

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: 10/14/2014

Provider Name: Bronx Lebanon PPS

Contact Name: Sam Shutman

Contact Email: sshutman@bronxleb.org

Contact Phone: 718-901-8927

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)

Not applicable

- 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).

Not applicable

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)*

Yes, the Bronx Lebanon PPS has taken steps to address both the geographic overlap and financial viability award conditions.

Geographic Overlap. The Bronx Lebanon PPS has worked with all overlapping PPSs through numerous constructive meetings. This has resulted in greater clarity in how the PPSs in the same geographic region will function together and how we can potentially align our projects with overlapping PPSs. Specific outcomes from our conversations include:

- A joint CNA is being done with the St. Barnabas Hospital PPS, the NYCPP/AW Medical PPS, and the Health & Hospitals Corporation (HHC) PPS;
- We are working with the Mount Sinai PPS to have them pull out of the Bronx, thereby reducing any possible confusion among PPSs; and,
- We have also been part of the discussion on city-wide initiatives, and we are working with HHC to join with them on specific projects.

Financial Viability. The Bronx Lebanon PPS has been exploring a closer partnership with the Mount Sinai PPS. This will help bring both stability to our PPS and additional resources. We are sharing consultants with Mount Sinai, which will improve our ability to work together.

We have provided the required data as part of the Stress Test, and we believe that we fulfill all nine of the nine financial requirements, with one caveat regarding current assets and liabilities. We are the second largest equity holder (11%) in Healthfirst, a \$2 billion entity, and we believe this lucrative asset could be quickly leveraged, if needed. By including this ownership as a current asset, we meet all financial ratios. The GAPP principles are being reviewed around current assets and liabilities. In addition, we have less than 12 months left on our mortgage, which will add \$1.2 million a month to our cash flow. We also anticipate that Q3 2014 will be one of the strongest in recent memory.

- 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)

Not Applicable

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)*

Yes

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)

Not Applicable

- 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)*

Yes

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)

Not Applicable

- 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)

Not Applicable

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)

We are within the timeline for completion of the CNA, with a preliminary draft currently being reviewed. The PAC has a committee working on the CNA, led by co-chair Jessica Diamond, Senior Vice President of Organizational Culture and Quality at HELP/PSI. Sarah McGraw, a consultant from Researchers' Resource LLC, has also been engaged in this work. She is in the process of soliciting feedback through key informant interviews and focus groups. She will also work to further analyze relevant data, including using Healthfirst claims data to understand what is happening in our community and what improvements are needed.

The Design Grant Application talked about developing the CNA in three phases. For Phase 1—Organizing and Learning—the PAC has assembled stakeholders to discuss shared goals for system transformation in the PPS service area. The PPS has engaged with key stakeholders who provide a range of medical and social services, including PPS members that provide housing, education, and social support services to individuals, families, and seniors.

In Phase 2—Assessment—the PPS began work on the comprehensive CNA process to learn the demographics and health needs of the populations, as well as the health and community-based resources that are available. The PPS, with the support of consultants, has engaged stakeholders during all phases of the CNA through interviews, focus groups, surveys, town hall meetings, and the publication of findings. One way to obtain and give feedback on information gleaned from the CNA will be through the Bronx Community Boards. PPS members have leveraged relationships with the New York City

Department of Health and Mental Hygiene to inform the CNA. We have been working between the PPS and with HHC and St. Barnabas on the quantitative draft in beginning in September.

The PPS is on track for completing Phase 3—Project Development—where the PPS will use the CNA results to select DSRIP projects.

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

There has been an extensive stakeholder process, which is discussed in response to later questions and in the response to Question 8. The Bronx Lebanon PPS has done extensive outreach to a range of local providers and community-based organizations to engage them in DSRIP related activities. We have set up a specific committee in our PAC structure that is focused on the development of the CNA. The committee has provided extremely helpful input in the CNA process, both for the existing draft quantitative report and the pending qualitative report. The CNA has generated thoughts and conversations across a number of areas, including the health and social problems faced by the community and ideas on how best to resolve those issues.

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

The CNA methodology builds on the guidance document released by the state in June 2014, and we are driving both quantitative and qualitative components of the CNA. The data sets being used in our quantitative analysis are those referenced in the state guidance. With a data driven process in place, we will benchmark the Bronx Lebanon PPS findings to the state as a whole. Community resource data will be updated as it is received. Qualitative input will continue to be gathered through focus groups and key informant interviews, which will then be used to inform the final CNA. The quantitative CNA component was drafted by the New York Academy of Medicine (NYAM), and included 70 different data sets, 24 key informant interviews, 21 community focus groups, and 600 community surveys. The qualitative CNA component will greatly expand upon this effort. NYAM's report is a good baseline, and we are pleased to be able to build upon that work and do additional qualitative analysis.

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

The most significant challenge has the hiring away of our consultant, KPMG, by the state. This made it more difficult to secure resources needed to conduct the work. While the stakeholder process has been well underway, and the committee has been looking at data, we have only recently secured the additional consulting resources to conduct the in-depth stakeholder interviews and to plan for the work that is on the horizon.

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 Bronx Lebanon PPS providers have long served a culturally diverse population. According to our draft CNA, 57 percent of the Bronx population reports speaking a language other than English at home—almost half of the population reports speaking Spanish at home. Of those who are uninsured, more than 60 percent are foreign born. The CNA also shows that 78 percent of those in the Bronx live below the poverty line. This is already the population that we see every day, so we have experience and familiarity with the needs of this population.

We work every day to improve the care we deliver to the populations living in our service area. In order to identify ways that we can improve the care we deliver, we will learn from the conversations and takeaway messages of the key informant interviews, focus groups, and other components of our qualitative CNA component to inform areas of improvement. When the data is finalized, we will have a specific effort through our PPS to pull best practices and approaches to supporting cultural competency.

- 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)

Most adults lack health literacy—and this is especially true of seniors (cognitive challenges) and non-English speakers (language and cultural barriers). The Bronx Lebanon PPS already has taken on these important language and cultural challenges given our diverse population. As such, Bronx Lebanon and our partners have developed deep expertise in supporting the cultural needs of this diverse population. For example, we already have one-on-one language and cultural competency training for care coordinators, and we will work to standardize best practice training procedures across the PPS. On the home health front, we have developed systems to help the care coordinators understand the health of members as well as provide support via case conferencing, access to medical director and team, as well as through a well-developed care coordination platform. The PPS will have a Care Director who will work to standardize best practice training procedures across the PPS. We will develop a standard assessment tool to analyze our particular population and develop policies and procedures for communication, transition of care, patient education, and care management training.

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)

The PAC has been very active. We have held two PAC town hall meetings (5/21/2014 & 10/8/2014) with more than 100 attendees at each. We anticipate having at least another five town hall meetings by submission of the DSRIP application on December 16.

There have also been six PAC meetings since the first meeting, which was held on May 21, 2014. During these first six meetings, we were able to discuss and develop a shared vision for the PPS and answer overarching questions that impact the progress of our PPS. Also during these meetings, the 26-member PAC formed a Steering Committee that has met weekly since August 12, 2014, in addition to developing criteria for project selection, voting on preferences for projects, providing guidance on the planning grant, and guiding the completion of the CNA.

The Steering Committee has voted on, and decided on, committee chairs for our projects and has voted on preliminary project selection. An extensive communications plan has been developed that includes leveraging a range of media for sharing information. For example, we will soon develop a newsletter, website, and DropBox tool to promote two way communication. An extensive committee structure has been designed with co-chairs selected. The committees will be active with each having at least their first meeting by the end of October (structure given in the response to Question 16).

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)*

10 members

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	CNA and Stakeolder Engagement
3	Project Selection
4	IT Infrastructure
5	Workforce
6	Payment Reform and Sustainability
7	Each project will have its own committee
8	Partner Selection
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10	
11	
12	

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14	
15	

The Bronx Lebanon PPS has organized interested parties into an operational structure of seven subcommittees. This is in addition to a series of project teams that will focus on the implementation of each project by helping to support designing the projects for the application. The subcommittee structure reports to the Project Management Office (PMO), which in turn is overseen by the already formed and operational PAC Steering Committee. The Steering Committee is responsible for making decisions for the PPS by voting and following majority rule. The decisions under the purview of the Steering Committee include setting-up the PMO, selecting projects, vetting all materials before official release, and ratifying decisions made by other committees. Each representative on the Steering Committee gets one vote. The Steering Committee has met weekly since August 12, 2014. The Steering Committee is composed of PAC members, and the Steering Committee follows advice and guidance of other PAC members.

Each of the seven committees have identified co-chairs. Each committee will meet at least once by the end of October. Some committees, such as IT Infrastructure & workforce development, have begun meeting. All committee work is organized through a PMO operated through Bronx Lebanon Hospital Center. Charters will be developed for each committee.

The program teams will be responsible for program planning on their assigned project and under the direction of the Steering Committee. Specific deliverables related to the program application will be developed by the project committee for approval by the Steering Committee.

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)*

The first grant has been critical to helping our PPS make progress on critical DSRIP related activities. At the same time, the planning grant was about half of the amount requested, with all of it being spent. With reference to the budget line items in the Design Grant Application, we have been able to make progress in the following areas:

- CNA Contractor/Vendor: Since the state hired away our consultant, work on this item has moved more slowly than anticipated. A contract with a new consultant was signed on October 10, 2014. We anticipate the Design Grant will cover about less than 35 percent of the total project costs through December.

- CNA Data Analysis: Since the state hired away our consultant, work has only recently restarted on the qualitative analysis. The qualitative analysis has been complete.
- Advertising/Web Design/Meeting Costs: Since the state hired away our consultant, work on this item has moved more slowly than anticipated. We have spent roughly a third of this funding and anticipate spending all of it by the end of December.
- 1 FTE DSRIP Project Manager: We anticipate hiring for this position within the next 45 days.

We have had a number of successes to date, including:

- Hiring a new consultant to replace KPMG;
- Participating in the borough-wide CNA;
- Setting up a PAC structure;
- Identifying a PMO lead; and,
- Organizing communications and administrative support—in addition to the extensive work to organize stakeholders through the Steering Committee and Town hall Meetings.

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

100%

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)*

It was a significant challenge when our consultants, KPMG, choose to terminate our contract and to work for the state on DSRIP. This caused delays in work and planning. We have now secured additional consulting support (Harbage Consulting LLC), and we believe we are on track to complete all deliverables in a timely manner. Since KPMG is no longer the CNA contractor, the budget earmarked there will be divided up between CNA work and supporting our new contractor on PMO and grant writing functions.

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

The second award payment is very much needed as all of the current funds have been expended or encumbered. In fact, we anticipate that the planning grant will ultimately only cover 35 percent or so of the planning activities. The second award payment will primarily support:

1. Finalizing the CNA;
2. Ongoing outreach efforts; and,
3. Consultant support of PMO planning and operational activities, including grant writing.

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	Considered
2	2.a.iii Health Home At-Risk Intervention Program –Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services.	Considered
3	2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Considered
4	2.a.iv Create a medical village using existing hospital infrastructure to consolidate psych beds	Considered
5	2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	Considered
6	3.a.i Integration of primary care services and behavioral health	Considered
7	4.a.iii. Strengthen Mental Health and Substance Abuse Infrastructure across Systems	Considered
8	3.c.i Evidence-based strategies for disease management in high risk/affected populations (adults only)	Considered
9	3.d.ii Expansion of asthma home-based self-management program	Considered
10	3.f.i Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)	Considered
11	4.c.ii Increase early access to, and retention in HIV care	Considered
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: Sam Shutman

Title: Vice-President

Check box with yes or no: Yes: | No