

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: 10/15/2014

Provider Name: Erie County Medical Center

Contact Name: Juan T .Santiago

Contact Email: jsantiag@ecmc.edu

Contact Phone: 716-898-5296

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)*

No

- 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).*

No

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)*

No award conditions.

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)*

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)*

A rough draft of the CNA is expected the week of 10/13/14. A slight delay occurred when it was mutually agreed upon by three emerging PPS in the WNY region collaborative to conduct one CNA for the region. The original timeline indicated a deliver date of 9/30/2014.

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

Stakeholder engagement will be conducted in each of the eight counties and in specific communities with documented need. The consultant will create county/community specific surveys using the DSRIP CNA guidance. County health and mental health departments will be enlisted for organization referrals for engagement and to promote surveys. Several types of stakeholders will be assessed using different vehicles for engagement including online and paper based surveys, community-based forums and focus groups, presentations and discussions at community and organization meetings, and others. Targeted stakeholders will be inclusive of urban and rural populations; members of community associations, schools, and businesses; and community members inclusive of diverse racial, cultural, disabled populations, including faith-based groups. This stakeholder input will be valuable in completing the assessment and will contribute to the DSRIP Project Plan. Community newspapers and a regional DSRIP website will be utilized to promote stakeholder engagement opportunities. PPS partners will be engaged in providing stakeholder input and they will help to refer other community organizations in each of the counties to facilitate stakeholder engagement opportunities. Through the CNA process, community-based stakeholders will be engaged in DSRIP project plan development and the PPS will develop a plan to further educate, update and engage these stakeholders throughout the five year DSRIP period. It will be important to conduct further assessments to determine project impact on the health of the community. This input will help to determine successes, challenges, and barriers; and aligns with an ongoing plan to continually assess projects and outcomes, and make necessary changes as needed for success in meeting quality metrics and the NYS goal to reduce avoidable hospitalizations and emergency room visits by 25 percent over the five year DSRIP period.

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

Based on the DSRIP CNA guidance, the consultant will recommend a methodology for the comprehensive assessment for each county/community including demographics, health needs of the Medicaid/uninsured, dual-eligible population to be served, currently available health care resources and community based services. Methods for stakeholder engagement will be addressed and will include survey creation specific to communities and the engagement methods tailored for each community. The CNA Committee will recommend the proposed methodology for approval by the PPS governing committee.

All data and survey results will be compiled by a data analytics consultant, working collaboratively with the consultant facilitating the process, and presented to the CNA Committee for review and analysis; and recommendation to the PPS, PAC and sub-PAC's as they prioritize and recommend projects for final approval. The data analytics consultant along with the consultant engaged to facilitate the community

needs assessment will then draft the DSRIP CNA. The assessment will include all demographic and need data by county/community, survey results, and information relevant to DSRIP projects, and other information per the DSRIP guidance. The CNA Committee will review the final assessment and a Committee representative will present the final assessment to the PAC Operating Committee for review and comment, and to the PPS governing body for final approval. The approved assessment will be used for DSRIP planning and implementation, and sent to all PPS partners, the PAC and its sub groups, county/community departments of health and mental health. A DSRIP website will be established to promote the survey and assessment process and the resulting key findings. These findings will identify primary health, health service, and social support challenges facing the region and recommendations for the employment of assets and resources to address DSRIP strategies and projects.

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

NA

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 working with the Greater Buffalo Urban Ministries (GRUM), an affiliated group of 50 churches in the inner city of Buffalo, as well as with Independent Living Center of WNY, which serves individuals with disabilities across the eight WNY counties to understand both the cultural competence challenges and to develop our PPS better serve the needs of our community in a culturally competent manner.

We are also surveying our community stakeholders at four regional community meetings across WNY to present the results of our community needs assessment. We are surveying our stakeholders to help us identify cultural competency challenges or our community and how to improve the health literacy of the patients served by our PPS.

Regional Community Meetings Re: CNA results
October 20,2014 9a-11a at WCA Hospital Jamestown
October 20,2014 12:30p-1:30p at OGH in Olean
October 21,2014 11a-1pm at Templeton Landing in Buffalo
October 21,2014 3p-5p at NFMCC in Niagara Falls

- 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)*

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serves individuals with disabilities across the eight WNY counties to understand both the cultural competence challenges and to develop our PPS better serve the needs of our community in a culturally competent manner.

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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 are held every two weeks and are fully developed with members from organizations across the health spectrum. PAC structure is as follows: It is proposed that members of the over-arching PAC will consist of 10-15 member organizations representative of the following ten organizational categories: primary care, behavioral health, post-acute care, Medicaid health homes, hospitals, physicians/physician groups, social service organizations, developmental disability organizations, the rural population, and the WNY Public Health Alliance. Members will include a combination of Organization Representatives, Union Representatives, and Worker Representatives. To determine PAC organizations, PPS partners were surveyed asking for volunteer participants for the PAC. The respondents indicating a desire to be a PAC member were then asked to vote for member organizations which may include their own organization. PAC member were selected by member vote and attribution of patients.

It is proposed that the sub-PAC's will reflect multi-stakeholder membership based on interest in the proposed project areas on a geographical basis recognizing health care is local and rural approach may be different than urban approach. A representative of the sub-PAC will be a member of the over-arching PAC and will serve as a liaison between the over-arching PAC and the sub-PAC. This will allow for maximum input and participation among the PPS partners and community stakeholders in development of the Community Needs Assessment, prioritization of projects, recommendation of specific interventions, identification of requirements for success, feedback on what on project implementation and review of performance measurement and results during implementation of DSRIP projects and throughout the five year DSRIP period.

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)*

10-15

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	Primary Care/Care Coordination
2	Integrated Delivery System
3	Behavioral Health and Substance Abuse
4	Post Acute Care
5	Perinatal/ Peds
6	
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15	

Governing Committee is being formed. The emerging PPS proposes an structure for its Project Advisory Committee (PAC), reflective of the state’s proposed structure for PPS’s with less than 20 partners supporting representation from collaborative partners and community stakeholders. Members will represent the local community and will be dedicated, passionate and committed to embracing the Triple Aim of better health, better health care and lower cost through continuous process improvement. Given the number of partners and the expanse of the PPS geographic service area covering the eight counties of WNY, the proposed structure will be a leaner over-arching PAC which will include representation from “to be established” smaller sub-PACs. It is proposed that members of the over-arching PAC will consist of 15-20 member organizations representative of the following ten organizational categories: primary care, behavioral health, post-acute care, Medicaid health homes, hospitals, physicians/physician groups, social service organizations, developmental disability organizations, the rural population, and the WNY Public Health Alliance. Members will include a combination of Organization Representatives, Union

Representatives, and Worker Representatives. To determine PAC organizations. A representative of the sub-PAC will be a member of the over-arching PAC and will serve as a liaison between the over-arching PAC and the sub-PAC. This will allow for maximum input and participation among the PPS partners and community stakeholders in development of the Community Needs Assessment, prioritization of projects, recommendation of specific interventions, identification of requirements for success, feedback on what on project implementation and review of performance measurement and results during implementation of DSRIP projects and throughout the five year DSRIP period.

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)*

As indicated in the DPG, payment was used to cover legal fees, consultant fees, and the community needs assessment as well as the continued engagement of community and stakeholders.

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

35%

- 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 original amount requested was for 1.3 million. The grant award was 1 million. This reduction in grant funding resulted in the removal of expenditures needed to prepare for final application. In addition, several new members are in the process of joining the ECMC PPS. This will reduce the number of PPS in the WNY region from 3 to 2. Additional planning grant dollars will be needed to accommodate the new members.

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

.NA

- 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 Integrated Delivery Systems that are focused on EBM/PHM.	Considered
2	2.b.ii ED Triage for at-risk patients	Considered
3	2.b.viii Hospital-Home Care Colaborations	Considered
4	2.c.i Expand usage of telemedicine in underserved areas to provide access otherwise scare services	Considered
5	3.a.i Integration of primary care and behavioral health services	Considered
6	3.b.i Cardiovascular health: Evidenced based strategies for disease management in high risk/affected populations.	Considered
7	3.f.i Increase support programs for maternal and child health(including high risk pregnancies) (Example: Nurse-Family Partnership)	Considered
8	3.g.i Integration of palliative care into the PCMH model	Considered
9	4.a.i Promote mental, emotional, and behavioral well being in communities	Considered
10	4.b.i Promote tobacco use cessation, especially among low SESS populations and those with poor mental health	Considered
11	Participating	Considered
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: Juan T. Santiago

Title: Assistant Vice President

Check box with yes or no: Yes: | No