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**:** New York City Health and Hospitals Corporation

Contact Name: Christina Jenkins, M.D.

Contact Email: christina.jenkins@nychhc.org

Contact Phone: 212-788-3648

PPS Status

The following questions relate to whether your PPS is continuing to finalize formation, and intends to complete your own DSRIP Project Application due on December 16, 2014.

1) Does your PPS plan to submit a DSRIP Project Plan application as a standalone PPS on December 16, 2014*?* If your PPS does not intend to continue operating as standalone PPS (e.g., your PPS has dissolved due to merger with another PPS or has decided to cease participation in the DSRIP program), your answer to this question should be 'No'. *If 'Yes', please skip the next two questions and complete the rest of the Design Grant Questionnaire. If 'No', please continue to the next question in this section.* (*3 character limit)*

Yes

2) Is your PPS merging with another PPS? If yes, please explain in detail your plan to integrate and support the merged PPS (e.g., please describe specific projects and activities). If awarded a second design grant payment, please provide a narrative explaining your intentions with the funding awarded. If your PPS is not merging with another PPS and is planning to cease participation in the DSRIP program, please answer 'No' to this question and answer the next question. *(3,000 character limit)*

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

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

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

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

No

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

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

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)*

N/A

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 not finalized partnership agreements as all the planning and submissions to-date have been non-binding and preliminary. For our November final partner list submission, we will be obtaining notarized and signed partnership agreements. For the preliminary partner list, we have obtained consent either verbally (in-person or on the phone) or via email. We had verified this process with our DSRIP Support Team prior to submission of the preliminary partner list.

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)*

No

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)*

We were awaiting clarification from NYSDOH regarding the need and the process for pre-approval in sharing performance and outcome metrics. We received the final update and clarification on October 9, 2014. Based on this feedback from NYSDOH, we have updated our responses in the DEAA and are in the process of obtaining the required signatures. We expect to submit the DEAA by end of this week at the latest.

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)*

According to the timeline submitted with our Project Design grant, we estimated that by October 15, 2014, we would present a preliminary report of outcomes to key stakeholders and governing bodies and committees. We are pleased to report that we are several days ahead of this schedule. On October 02, 2014, we distributed four preliminary CNA borough-wide reports including appendices to the PPS Steering Committee and our CNA HHC and non-HHC partners. On October 9, 2014, the four-borough CNA was presented, reviewed and discussed in depth at an in-person PPS conference and workshop, attended by partners, potential partners, CNA partners, other PPS applicants in the city, and additional stakeholders.

We are on target as stated in the submitted timeline to complete the final version of the CNA by November 15, 2014. The Brooklyn, Bronx, and Queens assessments were conducted in collaboration with other PPS applicants. The New York Academy of Medicine (NYAM) was engaged to conduct all or portions of the CNA for these boroughs. In Manhattan, we worked with NYAM and Tripp Umbach, another consulting firm, to collect primary data. Secondary data analyses for Manhattan and Queens were conducted by HHC Corporate Planning Services.

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

Due to the geographic overlap of the HHC PPS service area with that of other PPSs in NYC, we found it more effective to collaborate in the design and interpretation of the CNA with several other PPSs in Queens, Brooklyn, and The Bronx. The CNA collaboration was guided by CNA Steering Committees which governed and led the process. The Steering Committee collaboratively designed and was briefed bi-weekly on every aspect of the design phase, including identifying high need ("hot spot") neighborhoods and populations and the community-based organizations (CBOs) that serve vulnerable residents. CBOs were engaged to assist in the collection of primary data, which included focus groups, key informant interviews, and a resident survey. NYAM and Tripp Umbach provided training in data collection to CBO representatives, and partnering CBOs received a small agency honorarium consistent with their level of responsibility.

Community members and other stakeholders were engaged throughout primary data collection. Seventy-three focus groups were held throughout the 4 boroughs with community members, including residents identified as having unique health or service needs, individuals with behavioral health issues, and immigrants and/or those with limited English proficiency. Focus groups (6 in total) were also held with Community Advisory Board members from HHC facilities, and a presentation was provided to the Council of Community Advisory Boards. Forty eight key informant interviews were conducted with stakeholders throughout the city. Community residents were also invited to participate in the resident survey, which focused on neighborhoods identified as having large numbers of Medicaid and / or uninsured populations. Over 2500 completed surveys were

included in the analysis. This culminated on October 9, 2014, with the in-person presentation and workshop where the preliminary CNA report was shared with a broad range of stakeholders in each borough.

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

We began with an extensive review of existing literature (e.g. hospital community health needs assessments, community reports, etc.), and the formation of the CNA Steering Committees. We engaged two consulting firms, NYAM and Tripp Umbach, to assist in data collection and analysis. A research protocol was approved by 2 Institutional Review Boards (IRB): NYAM's internal IRB, and the Biomedical Research Alliance of New York (BRANY). NYAM created study instruments, including a resident survey, focus group discussion guides, and a key informant interview questionnaire for use in the 4 boroughs, allowing for standardization and comparison. Data collection materials were translated into ten languages. Consistent with recommendations from the New York State Department of Health DSRIP CNA guidance, NYAM and HHC Corporate Planning Services began extracting and mining more than 70 unique data sets (e.g. NYS Community Health Indicator Reports, Behavioral Risk Factor Surveillance System). Primary and secondary data were used to identify the characteristics of the communities and primary health concerns and health needs of residents, to assess available resources and to identify gaps, to explore disparities in access and use, and to solicit recommendations to promote improved health from community residents. Biweekly conference calls with the CNA Steering Committees allowed for continuous feedback and input into the design of the final CNA.

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

Developing a comprehensive CNA for four boroughs in a compressed time frame presented significant challenges. Coordinating the design of the CNA with multiple partners and other stakeholders added to the list of challenges, despite resulting in a superior report. Offsetting these challenges was the specificity of the guidance from SDOH, which provided a usable template, detailed expected content, and a list of publically available data sources. SDOH also provided on its website and available for download an unprecedented amount of Medicaid data -- formatted for use and user friendly – and other information, however the sporadic, unscheduled, and late release dates of datasets added to the challenge of creating a work plan. Many other state and local governmental departments, including the New York State Office of Mental Health, also made crucial data available for use. In regard to deviations, we have taken great effort to follow the template and content proscribed in the SDOH CNA Guideline and Webinar and believe we have not made any compromises.

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)*

In the community need assessment, we had focused on identifying cultural competence challenges by geography, patient segment (e.g. mental health services), and type of barrier. As baseline, we engaged various CBOs and analyzed the immigration, citizenship status and cultural and language capacity, using both secondary data sources and primary data collection, which was conducted in multiple languages. In our analysis, we identified the gaps in care for cultural and linguistic needs. We have also identified assets and resources that can be mobilized to address the gaps in need, including CBOs, local departments of health, etc. We are connecting with these organizations for people with different ethnic, religious, socioeconomic, and cultural backgrounds to better understand their roles in all the DSRIP projects and the type of support they need to scale their operations, which will include both patient engagement and staff training (including care coordinators, community health workers, etc.), in order to address the community needs.

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)*

Through the community need assessment, we have identified challenges of health literacy as key drivers in potentially preventable admissions. As these challenges are relevant for all DSRIP projects, we are committed to ensuring that patients and our community are offered standard protocols of assistance, which will include outreach efforts located in the community and locations where the patients are, peer to peer educations, linkages to primary care and support in the community, etc. All these efforts will need to involve CBOs who understand and are trusted by the community. We are connecting with all these CBOs and agencies to understand their capacity and resources that are required to scale their operations. These CBOs have been instrumental in supporting us in the CNA process and we continue to collaborate in designing effective implementations to better engage, educate, and activate our community.

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)*

Our PAC structure will evolve from the current planning workgroups and we expect our first formal meeting to take place by early November. We have been continuously reaching out to different stakeholders and engaging them in the planning process. Starting with the CNA, we worked with other PPS applicants to engage community organizations and members, both in shaping the CNA questions and in collecting primary data. We are connecting with broad spectrum of community organizations in the partner selection process, ranging from community providers, social service providers, CBOs, etc. While some of these organizations may not decide to become a formal partner, we hope to collaborate with them in creating the patient-centered continuum of care. We have invited representatives from community organizations to collaborate in the planning process by joining our workgroups. As we develop deeper understandings of the CNA results and project planning, we are continuously inviting more organizations to join the workgroups. These workgroups will evolve shortly into the various governance entities that will continue to guide the DSRIP effort. We have also engaged other vital stakeholders (e.g. unions and worker

representatives) in the planning process, both to provide update and to seek their input. We plan to formally declare a PAC once project planning and partnership discussions progress further.

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)*

Pending

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	Governance & Strategy
2	Care Models & Delivery System Design
3	Finance & Valuation
4	IT & Operations
5	Stakeholder Engagement & Change Management
6	Legal, Regulatory, & Policy
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We expect to finalize our governance structure by early November. During planning, we have formed 6 workgroups to focus on different workstreams and to develop the conceptual framework (see above). These workgoups include participation from representatives of community organizations who are potential partners in our PPS. These workgroups will evolve into the permanent governance structure for DSRIP implementation, which will consist of a PPS executive committee and 3 subcommittees in Care Models, Business Operations & IT, and Stakeholder & Patient Engagement. In addition, given we have 1 PPS with 4 hubs, we will have a

hub-level governance for each hub so city-wide and local partners will have input and participation in guiding the PPS.

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)*

A portion of the first grant payment was allocated for the community need assessment in the 4 boroughs of our coverage area - Bronx, Brooklyn, Manhattan, and Queens. In addition, we have used the funds to establish central project management and to engage external vendor support for the planning process. To engage our community and potential partners, we have also held townhall meetings, one-on-one discussions, etc.

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)*

While the scale and speed of this transformative project continues to be challenging, it is not a deviation from our expectation or plan. We continue to focus on the spirit of DSRIP, which is to promote collaboration and create patient-focused care delivery models in the community.

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

The second award payment will be used to continue our external vendor support during this planning period. In addition, the mutual evaluation process between us and potential partners continues to intensify as we assess alignment around funds flow, roles and responsibilities, etc, as supported by in-depth financial modeling and legal assessments. To engage the broader community, we will begin to construct an external-facing website. We will also continue to develop detailed implementation plan with our clinical, operational, financial, and IT experts and partners.

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

#	DSRIP Project	Status
1	2.a.i. Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management.	Confirmed
2	2.a.iii. Health Home At-Risk Intervention Program: proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	Confirmed
3	2.b.iii. ED care triage for at-risk populations.	Confirmed
4	2.b.iv. Care transitions intervention model to reduce 30 day readmissions for chronic health conditions.	Confirmed
5	2.d.i. Implementation of Patient Activation Activities to engage, educate and integrate the uninsured and low/non-utilizing Medicaid populations into community based care.	Confirmed
6	3.a.i. Integration of primary care and behavioral health services.	Confirmed
7	3.a.iv. Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based programs	Confirmed
8	3.d.ii. Expansion of asthma home-based self-management program.	Confirmed
9	3.g.i. Integration of palliative care into the PCMH model.	Confirmed
10	4.a.iii. Strengthen Mental Health and Substance Abuse Infrastructure across systems.	Confirmed
11	4.c.ii. Increase early access to, and retention in, HIV care.	Confirmed
12		Select One
13		Select One
14		Select One
15		Select One

Completion

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

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

Name: Ross Wilson, M.D.

Title: Chief Medical Officer

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