

## 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: 10/15/14

Provider Name: Catholic Health Services of Long Island

Contact Name: Terence O'Brien

Contact Email: [terence.o'brien@chsli.org](mailto:terence.o'brien@chsli.org)

Contact Phone: 516-705-3712

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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)

Along with Long Island Jewish Medical Center, Catholic Health Services (CHS) anticipates consolidating our PPS with Nassau University Medical Center's (NUMC) and North Shore LIJ's (NSLIJ). We have been collaborating on a joint Nassau and Queens Community Needs Assessment. We have also conducted in person and telephonic joint planning and

brainstorming sessions (supported and attended by KPMG), and are jointly hosting a stakeholder's meeting (10.15.14). A draft MOU is being reviewed and is expected to be signed by Friday, Oct. 17. The final agreement will lay out the basic principles of governance, funds allocation, project selection process and staffing requirements, among other issues. Planning funds will be necessary to continue development of the structure and process of DSRIP functions that will be performed at the local (i.e. hub) level.

- 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).

N.A.

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)

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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)

While all partners are aware that they have been included in our partner list, the PPS, we are in the early stages of collecting signed partnership agreements from all entities. We will meet the November 24th deadline for this.

- 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”)

YES

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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)*

The timeline included in the grant application was overly optimistic. Although we have not met those dates we are on target to complete the CNA by the end of October. This is largely due to our ongoing collaboration with NUMC and NSLIJ in the preparation of the CNA. Assuming that the MOU among the three parties will be signed by October 17, we will be able to complete joint project selection immediately after completion of the CNA.

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

The Health and Welfare Council of Long Island (HWCLI) acted a convener of the community based organization stakeholder forums as well as facilitator for CBOs to push out the Medicaid Beneficiary survey. Stakeholders were invited to a DSRIP CNA orientation session on September 9, 2014. Approximately 35 CBO representatives attended out of the 65 organizations invited. The orientation session discussed DSRIP and its goals; the importance of having broad-based provider and CBO collaboration, and the purpose and process for the Medicaid Beneficiary and Stakeholder surveys. In addition, the HMA consulting firm (initially retained by NUMC) conducted nine (9) focus groups with key community stakeholders to gain their perspective on the needs of the defined population. The defined populations were: Immigrants/uninsured (FQHCs, religious/other service organizations); Dual Eligibles: Skilled Nursing Facility (Nursing home providers, hospital care transition coordinators, consumer advocates/family representatives); Dual Eligibles: Community-based Long-term Care (Home care providers, consumer advocates, independent living); Behavioral Health: Addiction (Providers, community agencies, peer and recovery supports, consumer advocates); Behavioral health: Mental health (Providers, community agencies, peer and recovery supports, consumer advocates). Persons with Intellectual/Developmental Disabilities (Advanced Care Alliance DISCO; community residential facilities, parents/caregivers); Chronic Conditions (Primary care providers, care manager, health homes, advocacy organizations for asthma, diabetes, heart...); People with HIV/AIDS (Providers, community agencies, consumer advocates); Basic Needs (Homeless, housing, food, hunger). VNSNY (on behalf of CHS), in collaboration with NSLIJ has distributed surveys and has set up community focus groups in the Rockaways and other parts of eastern Queens.

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

CHS has been fortunate in benefiting from the data analysis performed by NSLIJ staff. A community needs assessment was conducted which followed the guidelines set forth in the June 6, 2014 DSRIP Community Needs Assessment Toolkit and related DOH webinars. The following data sets were used to complete the assessment:

Demographic Data - US Census Bureau Census data and American Community Survey Data; Salient Non-PHI Medicaid and DSRIP website data.

PQIs, PDIs, Avoidable Hospital Admissions and Health Status Indicators - Data provided by NYS-DOH on the DSRIP website and Salient data.

Medicaid Beneficiary Survey - surveys were developed by the Steering Committee that represents each of the three Nassau County PPS's. The surveys were distributed throughout Queens and Nassau County at FQHCs, clinics and other community based organizations. Approximately 2,000 surveys have been completed.

Stakeholder focus groups and interviews were completed with nine (9) defined population group organizations. (see question 9 answer). Summaries of the findings have been completed and integrated into the findings of the CNA. A similar process will be completed for Eastern Queens.

In addition, the NSLIJ contracted for a database containing Nassau and Eastern Queens Community-based providers from United Way's 211 System, as well as the HITE database, which is maintained by the Greater New York Hospital Association. Finally, transportation analyses were completed for the CNA by 511 Rideshare. The analyses take a detailed look at where gaps exist within Nassau County related to bus and train usage in the top Medicaid zip codes.

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

The principal challenge was the common one faced by NSLIJ, NUMC and CHS; that of coordinating three independent efforts after the three entities decided to collaborate on one CNA for Nassau County and eastern Queens. This required some catch-up and additional technical expertise provided by NSLIJ to consolidate these efforts into one comprehensive Community Needs Assessment.

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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)*

CHS will be working with NSLIJ and NUMC to jointly develop a plan to meet the the challenges identified and the needs expressed by our various communities through the focus groups, stakeholder meetings and survey responses. These findings will be included in the development of the final project descriptions submitted as part of the final application.

**13)** Please provide a status update on your approach to improving the health literacy of patients who will be served by your PPS. (2,000 character limit)

The approach will be developed based on gaps and needs identified by our various communities through focus groups, stakeholder meetings and survey responses as part of the joint CNA undertaken by NUMC, NSLIJ and CHS.

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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)

Although CHS had developed a PAC structure, and had two preliminary meetings with a sub-group of the planned PAC, activity in this area has been limited pending the anticipated development of a consolidated PPS within the next week.

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**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)

20-30

**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	See comment below
2	
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Determination of sub-committees has been deferred pending development and approval of the governance structure outlined in the MOU among CHS, NUMC and NSLIJ. As stated previously, it is expect that this MOU will be signed by Friday, October 17.

**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 CHS PPS has spent approximately \$150,000 of the first grant payment toward various aspects related to planning, community outreach, meeting costs and the Community Needs Assessment. The CNA was done jointly with the LIJ and NUMC PPSs and covers both Nassau County as well as the appropriate Eastern Queens region that LIJ and CHS are including. Along with spending the budgeted \$100,000 for the CNA, CHS has also put approximately \$10,000 toward meeting costs, \$20,000 toward community outreach and \$20,000 toward planning costs. All of these expenses were outgrowths of the CNA as we focused our planning on project selection, engaging our stakeholders (including stakeholder meeting held today, Oct. 15), and coordinating application and project management processes assuming one PPS.

In addition, over the last 4 months of planning, we have spent approximately \$80,000 on personnel costs.

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

45%

- 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 major deviations encountered since submitting our design grant application is the attempted consolidation to one Nassau/Eastern Queens PPS. All three PPSs realized that

collaboration on one Nassau/Eastern Queens CNA was prudent as three CNAs covering essentially the same territory would be duplicative and inefficient. As NSLIJ had already dedicated internal resources to starting the CNA, and NUMC had retained a consulting firm to assist, CHS was in a lesser position to control the budget. This may result in our spending more than initially was budgeted. The final expenditure and product are appropriate and fulfill the requirements of DOH, as well as our need for high-quality, professionally obtained information to inform our project selection.

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

Some of this will be determined based on joint discussions with NUMC, NSLIJ and KPMG as we continue to plan our joint DSRIP application (again, dependent on MOU being signed by 10/17/14).

The second award payment will generally be used to continue meeting and planning efforts including finalizing governance and PAC structure, hiring key DSRIP staff, finalizing project selection, advertising and communication, continued data review, etc.

In addition we will be using funds to provide outreach and align key hub partners and points of contact for the major areas of project engagement including nursing homes, behavioral health experts, PCP engagement, etc.

Finally, the remaining personnel funds will be spent on continued efforts for CHS to contribute to the final 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	2.a.i - Create an integrated delivery system focused on evidence-based medicine and population health management.	Considered
2	2.b.ii. - Development of co-located primary care services in the emergency department	Considered
3	2.b.iv. - Care transitions intervention model to reduce 30-day readmissions for chronic conditions.	Considered
4	2.b.vii. - Implementing the INTERACT Project (Inpatient Transfer Avoidance Program for SNF).	Considered
5	3.a.i. - Integration of primary care and behavioral health services	Considered
6	3.c.i. - Implementation of evidence-based strategies in the community to address chronic disease - primary and secondary prevention projects (adults only)	Considered
7	3.b.i Evidence based strategies for disease management in high risk/affected populations (adult only)	Considered
8	4.a.i Promote mental, emotional and behavioral (MEB) well-being in communities	Considered
9	2.b.v - Care transitions intervention for SNF residents	Considered

<b>10</b>	3.d.ii - Expansion of asthma home-based self-management program	Considered
<b>11</b>	4.a.iii - Strengthen Mental Health substance abuse infrastructure across systems	Considered
<b>12</b>		Considered
<b>13</b>		Considered
<b>14</b>		Considered
<b>15</b>		Considered

**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: Terence M. O'Brien

Title: Senior Vice President, Strategy and Business Development

Check box with yes or no: Yes:  | No