

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: HealthAlliance Hospital; Broadway Campus

Contact Name: Josh Ratner

Contact Email: josh.ratner@hahv.org

Contact Phone: 845-334-4802

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)*

Yes, our award condition was to “actively explore joining one or more PPS (Ellis or Westchester.)” The executive leadership from HealthAlliance of the Hudson Valley (HAHV), St. Peter’s Health Partners (SPHP) and Westchester Medical Center (WMC) have had frequent meetings to discuss system level affiliation opportunities. HAHV’s goal of such an affiliation is to redesign the delivery of healthcare in Ulster County; providing a high quality, lower cost, financially sustainable care delivery system with better patient outcomes and access to care. The DSRIP program is central to these discussions as we look to redesign a hospital campus into a medical village, improve behavioral health care management, and ultimately enhance services and access for Medicaid patients as well as the overall community. Significant among these discussions is the opportunity to align HAHV’s projects with WMC’s PPS or to completely combine HAHV’s PPS with WMC’s PPS - a lead PPS in the Hudson Valley. HAHV is already a significant participant in the WMC PPS, sitting on the executive committee as well as the business, operations and finance subcommittee. Additionally, HAHV have identified that nearly half of our PPS participant organizations are in common with WMC’s PPS. Furthermore, WMC’s PPS proposed “Hub” governance model will provide an approach that insures Ulster County provider and community based organizations are represented, and our community health needs are addressed. HAHV also had several productive conversations with Manatt, Phelps and Phillips, which is engaged by WMC, to gain guidance on the challenges and opportunities available from aligning or combining our PPS with WMC’s. The NYS Department of Health has requested a meeting with HAHV and the other partners. In recognition that time is of the essence, the meeting is expected to occur in the next few weeks. At this meeting we will outline the benefits and challenges of alignment and obtain guidance on next steps.

- 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)*

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)*

Signed agreements from participating partners was not a mechanism we used to determine their participation, rather their submittal of Partner ID forms along with PAC and workgroup participation forms seemed satisfactory. HealthAlliance Hospital will engage our partners to complete a participating provider attestation form which will be kept and made available to the state upon request.

- 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)

The community needs assessment (CNA) is a collaborative effort of HAHV and three other Hudson Valley lead PPS applicants, including Westchester Medical Center's Center for Regional Health Innovation (CHRI), Montefiore Medical Center and Refuah Health System. As a result of this collaboration, we have uniformly proceeded along a timeline developed by WMC that is relatively consistent with HAHV's design grant application timeline. Deliverables that have occurred to date include a quantitative review of beneficiary data, SPARCS data, PQI and PDI data, distribution of a community member survey, distribution of a health information assessment survey, conducting of focus group meetings and development of community based organization and healthcare resource database. Tasks yet to occur include identification and selection of IT partners, establishment of data sharing protocols and confidentiality agreements as well as formal adoption of a governance structure.

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

To date, community and stakeholder engagement activities include distribution of the community member survey in five languages and a stakeholder project forum. The surveys were distributed in a variety of ways, including a link posted on the HAHV website, communicated internally across our health system, provided information flyers to the newspaper to insert in their publication, printed and distributed paper copies and a survey monkey URL to our PPS partners, and with their help, provided to other organizations in Ulster County to ensure a significant response

rate. The stakeholder forum was a joint PPS effort with WMC to gain insight from our shared PPS partners about the collective perception of health status, challenges and potential of PPS projects to improve healthcare delivery. Additionally, HAHV have contacted community coalitions that have been formed from community based organizations. These coalitions include the Ulster County Prevention Council, Community Heart Health Coalition and Live Well Kingston. Member organizations within these groups serve various interests in the community with a singular goal, to ensure the enhanced health of our community.

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

Needs assessment methodology is a three step data collection process which includes: 1) identify and describe healthcare and community based organization resources. For each provider/partner, there should be an assessment of capacity, service area, Medicaid/certification status, population served, gaps as well as any particular areas of expertise; 2) Describe the community that will be served. There is an assessment of demographic and health status of the target population which includes identifying age, gender, race, income, housing, employment and immigration status, access to care and identification of health disparities among high-risk populations; and 3) Identify the main health care challenges both in service availability and patient utilization. Through community engagement, discussion of the contributing causes of poor health status including the broad determinants of health encompassing risks such as behavioral risk, environmental risk, socioeconomic factors, lack of basic necessities and service gaps related to healthcare, etc., to name a few.

Quantifiable data such as chronic disease prevalence and socioeconomic status among medicaid beneficiaries has been geospatially mapped along with community-based and health care resources. The results of the mapping exercise are to identify hot spots, or areas of highest concern, and provide an understanding of potential beneficiary access or barriers to needed resources.

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

Some challenges that we've encountered thus far pertain to the community survey. To date, there has been an under-representation of the medicaid/low-income/uninsured population in taking the survey. We have increased our efforts to recruit organizations to help with the continued engagement of this population.

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 understand challenges exist which will become more evident as we implement new programs that shift the way this population will access healthcare. Specific cultural competency strategies will be developed and reviewed within the workgroups as projects may impact

beneficiaries from varying cultures. There will be an emphasis in identifying cultural competency challenges and developing tactics to meet their healthcare needs in an efficient and effective manner. A step towards identifying these needs while being cognizant of potential language barriers have already occurred with the distribution of the community member survey, a component of our CNA. The survey was tailored to five diverse native languages of our collective population while revising the literacy level to a third grade reading level. Additionally, HAHV has various culturally sensitive initiatives to improve cultural competency. These include implementation of translation services via a dedicated phone system and a mandatory employee education module on cultural competency. During orientation for new employees, cultural competency education focuses on differences among cultures and to avoid stereotype behavior or tendencies. This education is also mandatory for all employees during their annual review.

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)*

CNA results, specifically from the survey and focus group sessions, will be utilized by our workgroups to identify health literacy gaps and specific challenges to address those gaps within our region. Workgroups have already discussed some challenges, and the consensus is that any implemented project needs to be complemented with an educational component for the populations we're targeting. HAHV is not unfamiliar with trying to improve these gaps. For example, our language translation hotline mentioned above is one way HAHV has employed tactics in the hospital to improve health literacy of all patients who may need these services. More could be done among our PPS partners and these discussions will occur within our workgroups and be delivered to the PAC.

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)*

Our Executive Project Advisory Committee (PAC) was created on August 20th, 2014 through a self-selection process from our participating providers. Members from the Executive PAC will also sit on one of two sub-committees, finance and operations or clinical and quality. One of the first activities undertaken by the executive PAC was to assign representatives from their organizations to one of three workgroups to aid DSRIP project implementation, including Behavioral Health workgroup sub-committee, Chronic Disease workgroup sub-committee and System Transformation workgroup sub-committee. To date there have been two Executive PAC meetings with two more scheduled for the end of October and mid-November. Workgroup meetings commenced the week of October 6th to evaluate recent community need assessment analysis and begin project plan development. Outcomes from these workgroup meetings will be presented to the executive PAC for their guidance and refinement of project plans according to the application requirements. It is expected that the frequency of PAC meetings will occur monthly during the planning and implementation phase of DSRIP and may be adjusted according to workflow needs in the subsequent years.

Since KPMG was selected as the DST contractor, they have been engaged in several of our PAC and workgroup meetings and provided relevant information for our PPS partners and will continue to do so while project planning activities moves forward.

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)*

19

- 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 Project Advisory Committee
2	Finance and Operations sub-committee
3	Clinical and Quality sub-committee
4	Behavioral Health workgroup sub-committee
5	Chronic Disease workgroup sub-committee
6	System Transformation workgroup sub-committee
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Formation of governance will continue to develop as we approach the deadline of April 1, 2015. We believe that resources need to be devoted to developing a comprehensive community needs assessment that will aid in project development before a governance structure is decided upon, in order to be effective in guiding the project deliverables for the next five years. Our vision for HAHV's PPS PAC governance structure is that HAHV will act as the fiduciary for the DSRIP program. The executive PAC and its sub-committees, Finance and Operations as well as Clinical and Quality, will provide oversight and strategic guidance for the workgroups. The

workgroups will implement project strategies to achieve project goals, define processes to track and report metric accomplishments and have general oversight of related projects.

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)

Much of the expenses incurred so far have been primarily related to staff time, effort and printing costs. Due to the collaboration (see Question 8) with the other PPS' in developing the CNA, costs to date have been kept at a minimum. We have researched opportunities to contract with vendors in certain areas for CNA development, such as focus group consultants, and will seek expertise to assist with governance structure development and the formation of the related charter, bylaws, etc. Much of the expenses that we've indicated in our design grant application, not related to CNA development, will likely come to fruition in the second half of our 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)

<10%

- 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 one significant positive deviation since our design grant application was our collaboration with the other Hudson Valley PPS' in the development of the CNA. The lead applicants believed this was a wise use of resources to avoid duplication of effort, time and expenses. Additionally, each of the PPS' can leverage their strengths within their respective region to deliver a more efficient and effective CNA report by working with community partners.

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

As mentioned above, the second payment award would be used for contracting with legal/advisory firms to develop and formalize a governance structure. Additionally, HAHV is in the process of working with Montefiore Medical Center on potentially engaging in additional community forums which would also incur some expense.

- 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.a.iv Create a Medical Village Using Existing Hospital Infrastructure	Considered
3	2.b.iii ED Care Triage for At-Risk Populations	Considered
4	2.b.iv Care Transitions Intervention Model to Reduce 30-day Readmissions for Chronic Health Conditions	Considered
5	3.a.iv Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) Capabilities and Appropriate Enhanced Abstinence Services within Community-Based Addiction	Considered
6	3.b.ii Implementation of Evidence-Based Strategies in the Community to Address Chronic Disease—Primary and Secondary Prevention Projects (Adults Only)	Considered
7	3.c.ii Implementation of Evidence-Based Strategies in the Community to Address Chronic Disease—Primary and Secondary Prevention Projects (Adults Only)	Considered
8	4.a.i Promote mental, emotional, and behavioral (MEB) well-being in communities	Considered
9	4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health	Considered
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: Josh Ratner

Title: Chief Strategy Officer

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