNA by October 10th. Due to an organization-wide move to a new location and the IT support functions necessary to support that move – in addition to unfilled key positions supporting the CHNA process – the completion of the CHNA has been delayed.

Extensive data on the social determinants of health, PQI measures, Prevention Agenda indicators, demographics, and population/health system utilization has been collected, collated, and incorporated into the CHNA document. The assembled document, with appendices, contains more than 400 indicators and measures, in addition to demographics and quality factors. There are over 300 pages of information compiled along with some intial analysis and supporting narrative.

Given the timeline and the current status of the CHNA, we are engaging consulting services to expedite the completion of this key deliverable. The KPMG DSRIP Support Team consultants provided us with a contact, Alec McKinney of John Snow, Inc. (JSI). Two phone calls have taken place with Mr. McKinney (10/13 and 10/15) and we expect a consulting agreement to be finalized in the coming week. JSI will provide the expertise we need to take our intial CHNA work and move it to completion. JSI will provide analysis and a framework for the CHNA; AHI's internal resources will complete any steps needed to support JSI's ability to deliver the product(s) in a timely fashion.

**9)** Please describe your stakeholder and community engagement process. (*2,000 character limit)*

AHI, through our Adirondack Rural Health Network program (ARHN), has a long history of stakeholder and community engagement in community health assessment and planning activities. Since 2003 AHI has facilitated a regional forum for community health assessment and planning that covers the majority of the counties included in the PPS' service area. County public health officials,

hospital representatives, and other stakeholders take part in the ARHN's Community Health Planning Committee, a group that produces a regional Community Health Assessment every 3 years. The DSRIP CHNA is building on the ARHN's 2013 Community Health Assessment, which had extensive stakeholder involvement. First, the Community Health Planning Committee itself is comprised of public health officials, hospital representatives, and other stakeholders (e.g., Directors of Community Services, first responders, etc.). Secondly, the Committee sought wider involvement by conducting a stakeholder survey in December 2012 & January 2013. The survey respondents represent a wide range of within an 8 county region, exclusive of St. Lawrence County (but broadly inclusive of service providers on the periphery of that county). The results of the survey provided an overview of regional needs & priorities, informed future planning, & contributed toward the development of a regional health care agenda. In addition, AHI is conducting consumer focus groups to engage Medicaid beneficiaries in the needs assessment. Focus groups will be completed during November in selected communities across the 9 county region.

**10)** Please describe your needs assessment methodology, specifically regarding data collection and reporting. *(2,000 character limit)*

The process of identifying the important healthcare needs of the residents in the PPS service area involves data acquisition and analysis, including stakeholder engagement (described above in reponse to Question 9), and reporting. In terms of data acquisition, AHI relies on a set of over 150 health information resources, many of which contribute to the base measures & indicator analysis for the CNA. This extensive set of data resources has been acquired from publicly available health indicator data (via Health Data NY and primary sources where needed), the DSRIP Performance Dashboards and other sources provided by DOH on the DSRIP site, and data presented in the North Country Health System Redesign Commission Report, among others. Reporting will include the final CHNA document with appendices, as well as various slide sets for the AHI PPS Steering Committee, Regional Healthcare Innovation Teams, and stakeholder audiences. The slide sets will illustrate key findings and be used to guide decision-making by committees, as well as engage stakeholders in discussion around priorities and strategies to address them.

Analysis and reporting will continue with the support of CHNA consulting services, as described in response to item 11 below.

**11)** Please describe any challenges and/or significant deviations encountered during the completion process of your CNA. (*2,000 character limit)*

Building on the Community Health Assessment completed by the ARHN in 2013 to create a CHNA that fulfills the DSRIP needs/requirements has proven more challenging than originally anticipated. The CHNA requires a more in-depth look at quality and capacity, and many more data elements than were included in the 2013 assessment. The incorporation of new data elements and subsequent reporting and analysis has taken more resources than we initially anticipated – thus the need to devote additional resources to the CHNA. We anticipate with the assistance provided by John Snow, Inc. we will be able to deliver the necessary CHNA in order to satisfy the requirements; providing a stronger analytical review of the health care system and resources. The CHNA will provide not only a foundation for the DSRIP project selection, performance metric analysis and reporting for the PPS, but will continue to inform the processes with and around the PPS as we

further engage with future projects (including PHIP, SHIP, and re-engaging with the Prevention Agenda and other quality and performance projects in the near future).

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**Cultural Competence and Health Literacy**
The following questions address your PPSs progress achieving cultural competence and improve health literacy.

**12)** Please provide a status update on your process to identify cultural competence challenges and achieve a culturally competent organization that targets the needs of your community. (*2,000 character limit)*

The AHI PPS is covering a nine county region. Within this region, 93.5 percent of the population identifies as white. One of our collaborating groups is Saint Regis Nursing Home. The Saint Regis Mohawk Tribe has a large presence in part of our region and the tribe maintains excellent resources on their history and culture. Our PPS has considered reaching out to the Saint Regis Mohawk Tribe to ask them to provide a training on their heritage.

Another resource our PPS can utilize is our relationship with the Hudson Mohawk Area Health Education Center and the Northern Area Health Education Center. The Area Health Education Center's provide professional development assistance and would be able to offer trainings around cultural competency.

Finally www.train.org offers a free course online called "Effective Communication Tools for Healthcare Professionals: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency (LEP)". This course would be an additional resource our PPS could utilize.

**13)** Please provide a status update on your approach to improving the health literacy of patients who will be served by your PPS. (*2,000 character limit)*

Health literacy is crucial to reducing avoidable hospitalizations and emergency room visits. Our PPS has compiled a list of the literacy assistance locations within our nine county region. One option would be to reach out to these agencies and ask them to do a presentation for our PPS on health literacy and literacy in general. Another approach would be to arm our provider with a listing of the literacy agencies so that the providers care teams know who they can reach out to in order to directly link patients to assistance.

As mentioned above the www.train.org online class also addresses health literacy. Another online resource would be the AMA Foundation's YouTube videos. The videos on YouTube show real patients who have had health struggles due to literacy issues.

Again, as mentioned above the Area Health Education Centers also provide trainings on health literacy.

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**Project Advisory Committee**
The following questions relate to your activities in forming your Project Advisory Committee (“PAC”), structure of your PAC, activities undertaken, and future plans.

**14)** Please provide a status update of PAC activities to date. For example, please address PAC projects and activities undertaken, as well as frequency of PAC meetings. (*2,000 character limit)*

AHI held two regional PAC meetings on September 25, 2014, one in the northern portion of the service area and one in the southern portion. The PAC consists of management and workforce representatives from over 100 distinct partner, or potential partner, organizations. The PAC meetings provided a forum for AHI to provide updates on progress, particularly in the area of governance, including the announcement of Regional Healthcare Innovation Teams. The DSRIP Support Team Consultants (KPMG) kicked-off the meetings with a presentation on the support services they are providing to ensure the PPS submits the best possible application in December. The meeting included a discussion around the change made to project 3.g.i. A presentation was also given that put out our PPS' vision of having our nine county region broken down into five specific areas with Regional Healthcare Innovations Teams (RHIT). As we move forward the RHIT's leadership roles are being populated with clinical and transformation leaders who will steer the project implementation for their given area. The RHIT's will include work groups comprised of members of the PAC as well as additional resource members who can contribute to the formation of detailed project plans. Once the work has occurred at the RHIT level then we would look to convene further PAC meetings to review and discuss the works that has occurred and the impact for the overall region.

On October 8, 20014 we held a webinar on communit crisis stabilization models (project 3.a.ii.). Our presenter has taken part in model implementation in two other states and offered insight into the projects. This webinar was open for our PAC to attend and a recording is posted on our DSRIP blog.

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**Governance Structure**

The DSRIP FAQs contain specific guidance such as ensuring the Governing Committee is regionally representative, includes subject-matter experts, and includes union and worker representation, among other recommendations. Please ensure that you address each of the suggestions in the FAQs. The following questions relate to the structure of your Governing Committee.

**15)** The DSRIP FAQs and the design grant application provide direction on how to form PACs using an alternate structure. Specifically, PPSs are encouraged to form a smaller Governing Committee of no more than 25 members, which is then supported by subcommittees. How many representatives comprise your PPSs Governing Committee? (*10 character limit)*

18

**16)** Please list all of the subcommittees that fall under your Governing Committee, and briefly explain how the Governing Committee and sub-committees currently collaborate within your PAC structure. *Please list your subcommittees in the table below and provide your collaboration explanation in the text field below the table.* (*2,000 character limit)*

| # | Subcommittee |
|---|---|
| **1** | Finance |
| **2** | Workforce |
| **3** | IT/HIE |

| | |
|---|---|
| **4** | Quality |
| **5** | Network |
| **6** | |
| **7** | |
| **8** | |
| **9** | |
| **10** | |
| **11** | |
| **12** | |
| **13** | |
| **14** | |
| **15** | |

AHI is in the process of establishing an LLC that will formalize the Performing Provider System Network. In the interim, the governing body is the "AHI PPS Steering Committee". This group will make decisions including project selections, the financial model, and budget. Their work is supported by Subcommittees, that perform tasks and produce recommendations. These committees are currently being formed; the first one to be established is the Finance Committee, which has a Chair and will meet later this month. In addition to the Steering Committee and Subcommittees, AHI has established 5 Regional Healthcare Innovation Teams (RHIT). These teams are designed to be representative of the full health care continuum in a naturally occuring care network. Teams are co-led by a Clinical Leader and an expert in health systems transformation/integration. The RHIT leadership are key intermediaries between the PPS Network and the regional partners. The RHIT leaders, with support from AHI, disseminate information from the Network to the partners, and work with providers in their region to operationalize the projects. The Teams prepares project work plans and budgets, and as such, make key recommendations, subject to approval by the Steering Committee or appropriate Subcommittee. The Leads from Teams across the 9 county service area work together to coordinate any phased implementations, and to ensure projects are aligned and consistent, where necessary.

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**Design Grant Funding Spend**

The following questions address how your PPS has spent the first payment of design grant funds and plans for the second payment. NYS DOH is interested in determining whether your PPS has spent the funds in accordance to what was submitted in the design grant application, and ensure PPSs are on track to finalize their Project Application. You are not expected to provide a detailed list of funds spent.

**17)** Please provide an overview of how the first grant payment was used to assist your PPS during the design phase in preparing for your Project Application. Please ensure your response addresses the budget and narratives submitted in your design grant application. (*2,000 character limit)*

A portion of the first grant payment has been used primarily for legal fees and personnel, a small amount has been spent on meeting costs and associated supplies. A large amount remains unspent due to delays in executive consulting agreements. With regards to the budget and narratives in the design grant application, the current expenditures were for legal fees necessary

to establish the PPS governance, and for AHI personnel to plan, coordinate, and faciliate, regional meetings. Additional personnel dollars contributed to data analytic resources.

**18)** Please provide a percentage estimate of how much of the design grant award first payment has been spent to date. (4 *character limit)*

8%

**19)** Please describe any challenges and/or significant deviations encountered since you submitted your design grant application, as well as how they were addressed. (*2,000 character limit)*

The most signficant challenge has been convening and facilitating a collaborative planning process (to establish the PPS Network and the Project Plans) across an extensive geography (all or part of 9 counties), that includes a large number of partners that are highly invested in the development of the PPS Network. Additionally, AHI is a small not-for-profit and as such, relies on consulting services to support our work. Engaging the right consultants is vital, given our collaborative versus top-down approach to project and network development. We are confident that the right consulting teams are now in place and this barrier has been addressed.

AHI has been particularly challenged in the area of communications. The existing AHI website, and blog format for DSRIP updates, is being utilized, but is not the ideal platform for communications. This is being addressed in two ways: AHI is recruiting a Communications Manager and website development is scheduled to begin in November. Interviews have taken place over the past two weeks for the Communications position, and a Communications Plan has been developed that will use multiple communication channels for the various audiences. The new Communications Manager will have a plan in place so he/she can readily begin executing the plan.

DOH disseminated a significant amount of information in late September / early October which was digested and used to develop and formalize our process for the project design work. For example, the availability of the DST resources, the Webinar, the Project Plan Application itself, the Governance Guidance, have been invaluable. These resources guide our work and given the dates they were made available, it was difficult to adhere to our optimistic timeline submitted with the project design grant.

**20)** What projects and activities will the second award payment be used for, if applicable? (*2,000 character limit)*

The remainder of the first payment, and the second award payment, will be used in accordance with the budget submitted in the design grant application. The majority of the expenditures fall in the category of contracted services/vendors, to support the following planning components: Community Health Needs Assessment, Application Development, and Regional Resources & Capabilities. In addition, we anticipate substantial meeting and travel costs during November and December, including supplies and materials to support those forums. Communications and website design services are also budgeted and will be largely expended in Q4 2014 and Q1 2015.

**21)** Please list all DSRIP projects that are either confirmed or currently still being considered for implementation by your PPS. Indicate the statuses of each by selecting either “Confirmed” or

"Considered" from the drop-down list under the Status column. (*Minimum five projects, maximum fifteen in cases where multiple proposals are still being considered.)*

| # | DSRIP Project | Status |
|---|---|---|
| **1** | 2.a.i Create Integrated Delivery Systems that are focused on Evidence-Based Medicine/Population Health Management | Confirmed |
| **2** | 2.a.ii Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP)) | Considered |
| **3** | 2.a.iv Create a medical village using existing hospital infrastructure | Considered |
| **4** | 2.a.v Create a medical village/alternative housing using existing nursing home infrastructure | Considered |
| **5** | 2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions | Considered |
| **6** | 2.b.viii Hospital-Home Care Collaboration Solutions | Considered |
| **7** | 2.c.ii Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services | Considered |
| **8** | 2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care | Considered |
| **9** | 3.a.i Integration of primary and behavioral health services | Confirmed |
| **10** | 3.a.ii Behavioral health community crisis stabilization services | Considered |
| **11** | 3.a.iv Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities & appropriate enhanced abstinence services within community-based addiction | Considered |
| **12** | 3.g.i Integration of palliative care into the PCMH Model | Considered |
| **13** | 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems | Considered |
| **14** | 4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings | Considered |
| **15** | | Select One |

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**Completion**

Please select "Yes" or "No" from the check box provided and in the space provided, input the name of and title of the person making this certification. As stated in the introduction of this questionnaire, the individual certifying this questionnaire should be the CEO, CFO or comparable level personnel. An electronic signature below is sufficient; a signed and dated copy is not required.

I hereby certify that the information and data on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of my responses.

Name: Cathy Homkey

Title: CEO

Check box with yes or no: Yes: ☒ | No ☐