

## 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: October 15, 2014

Provider Name: Upstate University Hospital

Contact Name: Tom Quinn

Contact Email: [Quinnt@upstate.edu](mailto:Quinnt@upstate.edu)

Contact Phone: 315-464-4238

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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)*
- 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.

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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)*

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)*

We did not have any conditions included in our award letter.

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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)*

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)*

- 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)*

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### **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”)

Upstate has returned all required contract attachments.

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### **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)*

John Snow, Inc. (JSI) was contracted to perform a collaborative CNA on behalf of the CCCN as well as three other PPS in the CNY. The process of selecting a mutually agreeable vendor delayed the timeline we set out in our planning grant application, so instead of initial CNA findings being circulated to our PPS on 09/02/2014, JSI will provide each of the 4 PPSs on 10/15/2014 with comprehensive, county-level reports containing a service inventory, quantitative health status and service utilization indicators, and qualitative, theme-based review of stakeholder's descriptions of service gaps, barriers to care, social and behavioral challenges underlying health issues, and recommendations for system reform. Additionally, on 10/30/2014 JSI will provide the 4 PPSs with PPS-specific reports including all previous information with enhanced narrative content and summaries, to be attached to our application. Despite the shift in timeline, we will receive JSI's CNA findings with sufficient time to share the information they have gathered with our PAC and general PPS membership and to gather their feedback, to incorporate CNA findings and our PPS's feedback into our project selection process, and to bring in additional qualitative stakeholder engagement feedback where necessary to paint an accurate, complete picture of the needs and resources present in our PPS's service area.

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

The CCCN PPS has enlisted the services of two agencies to conduct a comprehensive stakeholder and community engagement process designed to be responsive to available DOH guidance and informational needs of our PPS. John Snow, Inc. is completing the community needs assessment informed by stakeholders across the six counties from healthcare, community based, and governmental agencies, as well as the input of four PPSs in the Central Region, including CCCN. Interviews include PPS and non-PPS participants.

Stakeholder and community engagement efforts are ongoing and expanded with the support of Eric Mower and Associates (EMA), a communications agency headquartered in Syracuse. EMA is conducting key informant interviews with a diverse sample of agencies serving Medicaid enrollees and the uninsured regarding the needs, assets and vision for an integrated and person-centered system of care. By the end of October, forty individuals represent housing, vocational training, refugee or immigrant assistance, education, transportation, faith-based, and health, social and legal advocacy organizations will have participated in interviews. Additionally, EMA is coordinating focus groups with consumers through organizations offering peer support or case management services in Onondaga, Madison and Oswego Counties. EMA is prepared to conduct interviews in the four most utilized non-English languages in the region.

Finally, CCCN meeting minutes, contact information and DSRIP related materials are made available to the public on our website ([www.CNYCoordinatedCare.org](http://www.CNYCoordinatedCare.org)) which is undergoing further development to create online platforms for dissemination and feedback.

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

JSI's needs assessment methodology entailed collection of primary quantitative data through a provider survey, primary qualitative data through key informant interviews, and secondary quantitative data mined from publicly available data sets. JSI disseminated their provider survey through the PPSs' members in order to tabulate the number, type, and location of various kinds of health care facilities, and providers in each county included in the 4 PPSs. The service inventory survey generated a list of potential key informants, to which PPS leadership and PAC members added community-based organizations and other non-health care providers. JSI then scheduled key informant interviews, during which they elicited interviewees' perspectives on the characteristics of at-risk populations, issues with access to care, flaws in the current system of care, social issues underlying poor health among Medicaid users, and recommendations for reform of the local delivery system. Referencing the State CNA guidance, JSI collected available quantitative health indicator and health care utilization data, seeking out data of the narrowest geographic denomination possible. They reported their findings in tabular form with conditional formatting to highlight numbers above either the statewide or Upstate averages. Using a GIS program, they created interactive maps to overlay indicators at various geographic levels, identifying areas of particularly acute need. Quantitative findings were reported at two meetings as of 10/14/2014 in tabular and map forms, which JSI made available to the PPSs. Qualitative findings were reported to the PPSs first on 10/01/2014 as emerging themes paired with service inventory data where relevant. On 10/15/2014, JSI will provide the PPSs with county-level reports of their findings which will be combined into PPS-level reports by 10/30/2014. CCCN will report CNA findings in its DSRIP application on 12/16 and as an attached report encompassing JSI's findings along with

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

The process of selection of a CNA vendor by four competing PPSs was a challenge that caused a deviation from the expected CNA timeline in our planning grant application. JSI's approach to the process of conducting a 4-PPS CNA has also changed over time with JSI's increasing understanding from State guidance documents on conducting DSRIP CNAs, the publishing of the DSRIP application document on 09/29/2014, as well as direction from KPMG, the DSRIP Support Team. JSI also encountered challenges in scheduling key informant interviews, with considerable variation in organizations' willingness to share their perspectives. Faced with reticence on the part of some organizations to engage in the CNA process, JSI approached the PPSs at PAC meetings and interim presentations in order to identify similarly situated organizations that could provide the missing perspectives. JSI has frequently updated CCCN with the names of those organizations within our 6-county area which they've contacted, scheduled interviews, completed interviews, or failed to schedule interviews. CCCN DSRIP Program staff has therefore been able to identify PPS partner organizations or potential partners for special outreach or alternative approaches to participation. JSI encountered another significant challenge related to the timeframe associated with the CNA process in its quantitative data collection efforts: the time associated with acquiring restricted data sets with valuable, narrow geographic area information. As a work around, JSI has used GIS software to generate maps with interactive capabilities that allow us to overlay different health status and care utilization indicators in order to identify specific areas of high need. In absence of uniformly available data at the ZIP code or sub-ZIP code level, this overlay function provides an indication of areas where CCCN should focus its efforts.

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)*

Information regarding cultural competency challenges is in the process of being gleaned from interviews, focus groups and consultation with area experts. EMA has incorporated questions regarding cultural competency into the structured questionnaire utilized for key informant interviews and consumer focus groups to assess challenges. Beyond assessing needs, DSRIP project staff is consulting the research literature as well as individuals charged with creating policies, systems and practices to identify organizational barriers, facilitators and best practices for supporting cultural competency. Information from these sources will be widely communicated to the PPS membership and used to inform the design and implementation of all selected projects.

- 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)*

DSRIP project staff is consulting the research literature, in addition to organizations providing services and resources to support literacy education locally (e.g. LiteracyCNY, ProLiteracy Worldwide, Literacy Volunteers of Greater Syracuse, NYS Alliance for Family Literacy and Literacy Coalition of Onondaga County). The goal is to understand the unique challenges regarding health literacy, the availability of resources and evidence of effective approaches. Information from these sources will be widely communicated to the PPS membership and used to inform the design and implementation of all selected projects.

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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)*

PAC meetings occur monthly. Meeting notes are available for PAC meetings on May 29, June 16, July 16, August 14, and September 23). On a go-forward basis, PAC meetings are scheduled for October 21 and 28, and on November 4, 18, and 25.

Additionally, subcommittees on Primary Care and Behavioral Health were held on May 28, May 22, and June 12; Care Transformation on May 22, May 29, and August 6, and Governance and Finance on May 27, June 12, and August 6. Subcommittee meetings will be held as breakout sessions in three all-day PAC meetings scheduled in October and November.

The PAC and its Sub-committees have identified the PPS mission and vision, as well as the initial project selection. The PAC has overseen progress in hiring dedicated PPS staff and retaining professional consultants to help research and inform project selection and develop the DSRIP application. In addition, the PAC has overseen the steps necessary to develop the PPS as a new legal entity that will have broadly representative governance and the ability to manage successfully the region’s DSRIP projects, while evolving into an entity that will be prepared to enter contracts with Medicaid MCOs for post-DSRIP, post-FFS payment systems.

**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)*

Full PAC

- 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	Care Transformation Sub-committee
2	Primary Care and Behavioral Health Sub-committee
3	Governance and Finance Sub-committee
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The PAC has 174 members and was formed per with DOH requirements, i.e., with management and employee/ labor representatives for each organization > 50 persons.

The PAC convenes as a committee-of-the whole with agendas developed by sub-committee meetings. Representatives attend in person and via conference call. Questions and discussion are open. This fall, three all-day PAC meetings will include workgroups with PPS consultants. The PPS' interactive website will permit PAC members to formally express opinions by preference voting and by free-text comments.

PAC members sign a "PAC representative Agreement," pledging to participate in meetings, stay informed, work in good faith, and provide input. PAC sub-committees are informal, facilitated, and open sessions. There are no time limits. Consensus opinions are expressed either by group response or by polling members.

The Care Transformation and the Primary Care/ Behavioral health Sub-committees have recommended DSRIP projects (preliminarily identified on CCCN's Grant Application). This fall these Sub-committees will recommend project selections based on information and reports from University Hospital-retained consultants regarding community needs assessment, population health management, stakeholder engagement, and the HIT/ HIE assessment. Both sub-committees will make final project recommendations to the PAC in November.

The Governance and Finance Sub-committee has met several times with legal counsel who has been retained for the PPS by University Hospital. The sub-committee has recommended a governance model that requires representation by multiple categories of providers and CBOs without domination by any organization, category of providers, or region. Based on the stakeholder engagement process and funds flow analysis, the sub-committee will make further recommendations in October and November.

All recommendations are presented to the PAC for input and recommendation.

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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 PPS has utilized funding to hire four full-time DSRIP staff including an operations manager, two coordinators, and an administrative assistant to support the DSRIP planning process. In



addition, the PPS has secured five vendors to assist in assessment and planning activities. These include: 1) John Snow Inc. to conduct the community needs assessment; 2) Milliman, Inc. to assist with amassing, analyzing, and interpreting data to better understand the cost and utilization patterns of the Medicaid and uninsured population; 3) Eric Mowers + Associates to conduct stakeholder engagement activities; 4) Bond Shoeneck and King to develop governance models and provide legal guidance; and 5) Deloitte Consulting LLP to assess primary care, behavioral health, and care transitions network adequacy; assess HIT/HIE infrastructure; assist in developing funds flow models; facilitate the project selection process; and identify infrastructure, HIT, workforce, and resource needs for each project selected.

**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)

Challenges during the planning process include the inability of the CNY region to form one PPS. Nine meetings, five of which were initiated by Upstate, have been held to discuss combining efforts. Upstate has been active in these discussions, but to date, there is little progress in forming a single regional PPS. Four of the five CNY PPSs did agree to conduct a common community needs assessment and to contract with John Snow, Inc. to complete the assessment. This combined community needs assessment approach is a deviation from the design grant application.

Another challenge is New York State's arduous contracting process which has delayed awarding contracts to vendors. This has then compressed the timeline for work to be completed and delayed assessment and planning activities. To address these issues, Upstate's Director of Contracting has been working almost exclusively on DSRIP contracts to expedite the process internally. In addition, Upstate has repeatedly asked NYSDOH, SUNY, and KPMG to advocate with OSC for an expedited contracting process for DSRIP but to date it does not appear as though action has been taken on this request. In addition, since Upstate has to go through a competitive bid process to secure vendors Milliman, Inc. and Deloitte Consulting LLP were not named as vendors in the design grant application.

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

N/A

**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	Confirmed
2	2.d.i	Confirmed

3	2.b.iii	Considered
4	2.b.iv	Considered
5	2.b.vii	Considered
6	3.a.i	Considered
7	3.g.i	Considered
8	4.a.iii	Considered
9	4.c.i	Considered
10	3.a.ii	Considered
11	3.c.i	Considered
12		Select One
13		Select One
14		Select One
15		Select One

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### 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: Tom Quinn

Title: Special Assistant to the Senior VP for Hospital Affairs

Check box with yes or no: Yes:  | No