

## 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.

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### 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: UHS

Contact Name: Robin Kinslow-Evans

Contact Email: robin\_kinslow-evans@uhs.org

Contact Phone: 607-762-2801

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### 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)

Not Applicable

- 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).

Not Applicable

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.

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### **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)*

Yes

- 2)** Have you addressed your award condition? Please describe the steps taken to address the award condition. *(2,000 character limit)*

Yes. The award condition stipulated that the UHS led Southern Tier PPS (STPPS) initiate discussions with the Cortland led Rural Integrated PPS (RIPPS). Those initial discussion first led to an agreement to jointly conduct the community need assessment on the combined 10 county region. As that activity progressed, meetings were held with RIPPS and STPPS leadership and PACs which resulted in the decision to integrated the two PPS into one PPS. Since that decision, meetings were held with Jason Helgerson to confirm DOH agreement with that decision. PPS leadership has been integrated into one structure, a combined partner list was submitted for the initial attribution, and a combined stakeholder meeting was held to prioritize and select a candidate slate of ten projects. A revised planning budget has been developed and submitted to Jason Helgerson for consideration of supplemental funding.

- 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)*

Not Applicable

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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)

Not Applicable

- 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)

Not Applicable

- 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)

Not Applicable

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### **Contract attachments**

The following questions relate to contracts submitted to NYSDOH 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 all necessary contract attachments have been completed and submitted.

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### **Community Needs Assessment**

The following questions address your PPS's 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 STRIPPS will be on target for completing the qualitative research and report for November 25. Research & Marketing Strategies was engaged to conduct the CNA qualitative research. There was a slight delay in starting the research due to NYS contract award delays and due to the integration of two PPS's which expanded the breadth of the CNA from 6 to 10 counties. Work plan presented and approved 9/25/2014. A media campaign informing the communities of the CNA will be launched in October. The qualitative research will have 3 components, applicable to the ten county region: survey, in-depth interviews (IDI), and focus groups. Surveys will begin 10/8; IDI's and focus groups conducted in Oct/Nov. The survey will be available electronically through several venues (internet, mobile, in person) targeting providers, community based organizations, and residents/patients. Allocated based on population density, in total there will be 45 IDI's and 45 with community agency IDS's across the STRIPPS region. Additionally, 16 focus groups will be conducted with Medicaid beneficiaries. Feedback from the 3 research components will be shared with the stakeholder, predictive analytics, and project teams weekly. All survey participants will be allowed to participate in a Medicaid user advisory group. This advisory group will be used to test ideas during the project development phase and during the 5 year project timeframe. Community inventory assessments are in progress. Quantitative review of the already publicly available CHA's, CHIPS, and CSP are in progress. Parameters are being defined for the predictive modeling of the potential health impact. Identification and analysis of information made available through the performance data and chart books is also in progress. A final report to be reviewed, presented, and information and recommendations incorporated into project design end of November- December.

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

Stakeholders from the 10 county region, which included agencies involved in conducting county and/or hospital CHNA/CHIPS and RMS were invited to participate in the CNA work team. Presentations were made regarding DSRIP around the 2013-2017 CHNA/CHIPS, NYS Prevention Agenda priorities, and areas of greatest opportunities to achieve DSRIP avoidable readmissions and emergency room utilization objectives. Kick off call held 9/18/2014 with 44 persons being invited from the ten county region, representing those who had been involved in the county and hospital Community Health Needs Assessments, CHIPS, and Mental Health Assessments; project co-chairs, and other PPS work committees such as predictive modeling, communications, and infrastructure. Discussion was held on how to incorporate data to inform the CNA process. Weekly updates are provided to Stakeholders (care coordinating council); weekly calls are held for 1-2 hours with a smaller CNA work team that manages the CNA work plan. Minutes posted on the STRIPPS website. Stakeholders will be engaged in the process by participation in the survey and IDI's. Stakeholders and project team leads have been invited to view focus groups.

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

Primary research is being conducted through interviews, focus groups, and blinded surveys for Medicaid beneficiaries, providers and community based organizations in the STRIPPS region. Additional primary research includes surveying of community resources for their ability to positively impact social determinants of health. Secondary research is being conducted through a meta-analysis and assessment of existing CHAs, CHIPs, CSPs and MHAs. Additional secondary research is focusing on the salient data and understanding top 50 providers. A request for additional Medicaid specific data is being brought forward.

Qualitative research is being accomplished through the engagement of RMS, a full service market research and consulting firm located in Central New York with a 12-year history of assisting the healthcare industry in identifying needs, measuring perceptions, implementing solutions, and guiding transformation. The RMS team is skilled in working with organizations to identify insights that help guide clinical integration activities. RMS will conduct a series of studies among the designated DSRIP stakeholder segments: providers, patients/residents, and community leaders. The research will include online surveys, in-depth interviews, and focus groups. The RMS team will vary the volume of research activities based upon the geography and the stakeholder density within each county. The RMS team will create scripts and materials that address identified community health issues such as obesity, chronic diseases and mental health/substance abuse, particularly as they relate to the community goals of decreasing unavoidable admissions and unnecessary ER visits.

Quantitative research is being accomplished through the engagement of Binghamton University and United Health Services. Medicaid claims data available through the NYSDOH website is being analyzed by county and disease category to identify areas of greatest opportunity to impact readmissions and emergency room usage.

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

The timeline for final report will be Mid-November. Delays in starting the CNA process were due to the delay in grant release and the merging of two PPS's which resulted in an increased scope from six counties to ten counties.

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### **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)**

Achieving Cultural Competency has been, to this point, primarily addressed through our efforts with the Community Needs Assessment and through the assessment of staff training needs which is

part of the work effort of our Workforce Development and Transition Team. It is clear from reviewing the PPS Application that a more deliberate and focused effort is expected. We are in the process of forming a dedicated work group to assess, formulate and articulate a PPS wide strategy related to Cultural Competency.

**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)*

Improvement in health literacy is integral to the success of many of the PPS projects in achieving the patient activation needed to move the needle with respect to DSRIP goals. Most of the dialog around health literacy has occurred within projects encompassing care coordination strategies, disease management, care transitions, chronic disease prevention and community navigation services. Upon reviewing the application, we have directed each project planning team and the communications team to specifically develop and articulate strategies, initiatives and policies for providing services that will build and reinforce the health literacy skills of patients served by the PPS. The Community Needs Assessment has accounted for literacy and language barriers by offering to provide on-site assistance to Department of Social Services in each county to assist Medicaid beneficiaries electing to participate in the electronic survey, to complete the electronic survey. Beneficiaries with language or reading assistance needs will be provided access to support by the contracted vendor.

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### **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 STRIPPS Project Advisory Committee (PAC) is evolving with the integration of STPPS and RIPPS, with input from participating PAC members and the PPS Coordinating Council. Prior to integration, STPPS and RIPPS used different organizational models for the PAC. Both organizations held monthly full PAC/Stakeholder meetings, with STPPS subcommittees meeting weekly, and RIPPS project committees meeting at variable rates, depending on the committee. Both PACs advised on projects to pursue, provided candidates for Project Leads, advised on PPS geography and rationale for county selections, provided input and feedback on Planning Grant Application, provided feedback and recommendations for additional partner recruitment, and provided feedback on the integration of the two PPS'. The integration of STPPS and RIPPS, has resulted in a large PAC membership (593), which required some restructuring to retain the effectiveness in communication and feedback. The full PAC membership will be asked to form and approve a PAC Governing Committee with a maximum size of 25 members. The committee will be representative and include key partners proportional to the Medicaid Beneficiaries they serve. Representation includes at least one member from each hospital, one member from each participating county, one member of each other partner type (Community Based Organizations, Community Partners, Administrators, and Workers). Representation will also include at least one member from each Major Union (SEIU, NYSNA, 1199, CSU, CSEA) and at least one member for each major subject matter area. We plan to continue full PAC meetings, with participation both in person and via a

web meeting. Typical meeting agendas will include: Update on milestone activities, PAC Governing Committee report, question and answer period and PPS committee reports. Proceedings will be recorded via web meeting and available to all PAC members. PAC members are encouraged to send in comments via the PPS Sharepoint site.

**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)

25

- 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	Community Health Needs Assessment
2	Information Mangement and Data Analytics
3	Communications and Website Development
4	Governance
5	Finance
6	Workforce Development
7	Regulatory
8	Partner Network Management
9	PAC Support Team
10	Application Preparation Team
11	7 Project Development Teams for Eleven Projects
12	
13	
14	
15	

The newly integrated STRIPPS has a Coordinating Council comprised of all the co-leads of the sub-committees. This forum meets once a week to collaborate on project development, infrastructure development, data needs, and other formative aspects for the emerging PPS. In addition, with the integration, an Operating Committee, comprised of leadership from both original PPS was formed to prepare agendas for the Coordinating Council and prepare materials

and information for milestone decisions. STRIPPS also sponsors a sharepoint site which contains minutes from all committees, a master meeting calendar and functionality for information exchange among PPS members. Every two weeks, full PAC meetings are held where small group work sessions yield organized input from all stakeholders on key decisions for the PPS.

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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)*

Most of the initial payment to STPPS has been invoiced by Research and Marketing Strategies ("RMS") was engaged for the qualitative research. 25% of the total expected payment has been invoiced for this period for \$39,875. It is anticipated that an additional \$1,000 will be incurred for RMS survey advocates to assist Medicaid beneficiaries who are electing to participate in the survey. The survey advocates will cover 40 three-hour sessions at DSS locations in each county. In addition, a vendor has been retained at an hourly rate of \$35 per hour to support the community resource assessment however, those funds have not been invoiced as yet. With the recent integration, the anticipated content experts for governance, legal, information management, and financial planning have not been engaged. With the integration, a new budget was prepared and submitted to the New York State Department of Health at the request of Jason Helgeson. The new budget reflects the cost increases associated with planning for a larger PPS service area and additional support needed in project management.

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

20%

- 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 integration has challenged us with respect to momentum. To effect the integration of the two PPS organizations required taking the time to be inclusive of all partners in the decision to integrate and taking a step back to reformulate the project candidate slate. The process took about three weeks, but yielded a very cohesive and committed PPS. We are now working concerted to develop the infrastructure and plan the projects needed for a functional PPS that can move the needle on DSRIP metrics.

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

The second award will support IT planning, legal guidance in the development of a legal structure, application preparation support, additional project management support, consultation for the development of fund management and disbursement as well as planning for financial sustainability.

**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 systems	Confirmed
2	2.b.iv: Care transitions	Confirmed
3	2.b.vii: INTERACT	Confirmed
4	2.c.i: Community based health navigation	Confirmed
5	3.a.i: Integration of Primary Care and Behavioral Health	Confirmed
6	3.a.ii: Behavioral Health Community Crisis Stabilization	Confirmed
7	3.b.i: Evidenced based strategies for disease management	Confirmed
8	3.g.i: Integration of palliative care into the PCMH model	Confirmed
9	4.a.iii: Strengthen mental health and substance abuse infrastructure	Confirmed
10	4.b.ii: Increase access to high quality chronic disease preventive care and management	Confirmed
11	2.d.i: Implementation of Patient and Community Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	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: Robin Kinslow-Evans

Title: Vice President -- Strategic Planning

Check box with yes or no: Yes:  | No