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 2, 2014

Provider Name: Samaritan Medical Center

Contact Name: Denise Young

Contact Email: dyoung@fdrhpo.org

Contact Phone: 315-755-2020 ext 10

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)*

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)*

These are currently in the form of Letters of Intent to participate.

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)*

Contract attachments

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

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

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

Yes

Community Needs Assessment

The following questions address your PPSs progress in completing your Community Needs Assessment ("CNA").

8) Please provide a status update on your CNA's progress versus the timeline stated on your design grant application. (2,*000 character limit)*

The CNA timeline was extended to incorporate the items required to fill gaps in the already completed Regional Community Health Needs Assessment. The timeline for completion was moved out to October 15 based on the need to complete the financial analysis of facility restructuring and provide sufficient time to complete collection and analysis of qualitative data from our region's Medicaid and uninsured populations. The community demographics, population health statistics, community resources and healthcare resources have all been completed.

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

Stakeholder and community engagement is an element of every aspect of the NCI assessment process. Preliminary findings were shared and reviewed with key healthcare, public health and community-based stakeholders. To engage the community, NCI has utilized the workgroup's website (North Country Health Compass, www.ncnyhealthcompass.org), social media, agency presentations, focus groups, community forums, a variety of local print media outlets, a variety of local televised interviews, and local conference presentations. Each outreach effort deliberately solicits feedback from our stakeholders and the community. The workgroup intends to continue to leverage these engagement outlets during the entire DSRIP process. In addition a specific survey tool was developed and distributed to directly get input from Medicaid recipients through our partners including all three counties department of social services.

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

Data collection related to the description of resources (healthcare and community-based) leveraged existing healthcare and social services directories. Stakeholder input is being gathered electronically to ensure that an accurate inventory and analysis of resources is presented. Quantitative community data has been gathered through the DSRIP Dashboard and Prevention Agenda Dashboard. Additional population data elements were gathered using the workgroup's comprehensive regional health information online database (North Country Health Compass) which can be segmented by region, county, hospital service area, and zip code. Qualitative community data is being gathered via paper-based and online survey tools. Information regarding the social determinants of health and the challenges related to health and health services has been gathered through stakeholder small group meetings and interviews with the workforce that directly interfaces with the community of interest. All reporting will leverage existing electronic communication channels, the NCI DSRIP Public website (https://sharepoint.fdrhpo.org/public/NCI-DSRIP), the North Country Health Compass website, community forums, social media and existing news media relationships.

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

The main challenges encountered relate specifically to the analysis of the financial implications of restructuring the care delivery system. The workgroup is still gathering data and working with facilities to determine the intended outcomes and the potential for unintended consequences. KPMG SMPs have been identified to assist in the final analysis and reporting of findings.

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 embraces the principles of equal access and non-discriminatory practices in service delivery and education. In the Tug Hill Seaway region the primary disparity impacting the population's access to healthcare and disproportionate poor health outcomes is socioeconomic. Other areas of cultural competency that are of significant importance to serving the population include competency to engage effectively with those with mental and physical health disabilities. Developing cultural competency within the PPS requires that we continue to work actively and collaboratively with the patient advocacy organizations that serve the region and engage directly with the population to be served. Currently many organizations representing this advocacy are participating in the NCI DSRIP planning including the Northern Regional Center for Independent Living, the Mental Health Association, the Urban Mission, the Office's for the Aging and the Community Action Planning Council. One other area of cultural competency that will be of import to Project 11 is the need to be respectful and honor the culture of the Amish and Mennonite populations of the region in regards to the communities choice to be self-insured through their internal ministry.

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 NCI PPS approach to improving Health Literacy for the patients we serve places a major focus on improving the way providers interact with the patient and present health information to patients. In our work we have identified that the major barrier to patient understanding rests not with the patient but rather with the providers. This approach will include how materials are reviewed before selection and also trainings on health literacy including the incorporation of motivational interviewing techniques in professional development for providers.

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 NCI PAC has formed, set a meeting schedule, had its first full meeting, reviewed the PAC responsibilities and organizational structure and developed an operating Charter. Open partner meetings have been held to bring knowledge levels up and to introduce the KPMG DST. The Community Needs Assessment, Behavioral Health, Workforce, and Care Transitions Workgroups have met twice. The Clinical and Health Information Technology workgroups have formed, met,

created operational Charters and are developing protocols and metrics measurement. Multiple-county project teams have been formed to begin project implementation planning to inform the project workplans. Open partner meetings have been held with 60+ participants to review the organizational structure, bring knowledge levels up and to introduce the KPMG DST.

Governance Structure

The DSRIP FAQs contain specific guidance such as ensuring the Governing Committee is regionally representative, includes subject-matter experts, and includes union and worker representation, among other recommendations. Please ensure that you address each of the suggestions in the FAQs. The following questions relate to the structure of your Governing Committee.

15) The DSRIP FAQs and the design grant application provide direction on how to form PACs using an alternate structure. Specifically, PPSs are encouraged to form a smaller Governing Committee of no more than 25 members, which is then supported by subcommittees. How many representatives comprise your PPSs Governing Committee? (*10 character limit)*

24

16) Please list all of the subcommittees that fall under your Governing Committee, and briefly explain how the Governing Committee and sub-committees currently collaborate within your PAC structure. *Please list your subcommittees in the table below and provide your collaboration explanation in the text field below the table. (2,000 character limit)*

#	Subcommittee
1	Workforce (RREC) Committee
2	Communitee Needs Assessment Committee - North Country Health Compass Partners
3	Care Transitions Committee
4	- Sub Workgroup: Inpatient Mental Health to Outpatient and Community
5	- Sub Workgroup: Inpatient Chronic Disease to Primary Care and Community
6	- Sub Workgroup: Emergency Department (or Specialty with no PC) to Primary Care
7	- Sub Workgroup: Inpatient to Long-term Care or Assisted Living and vice-versa
8	Medical Management - Clinical Quality Committee
9	Health Information Technology Committee
10	Behavioral Health Committee
11	- Cross Functional Team w Clinical Committee: Prim Care Integration to BH Setting
12	- Cross Functional Team with Clinical Committee: BH Integration into Primary Care
13	Compliance Committee
14	Payor Committee
15	

The NCI Governance Structure includes the North Country Initative LLC, a physician-led Board of Managers, which the PAC will advise on DSRIP Project Iitaitives and implementation planning. The PAC has geographic, knowledge-based and worker representation from the three county region. Each Committee is made up of the partners with expertise in their particular area and is multi-directional - with representation on the PAC, with workgroups addressing planning and

with cross-functional teams where needed for project initiative planning. At this time the North Country Initiative has 100+ active participants in committees and workgroups

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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)*

The first grant payment has been utilized to secure project mangement and facilitation and develop project plan for application completion, community needs assessment, data analysis, development of HIT assessment plan, development of workforce and telemedicine assessment plan.

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

60%

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 design grant budget as submitted was $815k and was awarded at $500k so budget lines have been modified to reflect that change and a regional planning organization has been engaged to complete the facilitation and planning rather than more expensive national vendors. All activities will be carried out and a successful project plan is on target to be submitted with the funding awarded.

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

Major activities for second payment include communication plan implementation, PPS HIT and PCMH Readiness Assessment and Implemetation Plan development, Project Plan and Application Development, Financial and Facilities Analysis and Funds Flow development leading to the submission of a successful application submission.

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. Integrated Delivery System	Confirmed
2	2.a.ii. PCMH and/or Advanced Primary Care	Confirmed
3	2.a.iv. Medical Village with Existing Hospital Infrastructure	Confirmed
4	2.b.iv. Care Transitions Intervention reduce 30 day readmissions	Confirmed
5	3.a.i. Integration of Primary Care and Behavioral Health	Confirmed
6	3.b.i. Evidence-based strategies for Disease Management - Cardiovascular	Considered
7	3.c.i. Evidence-based strategies for Disease Management - Diabetes	Confirmed
8	3.c.ii. Evidence-based strategies to address chronic disease prevention - Diabetes	Confirmed
9	4.a.iii. Strengthen Mental Health & Substance Abuse Infrastructure Across Systems	Confirmed
10	4.b.ii. Increase Access to Chronic Disease Preventive Care and Management	Confirmed
11	2.d.i Implemenattion of activities to engage, educate, and integrate UI, LU and NU	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: Thomas H. Carman

Title: Chief Executive Officer

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