

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: 10/15/2014

Provider Name: Richmond University Medical Center / Staten Island University Hospital

Contact Name: Joe Conte / Bob Blake

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Contact Phone: (718) 818-2402 / (718) 226-1166

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)*.

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)*

- 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 Staten Island ("SI") PPS has maintained a file of all signed partnership agreements (Memorandum of Understanding "MOU"s) from the partner organization list that was initially submitted however additional partners that were added to the DSRIP Network Tool to meet the Oct. 1, 2014 deadline. The SI PPS has not collected signed agreements from all of the additional partner organizations, however is actively working to completing 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)*

Ye

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)*

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")

all remaining appendix are being mailed 10/16/14, following clarification.

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 Staten Island (“SI”) PPS has completed the following tasks related to the Community Needs Assessment (CNA) stated on our design grant application.

The Co-Leadership and Steering Committees are serving in an advisory role on stakeholder engagement and data collection as part of the CNA process. The Co-Leadership Committee is comprised of senior management from the Hospital's and the Steering Committee is comprised of representatives from a wide range of provider types within the SI PPS.

The SI PPS is well along in the process of completing a qualitative and quantitative analysis related to the assessment of population health issues to identify health disparities and high-risk issues in the Medicaid population. The quantitative assessment is targeted for completion by late October. To achieve the goals of the qualitative assessment, the PPS developed a community survey tool and has begun conducting a series of community forum meetings where the survey is being.

The PPS has presented quantitative data that will be part of the CNA in the PPS Project Subcommittee Meetings for initial comment and discussion.

As apart of the CNA, the SI PPS is also completing an inventory of SI health system infrastructure and health care resources within the services area as well as community-based resources. The PPS completed a PPS collaborator survey incorporating criteria specified in Guidance for Conducting Community Needs Assessment, Section A. The PPS collaborators submitted responses in early October and the results are being analyzed to be included in the CNA report.

The PPS is in the process of developing the CNA Report, a draft of which is targeted for completing by the end of October. The CNA will be discussed and commented on by key stakeholders, including the DSRIP Steering Community, and community stakeholders and feedback incorporated by November 15th.

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

The SI PPS is engaging the community and obtaining input on the DSRIP project through several outreach efforts. The PPS is forming a Community Advisory Committee that includes membership from Staten Island's Community Boards, business leaders and community advocacy organizations. A Clinical Advisory Committee is being formed to both promote and obtain critical feedback on DSRIP from Staten Island physicians. The SI PPS Project Advisory Committee will be a part of all engagement activities, as well as meeting PPS core requirements, including the workforce plan. In addition, the PPS has leveraged key partners, to identify community based groups to engage.

The results of the CNA will be shared with the abovementioned Committees, and other community stakeholders and their feedback incorporated in the final CNA report and project design activities.

As mentioned previously, community engagement is also being achieved through the Community Survey, that is currently being administered in community settings to representative community groups for input on healthcare challenges and key DSRIP initiatives.

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

The Staten Island PPS is in the process of completing a comprehensive community needs assessment using the following approach to data collection, analysis, and reporting:

(1) Downloaded state data to inform DSRIP project planning and strategy from the following sources: US Census Bureau American Community Survey; Health Data NY Portal; NYS DSRIP Performance Chartbooks and Workbooks; NYS DSRIP Salient Dashboards; SPARCS; Office of Mental Health DSRIP Performance Data; the New York City Department of Health and Mental Hygiene.

(2) Downloaded data on community and healthcare facilities' locations from Health Data NY, Substance Abuse and Mental Health Services Administration ("SAMHSA"), Health Resources and Services Administration ("HRSA"), the HITE database (available thru GNYHA) and the NYC Department of City Planning for mapping of facilities and resources on SI.

3) Developed, released, and analyzed the PPS Collaborator Survey to all PPS members to assess provider capabilities, resources, and assess gaps in services.

(4) Developed and distributing Community Survey to patients in order to better understand community needs.

(5) Working with community based organization to assist in community engagement, including hosting community forums, using existing community forums, and distributing community survey in these settings to further understand the community being served.

(6) Developed and released data request for the PPS members providing long term, hospice and palliative care to better understand percentage of provider's patients receiving palliative/hospice care, average length of stay for hospice patients, and number of transfers/readmission to acute care facilities from long term facilities, among other areas.

(7) Reviewed previously completed HEAL grant applications and CNAs to inform the SI CNA.

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

The Staten Island PPS has encountered some challenges in collecting key data to inform the DSRIP project selection and to assess appropriateness of selected projects, for example data related to admissions from long term care to acute facilities, and data related to palliative care services have taken longer to procure than expected.

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)*

Cultural competence and strategies to improve cultural competence, will be advanced by the SI PPS Steering Committee. The PPS recognizes that to meet project goals, the diverse needs of our employees and community must be understood. The PPS collaborating organizations will share their experience on the challenges to to provide culturally competent care, based on each organization's unique patient/client demographics, language, customs, etc. If necessary PPS collaborating agencies who currently provide cultural competence education to their organizations will be able to provide this training to provide training to other PPS member organizations. This training may include language access, cultural and religious competence, and health care equality for the Staten Island's Lesbian, Gay, Bisexual and Transgender community.

The PPS will develop sustainable cultural competence collaborations between community based faith, cultural and ethnic groups. The Staten Island PPS will work with the Staten Island Immigrant Service Providers network, the Staten Island Immigrants Council and the Healthy Partnerships Health Literacy Program which conducts outreach to all adult literacy organizations throughout the borough.

- 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 SI PPS will utilize the experience of its collaborating organizations to ensure both organizational and community health literacy are integrated into all DSRIP initiatives. As necessary, existing health literacy programs provided by our collaborating agencies, including educational sessions and staff developmental workshops, will be offered to all collaborating agencies. This may include the expansion of Staten Island University Hospital's "Health Literacy Simple Language" workshops which are available to borough health care agencies and have been included in Wagner College's nursing curriculum.

The SI PPS may also "The Healthy Partnerships Program" which takes a multifaceted approach to improving the health literacy of the patient population by developing and sharing health literacy curriculum based on interest, health disparities, chronic illness, prevention, navigating the health system and a person's journey to wellness. To date this program has conducted more than 500 individual classes reaching over 4,000 adult learners. Program partners include the YMCA, NYPL, and the JCC.

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 SI PPS has elected to form an alternate PAC structure to advise on all elements of DSRIP including planning, implementation and performance monitoring. The PAC has been established to serve in an advisory role to the SC and Subcommittees and attend specific meeting to advise on CNA findings, project design and other components of the DSRIP planning process.

The PAC is comprised of representatives from the PPS partners, a subset of the Steering Committee and employee labor unions to achieve representation of provider and employee. The PAC includes representations from a spectrum of provider organization including co-lead hospitals, mental health and substance abuse providers, nursing homes, community organizations, Medicaid Managed Care Organizations, Health Home, Federally Qualified Health Centers, and physician groups, among others. The labor unions represent workforce across multiple collaborator organizations.

As an advisor to the Co-Leadership and Steering Committee, the PAC will provide input on workforce strategy, the PPS’s vision and mission statements, and the PPS’s governance structure and plan, among other areas related to the DSRIP project planning.

The PAC will meet multiple times during the project design process.

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)*

Eleven

- 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
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1	Co-Leadership Committee
2	Steering Committee
3	Project Subcommittee 1 - Chronic Care & Care Coordination
4	Project Subcommittee 2 - Long Term Care
5	Project Subcommittee 3 - Behavioral Health & Substance Abuse
6	Clinical Advisory Committee
7	Community Advisory Committee
8	Finance Committee
9	Information Technology Committee
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11	
12	
13	
14	
15	

The "Co-Leadership" Committee is comprised of the senior management of the Richmond University Medical Center and Staten Island University Hospital, the "co-leads" of the emerging PPS. The Committee provides final approval on the recommendations of the Steering and sub-committees. The Committee is responsible for the implementation of a "new-co" for the DSRIP and its governance structure. The Committee is ultimately responsible for the DSRIP initiative's successful implementation, fiscal and programmatic integrity, and sustainability.

The Steering Committee is tasked with advising the PPS on all key components of the DSRIP Planning process including the CNA, governance, project selection and design, workforce strategy, funds flow and budgeting, performance management, data exchange, among others.

The Project Subcommittees, have been formed to facilitate PPS provider collaboration in the design and planning of the selected DSRIP projects.

The Finance Committee ("FC") assists and advises the SC in developing a funds flow model for funds distribution, a 5 year DSRIP budget model, an approach to financial sustainability. FC members include PPS members with financial expertise.

The Information Technology ("IT") Committee advises the SC in developing the IT needs for all facets of the DSRIP initiative. IT Committee members include PPS members with IT expertise.

The Clinical Advisory Committee ("CA") provides clinical advisory to Project Subcommittees and the SC to assist in project design and planning.

The Community Advisory Committee provides a community perspective to Project Subcommittees and the SC in the design and planning of DSRIP projects and includes members from specific SI community organizations.

As described in the response to Question 14, the PAC serves as an advisor to the Co-Leadership and Steering Committees and assists in the responsibilities described. Further the PAC serves in an advisory role to each committee described above.

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 majority of the first grant payment was used to support funds for an external consultant (BDO consulting) as well as resources to undertake the Community Needs Assessment. BDO provides ongoing subject matter expertise and support in all aspects of designing the DSRIP program. Working closely with the co-lead hospitals and PPS collaborators, BDO consultants have participated, help coordinate, advised and prepared the majority of presentation material for the ongoing PPS committee meetings. As part of our communication plan BDO is hosting a web site for communications concerning the DSRIP initiative. They have assisted in assessing, obtaining and interpreting data for the Community Needs Assessment. For the qualitative stakeholder survey assessment tool, BDO has automated the survey for computerized input and analysis. BDO continues to advise the PPS on critical DSRIP issues including PPS membership selection and regulatory issues that may affect the initiative.

- 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)*

One deviation from the submitted project plan was the decision not to form a Community Needs Assessment Advisory Panel. It was decided that the completion of the CNA would be the responsibility of the Steering Committee. The Steering Committee has commensurate expertise as the originally envisioned CNA Advisory Panel. The decision adds efficiency to the task of conducting the CNA, and eliminates the need for an additional project committee. As the planning process advanced, the need became clear to add several committees with specialized expertise. This includes forming Finance, IT, Community Advisory and Clinical Advisory Committees. Concerning challenges and variations from the work plan, there are several critical issues the PPS felt it should address at the beginning of the planning phase. One of the most significant of these issues to allow the integrated delivery of care, is to address the need to be able to have the many IT systems of the PPS collaborators be able to share information through a health information exchange platform that is both flexible and economical. A related issue is how to bring care management support to the operations of our PPS, and determine methodologies to risk stratify the communities we will serve to identify individuals most "at risk" for avoidable

hospitalizations and ER visits. These issues are being addressed through ad-hoc meetings with representatives from across the PPS with expertise in these areas.

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

The second payment will continue to be used for consulting support for the ongoing planning process. We expect that during the second half of the Planning Process the need for external consulting assistance will be more intensive. In addition to support for ongoing committee meetings and assisting with the preparation of the project application, BDO may need to devote resources for analyzing stakeholder surveys, conduct a detailed funds flow analysis and development of an overall PPS DSRIP project budget.

The second award payment will also be used to engage outside legal counsel to develop the envisioned "new-co" for the Staten Island DSRIP to be co-lead by RUMC and SIUH. This work will include "designing" a governance structure, and preparing all required documents to incorporate the new entity.

Because the PPS does not have a cost estimate yet to engage the aforementioned legal counsel, and because the scope of work for BDO may need to be expanded, it is foreseeable that the DSRIP planning costs may exceed the grant award.

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.iii: Health Home At-Risk Intervention Program	Considered
2	2.b.iv: Care Transitions Intervention Model to Reduce 30 Day Readmissions for Chronic Health Conditions	Considered
3	2.b.vii: Implementing the INTERACT Project	Considered
4	2.b.viii: Hospital-Home Care Collaborative Solutions	Considered
5	2.d.i "Project 11": Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid Populations into Community Based Care	Considered
6	Project 3.a.i: Integration of Primary Care & Behavioral Health Services	Considered
7	Project 3.a.iv: Development of Withdrawal Management Capabilities	Considered
8	3.c.ii: Implementation of Evidence-Based Strategies in the Community to Address Chronic Disease – Primary and Secondary Prevention Projects (Adults Only)	Considered
9	3.g.ii: Integration of Palliative Care into Nursing Homes	Considered
10	Project 4.a.iii: Strengthen Mental Health and Substance Abuse Infrastructure Across Systems	Considered
11	4.b.ii.: Increase Access to High Quality Chronic Disease Preventive Care & Management in Both Clinical and Community Settings	Considered

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: joseph Conte

Title: Sr. VP

Check box with yes or no: Yes: | No