

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 14, 2014

Provider Name: Finger Lakes Performing Provider System (the FLPPS)

Contact Name: Carol Fisher

Contact Email: carol.fisher@rochestergeneral.org

Contact Phone: 585-922-5726

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)

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).

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)*

No

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

N/A

- 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)*

In an effort to be as inclusive as possible when submitting our preliminary partner list through the Medicaid Analytics Provider Portal, we included all partners who had specifically agreed -- even if only verbally -- to participate in the Finger Lakes PPS . We have disseminated the attestation form to all interested providers, and we continue to update the file of PPS forms. This file will be finalized to include certified attestations from all partners who are included in our final partner list submission on November 24th.

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”)

We anticipate submitting to NYS DOH the partially executed Project Design Grant contract and all required attachments as listed above by Friday, October 17.

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)*

The FLPPS subcontracted with the the Finger Lakes Health Systems Agency (FLHSA) to complete the Community Needs Assessment, and as outlined in our design grant application timeline, a Community Needs Assessment Workgroup was convened and has been meeting weekly.

While the timeline in our design grant application indicated an anticipated CNA completion date of 8/1/2014 for all preliminary data to be collected and analyzed, due to the large geographic area, the scope of the undertaking took longer than anticipated. As of the date of this report, the analytics required in the June 2014 CNA guidance document are near completion. Soliciting community feedback by engaging key community stakeholders and numerous Regional Commission on Community Health Improvement workgroups to refine the needs assessment has been ongoing. We await benchmark data from NYS, as the next step in prioritizing areas of need and identifying project goals.

A remaining piece of work is the analysis of the adequacy of resources to resolve identified/prioritized gaps. At this point, the FLPPS project team needs to determine what changes and reallocation of resources are needed in order to achieve the CNA goals.

Overall, the CNA content development is on plan for delivery to the community by 11/1/2014. Project support from the FLPPS has been identified to drive the intersection of the CNA key messages into the 11 project planning teams, the workgroups (described in more detail in #16, below) that will drive project-specific design. This is a critical activity between now and the 12/16/2014 due date for the application.

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

The FLPPS and FLHSA have an extensive network of partners in the 14-county region, including, but not limited to Health Homes, Rural Health Networks, Behavioral Health Organizations (BHOs), FQHC Networks, and other community based organizations (CBOs). Together, we recently completed information sessions in each of five Naturally Occurring Care Networks (NOCNs), geographic clusters of where care is received within the region. Held in community locations convenient to rural providers and community stakeholders, the meetings reviewed Design Grant status and preliminary CNA findings. An informal community format allowed participants to react to and give feedback on the findings, and on the FLPPS planning process itself.

Partners have also identified participants for 15 focus groups, the first of which was held on 9/29/2014. Focus groups are scheduled to be completed by early November. These focus groups are representative of the region and demographic concerns. For example, the group held on 9/29 was specific to “mothers of infants under 3 years of age.” Other groups are planned for undocumented workers, rural uninsured, frequent ED users, etc.

A Committee Nomination survey was issued on October 7 to a wide distribution of interested parties. We have also requested nominations from across the PPS and the PAC for the working committees, project work groups, and NOCN workgroups. Our intent is to have a broad range of participation across the region, while focusing NOCN participation on the projects of most interest to their constituents.

A weekly newsletter is distributed to a growing list of providers and other stakeholders. Regular webinars and a website are planned in the coming weeks in order to facilitate ongoing engagement. A dropbox site for sharing of documents is easily accessible to all stakeholders. The FLHSA has also established links to shared community data sets, and will publish the final CNA on the website for public comment.

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

The methodology follows the NYSDOH guidance document for Community Needs Assessment, issued in June 2014. Basic analytics and behavioral health analytics are primarily sourced from the data sets named in this guidance document, and include the review of county health department and hospital improvement plans. Through this data-driven process, county performance relative to other counties and the NYS average is understood. We await benchmark data from NYS, as the next step is to prioritize need areas and identify project goals.

Community resource files have been updated and received from two of the three subcontractor organizations covering our 14 county region. A remaining piece of work is the analysis of the adequacy of these resources to resolve identified / prioritized gaps. The FLPPS project teams will then determine the changes and reallocations of resources needed to achieve the goals.

Qualitative input from the community is gathered through stakeholder engagement and patient (customer) focus groups. Population cohort demographics were used to identify and target the focus groups, with an emphasis on high utilizers of health care resources.

Where FLHSA does not have expertise to collect or analyze data, other contractors, namely CCSI and WNY 211 have been engaged.

As project planning teams require, other data sets are sourced and brought to the teams, in collaboration with the FLHSA.

This methodology is making use of NOCN leadership, community data reviews, focus groups, and membership on project planning teams in order to input, modify, and validate the final assessment.

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

The primary challenge is the 'parallel pathing' of

a) data source release and requirements update by NYS, the

b) analysis and community feedback led by FLHSA, and the

c) project planning by the FLPPS teams.

These are overlapping activities, and we can not wait for one to conclude before engaging fully with the next.

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)*

In a review with KPMG on Oct. 8, 2014, a gap in the CNA was identified relative to developing cultural competency. The first step is to understand the racial/ethnic/language composition of the 14 county region. This includes special populations such as a large deaf subpopulation in Monroe County and the refugee resettlement program. Our region is also comprised of a large farming population with hispanic migrant workers. The intent is to include LGBT needs as well etc. The FLPPS plan is to pull together a panel of experts in the community to develop standardized assessment tools and training programs. The goal will be a unified set of policies and procedures that are endorsed and promoted at all levels of the organization to enable caregivers to work more effectively across mulit-cultural situations to provide high quality service and reduce 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)*

The approach to improving health literacy of our patients is guided by the statistic that only 12% of adults have proficient health literacy according to the National Assessment of Adult Literacy. Populations most likely to experience this are older adults and racial and ethnic minorities. FLPPS will bring together a committee of experts and partner with groups such as the Monroe County office for the aging to address this. We will strive to 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 FLPPS has encouraged interested providers to nominate participants to the PAC based on the state's criteria. The FLPPS has hosted one full PAC meeting to date (August 20) with nearly 100 attendees from all 14 counties in the FLPPS. The meeting was an opportunity to share with the PAC members the vision for the FLPPS and allow ample time for questions. Meeting materials are being

posted to a box site and communicated and encouraged by providers to review. In September, five NOCN meetings were held in that region that were open to all members. Preliminary Community Needs Assessment findings were shared. Due to the wide geography of our PPS, we will be holding PAC meetings in the future as webinars; the plan for October is to schedule one regarding the projects and an additional webinar to be planned for November. We will also continue to meet face to face and work closely within rural communities with sub-sections of the PAC at the NOCN level. Our newsletters, website and dropbox are also leveraged as tools for communicating with our PAC membership.

The FLPPS is currently organizing the PAC members into a number of oversight committees, regional committees, and project teams (described in 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)*

TBD

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	Oversight - Clinical
2	Oversight - Workforce
3	Oversight - Information Technology
4	Oversight - Finance
5	Oversight -Transportation
6	NOCN - Finger Lakes
7	NOCN - Southern
8	NOCN - Southeastern
9	NOCN - Western
10	NOCN - Monroe
11	Operational Steering Committee
12	Organizing Committee
13	11 Project Workgroups
14	
15	

The FLPPS corporate governance structure is in development, including legal input for the best corporate structure. Therefore we have formed an organizing committee which involves the 2 co-leads to help organize the work while governance is sorted out. This group meets weekly. The FLPPS is in the process of organizing interested PAC members and providers into an operational structure with five oversight committees (Finance, IT, Workforce, Transportation, and Clinical), five Naturally Occurring Care Network regional (NOCN) committees (Monroe, Western, Southern, Southeastern and Finger Lakes) and 11 project teams (one for each of the 11 projects selected by the FLPPS). All oversight committees will be overseen by the operational committee, whose membership is under consideration.

On October 6, the FLPPS distributed a survey to all PAC members to collect nominations for the oversight, project teams & NOCN committees. To date, co-chairs have been identified for each of the five oversight committees and we have begun the process of co-chair orientation. We expect to have all of the oversight committees fully launched by the end of October, and are in discussion about how to best deploy the additional teams over the next 60 days to complete the application.

All of the committees and workgroups are coordinated through a central project management office and have charters that describe their responsibilities for driving project planning and, starting in DY1, monitoring the completion of metrics and milestones across the projects. More specifically, the oversight committees will be tasked with meeting key deliverables outlined in the State's DSRIP Project Plan application, with insight and information from the NOCN committees. The project teams will be tasked with planning for project implementation with guidance from the oversight committees to ensure deliverables to ensure alignment across projects.

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)

UR Medicine and Rochester General Hospital have each received \$250,000, for a total first grant payment of \$500,000. This funding has been used to fund our consultants, Harbage Consulting and the Finger Lakes Health Services Agency, and to hire dedicated FLPPS project managers. This team is responsible for completing the community needs assessment (CNA), as well as to develop and launch a project management office responsible for: (1) FLPPS governance structure and development; (2) the coordination of all oversight committees; (3) performing provider engagement; (4) project development; (5) communications/stakeholder engagement and (6) integration of the CNA into project planning and provider recruitment efforts. The PMO team is currently developing a complete provider assessment and request for qualifications for

the FLPPS proposed projects. The planning funding has been critical in funding the resources to do this important work.

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*)

One of the challenges for our PPS has been to develop a truly collaborative relationship between two co-leads who are highly competitive in the Medicare and commercial markets (and who intend to remain highly competitive in those markets). Both have been developing, and will continue to develop, competing care delivery and health care management networks for some time.

Both entities strongly believe in and support the PPS process, but want to ensure that they will not be vulnerable to legal challenges due to lack of alignment of the New York State Attorney General and possibly other enforcement agencies with the DSRIP's goals, project selection, and collaboration requirements. This concern has the potential to impact the speed and extent to which we can achieve all of the state's objectives for lowering cost and improving care for the Medicaid population. The co-leads will contact the New York State Medicaid Director to discuss a plan for resolution of this concern.

Despite these concerns, the co-leads engaged in a thoughtful, stakeholder-driven process early on in their collaboration to ensure alignment around a common set of projects, and they designed a governance and operational framework that will engage providers from across the PPS. Finally, in order to ensure that the project plans are developed and implemented in a way such that they most effectively close the gap between care today and care tomorrow, FLPPS is working to develop a unified vision for the future care delivery experience and network for the Medicaid members and uninsured patients in our region. This work is starting with the executive and physician leadership of the PPS co-leads, in order to ensure they have common assumptions and commitment to the critical roles they will play as co-leads of the PPS over the next five years.

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

The second payment will be used to fund the ongoing costs of our project management office team, both newly hired staff and consultants, as they continue to develop both the overall PPS governance structure and our detailed organizational and project plans between now and the end of March. This will include: (1) ongoing detailed project planning and course corrections as new guidance is received from the state; (2) deep engagement with the interested performing providers at the PPS and naturally occurring care network (NOCN) level, part of which entails the completion with each provider of their detailed population health readiness and project interest/competency assessments; (3) Development of the operating agreement for the new FLPPS corporation and detailed governance plan - evolution from current to future state governance; (4) Ongoing stakeholder engagement via our new website, newsletter, PAC

webinars, NOCN- level work meetings, etc; and (5) Identification and planning for the addressing of regulatory relief requirements for providers across the PPS.

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	Create Integrated Delivery Systems that are focused on evidence based medicine / population health management	Confirmed
2	ED care triage for at risk populations	Considered
3	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Considered
4	Transitional supportive housing services	Considered
5	Integration of Primary Care and Behavioral Health	Considered
6	Behavioral health community crisis stabilization services	Considered
7	Behavioral Interventions Paradigm in Nursing Homes (BIPNH)	Considered
8	Increase support for maternal and child health (including high risk pregnancies)	Considered
9	Promote mental, emotional, and behavioral (MEB) well-being in communities	Considered
10	Strengthen mental health and substance abuse infrastructure across systems	Considered
11	Implementation of Patient Activation Activities to engage, educate and integrate the uninsured, and low/non-utilizing Medicaid populations in community based 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: Kathy Parrinello; Bridgette Wiefling

Title: COO, Strong Memorial Hosp.; Chief Clinical Innovation Officer, RGH

Check box with yes or no: Yes: | No