

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.

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: October 15, 2014

Provider Name: Housing Works (Grantee)/Amida Care (Subcontractor)

Contact Name: Doug Wirth

Contact Email: dwirth@amidacareny.org

Contact Phone: 646-757-7044

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)*

No

- 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)*

No

- 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).*

In consultation with the Department of Health, we have determined that we will be unable to secure attribution sufficient to be financially viable as a Performing Provider System (PPS) and will therefore not be submitting a DSRIP application in December. However, we have been directed to move forward with our proposed planning efforts to support the development of projects that can be incorporated by other lead PPSs. Specifically, we have been tasked with developing projects that will advance community-based efforts aimed at meaningful transformation of the chronic illness sector. A particular focus will be the development of Domain 4 projects that will support the achievement of the Governor's End of AIDS campaign goals. The outcomes of this process, including a community needs assessment focused on HIV/AIDS, SMI and SUD populations, will be detailed in a final report.

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.

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)*

Yes

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

There were two conditions to the award:

1. Must resubmit with safety net provider as lead or successfully become a safety net provider through the appeal process.
2. Must demonstrate that your PPS can function as an Integrated Delivery System.

Amida Care resubmitted its application with Housing Works as the lead.

- 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)*

N/A

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)*

On September 29, 2014, we received correspondence from Jason Helgerson, State Medicaid Director, indicating that we should not submit as a separate PPS and to ensure that our providers are included in other PPSs, as appropriate.

- 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)*

On September 29, 2014, we received correspondence from Jason Helgerson, State Medicaid Director, indicating that we should not submit as a separate PPS and to ensure that our providers are included in other PPSs, as appropriate.

- 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)*

No

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)*

On September 29, 2014, we received correspondence from Jason Helgerson, State Medicaid Director, indicating that we should not submit as a separate PPS and to ensure that our providers are included in other PPSs, as appropriate.

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

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)*

As discussed in the proposed timeline, Amida Care has contracted with Shubert Botein Policy Associates to prepare a community needs assessment, which will: 1) Describe the CNA process and what data sources were used; 2) Describe what community resources are in the catchment area (all five boroughs of NYC); 3) Describe community demographics (high-need, high-cost Medicaid beneficiaries with chronic medical and behavioral health conditions); 4) Describe community health challenges and the ability of healthcare providers to meet those challenges; and, 5) Describe stakeholder and community engagement.

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

We have 71 stakeholders that are participating in the planning process, including representatives from Federally Qualified Health Centers, Behavioral Health Licensed Providers, Hospitals, Housing Providers, Health Home Providers, Consumers of health services and other providers of community-based services.

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

Researching demographics and health status measures: Data to assess core measurements is being obtained from the wealth of public data available through numerous city and state agencies, hospitals and organizations. Information is being collected regarding gender, race, ethnicity, age, income, disability status, mobility, educational attainment, housing status, employment status, Medicaid/insurance status, access to a regular source of care, language and health literacy, legal/illegal immigrant/migrant status, and urban/rural status. The needs assessment process will also compile data on health status of the target population and distribution of health issues.

Assessing health care resources: SBPA is compiling data on the various health care and community-based providers in the service area. This analysis will include an assessment of provider capacity, service area, and areas of expertise. Understanding where Medicaid beneficiaries go for health care services will be instrumental in defining the service area and assessing resources, as well as the data workbooks broken down by county.

Conducting Focus groups: SBPA will conduct focus groups with Medicaid-eligible, dual-eligible and uninsured individuals recruited from community health centers located in high-need areas. Consumer advisory boards will be an important resource in the recruitment of these participants. The focus groups will be conducted at health centers in geographically distinct Medically Underserved Areas and Health Professional Shortage Areas spanning the five boroughs of the city. The discussions will center on pressing primary and behavioral health care needs, satisfaction with services, strategies for engagement and retention in care, and cultural and linguistic factors that need to be better addressed.

Conducting Interviews: SBPA will conduct interviews with key stakeholders and community representatives throughout the five boroughs.

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

There have been no significant challenges and/or significant deviations encountered.

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)*

Amida Care is aware of the considerable impact that culture and language issues can have on individuals' access to care and how they respond to health care services. Project recommendations will focus on providing effective and equitable care that is responsive to diverse cultural factors, preferred languages, health literacy and other needs.

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)*

People who do not understand how to access and use the health care system cannot be expected to use it effectively. Therefore Amida Care has included Project 2.c.i Development of community-based health navigation services among the projects being developed. However, all projects will address health literacy as a barrier to integration of the patient with necessary health care services

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)*

We have initiated a robust planning process including a steering committee and four subcommittees. To date, the steering committee and each of the subcommittees have met twice. There will be a total of four steering committee meetings and five meetings for each subcommittee.

The PAC is working to advance recommendations for the following projects:
 Project 2.b.vi Transitional Supportive housing services
 Project 2.c.i To Develop a Community Based Health Navigation Service to Assist Patients to Access Healthcare Services Efficiently
 Project 3.a.i Integration of Primary Care and Behavioral Health Services
 Project 4.c.i: Decrease HIV Morbidity
 Project 4.c.ii Increase early access to, and retention in, HIV care

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)*

25

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	Integrated Care Subcommittee
2	Consumer Workforce Development Subcommittee
3	Crisis Bed Diversion & Temporary Housing Subcommittee
4	End of AIDS Subcommittee
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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 total of \$229,388 of the first grant payment has been used in the first phase of the project.

Amida Care has executed contracts with the following contractors totaling \$265,650. At the midpoint of the project, \$132,825 has been expended.

- Community Needs Assessment Consultant: Shubert Botein Policy Associates (\$65,000)
- Finance Consultant: Menges Group (\$40,000)
- Integrated Care Consultant: Coalition of Behavioral Health Agencies (\$31,500)
- Integrated Care Consultant: Primary Care Development Corporation (\$45,000)
- Project Management Consultant: Bannon Consulting Services (\$84,150)

As per the proposed budget, Amida Care allocated staff to manage the planning process from August through December at a total cost of \$190,125. At the midpoint of the project, \$95,062 has been expended for Amida care staff expenses.

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

92%

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)

As explained above, in consultation with the Department of Health, we have determined that we will be unable to secure attribution sufficient to be financially viable as a Performing Provider System (PPS) and will therefore not be submitting a DSRIP application in December. However, we have been directed to move forward with our proposed planning efforts to support the development of projects that can be incorporated by other lead PPSs. Specifically, we have been tasked with developing projects that will advance community-based efforts aimed at meaningful transformation of the chronic illness sector. A particular focus will be the development of Domain 4 projects that will support the achievement of the Governor’s End of AIDS campaign goals. The outcomes of this process, including a community needs assessment focused on HIV/AIDS, SMI and SUD populations, will be detailed in a final report.

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

The second award payment will be used for further development of all projects.

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	Project 2.b.vi Transitional Supportive housing services	Confirmed
2	Project 2.c.i To Develop a Community Based Health Navigation Service to Assist Patients to Access Healthcare Services Efficiently	Confirmed
3	Project 3.a.i Integration of Primary Care and Behavioral Health Services	Confirmed
4	Project 4.c.i: Decrease HIV Morbidity	Confirmed
5	Project 4.c.ii Increase early access to, and retention in, HIV care	Confirmed
6	Project 2.d.i. Implementation of Patient Activation Strategies	Confirmed
7		Select One
8		Select One
9		Select One
10		Select One
11		Select One
12		Select One
13		Select One
14		Select One
15		Select One

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: Doug Wirth

Title: President & Chief Executive Officer, Amida Care (subcontractor)

Check box with yes or no: Yes: | No