

## 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: Niagara Falls Memorial Medical Center

Contact Name: Sheila K. Kee

Contact Email: sheila.kee@nfmcc.org

Contact Phone: 716-278-4301

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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)

No

- 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)

Yes. The Niagara Orleans Emerging PPS will be merging with the Millennium Care Collaborative which is led by the Erie County Medical Center Corporation (ECMCC). As part of the merged PPS, the Niagara Orleans entity will continue to meaningfully contribute to the DSRIP application process not just from a two-county scope but from a Western New York (WNY) regional

perspective. The Niagara-Orleans DSRIP project team will assist ECMC in completing the Community Needs Assessment (CNA) report for the entire WNY region. Among other things, this work will involve finalizing an assessment of the capacity, service area and Medicaid status of the regional Healthcare Provider infrastructure and completing an evaluation of Community Resources on a county/zip code level. The Niagara-Orleans team will also work with Millennium staff on identifying both service gaps and excess capacity and on the formulation of resulting action plans .

The Niagara Orleans Emerging PPS has already completed detailed zip code analyses of community demographics and population health indicators. These findings will be incorporated into Millennium's work.

The Niagara Orleans Emerging PPS has also conducted a very in-depth level of stakeholder and community engagement for 6 of the 11 projects that are being developed by Millennium. We have also conducted conference calls with subject matter experts that have conducted related project work in other parts of the nation. The insights and recommendations stemming from this project development work will be incorporated into Millennium's project planning. Specifically, the Niagara Orleans team will assist the Millennium team in developing evidence-based strategies, defining the patient populations that will be impacted by DSRIP projects; identifying existing resources to meet community needs and addressing the project challenges that will need to be overcome.

On October 15th, a joint meeting of the Niagara-Orleans and Millennium project teams will take place for the purpose of finalizing a detailed and comprehensive work plan to guide the WNY DSRIP effort through December 16th. By joining forces and working cooperatively, we believe we can produce a high-scoring application for WNY.

- 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.

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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)*

Yes

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

The Niagara-Orleans Emerging PPS has affirmatively addressed the award condition to merge with Millennium. At a September 26th meeting of the 3 Emerging PPS entities in WNY, the CEO of NFMCC (the lead applicant) made known his support to have the Niagara-Orleans organization merge with Millennium as a means for maximizing the benefits of DSRIP for the residents of WNY. Following that session, a preliminary Letter of Intent to merge was drafted and shared with the Executive Steering Committee of the Niagara-Orleans Emerging PPS. At its October 2nd meeting, members of said Steering Committee recommended that Niagara-Orleans merge with Millennium. Subsequently, a final draft of the Letter of Intent was prepared by legal counsel to the Niagara-Orleans Emerging PPS. The Letter of Intent was formally submitted to Millennium on October 13th. It is anticipated that the Letter of Intent will be finalized by Millennium and the Niagara Orleans Emerging PPS prior to October 24th. At the scheduled October 24th Executive Steering Committee of the Niagara-Orleans Emerging PPS, a final vote will be taken to formally merge the Niagara-Orleans Emerging PPS with Millennium.

The Letter of Intent specifies that the Niagara - Orleans Emerging PPS will become an advisory board to Millennium's governing board. The new entity will be known as the Niagara Orleans Health Organization, i.e. NOHO. NOHO will be responsible for actively participating in the development and implementation of project plans to meet DSRIP metrics. Pursuant to the terms of the Letter of Intent, Niagara and Orleans counties would be granted voting membership on Millennium's governing body.

- 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 PPS's 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)*

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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)*

Overall, the Niagara-Orleans Emerging PPS has met the CNA timeline presented in the design grant application. Four Community Conversations, twice the number originally planned, have been completed by the targeted date of October 8th.

While the work plan called for 4 focus groups to be completed by October 8th, eight focus group sessions were completed prior to October 14th. A 9th focus group session involving housing advocates will be held on October 20th in concert with a planned housing coalition meeting.

The timeline projected that the comprehensive survey of healthcare consumers would be completed by October 8th. These survey results, which are being compiled by the UB Regional Institute, will be available on October 17th. Two additional surveys, which were not included in the original plan, were completed prior to October 8th. One of these surveys sought to gain a better understanding of the emotional and behavioral health well-being of the general public. The second survey interviewed ED patients to ascertain why they favor using the ED over primary care.

A review of county health assessments conducted last year by Niagara and Orleans counties was completed in August pursuant to the work plan.

The planned website...[www.niagaraorleanshealth.org](http://www.niagaraorleanshealth.org) ...first appeared on the world wide web on September 28th or within 3 weeks of the target date.

An initial inventory of Community Resources within Niagara and Orleans counties was completed by the October 1st timeline goal. The Community Resource listing is now being expanded to include additional listings that are featured in the WNY "211 Resource" Directory. One element on the CNA process that has not met the planned October 1st timetable concerns the assessment of Healthcare Resources. Given the level of effort that is being made to assure the accuracy of physician listings, this component will not be complete until on or about October 20th.

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

A Community Needs Assessment Consortium comprised of an equal number of stakeholders and PAC members was established. The first session of the Consortium was held on September 4th. Members of the Consortium have been engaged in the CNA process, aiding in the promotion of various CNA events.

As of October 15th, 8 focus groups have been held including:

- 4 SNF related focus groups that interviewed staff, residents and their families;
- 2 Cardiovascular Health related focus groups that were attended by primary care physicians;
- 1 session with First Responders and Medicaid transporters;
- 1 Care Coordination focus group that was held with area discharge planners and social workers.

Stakeholder input was also obtained through the informant interviews that the UB Regional Institute held with ED physicians, discharge planners and other healthcare professionals.

Additionally, 7,200 healthcare consumers have completed the WNY regional survey that was administered by the UB Regional Institute. Another two Niagara-Orleans based surveys were conducted, including one that solicited input from ED patients and a second behavioral health related survey that was conducted among residents of the two counties.

Community engagement in the CNA process was also achieved through the public's participation in 4 Community Conversations that were held in Niagara and Orleans counties. These sessions, which were moderated by the P2 Collaborative of WNY, were held as follows:

- Niagara Falls Memorial Medical Center: 8/26
- Eastern Niagara Hospital: 9/18
- Medina Memorial Hospital: 9/25
- Tuscarora Indian Reservation: 9/30

It should be noted that attendance at the 4 Niagara-Orleans based sessions constituted 42% of the total attendance that was recorded at the 16 Community Conversations that were held throughout WNY.

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

Medicaid related analyses have been completed for each of the 6 projects chosen by the Niagara Orleans Emerging PPS. In conducting this work, we made extensive use of the Medicaid data provided by the State on the DSRIP website and analyzed additional SPARCS data. The results of these analyses appear on the [www.niagaraorleanshealth.org](http://www.niagaraorleanshealth.org) website.

For the IDS project, the key indicators analyzed included PQI indicators and primary care utilization. To facilitate the ED Care Triage project the indicators that were addressed included ED utilization by zip code, specific conditions, hour of admission, and percentage of Medicaid beneficiaries utilizing ED. The analysis completed for the Primary Care-Behavioral Health Integration project and for the Domain Four project to promote behavioral health well-being focused on mental health chronic admission rates and mental health readmissions rates. The Cardiovascular Health analysis identified cardiovascular disease (CVD) admission rates and CVD mortality rates. Moreover, for the Skilled Nursing Facility Care Transitions project, Medicaid data were carefully analyzed with respect to hospital admission and readmission rates for skilled nursing facility residents.

The assessment methodology was aided through the use of tables that presented and compared findings among the various zip codes in Niagara and Orleans as well as through the use of maps to depict findings in a visual friendly way.

These and other analyses starkly demonstrate the issues confronting Niagara-Orleans. As just one example, the rates of ED utilization for those with mental health, drug or alcohol issues are 2 to

3 times the state average. In sum, virtually all data analyzed for Niagara=Orleans showed poorer performance than the state average, and very frequently poorer than WNY as a whole.

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

The main challenge encountered during the completion of the CNA concerns obtaining current data. Much of the data are not available for 2013. The lack of current data comprises the ability to identify whether trends from past data are still relevant and impedes development of baseline estimates for improvement tracking.

Second, high priority data sets such as MAPP and SPARCS data are just now being made available. Such data fill-in critical gaps in the state provided information, but will take significant processing time to apply to our analytical work.

Third, it is vital to have correct counts of Medicaid beneficiaries, and preferably to have those counts broken down by age and race to calculate different rates for Medicaid beneficiaries. There are, however, conflicting values given for certain key data elements in the various data sets. A single, vetted zip code level count of beneficiaries by year and age group for the past 5 years should be provided.

Fourth, much of the data are not available at the zip code level. Data at the county level helps to demonstrate what projects to pursue. Data at the zip code level is needed to plan interventions. Having this level of detail will facilitate preparation of an application that focuses on which local areas to concentrate resources.

Finally, evaluation of need and current performance relies on comparisons of current metrics' values relative to a baseline. We would like more direction on how the data will be reported and evaluated during the DSRIP application process. For example, how will metric goals be calculated? According to the Measure Specification and Reporting Manual for Domain 3, all metrics' goals will target the 90th percentile of NY ZIP codes. The problem with this method is that the high performance of the top 10% of zips might have more to do with their underlying populations not necessarily the provision of healthcare.

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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)

The Community Conversations conducted by the P2 Collaborative of WNY was one method used to identify cultural competency challenges. During these sessions, participants were asked to

address 3 main questions. The responses to these inquiries engendered a variety of responses that helped to uncover cultural disparity issues and barriers to care. For example, participants conveyed their perceptions of sub-standard care for Medicaid recipients, cited the lack of evening and weekend hours and discussed how they are treated with a lack of dignity and respect. The Community Conversation at the Tuscarora Indian Reservation was particularly telling when moms said that the healthcare system did not provide culturally competent care to American-Indian newborns.

Cultural competence issues are also being uncovered through detailed analyses of Medicaid utilization and demographic data. It was found that Medicaid beneficiaries comprise just 5% of all individuals in Niagara County who receive cardiac catheterization services and that primary care utilization rates are the lowest among neighborhoods with high concentrations of African-Americans.

To address these and other findings, PPS providers need to deploy organized, ongoing strategies to create a culturally responsive system of care. In that regard, our project team is reviewing best practices for conducting Healthcare Organization Cultural Competence Assessment Profiles. Specifically, we are reviewing the potential use of a cultural competence assessment instrument which was developed by the Lewin Group for HRSA.

We have scheduled an October 21st public forum in Niagara Falls to share CNA findings with the community. At this session, we will also be seeking public commentary on ways to improve cultural competence. Subsequently, we will begin drafting elements of a strategic plan that sets forth action steps for achieving cultural competency among PPS providers.

**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 Niagara Orleans Emerging PPS is approaching improvement in the health literacy of patients using a five-tiered model: 1. hold initial internal discussions with healthcare workers on health literacy; 2. complete a full investigation of best practices for improving health literacy; 3. present recommendations for improving health literacy to the community for feedback; and 4. develop a health literacy strategic plan; and 5. implement the strategic plan and quantify results.

At this juncture, informal conversations have been held with hospital workers. Virtually everyone interviewed admitted that health literacy is an important issue. However, not one person interviewed could recall receiving training on this important topic.

Having completed these internal conversations, our project team has proceeded to the second phase of our work, i.e. find out what others are doing to improve health literacy. In performing this research we have catalogued various strategies that are low-cost or no-cost and appear workable. A partial summary of what we have learned so far is as follows:

- a. Form partnerships between adult literacy programs and health organizations;
- b. Develop easy to read public informational materials that will promote project goals in areas such as reducing ED visits or using Advance Healthcare Directives;
- c. Link health literacy measures with healthcare performance measurements;

- d. Formulate a health literacy curriculum and education program that is easily accessible to all healthcare professionals;
- e. Require health literacy training as part of annual core competency training for healthcare workers;
- f. Use text messaging to convey easily understood messages for improving health literacy.

The next step is to obtain community feedback on these and other recommendations. This process will begin later in October when the WNY Regional CNA report is shared with the public.

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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)*

The Niagara-Orleans Emerging PPS has held 2 PAC meetings since the announcement of the award. On August 19th, a Niagara-Orleans PPS Organizing Convention was held. At this session, the PAC elected a 9-member Executive Steering Committee and voted to accept and approve nominations for 6 project sub-committees and 3 support groups (Workforce Development, HIE and Quality and Integration).

On 9/3; 9/4 and 9/5, PAC members participated in domain project workshops that were led by FTI consultants. These sessions shared a common purpose: review metrics reporting for each domain; identify hot spots that were presented in zip code map form; and begin the development of evidence-based strategies to achieve domain objectives.

Starting in mid-September and continuing to date, sub-committees have held a series of project development meetings. A summary of these sessions and when they were held is as follows:

- SNF Care Transitions: 9/17; 10/6
- Behavioral Health/Primary Care: 9/19; 10/3
- Improve MEB Well-Being: 9/5; 9/22; 10/14

Each of the above sub-committees have constructed and issued questionnaires to ascertain which Niagara-Orleans providers will be participating in specific projects and to gather detailed information that is germane to the application process.

The Care Coordination and ED Triage Committees held a joint meeting on 9/18. At this session, committee members devised the ED survey instrument. The group sponsored a focus group among discharge planners and social workers, drafted unified patient assessment forms and developed Health Home related strategies for improving care coordination.

The Cardiovascular Health group developed an eye-catching Million Hearts poster and sponsored 2 focus group sessions that were attended by primary care doctors. Results of these focus groups will be reported back to the Cardiovascular Health group at a meeting which will be held in late October.

**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)

9

- 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	IDS/Care Coordination
2	ED Care Triage
3	SNF Care Transitions
4	Primary Care/Behavioral Health Integration
5	Improve Cardiovascular Health
6	Improve Emotional and Behavioral Health Well Being
7	Health Information Technology
8	Workforce Development
9	Quality Improvement
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11	
12	
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14	
15	

Six project sub-committees and 3 support work groups were officially formed at the PAC organizing meeting held on August 19, 2014. All PAC members were given an opportunity to be nominated to serve on one or more project sub-committees of their choice. Membership on

each sub-committee was approved by the entire PAC at the organizing meeting. Membership on the support work groups was opened up to not only PAC members but also to individuals with subject matter expertise (e.g. the IT Director of a particular PAC organization). The sub-committees operate akin to legislative committees that report to an elected body. At the October 9th meeting of the Niagara-Orleans PAC a representative of each sub-committee gave a full report on the status of the committee's work. This type of collaborative relationship between the entire membership and a specific sub-committee is crucial for keeping PAC membership informed about every aspect of project development. Presentation of these sub-committee reports is also helpful in that it encourages provider participation in planned domain projects.

With project work well-underway, the 3 support committees will now begin to review project work plans and address the HIT, quality and workforce challenges that were uncovered by project committees as they performed their work. With respect to HIT matters, HEALTHelink has already constructed and circulated a survey to assess interoperability issues confronting primary care physicians in Niagara and Orleans counties. Results of this assessment will be incorporated in the HIT support group's action agenda.

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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)

Most of the first grant payment has been used to fund consulting and contracted services as described below.

1. Project Manager services performed by NFMMC's Chief Operating Officer including organizing and overseeing all project elements;
2. FTI Consulting services including: a. Preparation of extensive informational materials that were used to educate Project Sub-Committee members on Domain 2, 3 and 4 projects. Over the course of 3 days during the first week of September, FTI lead day long workshops on evidence-based strategies for meeting project objectives. FTI has completed a comprehensive analysis of Medicaid utilization and demographic data which includes narrative pinpointing critical issues. Additionally, FTI has extensively supported project development work and has completed interviews with hospital administrators in Niagara and Orleans.
3. As part of WNY's coordinated CNA strategy, the UB Regional Institute has conducted a Healthcare Consumer survey, conducted informant interviews and is in the process of finalizing a regional analysis of Medicaid utilization data;

4. Aubrey Balcom of Joy Scott and Marian Hetherly have organized and administered 6 of the 8 focus groups that have been held and have contributed to the CNA process :
5. P2 Collaborative of WNY has served as moderators at the 4 Community Conversations that have been held in Niagara and Orleans;
6. HEALTHYeLINK, the RHIO for WNY has constructed an HIT survey that is currently being administered to physicians;
7. Algonquin Studios has constructed an attractive website containing the results of much of the CNA work that has been performed to date;
8. Legal work has been performed by Hodgson and Russ , including an initial governance draft and more recently the development of a Letter of Intent between the Niagara-Orleans Emerging PPS and Millennium.

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

81%

**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 most significant deviation involved revising the budget to take into account the Niagara-Orleans contribution to the regional CNA effort. To accommodate a \$31,500 contribution to the development of a unified CNA report for WNY, funding for FTI consulting services was reduced by a like amount. Accordingly, work plans were revised to redistribute certain CNA related duties to the UB Regional Institute.

The budget has been adjusted to add another contracted staff person (i.e. Marian Hetherly who is an experienced grant writer and former news reporter) to the Niagara-Orleans project team. The addition of Ms. Hetherly has facilitated the organization of focus groups in the SNF and Cardiovascular Health project areas. Funding for this new contracted staff member has been derived by decreasing the budgeted amount for the Joy Scott consulting contract. It should be noted that when the budget was first developed we planned only 4 focus groups. The invaluable information we have gleaned from focus groups prompted us to expand this component of the CNA process.

One project need that was not fully addressed in the original budget involved the services of a data manager. Sorting and matching multiple data bases is a crucial application preparation function. That is why a part-time data manager has been added to the project team.

Our PPS has benefitted from the support of at least a dozen volunteers who have freely contributed their time and efforts to project work. Volunteers have been used to circulate ED and Behavioral Health surveys, tally survey results, take copious notes at focus group sessions, circulate flyers to advertise Community Conversations and conduct a myriad of other tasks. The

value of utilizing volunteers to supplement the work of project staff is an important lesson learned.

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

The merger of the Niagara-Orleans Emerging PPS with Millennium underscores the need for a second award payment to fund the continuation of DSRIP project work by the Niagara-Orleans project team. Our team has the requisite expertise and dedication. Continued funding will permit the Niagara-Orleans project team to support Millennium's efforts. Working together as a unified project team we will:

- a. Incorporate the work the Niagara-Orleans team has already produced in the final application. Everything the Niagara-Orleans team has done so far will add substantial value to the application which will be filed by Millennium. The community and stakehold inputs Niagara-Orleans has garnered from focus groups and grass roots surveys will prove particularly valuable to the regional effort;
- b. Assist in finalizing an 8-county, regional Community Needs Assessment report;
- c. Help develop project descriptions and justifications for at least 6 of the 11 projects that will be filed by Millennium;
- d. Assist Millennium in formulating actionable strategies in response to gap analyses and excess capacity findings which are gleaned from Healthcare Provider and Community Resource assessments;
- e. Identify the workforce impacts of reduced hospital and ED utilization and assist in developing new opportunities for affected workers through training and redeployment strategies. This a particular strength of the FTI Consulting group;
- f. Support Millennium in its efforts to develop solutions to overcome cultural and health literacy challenges by addressing healthcare issues and disparities using strategic approaches that are supported by the community;
- g.. Contribute to Millennium's efforts to forecast project costs , calculate revenue losses and develop methodologies for awarding bonus payments;
- h. Aid Millennium in the development of a comprehensive strategic plan to assure the financial stability of WNY's safety net providers.

**21) Please list all DSRIP projects that are either confirmed or currently still being considered for implementation by your PPS. Indicate the statuses of each by selecting either "Confirmed" or "Considered" from the drop-down list under the Status column. (Minimum five projects, maximum fifteen in cases where multiple proposals are still being considered.)**

#	DSRIP Project	Status
1	2.a.i Create an Integrated Delivery System focused on Evidence-Based Medicine and Population Health Management	Confirmed
2	2.b.iii ED Care Triage for At-Risk Populations	Confirmed
3	2.b.v. Care Transition Inteventions for Skilled Nursing Facility (SNF) Residents	Confirmed

4	3.a.i Integration of Primary Care and Behavioral Health Services	Confirmed
5	3.b.i Evidence-based Strategies for Disease Management in High Risk/Affected Populations, i.e. Improve Cardiovascular Health	Confirmed
6	4.a.i Promote Mental, Emotional and Behavioral (MEB) Well-Being in Communities	Confirmed
7		Select One
8		Select One
9		Select One
10		Select One
11		Select One
12		Select One
13		Select One
14		Select One
15		Select One

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**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: Sheila K. Kee

Title: Chief Operating Officer

Check box with yes or no: Yes:  | No