

Design Grant Questionnaire

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

Contact Information

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

Date: 10/15/14

Provider Name: Refuah Health Center

Contact Name: Chanie Sternberg

Contact Email: Csternberg@RefuahHealthCenter.com

Contact Phone: (845)354-9300

PPS Status

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

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

Yes

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

No

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

N/A

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

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)*

RCHC views careful partner selection as a key to the future success and sustainability of its PPS. Therefore, RCHC is currently engaged in a thorough due diligence process that will assess the financial and operational strengths and weaknesses of each potential PPS partner. The results of this evaluation will then inform RCHC's internal network completeness assessment and drive final partner selection. Upon completion of its due diligence process, RCHC will enter into formal provider participation agreements. These provider participation agreements will set forth the expectations and requirements of each partner.

- 6) A.** Has your PPS executed a Data Exchange Application and Agreement (“DEAA”) with the State for data available in the DSRIIP 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)*

RCHC is a key participant in the regional CNA initiative, led by Westchester Medical Center (WMC). The motto for this project is "One region, One CNA." All four PPSs in the region are participating in this collaboration to create a comprehensive analysis of regional data, thus allowing for strategic planning and project design. A regional CNA timeline has been developed. To date, the regional CNA has met its timeline, including:

- Most SPARCS and secondary data analysis has been completed as of 10/1. A Burden of Disease (SPARCS data) listing of all major diagnoses that present in the ED by total region, county, and hospital is expected to be complete by 10/21.
- A resident survey was developed and distributed in September. This survey involved input from all of the regional PPSs, including RCHC. In particular, RCHC was instrumental in translating the survey into Yiddish and Creole. RCHC is also engaged in the process of obtaining survey responses from local residents. An analysis of survey results will be completed in November.
- Collection of baseline data measures for all required measures will be completed in October. Draft mapping of measures for each candidate project was completed in September.
- Several inventories are being compiled: The community-based organization and health care resources inventories will be completed on 10/15, and the Health IT inventory by 10/31.
- An analysis of data hubs and "hot spots" was completed on 9/23; further analysis is being conducted through mid-October.
- CNA data and findings will be posted for public comment in mid-October.
- A first draft of the CNA report will be reviewed with PPSs in the region on 10/23.

Further, Refuah is independently working with consultants to address CNA elements which are unique to RCHC: 1) Manatt has been engaged to perform data analyses and needs assessment; and 2) Markowitz Consulting has been retained to conduct focus groups in connection with the ED-primary care colocation project.

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

Throughout the design process, RCHC has sought meaningful and collaborative engagement from its stakeholders and community. In July, RCHC developed a communication and engagement plan. As part of this plan, RCHC hosted a webinar in August to familiarize partners with the details of DSRIP, the design process, and the CNA.

RCHC launched a website (www.r-chc.org) dedicated to its PPS. The website provides access to RCHC-developed materials, CNA documents, PAC presentation slides, and PAC webinar recordings. E-mail alerts are sent to PAC representatives when the website is updated. The website also provides a means of on-going communication.

RCHC's first PAC meeting was held in early September. The event was well attended, with representatives from 35 partner organizations. The first meeting included updates on PPS progress and presentations on the clinical, financial and governance aspects of the PPS. Deborah Viola, PhD, Director of Health Services Research and Data Analytics at The Center for Regional Healthcare Innovation at WMC, and a RCHC PAC representative, provided an overview of the regional CNA process. In October, the PAC met via webinar to further discuss project planning and the CNA. Both PAC meetings gave PPS partners the opportunity to ask questions and provide feedback.

In October, the draft regional CNA will be available via a link on RCHC's website for a 30-day public comment period. Alerts will be sent to all partners, and the community will be encouraged to comment. RCHC will carefully review and consider all feedback.

As an FQHC, Refuah has the benefit of community engagement through its Board, the majority of which is comprised of Refuah patients. Refuah plans to share CNA findings with its Board in order to solicit their feedback. Refuah is encouraging its partners to engage in similar efforts to obtain direct consumer feedback.

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

As described in #8 above, RCHC is a key participant in the WMC-led regional CNA process. This initiative is led by Deborah Viola, PhD. Dr. Viola is an experienced economist whose work has been focused on healthcare data analytics. As part of this collaborative CNA effort, representatives from each PPS meet weekly to discuss progress updates and data needs, vet assessment plans and tools, and review findings. The regional CNA will provide a comprehensive analysis of the gaps in services and the specific healthcare needs of the Hudson Valley. Key aspects of the CNA include a quantitative data analysis to show "clusters" of need and utilization, an inventory of healthcare resources by county, an inventory of community-based resources by county, an online and paper community health and service use survey in multiple languages, focus groups with providers, and focus groups with community members in multiple languages. The CNA methodology includes detailed analyses by zip code, where available, to identify pockets of need and available resources as well as the identification of "prevalence clusters" of conditions within each county. The qualitative findings are used to complement and "triangulate" findings from the quantitative data, therefore enabling RCHC to develop a more accurate and nuanced understanding of community need.

Additionally, RCHC has engaged WMC's CNA consulting firm, Manatt , to use the data to do additional analyses (e.g., performance gaps, size of populations) for each of RCHC's potential projects.

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

The collaborative regional "One Region, One CNA" process has eliminated many of the challenges that RCHC would have faced had it attempted to conduct its CNA separately from the other three overlapping CNAs in the region. For example, the collaborative process has allowed the regional PPSs to pool resources, leverage community relationships, and avoid cumbersome duplication. The primary challenge RCHC has faced is the need to start working on initial project selection and design without having the benefit of a completed CNA. Ideally, the final CNA would be in hand to guide selection and design decisions; however, RCHC is working to overcome this challenge through vigilant monitoring of the data as it becomes available. For example, RCHC made revisions to its selected projects when the CNA data revealed that there was only a significant enough performance gap with a small number of patients in a portion of a sparsely populated zip code.

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)

RCHC's partners have a long-standing history of providing culturally competent care. As FQHCs, both Refuah and Ezras Choilim, a key partner, have implemented strategies to identify the cultural needs of patients and overcome any potential barriers to care. Refuah and Ezras Choilim have decades of experience providing culturally appropriate care to the Orthodox Jewish communities in Rockland and Orange counties. Refuah has worked closely with local Haitian and Hispanic populations as well. Bon Secours Charity Health System, another key partner, also has significant experience working with the local Hispanic population.

RCHC is building upon its existing expertise so as to design projects in a manner that recognizes the cultural needs of patients and adapts to these needs. For example, RCHC has helped ensure that the CNA community surveys are conducted in English, Spanish, Portuguese, French Creole, and Yiddish. The surveys include questions assessing language access and other barriers to care, the results of which will influence project design. Further, RCHC has taken an "on the ground" approach to ensuring that the surveys are completed by sending staff into community settings to conduct the surveys.

In order to foster a greater understanding of the role of cultural competence/health literacy among its partners, the October PAC meeting included a discussion on these topics. Further, as part of its collaboration with WMC, RCHC is providing feedback on a draft survey intended to assess stakeholder and community input on challenges as well as potential resources and solutions to improve cultural competency and health literacy among PPS partners and in the new system of care.

RCHC will use the experience of its partners as well as this newly gathered information to develop a plan for ensuring that its PPS provides culturally competent and linguistically accessible care. The plan will be embedded throughout the PPS design, including project and workforce plans.

- 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)*

RCHC is in the process of assessing health literacy issues and resources in its three counties. This assessment is being conducted largely through the CNA community resources inventory. As stated above, RCHC is also reviewing a draft survey developed by WMC to assess stakeholder and community input on challenges as well as potential resources and solutions that would help improve cultural competency and health literacy among PPS partners and in the new system of care. RCHC is also drawing upon the feedback and experiences of its PPS partners in developing a strategy to address health literacy.

RCHC will use all related information and the historic experience of its diverse partners to develop a plan for addressing health literacy among its patients and community members. As stated, the plan will be embedded throughout the PPS design, including in project and workforce plans.

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)*

RCHC formed its PAC according to the provided guidance, allotting representative positions (managerial, worker, and union positions) to partner organizations based on organizations’ size and union status. The PAC currently consists of about 70 representatives.

The PAC meets monthly in-person or by webinar. In August, RCHC held an educational webinar for its partners so that they could start to become acquainted with DSRIP and the overall design process. RCHC hosted the first PAC meeting on September 10. This meeting was attended by representatives from 35 partner organizations. The PAC representatives are comprised of a mix of managerial representatives, non-managerial worker representatives, as well as representation from 1199 SEIU Healthcare Workers Union.

The second PAC meeting was held via webinar on October 6. Monthly PAC meetings will continue until April, after which meetings will be held quarterly.

RCHC has presented information to its PAC on all core aspects of the DSRIP program as well as the status of RCHC’s design process and timeline. RCHC has facilitated discussions and gathered feedback on the regional CNA and project selection and design. RCHC’s Steering Committee has used this input to guide decisions about the design process. During PAC meetings on November 12 and December 10, RCHC will include detailed discussions on governance, financial, and workforce draft plans.

RCHC also launched a website, with all PAC materials, presentation slides, meeting notes, and webinar recordings. RCHC sends e-mail alerts to the PAC when the website is updated with new information and encourages representatives to contact RCHC outside of meetings with questions or feedback.

Thus far, RCHC has a workforce workgroup under development that will provide input to the Steering Committee on workforce plans and strategy. The Committee also has a clinical workgroup focused on project selection and design.

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)*

See #16.

- 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	Financial
2	Clinical
3	Data/IT
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

14	
15	

The Steering Committee has preliminarily adopted the Collaborative Contracting Model, as identified in the "How To" Guide-Governance/Version 1.2. No new legal entity will be established. Although the details of the composition of the Executive Governing Body have not been finalized, it is envisioned that it will be composed of representatives of Refuah Health Center, Ezras Choilim Health Center and Bon Secours Charity Health System, as a well as a representative from each of the remaining PPS partner service areas and categories. The expectation is that the Executive Governing Body will not exceed 15 members.

At the current time, three specific subcommittees will fall under the Executive Governing Body. These are the Financial, Clinical, and Data/IT Subcommittees composed of representatives of PPS partners. Other subcommittees will be established based upon need.

RCHC envisions its PAC will be governed through the same governance structure as described above. Having one streamlined and inclusive governance structure, rather than two, will avoid unnecessary duplication and prevent a strain on the resources of the partners.

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 grant payment has been used as follows:

Stakeholder Engagement: Much time and expense has been devoted to stakeholder engagement. Consultants from the delivery system redesign, legal, and finance areas have been involved with Steering Committee meetings, PAC meetings, and clinical workgroup meetings aimed at engaging RCHC’s partners. RCHC also launched a website.

Application Development: Health Management Associates, Inc. (HMA), a consultant specializing in delivery system redesign, is engaged on numerous fronts, particularly project selection/design. HMA leads the clinical workgroup in facilitating project selection/design.

Partner Selection: Initial work has been done on a partner “stress test” from a financial and compliance perspective. RCHC’s finance advisors (CohnReznick) analyzed the financial strength of partners through a review of the past 3 years of 990s to identify partners with poor financial health and declining trends. Legal counsel performed a review of publicly available audit reports and filings to identify potential Medicaid/Medicare compliance issues.

Financial Model: CohnReznick began establishing frameworks for the financial model, incentive allocation methodology, and sustainability model. CohnReznick also developed a project costing framework and analyzed the Medicaid managed care plans with membership in the 3-county region.

Legal Structure: RCHC legal counsel (NixonPeabody) reviewed governance guidance and developed a governance strategy, which will be reviewed this month by the Steering Committee. Legal counsel is also analyzing potential regulatory barriers and waivers that may be required.

CNA: As described above, RCHC is a partner in the "One Region, One CNA" process led by WMC. While WMC is currently supporting the cost of large portions of the CNA, some limited RCHC grant funds from the first payment have been used for this activity. Further, RCHC has engaged Manatt and Markowitz consulting to work on unique CNA aspects.

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

70%

- 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 one significant deviation from RCHC's original Design Grant Application relates to the CNA. In the original submission, expenses were budgeted to develop an RCHC-specific CNA. However, as the DSRIP planning process has progressed, RCHC has decided to collaborate with WMC to develop a shared Hudson Valley CNA that will include the three counties RCHC has included in its target population. That being said, additional expenses will be incurred in the second half of the planning period on focus groups, project-specific data analyses, and other initiatives to flesh out specific needs of the communities in Rockland, Orange, and Sullivan counties. Markowitz Consulting has been hired to conduct focus groups, and Manatt has been hired to help develop CNA components specific to RCHC's projects and partners.

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

The majority of expenses will be incurred in the next phase as work intensifies.

Stakeholder Engagement: PAC, Steering Committee, and workgroup meetings will become more frequent.

Application Development: Application development will intensify as consultants develop drafts for review and finalization. RCHC also will solicit feedback on key elements with the PAC and other stakeholders.

Project Design: RCHC will finalize project selections with CNA findings. HMA will facilitate the creation of project plans.

Technology: RCHC has hired a Chief Technology Officer focused on PPS technology needs. The CTO will leverage WMC’s technology survey, augment it with other information from RCHC partners, and lead the HIT/HIE plan development.

Partner Selection: The initial financial and legal “stress test” will take on a more detailed review, with a comprehensive due diligence review being performed. Clinical, operational, financial, and compliance metrics will be compiled and requested from partner organizations through a survey.

Financial Model: CohnReznick will finalize the financial model and sustainability plan. A project costing template will be developed to build key assumptions for the financial model, namely workforce, technology, and infrastructure. CohnReznick will work with the clinical workgroup to identify key project metrics to build an incentive payment allocation model. Discussions will continue with the Medicaid managed care plans.

Governance Structure: RCHC will finalize the organizational structure, create operating agreements and/or bylaws, develop a corporate compliance program and partner oversight/removal protocols, and develop contractual agreements among RCHC and its partners. Regulatory filings and waivers may be required that necessitate in-depth legal advice.

CNA: RCHC will drill deeper into the needs of the 3 PPS counties and project-specific data. RCHC has engaged two new firms to help with focus groups and other CNA needs.

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	Considered
2	2.a.iv - Create a medical village using existing hospital infrastructure	Considered
3	2.b.ii - Development of Co-Located Primary Care Services in the Emergency Department (ED)	Considered
4	3.a.i - Integration of Primary Care and Behavioral Health Services	Considered
5	3.a.iii - Implementation of Evidence-Based Medication Adherence Program in Community-Based Sites for Behavioral Health Medication Compliance	Considered
6	3.f.i - Increase Support Programs for Maternal and Child Health (Including High-Risk Pregnancies)	Considered
7	4.b.ii - Increase Access to High Quality Chronic Disease Preventative Care and Management in Both Clinical and Community Settings (Focus Area 3) (This project targets chronic diseases that are not inc	Considered
8		Select One
9		Select One
10		Select One
11		Select One
12		Select One
13		Select One

14		Select One
15		Select One

Completion

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

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

Name:

Title:

Check box with yes or no: Yes: | No