

## 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.

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### 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: Montefiore Medical Center

Contact Name: Ben Wade

Contact Email: bwade@montefiore.org

Contact Phone: 718-696-3051

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### 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.

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### **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

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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)*

We have maintained an electronic record with completed PPS membership forms or written confirmation for all of our providers. We have a plan in place to obtain a physical signed letter in advance of the November 24th 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)*

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### **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

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### **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)*

Through a collaborative process with the other three PPSs in the Hudson Valley region (Westchester Medical Center, Refuah, Health Alliance), we have made substantial progress on our CNA. We have completed secondary data analysis to surface key healthcare needs across all seven counties and have completed a thorough assessment of the healthcare and community based resources in the region. Throughout the end of October we will be collecting and analyzing additional primary data in two forms: 1) Resident Survey 2) Focus groups -- both launched with the assistance with our PPS partners, and both aimed at better understanding how people in the community access care today and desire to access care in the future.

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

We have created a variety of forums to engage local stakeholders and ensure robust level of community engagement. In addition to the survey & focus groups mentioned above, we have created a specific committee within our PAC structure that is charged with helping to complete the community needs assessment and, importantly, charged with interpreting the findings. Over the last week, we hosted a meeting in each of our four regions (Dutches / Ulster / Putnam, Orange / Sullivan, Rockland, Westchester) to share preliminary findings from the CNA and solicit input from our PAC members on the underlying drivers behind the data. We have also engaged our PAC members and broader community stakeholders in completing the healthcare and community resource assessment and in collecting the primary data in the form of surveys and focus groups. We have held discussions across local Departments of Health, Departments of Mental Hygeine, Department of Social Services and other local government organizations to collect input on needs assessment and broader stakeholder engagement. Finally, we have launched a website for sharing documents, announcements and results. In the near future, we will be expanding the capabilities of this website to facilitate dialogue and direct exchange of ideas amongst our partners.

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

As mentioned above, we have been collaborating with Westchester Medical Center, Health Alliance and Refuah to complete a single Community Needs Assessment for the Hudson Valley Region. Through this process we have performed a series of analyses leveraging a broad range of secondary data sources to identify current utilization patters and zero in on potential hot spots within our region. These include the utilization and performance data made available via chartbooks and dashboards on the DSRIP Performance website. Additionally, we have have leveraged multiple other data sources made available by the State, such as the OpenHealth NY website, SPARCS, and the BHO Performance reports. To complement these analyses, we are also in the process of collecting primary data through a survey launched to residents in each of the seven counties and through a series of focus groups across the region. We have analyzed over 1200 responses to the resident survey and are in the process of analyzing data from over 1000 more. Focus groups being conducted by the HVDC will consist of community residents and include representation of all geographies and insurance status, will be conducted in local communities, andar ebeing driven by the PACs. The discussions will address challenges encountered within the current system (including access to after hours and weekend care) and will also help to inform our broader public health

initiatives. Focus groups being conducted by the HVDC are intended to complement the efforts of other PPSs in the region, which are conducting provider-focused discussions centered on behavioral health needs.

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

We have faced some challenges using the databooks because of differences in methodology between the various chartbooks posted on the DSRIP performance website. To address these, we have requested additional information from the State (e.g. MMIS numbers) and have leveraged alternative data sources to triangulate results. For the resident survey, we had initial difficulty reaching uninsured and Medicaid populations, but have countered this by leveraging our robust partner network to achieve deep community outreach and expanding our distribution of paper surveys. It is challenging to comprehensively assess all qualitative aspects (accessibility, affordability, convenience, quality, perceptions) of healthcare resources in the region. We have therefore taken a targeted approach using our PACs to guide us in areas where deep analysis would be beneficial in uncovering unmet needs, and have expanded the scope of our primary data collection efforts to address this challenge.

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### **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)*

As part of our CNA process, and through systematic conversations with our provider partners, we are developing a better understanding of the need to address cultural competency gaps across the 7 counties. This includes understanding the culture of the residents in the region, the differences across geographies (e.g., urban, rural) and, importantly, the need to instill understanding and awareness of the local cultures within our healthcare workforce. Throughout each of our 10 projects we have begun to identify opportunities to improve the cultural competency of our workforce. To that extent, we have also charged our Workforce Transformation Team with identifying training programs and best practices to ensure that we have a culturally responsive system of care. To inform our efforts, in addition to the analyses being performed through the CNA process, we will look to nationally recognized sources such as the National Standards for Culturally and Linguistically Appropriate Services to identify potential models to explore. We also engaging the 1199 Training Fund to explore opportunities to develop cultural competence training.

**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)*

We are building in to each of our projects a health literacy assessment so we can identify areas where we can help people to better understand all aspects of their health care needs and care plans. We also recognize that the health literacy needs may vary across the regions, so will plan to work with the local Project Advisory Committees to tailor the approach based on community

needs and preferences. We are exploring a series of initiatives that complement our portfolio of projects and will be specifically aimed at improving the health literacy of patients served by our PPS. Examples include launching a community wide campaign to increase awareness and understanding of how to best utilize healthcare resources within the region. To inform the design of this campaign, we are evaluating models that have been deployed elsewhere (such as the "Choose Well" campaign launched in the UK to improve individual's knowledge of healthcare services and reduce the pressure on emergency services). We have also integrated this into our project planning process so that as we review potential models to deploy, we are evaluating the impact on health literacy and actively identifying opportunities to improve and reinforce the health literacy of patients being served.

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### **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)*

Given the breadth of our PPS, we have opted to implement an alternative PAC structure that creates functional alignment through a set of Transformation Teams while allowing for tailoring and adaptation at the local level. Full details for each committee can be found below. We hosted a combination of in-person kick-offs for our Project Advisory Committees during the last 2 weeks of June to align on our proposed governance structure, charge of committees and overall process for engaging our PPS members throughout the planning phase. Our committees then began to meet every 2-4 weeks, with most participants joining in person. We have over 250 people from more than 65 organizations actively involved in our weekly planning process. To date we have hosted more than 25 meetings with our committees, and have ~35 more scheduled before the end of the year.

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### **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)*

18

- 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	Leadership Steering Committee (Governing Committee)
2	Stakeholder Engagement & Communications Transformation Team
3	Clinical & Community Health Design Transformation Team
4	Systems Transformation Sub-Group
5	Clinical Improvement Sub-Group
6	Public Health Sub-Group
7	Workforce Development Transformation Team
8	IT & HIE Transformation Team
9	Finance Transformation Team
10	Westchester Project Advisory Committee - includes all member committee, CHNA & Stakeholder Engagement sub-committee and Project Adaptation and Local Implementation sub-committee
11	Rockland - Project Advisory Committee - includes all member committee, CHNA & Stakeholder Engagement sub-committee and Project Adaptation and Local Implementation sub-committee
12	Orange & Sullivan - Project Advisory Committee - includes all member committee, CHNA & Stakeholder Engagement sub-committee and Project Adaptation and Local Implementation sub-committee
13	Dutchess, Ulster and Putnam - Project Advisory Committee - includes all member committee, CHNA & Stakeholder Engagement sub-committee and Project Adaptation and Local Implementation sub-committee
14	
15	

Leadership Steering Committee: responsible for setting overall direction to ensure HVDC is on track

Transformation teams: responsible for providing functional expertise, guidance on plan design and ensuring consistency and sustainability of integrated project plan

Stakeholder Engagement & Communications: responsible for developing overall communications strategy and build relationships with state and local stakeholders

Clinical and Community Health Design: charged with delivering clear clinical vision and goals for community health projects. There are three sub-groups that were formed from this committee: Systems Transformation (focus on Domain 2 projects), Clinical Improvement (focus on Domain 3 projects) and Public Health (focus on Domain 4 projects)

Workforce Development: charged with developing a model for the required staffing and training requirements for success for the projects

IT & HIE Infrastructure: responsible for determining a plan for data sharing and connectivity across PPS and infrastructure to support broader data collection and performance measurement

Finance: create an integrated budget develop model for funds flow and approach for managed care engagement

We have created four regional Project Advisory Committees (Westchester, Rockland, Orange/Sullivan, Dutchess/Ulster/Putnam), determined by analyzing regional healthcare utilization patterns. The goal of these committees is to ensure plans are reflective of local needs and to structure critical inputs that will be required for implementation planning. As such, each PAC has

two sub-committees, one focused on CHNA & Stakeholder Engagement and one focused on Project Addaptation and Local Implementation.

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### **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)*

As described in our budget narrative, we have allocated the first grant payment to offset funds already committed through securing external contracts to support Stakeholder Engagement Costs (including meeting facilitation and the creation of a mechanism to facilitate inter PPS communications), overall project design (including data analysis and the creation of project plans) and overall network development. This also includes Montefiore's contributions to the joint Community Needs Assessment.

- 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)*

Given our award for the planning phase was significantly less than our total budget estimated for the planning phase, rather than reduce scope of the effort and potentially jeopardize the strength of our application, we identified additional internal sources for funding as an advance toward the planning period. Given the costs for the planning phase exceed our award, we've already allocated the full funding amount.

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

As described in our budget breakdown, we will use the second award payment to continue partner and stakeholder engagement and to fund program design and to support the overall application development. As we begin to shift from our planning phase governance structure and into implementation phase, we also expect to incur expenses for training and education of staff to support ongoing DSRIP activities.

- 21)** Please list all DSRIP projects that are either confirmed or currently still being considered for implementation by your PPS. Indicate the statuses of each by selecting either "Confirmed" or

“Considered” from the drop-down list under the Status column. (Minimum five projects, maximum fifteen in cases where multiple proposals are still being considered.)

#	DSRIP Project	Status
1	2.A.I- Integrated delivery system focused on evidence-based medicine and population health	Considered
2	2.A.III- Health home at-risk intervention program	Considered
3	2.A.IV- Medical village using existing hospital infrastructure	Considered
4	2.B.III- ED care triage for at-risk populations	Considered
5	3.A.I- Integrated primary care and behavioral health	Considered
6	3.A.II- Behavioral health community crisis stabilization services	Considered
7	3.B.I- Evidence-based disease management strategies- cardiovascular	Considered
8	3.D.III- Evidence-based asthma management strategies	Considered
9	4.B.I- Tobacco use cessation efforts focused on populations with low SES and poor mental health	Considered
10	4.B.II- Increased access to high quality chronic disease preventive care and management	Considered
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: Lynn Richmond

Title: Executive Vice President and Chief of Staff

Check box with yes or no: Yes:  | No