

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: 15 October 2014

Provider Name: SUNY Downstate Medical Center

Contact Name: Frank Campbell

Contact Email: Frank.Campbell@downstate.edu

Contact Phone: 718-613-8573

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)*
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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)*

This is a significant requirement that currently mandates signed and notarized letters of agreement. At the advice of DOH, we have asked for clarification and relief at least as it relates to the notarization requirement.

In addition, we plan to combine this partnership agreement with several other terms related to sharing patient information and commitment to the PPS. We are working to develop the draft agreement and upon receiving an answer from DOH regarding the notarization requirement, we will proceed accordingly.

There was no specific requirement related to this for preliminary attribution. Depending upon the response from the state, we will ensure we have the appropriate documents in place. If it requires notarized letters, we will need to assign 2 FTEs to this alone to get it completed in the next 2 months.

6) A. Has your PPS executed a Data Exchange Application and Agreement (“DEAA”) with the State for data available in the DSRIP portal, and any data sharing outside of the portal? *If ‘Yes’, please continue on to Question 7. If ‘No’, please move onto Question 6B. (3 character limit)*

No

B. If you have not completed the above, please provide an explanation as to why these activities have not been completed and provide your plan to remediate. *(2,000 character limit)*

The agreement required review of counsel and there were significant initial concerns related to privacy. Those concerns have been addressed and the DEAA will be submitted by 10/20/2014

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 were submitted except appendices E-1 and E-2 which are not required for SUNY as we are a state agency. We provided such explanation when we submitted the contract attachments.

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 is completed and was completed on schedule (September 18th). Based upon feedback from the DST, we may choose to make certain enhancements.

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

As a component of the CNA, we completed over a dozen focus groups and hundreds of surveys.

Consistent with DSRIP CNA guidance, NYAM (the consultants who completed the CNA, conducted primary data collection in collaboration with numerous community organizations. Community organizations were identified in collaboration with PPS representatives, and represented a range of populations (e.g., older adults, immigrant populations) and neighborhoods.

As described above, community organizations assisted in recruitment for and administration of focus groups and surveys. All organizations assisting with survey administration or focus group facilitation were provided with written guidelines including information on data collection and the general research protocol, the voluntary nature of research, and confidentiality. Organizations also participated in an in - person or phone training on data collection conducted by NYAM staff. Community organizations partnering in the research received an agency honorarium consistent with their level of responsibility

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

In support of the overall aims of the CNAs, primary data were collected and analyzed to ensure the perspective of community members and stakeholders was incorporated into the reported findings and to respond to specific questions that could not be sufficiently addressed through secondary source data alone.

In addressing these questions, we were particularly interested in the perspectives of Medicaid and other low income populations, as well as the uninsured.

Primary data instruments and data collection included resident surveys (over 600), key informant interviews (28), and focus groups (24).

Secondary data analyses were extensive and included NYS community health indicator reports, behavioral risk factor surveillance system, information from SPARCS, PQIs, PDIs, PPVs, hospital-specific proviles, hospital-specific utilization statistics, PPR rates, NYS prevention agenda 2013-2017 tracking indicators, American Community Survey 2012 5-year estimates, and vital statistics and numerous other publications and community based resources.

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

None

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)*

We are utilizing the cultural competence standards in place for the major partners within our PPS.

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)*

We are utilizing the health literacy standards in place for the major partners within our PPS.

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)*

We held a series of "unofficial" PAC meetings in preparing our design grant application. This was a series of approximately 10 meetings of about 100 of our 130 plus partner organizations who participated in completing our design grant application.

Since then, we have held 3 PAC meetings that include all official PAC members to update them on PPS progress. We plan to have 2 more PAC meetings in advance of the grant submission in December.

We have requested that all PAC members participate on at least one project or support committee. We have approximately 95% participation across our project committees.

We are working to include additional Medicaid members on our PAC who are able to attend meetings more consistently and throughout the project.

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)*

13

- 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	IDS/Medical Village/Care Transitions/Hospital Home Care Collaboration
2	11 th Project: Patient Activation
3	Integration of Primary Care and Behavioral Health
4	CV Disease and Diabetes Evidence Based Strategies
5	HIV Strategies to Avoid Hospitalizations
6	Tobacco Use Cessation - In conjunction with NYCDOHMH
7	HIV and STD Transmission - In conjunction with NYCDOHMH
8	PPS Governance and Funds Flow
9	"One Brooklyn Health" Integration
10	Workforce
11	Application
12	
13	
14	
15	

We did not propose an alternative PAC structure as part of our design grant application. We have two separate project management committees that serve as to foster the progression of our DSRIP planning process. These committees meet weekly and there is cross over on membership.

One is focused on One Brooklyn Health (OBH) activities, or the relationship that the 4 primary acute care hospitals (SUNY Downstate, Interfaith, Brookdale, and KJMC) in terms of common governance and an shared financial risk and reward. The second represents project managers and committee chairs for each of the sub-committees. This is how we have been and will "govern" this planning phase of DSRIP.

Our governance and funds flow sub-committee plans to create the Governance function for the implementation of the DSRIP plan. Depending on the ultimate governance structure for One Brooklyn Health, there may or may not be a different governance structure to manage implementation of DSRIP and distribution of funds. Such a structure would likely be similar in composition, function, and structure to an ACO-like shared governance model.

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)*

Project management and preliminary financial forecasting activities related to One Brooklyn Health and the development of a robust and financially sustainable PPS.

- 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)*

The largest challenge was the amount of the design grant and our ability to manage both the perceptions regarding the fact that we received few funds relative to our request and our ability to continue activities related to planning for the grant application while waiting to learn if additional planning dollars would be granted.

We developed an interim plan to continue the work of our consulting and legal partners at a reduced level until additional grant funding was secured.

We are confident that the work is now progressing and we have an aggressive plan that we believe will result in a successful application.

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

Project management, legal assistance, financial projections, management consulting, and subject matter expertise related to completing our grant application

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	IDS	Confirmed
2	Medical Village	Confirmed
3	Care Transitions	Confirmed
4	Patient Activation	Confirmed
5	Hospital/Home Care Collaboration	Considered
6	Evidence Based CV Strategies	Considered
7	Evidence Based Diabetes Strategies	Considered
8	HIV Strategies to Avoid Hospitalizations	Considered
9	Tobacco Use Cessation	Considered
10	HIV and STD Transmission	Considered
11	Integration of Primary Care and Behavioral Health	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: John F. Williams, MD

Title: President

Check box with yes or no: Yes: | No