

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: Lutheran Medical Center

Contact Name: Claudia Caine, President and Chief Operating Officer

Contact Email: ccaine@lmcmc.com

Contact Phone: 718-630-7300

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)
- 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).

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)*

- 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)*
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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)*

- 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)*

As part of our Design Grant Application submission, we obtained signed Memoranda of Understanding from the majority of our partners. The PPS will obtain signed and notarized attestations from all partners in advance of the November 2014 deadline.

- 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)*

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)

In June 2014, the Lutheran-Led PPS, in partnership with AW Medical, the NYC Health and Hospital Corporation (Coney Island, Kings County, and Woodhull Medical and Mental Health Center), Maimonides Medical Center, and Downstate Medical Center, contracted with the New York Academy of Medicine (NYAM) to complete a Brooklyn-wide CNA. From July 2014 to September 2014, NYAM collected primary and secondary data to help assess Brooklyn's health care needs to inform and guide the Lutheran-Led PPS's DSRIP planning and implementation.

NYAM submitted a final CNA report to the Brooklyn PPSs on October 3, 2014. The CNA Report follows the New York State Department of Health CNA Guidance and provides an analysis of: Brooklyn's health care and community resources; a description of the community to be served by the PPSs including the demographics and health status of Medicaid recipients; and an identification of the main health and service challenges. The components of the report include: a narrative; maps; tables, charts and graphs; and primary data findings. The delivery of the final CNA report is consistent with the timeline reflected in the Lutheran-led PPS design grant application.

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

To ensure the perspectives of community members and stakeholders are incorporated into the Lutheran-Led PPS's planning, and taking into consideration Lutheran's direction, NYAM conducted 681 surveys, 28 in-person interviews and 24 focus groups of Medicaid beneficiaries, the uninsured and other low-income populations. The following are some of the key questions posed to these populations:

- To what extent are community and environmental conditions conducive to health promotion and disease prevention?
- What are the primary health concerns and health needs of residents, overall and according to neighborhood and socio-demographic characteristics?
- What are the health related programming and services available to community residents, what organizations are providing the services, and what are the service gaps?
- Are there differences in access, use and perceptions of health related programming and services according to neighborhood and according to ethnic, racial, and language groups?
- In what ways can health promotion and health care needs be better addressed, overall and for distinct populations?

NYAM worked in close collaboration with numerous Brooklyn community-based organizations to collect this information. A more detailed description of NYAM's methodology is described below.

The Lutheran-Led PPS has also convened a Community Needs Assessment Committee comprised of PPS partners which first met on September 5, 2014 and is scheduled to meet again on October 17, 2014. The Community Needs Assessment Committee Chairs provided oversight of the CNA report development and the Committee is leading planning and convening of a PPS Stakeholder Engagement Meeting. The Stakeholder Meeting, scheduled for November 7, 2014, will play a vital role in providing

input and critical feedback to the PPS through diverse representation of consumers, small businesses, social service groups, religious organizations, schools and public health organizations.

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

The CNA analyses are based on both primary and secondary data. A summary of the primary data surveys, interviews and focus group methodology follows:

Resident surveys: 681 surveys were completed with Brooklyn residents, ages 18 and older. Survey questions focused on basic demographics, health concerns (individual and borough wide), health care utilization, barriers to care, and the use of community and other services. Survey respondents came from all Brooklyn neighborhoods and diverse socio-demographic characteristics.

Key Informant Interviews: Twenty-eight key informant interviews were conducted, including 35 individuals. A portion of the key informants had population specific expertise, including with particular immigrant groups, older adults, children and adolescents. Others had expertise in specific issues, such as substance abuse, supportive housing, care coordination, corrections and homelessness.

Focus groups: Twenty-four focus groups were conducted with community members, including residents from low income neighborhoods and residents identified as having unique health and service needs including individuals with behavioral health issues, older adults, LGBTQ, and immigrants and/or other individuals with limited English proficiency.

The CNA's secondary data methodology followed the recommendations set forth in the State's guidance and included review of 21 federal, state, and local data sets to assess health care and community resources, disease prevalence, demographic characteristics, and social determinants of health. The publicly available data were supplemented with a review of the available literature including reports prepared by the Lutheran Led PPS, the NYS Department of Health, NYC Departments of Health and City planning, academic institutions and others. The CNA reports aggregates, analyzes and interprets these data.

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

Because of the short time frame allotted to DSRIP project planning, the Lutheran-Led PPS commenced its clinical project planning concurrently with the CNA analysis. As a result, when the first draft of the CNA report was released in September, the Clinical Program Planning & Development Committee and Work Groups re-evaluated their project selections, and ultimately changed two project selections the PPS had initially chosen. This modification has delayed clinical project planning by one-to-two weeks. While it would have been preferable for the Lutheran-Led PPS to have had the CNA analysis prior to the commencement of the clinical project planning, the aggressive planning timeframe did not allow for such a staged work plan.

Additionally, the draft application for the first time presents a level of detail regarding provider capacity in Brooklyn that was neither included in the State's initial guidance nor fully captured by

NYAM's CNA report. The Lutheran-led PPS is evaluating possible mechanisms for filling these gaps, including working with NYAM and other resources.

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 Lutheran-Led PPS embarked on a two-prong strategy to identify the cultural competency challenges in Brooklyn and to achieve a cultural competent organization: (1) conduct a robust primary and secondary data analysis of the ethnic and cultural demographics of the borough through the CNA; and (2) identify cultural competency challenges and strategic interventions through the clinical project planning and development.

1. CNA Analysis: The CNA report provides secondary demographic data that identifies the distinctive ethnic and multi-cultural composition of the borough. The primary data analysis (surveys, focus groups and interviews) identifies the particular challenges each immigrant group faces related to accessing health care and social services that impact health.

2. Clinical Program Planning: The Lutheran-Led PPS's Clinical Project Planning and Development Committee and Work Groups identified various cultural competency challenges related to each proposed clinical project plan. As part of the project planning the Work Groups identified potential interventions to ensure the diverse needs of the community could best be served. The Lutheran-Led PPS has also issued a partner survey to query our partners on their efforts to meet the cultural needs of their patients, and where they face particular challenges.

- 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 Lutheran-Led PPS understands that improving health literacy is essential to improving health care access and outcomes. Improved health literacy increases individuals' ability to manage their own health care, follow medication instructions, share personal health information with providers, proactively seek preventive care, and manage chronic diseases. Following the National Action Plan to Improve Health Literacy, the PPS will implement a patient navigation center that will support patients who have linguistic and cultural challenges when accessing health care. In addition, all partners will use evidence based strategies that address patients' health literacy. For example, partners participating in clinical projects will follow standard protocols including, but not limited to, using plain language, reviewing key medical information, promoting community based resources that can support health literacy, and providing other language assistance including translation services, as practicable.

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 Lutheran-Led PPS's PAC is comprised of representatives from every type of Medicaid health care provider and community organization instrumental to DSRIP project planning including Federally Qualified Health Centers, primary care, behavioral health, nursing homes, home care agencies, health plans, unions, developmentally disabled providers, homeless services and community-based organizations. On June 29, 2014, following the Design Grant award, the PPS held its first PAC meeting to describe the PPS's vision, goals and planning structure, answer questions and gain feedback from the PAC. Following this launch meeting, each PAC member was invited to serve on one of the PPS's Committees or Work Groups based on their interest and expertise. Committees and Work Groups (described below) began meeting regularly in September and October. PAC members have been included in every stage of the planning phase and have contributed significantly to the PPS's clinical project selection, financial structure and governance planning.

Finally, the PPS established in June 2014 a listserv comprised of all partners and PAC members and uses this listserv to distribute progress reports regularly. Four partner surveys have been distributed to date: an IT survey to identify assets and gaps, a workforce survey, a care management resources survey, and a partnership commitment survey.

Governance Structure

The DSRIP FAQs contain specific guidance such as ensuring the Governing Committee is regionally representative, includes subject-matter experts, and includes union and worker representation, among other recommendations. Please ensure that you address each of the suggestions in the FAQs. The following questions relate to the structure of your Governing Committee.

15) The DSRIP FAQs and the design grant application provide direction on how to form PACs using an alternate structure. Specifically, PPSs are encouraged to form a smaller Governing Committee of no more than 25 members, which is then supported by subcommittees. How many representatives comprise your PPSs Governing Committee? *(10 character limit)*

25

16) Please list all of the subcommittees that fall under your Governing Committee, and briefly explain how the Governing Committee and sub-committees currently collaborate within your PAC structure. *Please list your subcommittees in the table below and provide your collaboration explanation in the text field below the table. (2,000 character limit)*

#	Subcommittee
1	PPS Executive Committee
2	Community Health Needs Assessment Committee
3	Clinical Project Planning and Development (CPP&D) Committee
4	CPP&D Chronic Disease Work Group
5	CPP&D Behavioral Health Work Group

6	CPP&D Care Transitions Work Group
7	CPP&D Population Health Intervention Work Group
8	Central Services/Operations Planning (CSP) Committee
9	CSP Integrated Delivery System/Navigation Center Work Group
10	CSP IT/Analytics Work Group
11	CSP Workforce Work Group
12	Finance Committee
13	
14	
15	

The Lutheran Medical Center, in clinical partnership with NYU Langone Medical Center, oversees all planning activity for the Lutheran-Led PPS. The PPS Executive Committee oversees and approves all plans brought forward by the Community Health Needs Assessment, Clinical Project Planning and Development, Central Services/Operations Planning and Financial Planning Committees.

The Clinical Project Planning and Development Committee (CPP&D) is comprised of the co-chairs of the following four Work Groups: Chronic Disease, Behavioral Health, Care Transitions, and Population Health Intervention.

The Central Services/Operations Planning Committee is comprised of the co-chairs of the following four Work Groups: Integrated Delivery System/Navigation Center, IT/Analytics, and Workforce/Training.

The Community Needs Assessment, Clinical Project Planning and Development, Central Services/Operations Planning and Financial Planning Committees are co-chaired by Lutheran and NYU staff and have met on a regular basis from July 2014 to the present. The Work Groups began meeting in September 2014 and have met about once every two to three weeks. As described above, PAC members sit on every Committee and Work Group.

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 was used to organize and staff the planning process to date. This included developing a detailed work plan; staffing and managing Committee and Workgroup structures; formalizing communication with partners through a distribution list and share point site; finalizing

governance charters; and scheduling meetings from June through December 2014. The Lutheran/NYU project management team meets on a weekly basis.

The PPS commenced its governance planning for the implementation phase including: defining the vision and key principles for the PPS governance model; determining the PPS legal structure; identifying needed governance documents for operation; and finalizing initial partner commitment. Governance planning materials and structure were presented to the Executive Committee in October.

To support CNA development, the PPS: provided direction to NYAM on areas for further study; reviewed and provided two rounds of feedback to drafts; and integrated the CNA data analysis into the project planning.

During the first phase, the CPP&D Committee and Work Groups completed the following activities: established project objectives; conducted data analysis; completed project plan evidence-based research; identified applicable metrics and data; developed project approaches, interventions and features; developed workforce/training needs; and drafted project plan budgets. The CPP&D Committee and Work Groups all met two to three times from September to October.

The PPS launched its integrated delivery system planning work which included: assessing the current state of IT central services through interviews; releasing an IT partner survey to identify assets and gaps, and commencing an IT implementation plan.

The PPS made headway in its financial planning by developing budget requirements and templates and developing straw models for funds distributions. Financial planning meetings were held weekly and the full Finance Committee met in October 2014.

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)

The PPS expedited its complex planning work in a very tight timeframe without the benefit of having a draft application. The Lutheran-Led PPS is still awaiting attribution numbers from the State Department of Health. In addition, the PPS has submitted many questions related to finance, targeted populations and metrics to the State that remain outstanding.

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

The PPS will use the second award payment to continue its planning work in all of its work streams. The payment will be used to finalize the governance organizational structure and governing processes for the implementation phase. The PPS will also work towards finalizing its financial organizational structure, identifying its compliance policies and establishing an oversight and member removal process.

The PPS will develop a workforce strategy and analysis on the impact DSRIP will have on its workforce. The PPS will finalize its data-sharing and confidentiality plan across partners and will finalize its approach to rapid cycle evaluation. The PPS will develop its methodology for distributing DSRIP funds and a plan for financial sustainability. In addition, all clinical project plans will be finalized. Finally, the Lutheran-Led PPS will draft and finalize the Project Plan Application to be submitted by the December 16, 2014 deadline.

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 and Population Health	Confirmed
2	2.b.iii. ED care triage for at-risk populations	Confirmed
3	2.b.ix. Observation Unit	Confirmed
4	2.ci.i. Development of community-based navigation services	Confirmed
5	3.a.i. Integration of primary care and behavioral health services	Confirmed
6	3.c.i. Evidence based strategies for disease management in high risk populations-- Diabetes	Confirmed
7	3.d.ii. Expansion of asthma based self management program	Confirmed
8	4.b.i. Promote tobacco use cessation, especially among low SES populations and those with poor mental health	Confirmed
9	4.c.ii. Increase early access to andretentin in HIV care	Confirmed
10		Select One
11		Select One
12		Select One
13		Select One
14		Select One
15		Select One

Completion

Please select “Yes” or “No” from the check box provided and in the space provided, input the name of and title of the person making this certification. As stated in the introduction of this questionnaire, the individual certifying this questionnaire should be the CEO, CFO or comparable level personnel. An electronic signature below is sufficient; a signed and dated copy is not required.

I hereby certify that the information and data on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of my responses.

Name: Claudia Caine, Lutheran Medical Center

Title: President and Chief Operating Officer

Check box with yes or no: Yes: | No