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**:** Stony Brook University Hospital

Contact Name: Jennifer Jamilkowski

Contact Email: jennifer.jamilkowski@stonybrookmedicine.edu

Contact Phone: 631-444-4500

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)*

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*)

Each partner organization has submitted to the PPS a statement affirming their commitment to participate in the PPS. Such statement has been submitted by the partner organization to the PPS in an electronic format, and all such statements are maintained on file by the PPS and can be made available to the State and/or CMS upon request.

The PPS is in the process of developing a form of a Participation Agreement that is to be entered into between the PPS and each partner organization, which would set forth the comprehensive terms and conditions that would govern the participation of the partner organization in the PPS. The PPS desires that the Participation Agreement be developed in collaboration with the partner organizations through the collaborative governance structure that has been established by the PPS. As such, the PPS intends to develop the first draft of the Participation Agreement, make it available for review and discussion by the PPS's Project Advisory Committee and the PPS's Board of Directors, each of which includes representatives from the various stakeholders included within the PPS. The PPS will then review the feedback received during such process and revise the draft accordingly, at which point the Participation Agreement will be finalized and submitted to the Board of Directors for final approval. Upon the Board of Director's approval, the PPS will make the Participation Agreement available for execution by the partner organizations.

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 following activities have been completed:

• Primary data collection – Telephone survey - This assessment was conducted on behalf of Stony Brook Medicine by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments. The same survey was administered to two distinct populations: 1) a random sample of the Total Population; and 2) a sample of recent patients in the Target Population (those who have Medicaid or are uninsured/self-pay). Online Key Informant Survey - To solicit input (specifically about the Target Population) from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Stony Brook Medicine; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

• All secondary data analyses completed by internal analytics team. This includes broad utilization data, disease trends, and demographic information for both the Medicaid/uninsured and overall Suffolk County populations.

• Summary of primary and secondary data was posted on Suffolk DSRIP website.

• Initial draft of formal CNA narrative (synthesis of primary and secondary data in relation to projects) is in progress.

• Findings of primary and secondary research presented at 9/15/14 PAC meeting; solicited and responded to comments from all PAC members.

• PAC members largely felt that the data strongly supported the project choices.

• The formal CNA narrative will be publically disseminated in November.

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

Stakeholder and community engagement process:

• The SBUH internal leadership group includes the SB Medicine Asst. Dean for Community Health policy. She served at liaison to members of the community concerned with public and minority health.

• Our PAC meeting on 9/15/14 was devoted fully to the CNA. All PAC members were urged to comment and provide input as to community needs and project selection.

• The key informant survey included feedback from physicians, public health professionals, other health providers, social service providers, and other community and business leaders. Through this process, input was gathered from individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

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

Methods for primary data collection:

The telephone survey was conducted of two groups:

Total Population: A random sample of 400 individuals age 18 and older in Suffolk County.

Target Population: A sample of 500 county residents who have Medicaid, Medicaid Managed Care, or who are uninsured, stratified as 100 in each of five county regions. This sample was drawn from phone numbers of recent patients of area hospitals/providers (including Stony Brook University Hospital, HRH Care, Catholic Health Services of Long Island, Peconic Bay Medical Center, and North Shore-LIJ Health System). Criteria included: patients with inpatient or outpatient encounters using electronic medical records (EMR) in calendar year 2013, or any ER visit in calendar year 2013; records showing self-pay, Medicaid or Medicaid Managed Care; and a date of birth of 7/1/1949 through 7/1/1996.

Key informant survey:

To solicit input (specifically about the Target Population) from key informants (individuals who have a broad interest in the health of the community), an Online Key Informant Survey was implemented as part of this process. A list of recommended participants was provided by Stony Brook Medicine; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Key informants were first contacted by letter to request their participation; follow-up emails were then sent with a link to take a survey online. Final participation included 118 respondents,

Methods for secondary data collection:

SBUH data analytics team reviewed and analyzed data from the DOH website, SPARC LDS, and other publically available sources.

Health care system analysis was conducted through provider surveys and interviews by xG Heal

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

The principal challenge of the CNA was the secondary data analysis. While this has now been completed, it delayed the completion of the information synthesis and the compilation of the final CNA report. Nevertheless, the data were reviewed as the analyses were completed and the data-based support for the projects selected is strong and unequivocal. The assessment of the systemic factors related to the health resources landscape, gaps, and need for repositioning of capacity from the inpatient to the outpatient location has not yet been completed. Our consultant, xG Health (the consulting arm of Geisinger Health System) will be completing a systemic assessment by 10/17/14.

Cultural Competence and Health Literacy
The following questions address your PPSs progress achieving cultural competence and improve health literacy.

12) Please provide a status update on your process to identify cultural competence challenges and achieve a culturally competent organization that targets the needs of your community. (*2,000 character limit*)

The identification of cultural competency challenges and health disparities were key areas of focus in the primary data collection done by PRC. Major portions of the assessment addressed community demographic profiles, geographic location of racial and ethnic minorities, specific health disparities, areas of linguistic isolation, and the social determinants of health. Community demographic profiles were largely generated from secondary data, while the in-depth assessment of health status and barriers to care was done though the telephone surveys. To achieve a culturally competent organization, we will be providing all the project teams with guiding principles of culturally competent care to guide project development. We will also be implementing widespread training in cultural competency. This will begin early in the implementation phase and will continue as an institutionalized process. We are currently broadening PPS membership to include more agencies that work directly with racial and ethnic minorities and are including members from relevant cultural groups on project teams.

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*)

To improve health literacy in the Suffolk population, our plan will involve key principles widely advocated by public health professionals. Significant training of PPS providers may be needed and a full literature review of best practices and strategies will be conducted. This will occur early in the project refinement process (post application submission in 12/2014). Since health literacy issues often affect older populations, immigrants, minorities, and low income individuals, we will encourage providers to be particularly aware of literacy concerns when caring for these patient populations. Focus will be placed on the development of appropriately written materials for audiences with limited literacy; the training of PPS providers in the use of plain language in health communications; providing PPS members with the publications and federal documents that address the requirements and characteristics of such publications; and

improving the reading skills of persons with limited literacy. Some of these programs could be offered through a variety of organizations, such as libraries, schools, and community groups who will be enlisted as PPS associates. We will also consider using alternative format interventions involving technologies such as computers, videos and/or audio tapes to support and enhance consumers' knowledge and decision-making/problem-solving skills, and targeted mass media campaigns designed around specific health behaviors.

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)*

Suffolk County PAC meetings have occurred once per month beginning in August of 2014 (8/13). At the first meeting we:
   * Had a networking session
   * Discussed a vision for our PPS
   * Geisigner's consulting arm (xG) provided an overview of population based health management based upon their experience
   * A panel discussion among our representative partner organizations occurred
   * An orientation to the PAC was provided and the proposed approach to the PPS' governance was summarized
   * Next steps including all PPS members' involvement in a survey of capabilities were discussed.

At the second meeting in September (9/15), we discussed the findings of the community needs assessment, specifically the review of the secondary data analysis findings, the results of a county-wide survey of patients as well as key informants, and other relevant information leading to a set of proposed projects. After a Q/A session, the members of the PAC then had deliberative discussions among those at their tables (10 people per table) and reported back as a table whether they felt the data strongly, moderately or weakly supported the need for the proposed projects. The PAC unanimously supported the pursuit of the 11th project, and recommended modifications to two of the projects - expanding the role of behavioral health in two of the projects that have been adopted.

At the third meeting in October (10/14), we discussed the proposed guiding principles behind care management, information technology and funds flow - three areas that will serve as the foundation of our PPS. For each topic there was a 30-minute presentation, followed by a Q/A, and then deliberations among PAC members at their tables using a one-page handout prepared for each topic. At the end of the deliberations, we collected a summary response page from each table. These responses were tallied and discussed at the end of the meeting. They will be summarized for the PPS board and used in developing models for each.

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*)

   21

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	Project Workgroup – Project 2.a.i
2	Project Workgroup – Project 2.b.iv
3	Project Workgroup – Project 2.b.vii
4	Project Workgroup – Project 2.b.ix
5	Project Workgroup – Project 2.d.i
6	Project Workgroup – Project 3.a.i
7	Project Workgroup – Project 3.b.i
8	Project Workgroup – Project 3.c.i
9	Project Workgroup – Project 3.d.i.i
10	Project Workgroup – Project 4.a.ii
11	Project Workgroup – Project 4.b.ii
12	Executive Subcommittee (to be activated after the grant submission as needed)
13	Finance Subcommittee (to be activated prior to grant submission)
14	Community Needs Assessment and Outreach Subcommittee (to be activated prior to grant submission)
15	Health Information Technology and Biomedical Informatics Subcommittee (being activated)

Additional Subcommittees:

16) Clinical Subcommittee (to be activated after the grant submission)

The PPS's governance has been structured in the manner contemplated under the "Delegated Model." As such, the PPS has been organized as its own entity, separate from the lead applicant, and is known as SB Clinical Network IPA, LLC (the "PPS Entity"). The PPS Entity is governed by its own Board of Directors, which is comprised of twenty one individuals. Eleven of the Board members (a majority of the Board) are comprised of individuals affiliated with Stony Brook University Hospital as the lead applicant, and the remaining ten Board members are comprised of individuals who are not affiliated with SBUH and are representative of the other stakeholder groups participating in the PPS. The first meeting of the Board of Directors is scheduled to take place in the last week of October 2014.

To date, there have been three formal meetings of the Project Advisory Committee ("PAC"), one for each of the months of August, September, and October 2014. Each of the Project Workgroups has been established and has been charged with developing plans for each of the projects to be included in our DSRIP Project Plan. The Project Workgroups have commenced meeting, and they are working on developing plans for their respective projects. During its October meeting, the Board of Directors will establish the other subcommittees, as it deems appropriate, and set their meeting schedule. Each subcommittee/ workgroup will submit its plans and recommendations to the PAC for its review and feedback. The Board of Directors will review the plans and recommendations of subcommittee/ workgroup and all feedback received from the PAC and approve the final plans.

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 ($333,333) was used in accordance with our Desing Grant application to fund the consulting engagement for the PRC ($49k expended to date) who were hired to conduct the primary research supporting our community needs assessment. We also funded governance development and legal advice provided by the law firm Rivkin Radler ($188k expended to date) and our population based health management consultants (xG) ($161k expended to date). Some funding has also been used to cover the cost of recording our PAC meetings ($1.2k to date) which we post to our website suffolkdsrip.com. In addition, per our design grant application, we have hired several IT consultants to advise on the development of the PPS' IT infrastructure. To date we have spent $65k in on these consulting engagement.

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*)

We are having some trouble identifying a workforce consultant to assist with the workforce plan. We have asked KPMG to provide a list of recommended firms. They have agreed to do so. We are waiting for a response.

In addition, we were hoping to have access to the Medicaid claims outpatient data to aide in our CNA, partner selection for the projects, and some of our projects' development. We do not yet have a way to address this lack of outpatient utilization information.

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

We will continue to use our additional $2M in design grant funds in accordance with our Design Grant application. We plan to continuing funding our legal activities, particularly the development of contracts between the partner organizations and the PPS and the governance portions of the application provided by the law firm Rivkin Radler. Funding will also be used to support the development of our projects in collaboration with our population based health management consultants (Geisinger's consulting arm xG). We will also continue to fund PAC meeting expenses (room, A/V equipment, materials) and recordings of our PAC meetings which we post to our website suffolkdsrip.com. In addition, we will be supporting the work of several IT consulting engagements aimed at desinging the IT plan with interconnectivity beween a Suffolk DSRIP data portal and all of our partner organizations. A portion of the funds will also support our communications activities. With the help of KPMG, we are also hoping to identify a workforce plan consultant. If we are successful in identifying such a person/firm, a portion of our funds will also support the workforce planning activities.

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	Project 2.a.i	Confirmed
2	Project 2.b.iv	Confirmed
3	Project 2.b.vii	Confirmed
4	Project 2.b.ix	Confirmed
5	Project 2.d.i	Confirmed
6	Project 3.a.i	Confirmed
7	Project 3.b.i	Confirmed
8	Project 3.c.i	Confirmed
9	Project 3.d.i.i	Confirmed
10	Project 4.a.ii	Confirmed
11	Project 4.b.ii	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: Gary E. Bie

Title: CFO

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