

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: The New York Hospital Medical Center of Queens

Contact Name: Maria D'Urso

Contact Email: mda9005@nyp.org

Contact Phone: 718-670-2715

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).

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.

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)*

n/a

- 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)*

n/a

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)*

n/a

- 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)

NYHQ Emerging PPS has statements of participation and will develop formal partnership agreements as the final PPS governance structure is finalized. During the Phase II governance organizational development process, the content of the partnership agreement will be developed and executed. The partnership agreements will be provided to all partnering organizations for signatures before the final partner list is submitted to the DOH for attribution.

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)

N/A

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)*

NYHQ Emerging PPS' CNA is being developed by Premier, Inc. (Premier), a consulting firm, and the New York Academy of Medicine (NYAM). Premier is conducting the secondary quantitative research and NYAM is conducting the primary qualitative research. The NYHQ Emerging PPS intends to share its CNA findings with other PPSs in Queens County and at the same time obtain the results of the other PPS's CNAs to ensure there is a more comprehensive set of findings for all and thus, a proper representation of the community we serve.

On 10/22/14, the CNA Core Group (a subcommittee of the NYHQ Emerging PPS PAC) will evaluate the results of the quantitative and qualitative research and will provide feedback and guidance for the final development of the CNA. Concurrent with enhancements to the CNA, the CNA Core Group will assess potential projects using a prioritization matrix. This matrix will array CNA findings, resource requirements, and the NYHQ Emerging PPS' ability to impact the findings in order to determine which DSRIP projects will be selected. Many of the DSRIP Domain metrics have been collected and analyzed as part of the CNA process, and the remaining metrics will be analyzed as part of the selection process. This work will be ongoing in the month of October and into early November. Ultimately, the CNA and prioritization matrix will be finalized through the processes of workgroup and committee review, questions, and feedback.

The grant application identified 11/10/2014 as the proposed date to publish preliminary results of the CNA and to post the CNA for public comment. The NYHQ Emerging PPS is ahead of schedule as compared to this timeline and plans to publish preliminary results by 10/31/14.

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

The NYHQ Emerging PPS is consulting the community through key informant interviews and focus groups which NYAM is conducting. Determining who would participate in the focus groups and interviews was a collaborative process that included input from multiple PPS partners who participate in the PAC. Participants include, but are not limited to: Medicaid beneficiaries, community based organizations, faith based leaders, community coalitions, health care and behavioral health providers, long term care residents, groups that include the disabled population, and other members of the community who have insight regarding the health needs of the different areas of Queens County.

NYAM has completed numerous interviews with these community stakeholders, and is currently holding focus groups that ensure proper representation of cultural and economic diversity. The purpose of the key informant interviews and community focus groups is three fold: (1) to validate quantitative data findings (or correct if necessary), (2) to hear directly from the beneficiaries, providers, and stakeholders as to what they are experiencing in the community, and (3) to round out any information gathering that isn't possible through the quantitative process.

After the preliminary DSRIP project selection process is completed with input from the CNA Core Group, the PAC and other work groups; the conclusions of the CNA and tentative DSRIP project

selection will be shared with larger stakeholder groups. This sharing will be done in Town Hall format and the same information will be shared through the NYHQ Emerging PPS Website, and other channels including newsletters. The CNA information will also be shared with those that participated in the focus groups and the interviews. The Communication Plan will include a specific plan for the wide-net sharing of the CNA and project selection initially and periodically thereafter with community stakeholders.

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

The methodology is both qualitative and quantitative and includes data collection from the DOH and other resources to ensure compliance with the requirements outlined in the DOH's Guidance for Conducting Community Needs Assessment. The quantitative research includes comprehensive analyses of the community health status, health care resources, community based resources, pre-selected DSRIP metrics, and community demographics. Sources of data used to date include, but are not limited to: United States Census Bureau, Health Data NY via the New York Department of Health, New York City Department of Health and Mental Hygiene, New York Hospital Queens, Health Resources Services Administration, New York City Department of Planning, Kaiser Family Foundation, New York State Department of Criminal Justice, and the Centers for Medicare and Medicaid Services. Much of the data will be presented in the body of the report, with additional detailed tables available in the appendix.

The qualitative research includes a comprehensive cross section and reflection of the community's ethnic, racial cohorts and community based organizations that represent groups with specific health related issues. Both data sets, qualitative and quantitative, will be compiled to provide the PPS with a complete picture of the health status of the community as well as a gap assessment and saturation assessment that will guide project selection and corroboration of preliminary projects selected. Data reports as well as visual aids, such as maps, will be available to allow for complete understanding of the state of the community. Most importantly, the CNA report itself will include a thorough description of the process, as well as source information for all data collected throughout the process.

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

No significant deviations are present at this time. We have overcome timing delays in starting the CNA which were associated with a failed effort in trying to collaborate on the CNA with other PPSs in Queens County. NYHQ PPS' attempts to collaborate on the CNA research were declined by one Queens PPS. After concluding that collaboration was not possible, NYHQ PPS quickly began the CNA research process and its timelines are now on track. We have now been able to obtain consensus among Queens PPSs to share our collective findings.

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)

The PPS is in the planning stage of developing a Cultural Competency and Health Literacy Plan. A Work Group is being established to develop the plan and will begin its planning process once the CNA data is available on 10/17/14. At a minimum the CNA will evaluate the ethnic, linguistic, race, age, and literacy composition of the population. The focus groups and key informant interviews will also help identify barriers that may exist based on cultural competency and literacy issues.

An ideal definition/vision for cultural competence among the PPS providers will be developed with input from the community. CNA findings will be tested against this vision to identify potential challenges or gaps. The planning Work Group members will consider the cultural competency standards defined by the US Dept. of Health and Human Services, Office of Minority Health, (National Standards for Culturally and Linguistically Appropriate Services (CLAS)), as well as standards from JCAHO and NCQA as a means to operationalize the body of research available to date. In addition, an assessment of partners' current practices will be conducted to build on these practices. Current and past effective practices will be used to build the program for the PPS. For example, NYHQ has successful experience with a program called Diversity and Cultural Competency Training achieved in collaboration with the Roslyn Savings Foundation.

The Work Group will develop an agreed-upon Cultural Competence policy and a Health Literacy Policy to be adopted by the partners and included in the formal partnership agreements with clear expectations for implementation.

- 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)

As referenced under question 12, the NYHQ Emerging PPS will develop and implement a robust Cultural Competency and Health Literacy Plan. Health care practitioners in the PPS will be expected to understand the beliefs, values, and cultural mores and traditions that influence how health care information is shared and received by those served.

The Cultural Competency and Health Literacy Work Group members will consider the contributing factors to health illiteracy that may exist in Queens County. Most health care providers today offer health literacy programs for patients and staff. In addition to the planning process, the PPS will conduct a survey of partners' health literacy policies to identify the most accepted and best practices among the partnership. A uniform health literacy policy will be developed with input from stakeholders for adoption and implementation by partners. This policy will be included in the formal partnership agreement.

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 NYHQ Emerging PPS Project Advisory Committee formed after its first Town Hall Meeting on June 12, 2014, for the purpose of developing the Project Design Grant. Since then, several informal meetings were held with individual members of the PAC throughout the summer. The last formal meeting of the PAC was on October 8, 2014. Several organizational aspects of the PPS were shared with the PAC members for their consideration and input. PAC members were provided with the charter, behavioral expectations of the committee members, status of the CNA, and outlined next steps to include the formation of workgroups specific to functional work groups and DSRIP projects. The PAC will formally meet monthly and be a point of communication and review for all workgroups. The PAC will meet more frequently during the Planning Period or Phase I.

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)*

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	IT & Reporting
2	Communication
3	Workforce
4	Finance
5	Governance
6	Quality and Integration
7	CNA Core Team
8	PPS Transitional Steering Committee
9	Community Stakeholders
10	Cultural Competency and Health Literacy
11	DSRIP Project Work Groups 1 - 8
12	
13	
14	

The following is a description of the Phase I Governance Structure. The Project Advisory Committee is advisory to the PPS Transitional Steering Committee. The PPS Transitional Steering Committee will eventually convert to the Board of Directors under Phase II of the Governance process. The PAC will remain active during Phase I and Phase II of the governance process. The PAC advises the PPS Transitional Steering Committee / Board of Directors on all elements of the DSRIP Project Plans. The PAC is involved in the planning, implementation, and oversight of the CNA and the DSRIP Project Plans. The PAC has a subcommittee entitled CNA Core Team to focus on the CNA and selection of projects. Several Work Groups will help develop policies for the PPS. The policies will be shared with the PAC for review and guidance through the Transitional Steering Committee. The Work Groups include: IT & Reporting, Finance, Governance, Workforce, Communication, Quality and Integration, Cultural Competency and Health Literacy, and broader Community Stakeholder group. There will also be several DSRIP Project Work Groups, one for each project selected. The plans developed by the DSRIP Project Work Groups will be shared with the PAC for review and feedback.

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 first grant payment funding in the amount of \$250,000, has been encumbered (100%) for the partial payment of contracted services which will be paid as deliverables are completed for the development of the Project Plan Application. Encumbrances are for the contracted deliverables which are listed below. These contracted services represent \$446,500 or 89% of the total \$500,000 award. The balance of the funding (11%) will go to pay for the partial salaries of the PPS Director and data analyst positions effective 11/1/14, and partial payment for the development of the PPS Website, implementation of the Communication Plan, project management set up, and other expenditures associated with the project as outlined in the Design Grant Application.

- Organize the PPS and Oversee the Project Plan Application Development.
- Work with NYHQ appointed legal counsel to develop Formal Governance Structure and develop legal documents.
- Conduct the Community Needs Assessment and Stakeholder Engagement.
- Conduct clinical Integration Assessment for EACH DSRIP Project.
- Develop Data Gap Analysis and Technology Plan
- Perform Project Valuations and Develop Fund Distribution Plan.
- Develop Workforce Plan

- Develop Budget and Financial Oversight Plan.
- Develop PPS Sketch Strategic Plan for 2015 - 2019; Operating Plan for 2015
- Write Project Plan and Submit to DOH
- Approve Phase II governance structure and fund distribution plans with legal Counsel with antitrust expertise

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)*

So far there are no major deviations.

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

The second award payment will help pay for the entirety of the contracted workflow services listed under item #17. As stated above, the planning grant funding is totally being invested in the development of the NYHQ PPS. The efforts of the NYHQ PPS staff and partners, working in workgroups and committees, with support from engaged consultants and antitrust legal counsel, will result in the following milestones:

- The effective development of the Project Plan Application.
- Development of a comprehensive Community Needs Assessment
- Corroboration of pre-selected DSRIP Projects and perhaps addition of new projects.
- Organizing and monitoring performance and results of 20 work groups and committees.
- Governance structure that will facilitate transitioning into an Integrated Delivery System.
- Project plans that will consider: CNA results, populations served, population health management and clinical integration initiatives, providers and community based-organizations required to achieve goals, how the workforce will be impacted, metrics and reporting requirements, IT infrastructure required for the effective communication and execution of project plans, cultural competence and health literacy requirements, communication requirements, and operating and capital budgets.
- IT Plan that will consider the need for milestone and metrics reporting and performance requirements.
- Legally compliant Fund Distribution model.
- PPS Budget and Capital Plan
- Workforce Plan
- Cultural Competence and Health Literacy Plan
- Compliance Plan
- Strategic Plan
- Implementation work plans

- Formation of an effective Integrated Delivery System with the goal and potential to decrease avoidable hospital admissions, readmissions, and ED visits by 25% in five years and achieving the Triple Aim goals.

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.ii Increase certification of PC practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))	Considered
2	2.b.v Care transitions intervention for skilled nursing facility (SNF) residents	Considered
3	2.b.viii Hospital-Home care collaboration solutions	Considered
4	3.a.i Integration of primary care and behavioral health services	Considered
5	3.d.ii Expansion of asthma home-based self-management program	Considered
6	3.g.i Integration of palliative care into PCMH Model	Considered
7	3.g.ii Integration of palliative care into nursing homes	Considered
8	4.c.ii Increase early access to, and retention in, HIV care (Focus Area 1; Goal #1)	Considered
9		Select One
10		Select One
11		Select One
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: Stephen S. Mills

Title: President and CEO

Check box with yes or no: Yes: | No