

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: Ellis Hospital

Contact Name: Dave Smingler

Contact Email: sminglerd@ellismedicine.org

Contact Phone: 518-243-4840

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)*

n/a

- 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).*

n/a

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)*

The award letter required both the Ellis and Westchester Medical Center systems to explore cooperation with the Health Alliance system. We had conversations with both Westchester and Health Alliance. Westchester is collaborating with Health Alliance as part of its PPS. St. Peter's Health Partners, which is a participant in the Ellis Medicine PPS, will collaborate with Westchester Medical Center's PPS for those providers who may be geographically located in the Westchester PPS; most notably in Ulster County.

- 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)*

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)*

n/a

- 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)*

We were not advised of this requirement until now. In late September we were advised of the requirement for a signed and notarized letter from the chief executive officer of each partner. We have asked KPMG and are awaiting guidance from the Department as to what is required in a "partnership agreement."

- 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)*

n/a

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*)

Phase One (collection and organization of publicly-available data) of the CNA is complete and data are posted on a shared drive accessible to the project team. The summary results were also presented directly to the Steering Committee, and in a webinar available to all stakeholders. The webinar slides are posted for public viewing at <http://www.ellismedicine.org/pages/dsrip.aspx>. Phase One initially provided preliminary justification for eight of the ten originally proposed projects. This information was used to confirm selection and begin development of those projects clearly to be included. The other two initial projects are being re-evaluated to determine what additional data may be needed, and a "short list" of alternative projects has been selected in the event that projects are to be changed. Phase Two (surveys and focus groups) is currently under way. The additional information will help to further support and refine the selected projects (e.g., enhance geographic or population focus), and will inform the selection among the remaining projects, including the potential "11th project." Preliminary results are due Oct. 20 with the final results published by Nov. 10. The CNA is being conducted jointly, and data shared, with the Albany Medical Center PPS.

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

The "footprint" of our DSRIP is built from the service areas of three existing Health Homes, each of which has already engaged stakeholders and community members over the past several years. As early as the Letter of Intent stage, a meeting of stakeholders was held to determine interest and support. Since that meeting, a webinar and several emails have been provided for the full stakeholder group. This large group is broadly representative of providers, community-based organizations, and local government organizations throughout the region. No prospective partner has been turned away. The PAC (intended as a working group comprised of 37 organizational representatives including union, worker, and clinical groups) has met once and monthly meetings are scheduled through December. The Steering Committee meets by conference call at least twice a week, with project/workstream committees meeting at least weekly. The entire community will be further engaged during the survey and focus group process.

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

The CNA is built using a "person-centered" approach. This includes not only health systems data and clinical characteristics, available in typical models, but has been expanded to include socio-demographic drivers and behavioral health needs. It is being developed in two phases. The first, which is complete, involved compilation, organization, and assessment of publicly available data from multiple sources, including CHIP/CSP data from 2013, Prevention Agenda data, Prevention Quality Indicators, Pediatric Quality Indicators, Potentially Preventable Emergency Visits, Potentially Preventable Readmissions data, SPARCS data, and refined Behavioral Health data. These were then combined with geographic coding and mapping information to produce area maps showing those

parts of the region where there are high rates AND high numbers of the topic under review. This sets the stage for Phase Two which will utilize surveys and focus groups to collect qualitative data, and will compile geographic provider data (e.g., in which communities is there a match, or a mismatch, between provider capacity and consumer need?). Summary data have already been publicly reported on the website. Detailed data are currently available to partners on a shared drive, and drill-downs will be provided as needed by the working committees. Final reporting will be organized by the projects which are supported by the data, and will comply with the Department's requirements for reporting of CNA data.

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

The process has proceeded well, with our mutual vendor (HCDI) facilitating regional data sharing with the Albany Medical Center PPS. Establishing a two-phase process enabled early evaluation and drill-down of publicly-available data, which has been crucial in decisions on which projects to pursue, while helping to focus on specific needs for Phase Two information. The compressed deadlines of the DSRIP program will, however, prevent careful analysis of the available data, and may lead to unintended consequences. The completion date of the CNA (Nov. 14) extends beyond the date specified by KPMG but we feel is necessary for at least minimal data analysis.

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)

Several sub-regions within the area currently have a strong focus on cultural competence in serving specific populations in their community (e.g., Latinos in Amsterdam and West Indians in Schenectady). The CNA survey process is seeking to identify minority groups across the region, and also to identify which providers/CBOs currently serve these groups. This builds on the model of the 2013 UMatter Schenectady CHNA survey which for the first time systematically measured the West Indian population in Schenectady. We are also evaluating technology solutions, including tablet-based translation services which provide non-English speakers visual as well as audio connections with speakers of their native languages. In addition to engaging providers/CBOs already serving minority populations, we are working with academic experts in minority health and health disparities.

- 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)

Both academic and community resources (e.g., Schenectady County Public Library) have been engaged as partners. This will help us first to frame, and then to implement, programs and activities to improve community-wide health literacy. In addition, the provider/CBO survey combined with the community survey and focus groups will help to identify specific locations

which serve individuals in need of specific supports. This will guide development of more targeted solutions.

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*)

We requested (and have been advised by KPMG that our request was not denied) an alternative PAC structure consisting of 37 individuals representative of the different types of stakeholders throughout the region. Our PAC is intended to be balanced by geography, service type, and profession. All labor unions representing organized partners are included, as are designated worker representatives from the larger partner organizations. The group includes representatives from public agencies, behavioral health agencies, physician groups, managed care organizations, long-term care including skilled nursing homes, and home care providers. This is intended to be a working group, providing advice and guidance as well as being a source of subject matter experts for working committees as noted below. Individual PAC members serve on the working committees, and a 14-member Steering Committee comprised of PAC members from the three health homes and five major providers (hospital systems and FQHCs) presently serves as the operational decision-making body. This group has effectively used a consensus-based decision-making process; there is no designated chair or leader. The Steering Committee meets by phone at least twice a week; with a member serving as chair or co-chair of each working committee. The PAC has met once in person (slides and audio are posted on our public website) and has monthly meetings scheduled through the end of the year, timed to enable advice during significant application milestones. In addition to the PAC, a larger "stakeholders" group consisting of representatives from all partners has met once, been invited to a webinar (describing preliminary CNA findings), and receives emailed updates.

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*)

14

- 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 Delivery System projects
2	At-Risk Populations projects
3	Behavioral Health projects
4	Asthma project
5	Engagement of uninsured and Medicaid low/non-users project
6	Finance (including payment reform)
7	IT (including performance management)
8	Governance (long-term structure), Project Management, and Legal
9	Workforce
10	Provider/partner engagement/recruitment
11	Cultural competency, stakeholder engagement, and communications
12	
13	
14	
15	

"Subcommittees" (or "working committees") are divided into two categories: project-specific and cross-project "workstreams." The former (#1 - #5 above) are tasked with devising solutions and application responses to one or more of the eleven projects to be undertaken. Each is led by a member of the Steering Committee and is comprised of subject matter experts who may be drawn from the Steering Committee, the PAC, or the broader stakeholder community. The latter (#6 - #11 above) draw from experts and/or decision-makers who can carry the projects and associated support/management processes over the life of the DSRIP project and into the post-DSRIP era. For example, the Finance committee is comprised of the Chief Financial Officers of the three hospital systems and the two FQHCs. These individuals not only have the specialized expertise needed to devise the five year budget and funds flow, but they will be the individuals with the greatest stake in building an effective payment reform program, which they will eventually be responsible for implementing. Each working committee is chaired or co-chaired by a member of the PAC Steering Committee, who is responsible for reporting back to the twice-weekly Steering Committee calls, and each is staffed by the contracted project management team. In turn, summary reports will be made to the full PAC.

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 payment has been used to engage two consulting firms - one to prepare the Community Needs Assessment and another to provide project management and application writing. The first is consistent with our proposed budget and narrative, although the cost is somewhat higher. We selected HCDI, the non-profit regional health agency, which conducted last year's Community Health Needs Assessment. The second utilizes a local health consulting firm to provide the project management which had been contemplated as a hired individual in the budget.

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

103%

- 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)

We chose to obtain project management via contract rather than hiring a person. This increased costs somewhat but also increased flexibility, as it enables fielding of a project management team to handle multiple meetings or activities.

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

The second award will be used for legal services, some specialized consulting, and for budgeted stakeholder engagement activites such as meetings, outreach materials, and consumer incentives.

- 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 - Integrated Delivery System	Confirmed
2	2.a.iv - Medical Village using hospital infrastructure	Considered
3	2.b.iii - ED triage for at-risk populations	Confirmed
4	2.b.iv - Care Transitions - chronic health	Confirmed
5	2.b.viii - Hospital - Home Care Collaboration	Considered
6	2.c.ii - Telemedicine	Considered
7	2.d.i - Engagement of uninsured and Medicaid low/non-utilizers (11th project)	Considered
8	3.a.i - Integration of Primary Care and Behavioral Health	Confirmed
9	3.a.iv - Ambulatory Detoxification	Confirmed
10	3.c.i - Diabetes - disease managemnt in high risk adults	Considered
11	3.c.ii - Diabetes - primary and secondary prevention for adults	Considered
12	3.d.ii - Expansion of Asthma Home-Based Self-Management	Confirmed
13	3.g.i - Integration of Palliative Care into PCMH	Considered

14	4.a.iii - Strengthen Mental Health and Substance Abuse Infrastructure	Confirmed
15	4.b.i - Tobacco Use Cessation	Confirmed

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: James W. Connolly

Title: President and CEO, Ellis Hospital

Check box with yes or no: Yes: | No