

Design Grant Questionnaire

Please answer each of the following questions thoughtfully and concisely. Note that you will only be able to enter your responses within the grey form fields, and that many, if not all, of these forms have word limits.

Contact Information

Please provide contact information for the individual completing this questionnaire. Note that as this questionnaire will be used to assist NYS DOH in determining whether your PPS will receive the second design grant award payment, please note that the individual certifying this questionnaire should be the CEO, CFO or comparable level personnel.

Date: 10-15-2014

Provider Name: Mary Imogene Bassett Hospital

Contact Name: Dr. Bertine McKenna

Contact Email: bertine.mckenna@bassett.org

Contact Phone: 607-547-3100

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)*

Yes

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

The condition in our award letter was to explore joining one or more PPS, specifically joining with Faxton St. Luke's.

Dr. Vance Brown, President and CEO of Mary Imogene Bassett Hospital along with Dr. Gerald Groff, the Chief Medical Innovation and Insurance Officer, who is also the primary contact for our DSRIP program and Leonard Lindenmuth, Executive Director of Bassett Health Plan reached out to Faxton St. Luke's and met Scott H. Perra, the CEO and President of Faxton St. Luke's Hospital to explore possibilities of relating to each other. It is our understanding that Faxton St. Luke's is merging with Upstate DSRIP in Syracuse. Nevertheless, Leatherstocking Collaborative Health Partners (Lead PPS: Mary Imogene Bassett Hospital) will collaborate on projects since we will serve the same population/overlapping population in Oneida county.

We have communicated this with the DOH officials during their visit to our PPS and the approach was deemed acceptable.

- 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)*

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)*

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)*

- 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. The lead provider, Mary Imogene Bassett Hospital sent out the application packet before the state listed their requirements. Since the NYS DOH requirements had additional items we did not include in our initial submission, we reached out to the State to inform about the situation. NYSDOH responded back that they will review our submission and get back to us if additional items are needed. Later, the following information was requested:

- Appendix B-2
- Appendix B-3
- Updated sections 2.3 and 2.4
- Instructions

We responded by sending these requirements.

We were then asked to submit Appendix B-1, which was also submitted to the State.

We have not received any other requests.

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 timeline for the DSRIP community needs assessment (CNA) indicated that the first phase of the needs assessment would be completed and presented for review on September 30, with feedback from the PAC and the CNA advisory subcommittee received by October 2 so that the second phase of the needs assessment would begin on October 5. The initial reports for the first phase of the CNA were presented to the PAC at its regularly scheduled meeting on October 3 and to the CNA advisory subcommittee at its initial in-person meeting on October 6, fairly close to the target dates that had been stated in the Design Grant Application. Feedback forms had been distributed electronically to the CNA advisory committee so that their comments and suggestions were immediately available on October 6 for incorporation into the second phase of the CNA (which is underway and scheduled to continue through the month of October). Accordingly, the needs assessment process is progressing with the intention of having its summary report completed on schedule.

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

The process for engaging stakeholders began with review of the 2013 community needs assessment (CNA) by hospitals and health departments in the 7 counties. These documents were a starting point for our inventory of healthcare and community service organizations and individuals with expertise in conducting a local CNA. A 30 member advisory subcommittee for the CNA was recruited to represent a cross-section of healthcare and service organizations from all 7 counties and from the critical institutional perspectives (e.g. media, employers, policymakers) cited in the IOM report *The Future of the Public’s Health in the 21st Century*. The CNA advisory subcommittee is

facilitating ongoing stakeholder and community engagement. As leaders of local/regional organizations, subcommittee members provided opportunities to discuss the community health concerns and the potential role of DSRIP by inviting us to present on DSRIP at the regular organization meetings. They have also referred us to related organizations and venues to present on needs assessment and receive additional community input. For guidance from the perspective of Medicaid beneficiaries, subcommittee members who are service providers are coordinating individual interviews and small group discussions with Medicaid clients. Subcommittee members at these organizations have also agreed to have clients complete short survey forms on perceived needs and barriers to services. As DSRIP planning evolves we will get additional feedback on the preliminary direction and content of these projects through an online survey of stakeholders, using the master list developed when identifying candidates for our CNA advisory subcommittee. At a final in-person meeting of the subcommittee in early November we will review various forms of feedback and how the revised CNA incorporated this feedback. Final input by the CNA advisory subcommittee will complete the needs assessment process.

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

Data collection for the community needs assessment (CNA) includes acquisition of primary and secondary data. The 2013 CNAs completed by the hospitals and health departments provided recent listing of resources and assets for supporting population health. With follow-up contacts of the listed organizations, we have updated and expanded this information. The second DSRIP webinar on CNA encouraged applicants to use the DSRIP performance indicators as the initial primary source of data for needs assessment. A complementary source of secondary data for our needs assessment is the Upstate Health and Wellness Survey, a 2009-2010 random survey of households conducted by the Bassett Research Institute in 6 of our 7 counties. Data are available on 9,623 adults and new analyses examined measures of health and health care utilization by insurance status. These initial results on assets, resources and health-related outcomes were presented to our CNA advisory subcommittee. Each member of the subcommittee completed a feedback form with comments on the completeness and accuracy of data on assets and resources and information on additional resources as well as healthcare utilization and outcome data from their own organizations. As the needs assessment process continues we will collect and integrate these additional sources of existing data. New data collection will include summaries of interviews, small group discussions and short surveys with Medicaid enrollees. Service providers who are members of our CNA advisory subcommittee will coordinate these different modes of data collection with their Medicaid clients. Another planned data collection will be an online survey of stakeholders for obtaining feedback on the preliminary selection and content of DSRIP projects. The results from both primary and secondary data collection will be reported internally (on the PAC agenda, to the CNA advisory subcommittee) and externally (on the DSRIP program website that is to be established)

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

Four organizational or logistical challenges to date stand out during our process for implementing the community needs assessment (CNA). The state response to the planning grant application included a recommendation to explore merger or collaboration with another PPS involved with overlapping counties. Uncertainty regarding the potential connection with this PPS led to some delay for the needs assessment in the overlapping areas. Scheduling a mutually convenient

day and time for the face-to-face initial meeting of the 30 member CNA advisory subcommittee was also a challenge, though the benefit of direct interaction and in-person discussion at this meeting was very worthwhile. The needs assessment process has also taken extra time as the core staff for the needs assessment has been consulting separately with the 11 subcommittees for the DSRIP projects on the preliminary selection and development of each project. A final challenge has been the incomplete availability of values for the DSRIP performance data indicators, which had been suggested in the CNA webinar as the initial primary source of data for the DSRIP community needs assessment.

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)*

We have established a Workforce assessment subcommittee, which will also work on inculcating cultural competence mainly through education. Although a detailed plan of achieving cultural competence has not been developed yet, the team has been and will continue to work with the information from CNA like census information, characteristics of our population, social economic status, etc. to assess the specific cultural needs identified in delivering healthcare services. Additional data from CNA (Community Needs Assessment) team with their small groups and surveys will provide more content regarding the current status of cultural competence. Communication will occur to assess the extent of cultural competence as a part of partner's organizational activities in this regard. This information will help to inform about challenges we may face as we try to achieve a culturally competent organization.

- 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)*

Upstate Health and Wellness Survey, a 2009-2010 random survey of households conducted by the Bassett Research Institute in 6 of our 7 counties provides some information about health literacy of patients in 6 of 7 counties. More specifically, one of the projects we selected (Navigation project 2.c.i.) focuses on improving health literacy. Data from CNA (Community Needs Assessment) team with their small groups and surveys will provide additional information regarding the current status of health literacy. This information will be used by workforce assessment subcommittee to work with project subcommittees and develop specific organizational plans to improve health literacy. Input from all project subcommittees will be taken into consideration while planning.

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)*

Frequency of PAC Meeting: Monthly

The Project Advisory Committee has accomplished the following:

1. Endorsed project selection: The project subcommittee chairs and the lead participant (Mary Imogene Bassett Hospital) proposed 11 projects to PAC after careful review and consideration of CNA(Community Needs Assessment) and our ability to achieve the project based on the limited information available. An example of taking CNA into consideration is the change of our initial domain 4 project selection from pre-term birth rate to Tobacco use cessation, due to the results of CNA. A few subject matter experts within our region were also contacted regarding possible specifics of projects before committing to it. After giving a rationale of the selected projects to the PAC, it endorsed the selection of projects.

2. Established that PAC will also serve as the Steering Committee: Based on the biweekly survey required by DSRIP Support Team, PAC considered establishing a steering committee and decided to serve as the steering committee since partners are well represented in PAC.

3. Name of PPS: PAC endorsed the name of our PPS to be 'Leatherstocking Collaborative Health Partners' based on a survey sent out to all partners.

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)*

22

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 | 2 a ii. Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models - Project Subcommittee |
| 2 | 2 b vii. Implementing the INTERACT project - Project Subcommittee |
| 3 | 2 b viii. Hospital-Home Care Collaboration Solutions - Project Subcommittee |
| 4 | 2 c i. Development of community-based health navigation services - Project Subcommittee |
| 5 | 2 d i. Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care - |

| | |
|----|---|
| | Project Subcommittee |
| 6 | 3 a i. Integration of primary care and behavioral health services - Project Subcommittee |
| 7 | 3 a iv. Development of Withdrawal Management (eg Ambulatory Detox) - Project Subcommittee |
| 8 | 3 d iii. Implementation of evidence based medicine guidelines for asthma management - Project Subcommittee |
| 9 | 3 g i. Integration of palliative care into PCMH - Project Subcommittee |
| 10 | 4 a iii. Strengthen Mental Health and Substance Abuse Infrastructure - Project Subcommittee |
| 11 | 4 b i. Promote tobacco use cessation, especially among low SES populations and those with poor mental health - Project Subcommittee |
| 12 | Governance Subcommittee |
| 13 | Finance Subcommittee |
| 14 | Community Needs Assessments Subcommittee |
| 15 | Workforce Assessment Subcommittee |
| | 16. Information Technology Subcommittee |

Our governing committee currently is PAC (Project Advisory Committee).

Establishment of subcommittees: The PAC initially established subcommittees - project and non-project based and therefore is well versed with the members of the subcommittees

Common Membership: The major mode of collaboration between the subcommittees and PAC is common membership. Most of our PAC members serve on a lot of subcommittees. Our Program Managers, although are not members of any subcommittee work very closely with PAC as well as subcommittees and attend every meeting relating subcommittees.

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)*

We are still expecting invoices from some major areas that we are receiving services from to successfully complete our DSRIP plan application. The areas of expenditure are below:

- Community Needs Assessment: Activities relating to data collection and analysis, research methodologies, community outreach, recruitment of expert knowledge, etc.
- Salaries of personnel : Personnel time working on administration of DSRIP program, new positions created for DSRIP program - Sr. Director, Program Managers, Administrative Assistant, etc. are expensed under DSRIP Project Design Planning Grant. Sr. Director for the program and Administrative Assistant are in the process of recruitment.

- Contractors: We have requested assistance from a grant writing vendor to assist in producing, clear application to reach the State's expectation.
- Engage Stakeholders: Events organized to engage stakeholders in the past and future
- Website: A vendor has been recruited to assist building a website which will be an important mode of communication with our partners as well as the public. The website is still under construction.

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

~40%

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)

Tracking expenses related to DSRIP Program: Due to tight deadlines involved with the DSRIP Program, Mary Imogene Bassett Hospital has been using many resources as needed, but did not have a comprehensive plan to track those expenses. To address this, we have now established a cost center for DSRIP and are collecting information like hours worked on administration of DSRIP Program activities, organizing various events and activities relating to planning infrastructure and resources needed for the lead entity, in this case Mary Imogene Bassett Hospital.

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

The second instalment will be used to continue to pay

- Salaries of Sr. Director, Program managers, Administrative Assistant, who are exclusively working on administration of DSRIP related activities
- Contractor and vendors for application writing and website
- Stakeholder engagement activities
- Attorneys to help us plan and create contracts
- Community Needs Assessment related activities

The expenditures may not be limited to the above mentioned activities, but will be used for all expenses relating to successful submission of DSRIP Project Plan Application.

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 ii. Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models | Confirmed |
| 2 | 2 b vii. Implementing the INTERACT project | Confirmed |
| 3 | 2 b viii. Hospital-Home Care Collaboration Solutions | Confirmed |
| 4 | 2 c i. Development of community-based health navigation services | Confirmed |
| 5 | 2 d i. Implementation of Patient Activation Activities to Engage, Educate and | Confirmed |

| | | |
|----|--|------------|
| | Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care | |
| 6 | 3 a i. Integration of primary care and behavioral health services | Confirmed |
| 7 | 3 a iv. Development of Withdrawal Management (eg Ambulatory Detox) | Confirmed |
| 8 | 3 d iii. Implementation of evidence based medicine guidelines for asthma management | Confirmed |
| 9 | 3 g i. Integration of palliative care into PCMH | Confirmed |
| 10 | 4 a iii. Strengthen Mental Health and Substance Abuse Infrastructure | Confirmed |
| 11 | 4 b i. Promote tobacco use cessation, especially among low SES populations and those with poor mental health | Confirmed |
| 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: Bertine McKenna

Title: Chief Operating Officer

Check box with yes or no: Yes: | No