

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: North Shore LIJ Health System/Long Island Jewish Medical Center (NSLIJ/LIJMC)

Contact Name: Jerrold Hirsch, Ph.D. Vice President, Strategic Planning & Program Development

Contact Email: jhirsch@nshs.edu

Contact Phone: 516-465-8070

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)

The NSLIJ/LIJMC (NSLIJ) PPS has been in discussions with the NUMC PPS and Catholic Health Services of Long Island (CHS) PPS to consolidate under a single PPS for Nassau County and Eastern Queens & the Rockaways. However, a formal agreement has not been developed, although it is expected within this week. The formal agreement will layout the integration plan

and will be shared with DOH as soon as possible. Should a formal agreement not be reached, NSLIJ plans to proceed as a stand-alone PPS. In any event, the second design grant payment is necessary to complete the application process. This includes funds for staff to perform project management functions, consultants for writing the application, multiple meetings of the PAC, the Governing Body, and the multiple subcommittees.

- 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)

No

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

Not Applicable

- 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 - We met the October Deadline

- 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)

We have received signed agreements from all partner organizations. We are awaiting some signed agreements from physicians. In any event, we will have signed agreements with all partner organizations and physicians when we have to provide final attribution in November.

- 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)*

CHS, NSLIJ and NUMC are collaborating on a joint CNA for Nassau County, Eastern Queens and the Rockaways. A joint CNA Steering Committee has been formed which also has included representation from KPMG DST and the Health & Welfare Council of Long Island. The CNA is well underway. Analysis of Nassau County's avoidable hospital use has been completed, as have analyses of demographics and health status characteristics of the community. Medicaid beneficiary surveys that explore issues around access to care and barriers to seeking care have been completed and are being reviewed and analyzed. In Nassau County, nine Stakeholder Forums were conducted that addressed the current health care delivery system and its strengths and weaknesses, and follow-up Key Informant interviews are in process. The quantitative component of the Queens CNA has been completed, as well. This includes the avoidable hospital use analyses, as well as the analyses of demographics and health status characteristics of the community. Medicaid Beneficiary surveys and stakeholder forums for the Eastern Queens Medicaid population are in process. Contractual issues with the consultant on the project who will be completing this portion of the assessment have resulted in a delay in completing this portion of the Queens CNA. These two portions of the Eastern Queens CNA will be completed by October 22, 2014 and a final review of Eastern Queens CNA findings will occur on October 22, 2014. A final packaged community needs assessment product will be available shortly thereafter. A stakeholder meeting to review the findings and implications of the Eastern Queens CNA has been scheduled for October 30, 2014.

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

The Health and Welfare Council of Long Island (HWCLI), a not-for-profit health and human services planning and advocacy organization serving as the umbrella for agencies serving Long Island's poor and vulnerable individuals and families. The HWCLI acted as a convener of the community based organization stakeholder forums as well as facilitator for CBOs to push out the Medicaid Beneficiary survey. Stakeholders were invited to a DSRIP CNA orientation session on September 9, 2014. Approximately 35 CBO representatives attended out of the 65 organizations invited. The orientation session discussed DSRIP and its goals; the importance of having broad-based provider and CBO collaboration, and the purpose and process for the Medicaid Beneficiary and Stakeholder surveys. In addition, the HMA consulting firm conducted nine (9) focus groups with key community stakeholders to gain their perspective on the needs of the defined population. The defined populations were: Immigrants/uninsured (FQHCs, religious/other service organizations); Dual Eligibles: Skilled Nursing Facility (Nursing home providers, hospital care transition coordinators, consumer advocates/family representatives); Dual Eligibles: Community-based Long-term Care (Home care providers, consumer advocates, independent living); Behavioral Health: Addiction (Providers, community agencies, peer and

recovery supports, consumer advocates); Behavioral health: Mental health (Providers, community agencies, peer and recovery supports, consumer advocates). Persons with Intellectual/Developmental Disabilities (Advanced Care Alliance DISCO; community residential facilities, parents/caregivers); Chronic Conditions (Primary care providers, care manager, health homes, advocacy organizations for asthma, diabetes, heart...); People with HIV/AIDS (Providers, community agencies, consumer advocates); Basic Needs (Homeless, housing, food, hunger).

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

A community needs assessment was conducted which followed the guidelines as set forth in the June 6, 2014 DSRIP Community Needs Assessment Toolkit. The following data sets were used to complete the assessment:

Demographic Data - US Census Bureau Census data and American Community Survey Data; Salient Non-PHI Medicaid and DSRIP website data.

PQIs, PDIs, Avoidable Hospital Admissions and Health Status Indicators - Data provided by NYS-DOH on the DSRIP website and Salient data.

Medicaid Beneficiary Survey - surveys were developed by the Steering Committee that represents each of the three Nassau County PPS's. The surveys were distributed throughout Queens and Nassau County at FQHCs, clinics and other community based organizations. Approximately 2,000 surveys have been completed.

Stakeholder focus groups and interviews were completed with nine (9) defined population group organizations. (see question 9 answer). Summaries of the findings have been completed and integrated into the findings of the CNA. A similar process will be completed Eastern Queens.

In addition, the NSLIJ contracted for a database containing Nassau and Eastern Queens Community-based providers from United Way's 211 System, as well as the HITE database, which is maintained by the Greater New York Hospital Association. Finally, transportation analyses were completed for the CNA by 511 Rideshare. The analyses take a detailed look at where gaps exist within Nassau County related to bus and train usage in the top Medicaid zip codes.

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

The first challenge encountered during the completion process of the CNA was that instead of completing the CNA on our own, we collaborated with the other two Nassau County PPS's, so that we would end up with one consolidated CNA at the end of the process from which all of us could work off of either as a singular, merged PPS or as standalone PPS's. As a result of this change in process, we ended up sharing the use of the consultants retained respectively by NuHealth and Catholic Health Services for the completion of the informant interviews, instead of going with the consulting group who we had identified in our planning grant. While in the end, the deliverable will be the same, working with the other two organizations has resulted in some minor delays in the finalization of the CNA. This has also resulted in delays in engaging our stakeholders and PAC members in the process. If the timing of the CNA completion would have gone as planned, we also would have only conducted one stakeholder informational session instead of 2. It would have been a bit more of a streamlined process.

Other challenges included DOH did not provide breakouts of either the 3M Potentially Preventable Events (ED T&Rs) or the 3M Potentially Preventable Readmissions. Useful breakouts would have been: Dual Eligible Status, Age Cohort, Primary Diagnosis, DRG, etc. Further, 3M PPRs were not given at the patient zip code level, but only as hospital rates. Due to hospitals that straddle counties – such as LIJMC – and due to outmigration to Manhattan, this data was useless, in terms of informing a CNA for Medicaid beneficiaries of given counties. Considering that these two proprietary data points represent 2 of the 4 metrics that DSRIP requires a 25% reduction in, and considering that these two metrics in Nassau – represent about 95% of the total volume to be reduced, this was quite a hurdle. Proxies were devised so that SPARCS data could be used in place of the 3M data provided.

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 NSLIJ PPS Community Health Needs Assessment has analyzed demographic data for the PPS service area to identify the communities' cultures and languages spoken. To address the cultural diversity and improve provider cultural competency, the NSLIJHS Office of Diversity Health Literacy and Inclusion (ODHLI) will continue to utilize the Joint Commission's publication on Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals as a guide to the assessment and development of PPS partners' cultural competency and address the provider's challenges in delivering patient-centered culturally competent care. Cultural competence requires organizations and their personnel to do the following: (1) value diversity; (2) assess themselves; (3) manage the dynamics of difference; (4) acquire and institutionalize cultural knowledge; and (5) adapt to diversity and the cultural contexts of individuals and communities served. The ODHLI has developed processes and tools to address staff cultural competency. The human resource Criteria-based Competency Assessment Forms assesses staff for cultural awareness and facilitates communication across cultural differences. Culture Vision, an online resource, provides accurate, up-to-date information on 47 cultural groups which include the following topics: communication, diet and nutrition, family patterns, beliefs, religion and spirituality and treatment protocols and ethno-pharmacological issues. In collaboration with the Office of Graduate Medical Education, NSLIJ offers CME cultural competency programs for physicians and other health care providers such as grand rounds and online modules with remote access.

- 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)*

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Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals as a guide to the assessment and development of PPS partners' cultural competency and address the provider's challenges in delivering patient-centered culturally competent care. Cultural competence requires organizations and their personnel to do the following: (1) value diversity; (2) assess themselves; (3) manage the dynamics of difference; (4) acquire and institutionalize cultural knowledge; and (5) adapt to diversity and the cultural contexts of individuals and communities served. The DHLI has developed processes and tools to address staff cultural competency. The human resource Criteria-based Competency Assessment Forms assesses staff for cultural awareness and facilitates communication across cultural differences. Culture Vision, an online resource, provides accurate, up-to-date information on 47 cultural groups which include the following topics: communication, diet and nutrition, family patterns, beliefs, religion and spirituality and treatment protocols and ethno-pharmacological issues. Quality Interactions, an innovative e-learning program, provides effective cultural competency and cross-cultural communication training for physicians, nurses and health care professionals. This approved CME and CEU interactive program will assist the learner in developing their knowledge and skills while enhancing effective communication with diverse populations.

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)

In June & July meetings were held with behavioral health providers and long term care/sub-acute care providers to orient them to DSRIP, and seek their interest in participating in the PAC. After this time discussions began with the 3 PPSs to consolidate under a single PPS. See Question 1 & 2 answers. A combined PAC/Stakeholder meeting is scheduled for October 15, 2014. The purpose of this meeting is to provide PAC members and community stakeholders with the latest information related to DSRIP and its implementation. This meeting is focused primarily on Nassau County but Eastern Queens/Rockaways representatives will also be in attendance. The agenda includes: a summary of the Nassau County Medicaid/Uninsured Community Needs Assessment findings, an opportunity for PAC/Stakeholders to provide input into the project selection process, and an overview of next steps and how each participating organization can participate going forward. Another combined meeting will be held on October 30th to review the Eastern Queens Community Needs Assessment findings and then review and revise the selected projects, as necessary. A minimum of two PAC meetings will be scheduled (on or about November 15, 2014 and December 1, 2014) which will focus on the governance, committees, subcommittees, care management, funds flow, performance monitoring and completing the application process. It is anticipated that the PAC will continue to meet monthly to discuss PPS plans, issues and concerns with the PPS leadership.

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)*

20-25

- 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 | Workforce |
| 2 | Information Systems/Sharing |
| 3 | Finance/Funds Flow |
| 4 | Care Management/Clinical Quality |
| 5 | Behavioral Health |
| 6 | Long Term/Sub-Acute Care |
| 7 | Chronic Disease |
| 8 | Basic Needs |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |

The subcommittees above are being formed, and are subject to change, pending the formation of a combined, single PPS. These subcommittees will provide expert insight into the CNA, monitor aspects of projects relevant to their respective areas to ensure progress milestones for each project are met in accordance to the laid-out timeline and compliance with DSRIP guidelines is maintained. Additionally, the functional nature of these subcommittees (e.g. sub-acute/long-term subcommittee would have participating partners from skilled nursing facilities) will allow for obtaining expert opinions and streamlining planning activities for organizations across all relevant projects. The PAC will have representatives from each subcommittee and coordinate inputs and activities of each subcommittee. This PAC structure will allow for transparency, strong communication and collaboration. During the meeting of the PAC, mission, goals and objectives, a PAC work plan, and a committee and meeting structure will be confirmed. The PAC and subcommittees will affirm the defined membership roles and responsibilities for each subcommittee.

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)*

First half grant payments were used to offset the staff time of North Shore-LIJ Health System Office of Strategic Planning and Office of Community and Public Health members who participated in the completion of the Community Needs Assessment. Staff hours to date are approximately 1,500. In addition, shared costs among the currently 3 Nassau County PPS's for retaining HMA consultants to perform stakeholder focus groups, including synthesis of the information and the completion of a final report were incurred. Finally shared costs across the currently 3 PPS's to retain a Health and Welfare Council to coordinate the completion of the Medicaid Beneficiary Access/Health Needs Survey, and for NSLIJ to analyze and report the Medicaid Beneficiary survey.

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

70%

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

The main challenges to the NSLIJ PPS process are related to the uncertainty of whether we are going to merge the three (3) Nassau County PPS's into a single PPS. One PPS has been the expressed goal of the 3 PPSs. KPMG has been kept apprised of the negotiations at our bi-weekly conference calls. However, with only 2 months before the application is due there is still no formal agreement. Another challenge has been in setting up and completing the stakeholder focus groups in Eastern Queens and the Rockaways because it is not a deliverable that is directly controlled by the NSLIJ PPS. There were delays in contracting with the vendor which has resulted in delays in the completion and packaging of the CNA report. Instead of having one joint Nassau and Queens stakeholder meeting we are splitting the meetings into two sessions that stakeholders will be able to provide us with feedback on the full needs assessment for both Nassau and Queens. This has resulted in the delayed completion of the CNA. It will be finalized at the end of October rather than the end of September as originally envisioned. The launching of our DSRIP website has also been delayed due to the discussion among the 3 PPSs limiting our ability to communicate with our stakeholders on a regular basis. This uncertainty has also resulted in delays in developing a project management, governance and other vital components of PPS infrastructure. Our response has been to continue working internally as if we are going

to be a standalone PPS and prepared to move forward on our own next week should a single PPS not emerge.

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

The projects and activities that second award payments will be used for include: PAC subcommittee meetings, application preparation and website development.

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 an integrated delivery system focused on evidence-based medicine and population health management. | Confirmed |
| 2 | 2.b.ii. - Development of co-located primary care services in the emergency department | Considered |
| 3 | 2.b.iv. - Care transitions intervention model to reduce 30-day readmissions for chronic conditions. | Considered |
| 4 | 2.b.vii. - Implementing the INTERACT Project (Inpatient Transfer Avoidance Program for SNF). | Considered |
| 5 | 3.a.i. - Integration of primary care and behavioral health services | Considered |
| 6 | 3.c.i. - Implementation of evidence-based strategies in the community to address chronic disease - primary and secondary prevention projects (adults only) | Considered |
| 7 | 3.c.ii. - Implementation of evidence-based strategies in the community to address chronic disease - - primary and secondary prevention projects (adults only) | Considered |
| 8 | 3.g.ii. - integration of palliative care into nursing homes. | Considered |
| 9 | 4.b.i. - Promote tobacco use cessation, especially among low SES populations and those with poor mental health. | Considered |
| 10 | 4.b.ii. - Increase access to high quality chronic disease preventive care and management in both clinical and community settings. | Considered |
| 11 | 2.d.i. - Implementation of patient activation activities to engage, educate and integrate uninsured and low/non-utilizing Medicaid populations into community based care. | Considered |
| 12 | crisis stabilization | 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: Jeffrey Kraut

Title: Senior Vice President, Strategy and Business Informatics

Check box with yes or no: Yes: | No