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**:** Mount Sinai Hospitals Group

Contact Name: Arthur Gianelli

Contact Email: agianelli@chpnet.org

Contact Phone: (212) 523-9434

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, the Mount Sinai PPS is not merging with another PPS and is not planning on ceasing participation in the DSRIP program.

3) If your PPS has elected to cease participation in the DSRIP program, please provide an explanation as to why your PPS has made this decision. *(3,000 character limit)*.

N/A

Note: If your PPS has elected to merge with another PPS or has elected to cease participation in the DSRIP program as a standalone PPS, please contact the NYS DOH for further discussion.

Award Letters Conditions
The following questions relate to award conditions stated on the August 6, 2014, if applicable to your PPSs.

1) Did your award letter include a condition which must be addressed prior to receiving the second award payment? *Please answer with either 'Yes' or 'No'. If 'Yes', please continue onto Question 2. If 'No', please move onto Question 3. (3 character limit)*

No

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

N/A

3) If you have not fully addressed your award condition, please provide an explanation as to why the condition has not yet been addressed, and plans to satisfy the condition prior to November 3, 2014. Please also reference communication you have had with NYS DOH about this condition to date. (*2,000 character limit)*

N/A

Network updates and attestation
The following questions relate to compliance regarding each PPSs DSRIP Network Tool submission and attestation and data sharing requirements.

4) **A.** Has your PPS met the October 1, 2014 deadline to update your partner organization list using the DSRIP Network Tool? *Please answer with either 'Yes' or 'No'. If 'Yes', please continue on to Question 5. If 'No', please move onto Question 4B. (3 character limit)*

Yes

B. If you have not met the deadline, please provide an explanation as to why this deadline has not been met and what your plans are to remediate. (*2,000 character limit)*

N/A

5) **A.** Has your PPS maintained a file of signed partnership agreements from all partner organizations, which can be made available to the State and/or CMS upon request? *If 'Yes', please continue on to Question 6. If 'No', please move onto Question 5B. (3 character limit)*

   No

   B. If you have not completed this requirement, please provide an explanation as to why it has not been completed and provide your plan to remediate. (*2,000 character limit)*

The PPS was not aware of this requirement until recently. DOH informed the PPS of the requirement in an email sent on September 26th. The requirement was included in the "Network Attestation Form," an attached document required to be submitted by the lead entity. The form states:

"By the time a PPS submits its final network list on November 24, 2014, the PPS lead entity is required to maintain originals of signed and notarized letters from an executive level member for every organization that it lists as a PPS partner in the network tool. PPS partner letters should state the partnering organization's intent to join the lead's PPS and allow the PPS lead to list the applicant as a partner on DSRIP related documents. These partner letters are subject to audit and are expected to be made available at the request of either DOH or CMS."

On October 8th, the PPS emailed our KPMG point-of-contact, Sarah Campbell, to confirm the notarization requirement and requested a template for signed agreements to ensure that the Mount Sinai PPS completes the requirement in accordance with State expectations.

On October 9th, the PPS received an email from KPMG with a template for the agreement. However, it was noted by Sarah that the notarization requirement was still under consideration by the State.

Taking into account the fact that the notarization requirement for the attestation form has not been finalized by the State, our plan is to notify our partners at our October 16 Town Hall meeting that a notarized signed form may be a requirement for participation. If the notarization requirement remains, we intend to send our partners weekly reminders and also hold an in-person meeting with a notary present to assist with this requirement.

6) **A.** Has your PPS executed a Data Exchange Application and Agreement ("DEAA") with the State for data available in the DSRIP portal, and any data sharing outside of the portal? *If 'Yes', please continue on to Question 7. If 'No', please move onto Question 6B. (3 character limit)*

   Yes

   B. If you have not completed the above, please provide an explanation as to why these activities have not been completed and provide your plan to remediate. (2*,000 character limit)*

   N/A

Contract attachments

The following questions relate to contracts submitted to NYS DOH by PPSs regarding renewed grant amounts, for which PPSs were required to resubmit to NYS DOH with the updated grant amounts.

7) Has your PPS returned all contract attachments that need to be completed? If not, please provide a brief status update on your current progress and remediation steps. The required attachments are listed below for your reference. (2*,000 character limit)*

- **APPENDIX A** - Standard Clauses as required by the Attorney General for all State contracts
- **STATE OF NEW YORK AGREEMENT**
- **APPENDIX B-3** - Award Letter
- **APPENDIX B-2** - Webinar 1 and 2
- **APPENDIX B-1** - Questions and Answers 1 and 2
- **APPENDIX C** - Proposal
- **APPENDIX E-1** - Proof of Workers' Compensation
- **APPENDIX E-2** - Proof of Disability Insurance Coverage
- **APPENDIX H** - Federal Health Insurance Portability and Accountability Act ("HIPAA") Business Associate Agreement ("Agreement")

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)*

The Mount Sinai PPS is in the final stages of collecting and analyzing data for the Community Needs Assessment (CNA). Currently we have collected data for about 300 indicators from a wide range of data sources, including the Census, SPARCS, Epiquery, Salient Dashboards, BRFSS, Prevention Agenda, NYDOH, and other publically available data sources. These indicators fall under the following categories: Demographics, Mortality, Hospitalizations, Barriers to Accessing Health Care, Health Care Resources, and Community Resources.

In addition, we have distributed a CNA survey to our partners designed to gather their on-the-ground insights on key community health needs and barriers to accessing care. This survey is comprised of 62 questions divided into six components - Organizational Information, Access to Health Care Services, Care Coordination, Population Health, Health Care Barriers, and Patient Centered Medical Homes. Of the 200 parent organizations and unique standalone organizations in our PPS, two thirds have completed and submitted a survey.

The extensive quantitative data that we have collected has provided a wealth of comprehensive information on the health status and community needs in the PPS service area. An analysis of topline results from the data will be shared with our partners at our October 16th Town Hall to gather insights and feedback and will be distributed to planning committees the following week, to be more closely vetted and incorporated into project planning.

Although the timeline specified on design grant application noted that the CNA would be complete by August 25th, we anticipate that the final, full length Community Needs Assessment

report with summary tables for approximately 350 indicators will be completed by mid-November. This delay is due a number of factors described below.

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

The Mount Sinai PPS stakeholder and community engagement process and strategy has two distinct target audiences: providers participating in the PPS and community stakeholders that have a stake in the health and wellbeing of communities in the proposed PPS service area.

Our process for stakeholder engagement in the development of the CNA targets both of these audiences. To engage our provider partners in the development of the assessment, we held an In-Person Town Hall Meeting on August 16th and had providers form breakout groups in the following categories: Post-Acute Care Transitions, Disease Management, Care Coordination and Patient Engagement, and Behavioral Health and Primary Care Integration. These small groups were then instructed to brainstorm data points they felt the CNA should include based on those key strategies. Providers suggested a wide range of data needs, including measures showing patients' access to stable housing, service coordination with the criminal justice system, and the impact of trauma on patients. These suggestions were compiled, posted on the PPS website, and incorporated into the CNA survey.

To engage community stakeholders in the development of the CNA, we will launch a multi-pronged approach. We intend to engage the community in a discussion on the topline CNA data results, with a focus on data highlighting gaps in services and barriers to receiving quality care, by piggybacking on pre-existing community outreach meetings and scheduling community meetings in collaboration with Community Boards. At these meetings we will solicit feedback on where there are gaps in the data to develop a second "public" Community Needs Assessment survey. This public survey will be distributed widely to the public through the PPS provider network, Community Boards, and Mount Sinai Health System community networks.

All stakeholders, including the general public, will be invited to comment on the CNA once it has been drafted and posted online.

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

Our CNA methodology recognizes that both qualitative and quantitative data are crucial to a comprehensive needs assessment. Our data collection methodology first requires the identification of data that align with the DSRIP metrics for measuring the success of each project. Details on the data, including the definition of the indicator, the data source, the year, geography, location, and data type, are compiled in a standardized template. Data is then collected and compiled into Excel spreadsheets and verified by the Data Analyst as being accurate and reproducible to its source. Clinical Committee members with research backgrounds are then engaged to review data results to provide an extra layer of accuracy in the interpretation of the data.

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

The completion of our final CNA has been delayed by several factors. The first round of CNA guidance issued by the state called for the collection of an extensive range of indicators, from food banks to early learning services for children with developmental disabilities to eating disorder programs, to name a few. New York City has an extremely dense population and identification of this level of health and community resources and services required more time and staffing than originally anticipated.

In addition, the State's second round of CNA guidance in the Part II August webinar specified several components that were not included in the initial guidance. These components are: 1) the inclusion of an actuarial analysis of the specific future service needs of the PPS service area, 2) identification of redundancies, including excess inpatient beds in the service area, and 3) financial analyses to identify how a change in service structure could impact the financial stability of involved services. The Mount Sinai PPS Team has contacted both the state and our KPMG representatives asking for clarity on these actuarial and financial analysis requirements and guidance on methodologies to provide this level of analysis, but to date, we have not received any additional information on to how proceed, which we need to move forward to complete the CNA.

Finally, the five week delay in the issuance of the DSRIP Project Plan Application also presented a challenge in understanding the key data points and focus areas that we needed to pull from our extensive collection of indicators for the application. The release of DSRIP Project Plan Application has provided structure for our analysis of the hundreds of indicators that we have collected.

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 Mount Sinai PPS's goal is to provide patient-centered care that is responsive to community needs and delivered through culturally competent practices. These core values will guide the implementation of all DSRIP projects to ultimately reduce health disparities and improve health outcomes for our most underserved, hard-to-reach populations. Our process for identifying the challenges in achieving these goals and providing culturally competent services as an entire PPS is twofold.

First, the PPS must have a nuanced understanding of community demographics, including the racial/ethnic composition of neighborhoods, languages spoken, countries of origin, religious affiliations, poverty levels, educational attainment, and family structure. This detailed information is included in our CNA at the county and borough level. We have also surveyed our providers who work on-the-ground to paint a more complete picture of the barriers underserved populations face in accessing services. We have asked providers to rank how socio-economic factors - including cultural, linguistic, and financial characteristics - impact the health of the population. Providers are also requested to rank the impact of insufficient or ineffective patient education and materials on patient health and identify areas of high health disparities.

We will also conduct a series of qualitative interviews with key providers serving communities in these targeted areas. Our workforce committee will also engage with workforce representatives in the community. Interviews and engagements will identify best practices in delivering culturally competent care to specific sub-populations (e.g., patients who do not receive help for mental health conditions due to cultural stigma), as well as overarching cultural competency guidelines in service delivery. These findings will be incorporated into PPS clinical standards and workforce training guidelines developed in early 2015 in the implementation planning phase.

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)*

Our approach to improving the health literacy of patients served by the PPS is currently in the planning phase. The Mount Sinai PPS has initially selected Project 2.c.i, "Development of Community-Based Health Navigation Services," based on a need to address health literacy identified early on by our provider partners and internal Mount Sinai staff. This project will build upon the innovative and nationally acclaimed research led by Christina Zarcadoolas, PhD, a socio-linguist leading Mount Sinai's Center for Health Literacy and Public Engagement.

The following health literacy principles put forth in Ms. Zarcadoolas's research will be reflected in the project planning for Project 2.c.i. and incorporated into the implementation of all DSRIP projects:

1) Health literacy and health equity are linked - low health literacy is a "silent killer";
2) Health care systems are unsustainable with high levels of low health literacy;
3) Populations are complex and simplifying materials does not necessarily lead to improved understanding or health literacy;
4) There are many moving components to health literacy, such as fundamental literacy (reading, writing, numeracy), cultural literacy, etc.; and
5) Inclusivity and collaboration with providers and consumers is key when developing content and messaging that increase health literacy.

Project Advisory Committee

The following questions relate to your activities in forming your Project Advisory Committee ("PAC"), structure of your PAC, activities undertaken, and future plans.

14) Please provide a status update of PAC activities to date. For example, please address PAC projects and activities undertaken, as well as frequency of PAC meetings. (*2,000 character limit)*

The Mount Sinai PPS PAC was launched in early September, about a month prior to the release of the DSRIP Project Plan Application. All committees engaged in learning sessions to understand DSRIP requirements, attribution, and the Mount Sinai PPS PAC planning structure. They also discussed committee participation expectations and deliverables to ensure timely completion of the DSRIP Application. Specifically, committees have completed the following activities:

Leadership Cmte (Sept 29 & Oct 7 Meetings): Discussed deliverables, including the development of a governance structure; roles and responsibilities in relation to the technical committees; and reviewed DSRIP requirements and attribution.

IT Cmte (Sept 12 Meeting): Developed a set of comprehensive questions for an IT Readiness Survey to assess the HIT readiness of PPS providers, identify technology gaps in the PPS, and help determine IT solutions needed to implement DSRIP and reviewed survey results to inform planning; reviewed initial list of potential DSRIP vendors offering telehealth, medication adherence, and other tech solutions; and identified and populated subgroups to work on specific IT issues.

Clinical Cmte (Sept 15 & 24 and Oct 8 Meetings): Reviewed initial DSRIP projects selected by the PPS, defined subgroups to develop project plans and provided recommendations of individuals to sit on subgroups, discussed participation in the New York Department of Health and Mental Hygiene's selected Domain 4 projects, and reviewed DSRIP Project Plan Application and scoring methodology.

Finance Cmte (Sept 23 & Oct 8 Meetings): Initiated development of financial criteria for provider inclusion and methodologies for the PPS financial impact and sustainability analyses.

Workforce Cmte (Sept 23 Meeting): Identified resources and strategies, including a two-part provider survey, to obtain information necessary to plan for DSRIP workforce needs and fulfill the DSRIP Organizational Application requirements.

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)*

24

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	Finance Committee
2	Information Technology (IT) Committee
3	Workforce Committee
4	Clinical Committee
5	Care Transitions and Home Care Subgroup

6	Integrated Delivery System Development Subgroup
7	Behavioral Health Subgroup
8	Disease Prevention and Management Subgroup
9	Health IT Architecture Subgroup
10	Network Development Subgroup
11	Minimum Data Sets Development Subgroup
12	
13	
14	
15	

The Mount Sinai PPS committees will collaborate in a number of ways. Each committee and subgroup is assigned 1-2 Mount Sinai PPS Team members to guide and coordinate committee meetings and information developed. The Mount Sinai PPS Team works closely and collaboratively, sharing information through daily meetings and acting as liaisons between committees. The team identifies opportunities for information sharing among committees, for example having a Clinical Committee co-chair present project descriptions at a Workforce Committee meeting to help determine future staffing needs, and coordinates these activities as necessary by phone, email, or other written communications. In addition, several committee co-chairs sit on the governance committee (referred to as the "Leadership Committee" in the Mount Sinai PPS PAC structure), where there is further opportunity to discuss how parallel committee planning tracks intersect. Committee co-chairs will touch base on weekly or bi-weekly conference calls to understand what information needs to be shared across committees. Committee materials are also provided online on the PPS website and key actions will be highlighted in the PPS weekly newsletter inform PPS partners, interested parties, and other committees. Individuals who are also in other committees are identified and asked to report updates and actions of corresponding committees to ensure productive dialogue and foster information sharing.

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 design grant payment contributed to a significantly larger amount of planning funding, which was directed to the following activities performed by internal Mount Sinai staff and consultants:

Community Needs Assessment - Review of state guidance, data collection for approximately 300 indicators, CNA survey development and compilation of results, and data analysis and reporting;

Stakeholder Engagement - PPS provider outreach and communications, including partner and stakeholder Town Hall events and DSRIP 101s; meeting facilitation, conference calls, and webinars; weekly Constant Contact newsletter updates; and assistance to providers with DSRIP requirements, including safety net appeals and collection of organizational information required for MAPP upload.

Project Advisory Committee - Committee development and membership nomination process; meeting facilitation and coordination; development of meeting support materials; and staff and consulting time to participate and lead PAC meetings.

DSRIP Policy Analysis - Participation on State DSRIP webinars and analysis of State DSRIP materials, guidelines, and requirements.

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)*

Our PPS has encountered several challenges since the formation of the submission of the design grant:

1. The delay in the State release of the DSRIP Project Plan Application has hindered the PPS's ability to focus committee planning on the specific application requirements by the submission date.

2. Lack of guidance on the Community Needs Assessment actuarial and financial impact analyses and claims level data has slowed the finalization of this core component of the DSRIP planning process, which in turn has limited the PAC's ability to finalize project selection and address DSRIP Project Plan Application requirements.

3. Differing levels of provider understanding of DSRIP and their capacity to attend PPS planning meetings, dedicate staff time to filling out surveys, and provide information in a timely manner has made it a challenge to collect provider-level information in the current planning timeframe.

4. Uncertainty around the financial viability and internal capacity of several emerging PPSs and the implications of non-viable emerging PPS providers being forced to join other PPSs has diverted the focus from project planning.

5. The complexity of the attribution methodology has made it extremely difficult to estimate the range in DSRIP payments a PPS may be able to receive, which impacts how projects are planned, the long term financial sustainability of the PPS, and the level of upfront capital investments required to achieve DSRIP outcomes.

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

The second award payment will assist in supporting the following activities:

Completion of the Community Needs Assessment - Pending further State guidance, an extensive financial and actuarial analysis will be initiated, along with community level input through a public survey and community outreach engagements, to finalize the Community Needs Assessment.

Borough-Level Provider Engagement - The PPS will hold a series of borough-level meetings to engage with PPS providers at a deeper level. Meetings will include guided discussions on project participation so that providers make informed decisions, helping the PPS as a whole maximize the strengths of our network.

Development of the DSRIP Project Plan Application - The Mount Sinai PPS PAC will develop a number of surveys and tools to ensure that all PPS provider input is included in the final application. We anticipate developing the following tools to assist in completing the application:

Workforce Surveys: The first of this two-part survey series will assess the current workforce, including the numbers and types of providers employed by providers, union status, and training received. The second survey will gauge future workforce needs, including the number of employees anticipated to be retrained, redeployed, and/or newly hired for DSRIP.

Provider Participation Survey (with Attestation Form): This survey will confirm providers' participation in the PPS and ask them to identify projects they would like to engage in and at what level.

Financial Sustainability Survey: This survey will require partners to provide financial information, including audited documentation, in order to gauge their financial health and assess the financial sustainability of the PPS as a whole.

Population Health Survey: This survey will ask providers to provide information indicating the extent to which they are implementing key strategies proven to manage population health effectively.

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	Project 2.a.i - Create an integrated delivery system	Confirmed
2	Project 2.b.iv - Care transitions and home care	Considered
3	2.b.viii - Hospital-home care collaboration solutions	Considered
4	2.c.i - Development of community-based navigation services	Considered
5	3.a.i. - Integration of primary care services and behavioral health	Considered

6	3.a.iii - Implementation of evidenced-based MAP	Considered
7	3.b.i - Evidenced-based strategies for disease management (cardiovascular health)	Considered
8	3.c.i - Evidenced-based strategies for disease management (diabetes care)	Considered
9	4.a.iii - Strengthen mental health and substance abuse infrastructure	Considered
10	4.b.i - Promote tobacco use cessation	Considered
11	4.b.ii - Increase access to high quality chronic disease preventive care	Considered
12	4.c.ii - Increase early access to, and retention in, HIV care in New York State	Considered
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: Arthur Gianelli

Title: President, Mount Sinai St. Luke's

Check box with yes or no: Yes: ☒ | No ☐