

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: 10/14/14

Provider Name: Albany Medical Center Hospital

Contact Name: George Clifford

Contact Email: cliffog@mail.amc.edu

Contact Phone: 518-262-6022

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.

Award Letters Conditions

The following questions relate to award conditions stated on the August 6, 2014, if applicable to your PPSs.

- 1) Did your award letter include a condition which must be addressed prior to receiving the second award payment? *Please answer with either 'Yes' or 'No'. If 'Yes', please continue onto Question 2. If 'No', please move onto Question 3. (3 character limit)*

Yes

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

The condition on our award was that we would work with Columbia-Memorial Hospital. They had submitted a planning grant application which was not funded. We have now merged all activity under a single Project Advisory Committee and Columbia-Memorial Hospital and their performing provider network are fully engaged with us in the development of projects and all other required activities, consistent with DOH's expectations and requirements for submission of grant applications in December.

- 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)*

NA

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)*

We have contracted with the Healthy Capital District Initiative (HCDI) to conduct our comprehensive community needs assessment (CNA). We have had numerous meetings with them and they are making progress in terms of analyzing complex data and providing reports to our planning team, the PAC and executive leadership in terms of what the data suggests regarding potential projects to pursue, among other things. However, our progress is not consistent with the timeline stated in our design grant application, due to several factors. Since we did not receive an executed contract or payment from the DOH until August 26th, we were unable to execute a contract with HCDI until then. The late start also resulted in delays in hiring staff, scheduling crucial meetings, etc. We remain concerned that the CNA progress is behind schedule and that it will jeopardize our ability to prepare and submit compelling, competitive applications for funding. There is a substantial amount of work yet to be done and it is bumping up against other deadlines that must be met in order to be done on time.

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

HCDI is taking lead on this. They are setting up community forums, focus groups and other activities to engage stakeholders in the process. We are also actively engaging Medicaid beneficiaries, surveying them in terms of how they perceive access, quality and service availability that can meet their needs. We have reached out to a wide variety of providers in forming our PAC, although that continues to be a work-in-progress. A survey of community-based organizations has gone out and results will be analyzed and made available to the executive committee and the PAC. We have much more to do and are committed to engaging the community in meaningful ways. Stakeholder engagement is vital to developing projects that can specifically address the unique needs that many patients and communities face.

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

HCDI is collecting and analyzing substantial amounts of data. We are also analyzing dashboard information. Member organizations have been asked to provide additional information in terms of utilization and other data. Rigorous methods have been put in place to insure that data is accurate and complete. Given the anticipated number of attributed patients, there is an enormous amount of data that needs to be assessed. We have not yet been able to analyze claims data for each hospital. That effort is planned for the next two weeks.

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

As noted in number 8, above, we are behind schedule. The needs assessment is critical to successful development of well-thought out projects that address the highest needs of the Medicaid population. While we will redouble our efforts, we do not have a lot of control over the output of

the vendor. The delays created have ripple effects, impacting our ability to finalize projects, empanel sub-committees, project financial revenues and expenses, assess financial sustainability, etc. We recognize there are deadlines imposed by CMS, but feel that all PPSs would benefit from moving the due date for grant application submission from December 16 to December 30. The additional time would allow us to present a more cogent approach to health system transformation.

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)

Progress has been made, but much more work is needed regarding this. We anticipate that detailed information will become available from surveys that are currently underway as well as focus groups that are being scheduled. We will engage a vendor to provide cultural competence training across the provider network. Training on an annual basis will be a contractual requirement in order to receive funding. We will encourage all providers to hire staff who are representative of the cultural diversity of the population to be served. This will all be explained in greater detail in the organizational application, under development. Albany Medical Center has extensive experience with addressing this issue and has developed a curriculum funded by HRSA that can be exported to other regional providers to assist with staff training and development.

- 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)

We have best practice protocols that will be implemented across the provider network that assess health literacy. We are committed to insuring that all patient educational materials are provided in the patient's primary language and that they will be written at a level that facilitates understanding. Even with this, research consistently shows that many patients do not comprehend what was discussed, what they were directed to do and have difficulty following care plans because they do not fully understand them. The protocol requires the patient to feedback information in order for us to assess what they understand.

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)

AMC held a webinar for all PAC members on 8/27/14. This webinar presented initial governance concepts and structure as well as laying out member expectations and responsibilities. It was followed up by a 4 hour PAC meeting held on 9/29/14 with nearly 100 PAC members in attendance. It was a very full agenda and the PAC formally adopted the Charter and the Operating Principles and

Guidelines. These documents were developed by our legal counsel and are consistent with materials promulgated by DOH regarding governance requirements. Both of these documents provide a substantial framework in terms of governance. HCDI presented an update of the community needs assessment, a preliminary discussion of projects, a timeline for development and other items. Members were encouraged to actively participate with a sub-committee, especially those who have content expertise. We advised the PAC that there would be a weekly e-mail message that would be sent out, keeping them up-to-date with upcoming meetings, due dates, information and related information. We sent out an e-mail communication to all PAC members on 10/3, asking them to hold the date for the next PAC session, scheduled for 10/27/14.

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)*

21 members

- 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	Executive Committee
2	Finance sub-committee
3	Data Management sub-committee
4	Workforce development sub-committee
5	Consumer affairs sub-committee
6	Asthma management sub-committee
7	Diabetes management sub-committee
8	Transitions in care sub-committee
9	Integration of behavioral health sub-committee
10	Pre-natal care sub-committee
11	Medication management sub-committee
12	Reducing HIV and STD morbidity sub-committee
13	
14	
15	

Consistent with our approved Charter and Operating Principles and Guidelines, the PAC is a large, collaborative body with over 150 organizations and 300 members. The executive committee is a body with no more than 21 members. The largest Medicaid providers in the PAC comprise 13 of the members. The remaining 8 are sub-committee chairs from selected clinical areas. The sub-committees that are largely administrative in nature (finance, workforce development, data management, etc.) include members who have expertise in the specific focus area of each sub-committee. The PAC must formally approve the membership of these committees. It is expected that they will provide this approval at the meeting scheduled for 10/27. We have reached out to several individuals, encouraging them to participate, so that we have a diverse, collaborative and representative group of volunteers working together to complete required tasks.

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)

We hired KPMG to assist us with planning activities and have paid them over \$150,000. We hired HCDCI to prepare the community needs assessment. The contract is for \$151,000. We hired a legal counsel who thus far has assisted us with the development of governance documents, for \$25,000. We hired a parliamentarian to advise us about proper process in following Roberts Rules of Order at our PAC meetings. This activity is on-going but is approximately \$1,000. We have hired a webex company to assist us in broadcasting materials to PAC members and allowing them to participate real time with deliberations required to operate the PAC. This is an on-going expense. We have hired a project planning team and salary and associated fringe benefit expense continues to accrue. We expect that this team will remain on these funds through 3/31/15 and will then convert to project award funding as of year 1 4/1/15. We are negotiating with several other vendors to assist us with various IT and finance related issues. It is likely that the total award amount will be insufficient to cover all costs incurred in the planning phase.

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

90%

- 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)

We did not receive the amount we requested (we requested nearly \$1,000,000) and had to combine planning activities with Columbia-Memorial Hospital, which was not anticipated in our

submission. We have had to eliminate some things we had originally planned to do. As previously noted, given the 9 county region we are covering and the 150,000 Medicaid beneficiaries who will likely be included in our PPS, we may not have adequate funding to support all of our efforts through 3/31/15. It would be unfortunate to have to lay off staff in early 2015 due to a funding shortfall, but that is a possibility.

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

Continuation of support for vendors, staff, meetings, communication and related items identified in our budget.

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	Increase PCMH certification	Considered
2	ED care triage for at risk populations	Considered
3	Care transitions to reduce 30 day readmissions	Confirmed
4	Implementation of observation units	Considered
5	Integration of primary and behavioral care	Considered
6	Diabetes: evidence based chronic disease management	Considered
7	Asthma: evidence based medication management	Confirmed
8	Increase support for maternal/child health, high risk pregnancies	Considered
9	Decrease STD morbidity	Considered
10	Reduce premature births	Considered
11	Patient activation for low, non and uninsured	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: Steven M. Frisch, MD

Title: Executive Vice President of IDS and Hospital Systems General Director

Check box with yes or no: Yes: ☒ | No ☐