

Nassau - Queens PPS PAC Meeting 3

January 21, 2015



**Catholic
Health Services**
of Long Island
At the heart of health

**North
Shore LIJ**

North Shore-Long Island Jewish Health System

NuHealth
Together through life.

Welcome and Introductions

David Nemiroff, LCSW

Executive Director, Long Island Federally Qualified Health Centers, Inc., Vice President, NuHealth, Nassau University Medical Center

The NQP DSRIP Team



- **Robert Ginsberg**
- Elaine Keane (VNS)
- Mia Oberlink (VNS)
- **Terry O'Brien**
- Jessica Wyman

- Joe Baddoura
- Tomasz Batok
- Christopher Chewens
- Julia Cleere
- Nancy Copperman
- Ariel Hayes
- **Jerry Hirsch, Ph.D.**
- Nameetha Jacob
- Cynthia Khan
- **Jeffrey Kraut**
- Stephanie Kubow
- **Kristofer Smith, M.D.**
- Zachary Smith
- Michael Wolff

- Olawale Akande
- Roy Cordes
- Lynne Fagnani (HMA)
- Apurvi Mehta
- **David Nemiroff, LCSW**
- **Victor Politi, M.D.**
- Ron Sanchez
- Melanie Schoenberg (Denton)
- Denise Soffel (HMA)
- Aashna Taneja
- Jeffrey Thrope (Foley & Lardner)
- **Laurie Ward, M.D.**

Key:

Red = Hub Leadership

NQP Participating Providers

There are nearly 8,500 Participating Providers in the NQP Network

354 Behavioral Health Providers

66 Clinics

22 Hospitals

7 Community-based Organizations

6 Hospice Providers

1,526 PRIMARY CARE PHYSICIANS

77 Skilled Nursing Facilities/Nursing Homes

51 Substance Abuse Providers

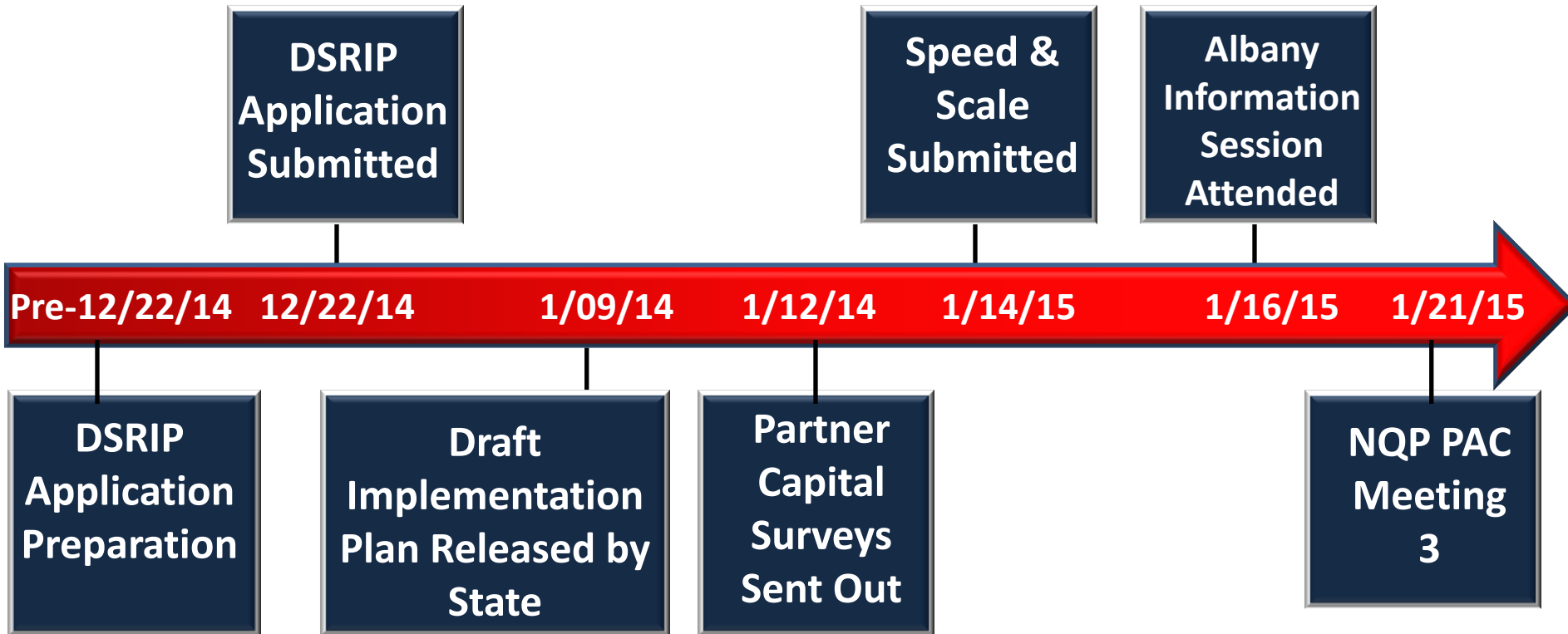
43 Pharmacies

3,648 Non-Primary Care Physicians

23 Home Health/Care Management Providers

Over 2,600 Other Providers

NQP Accomplishments Since 12/04/14 PAC Meeting

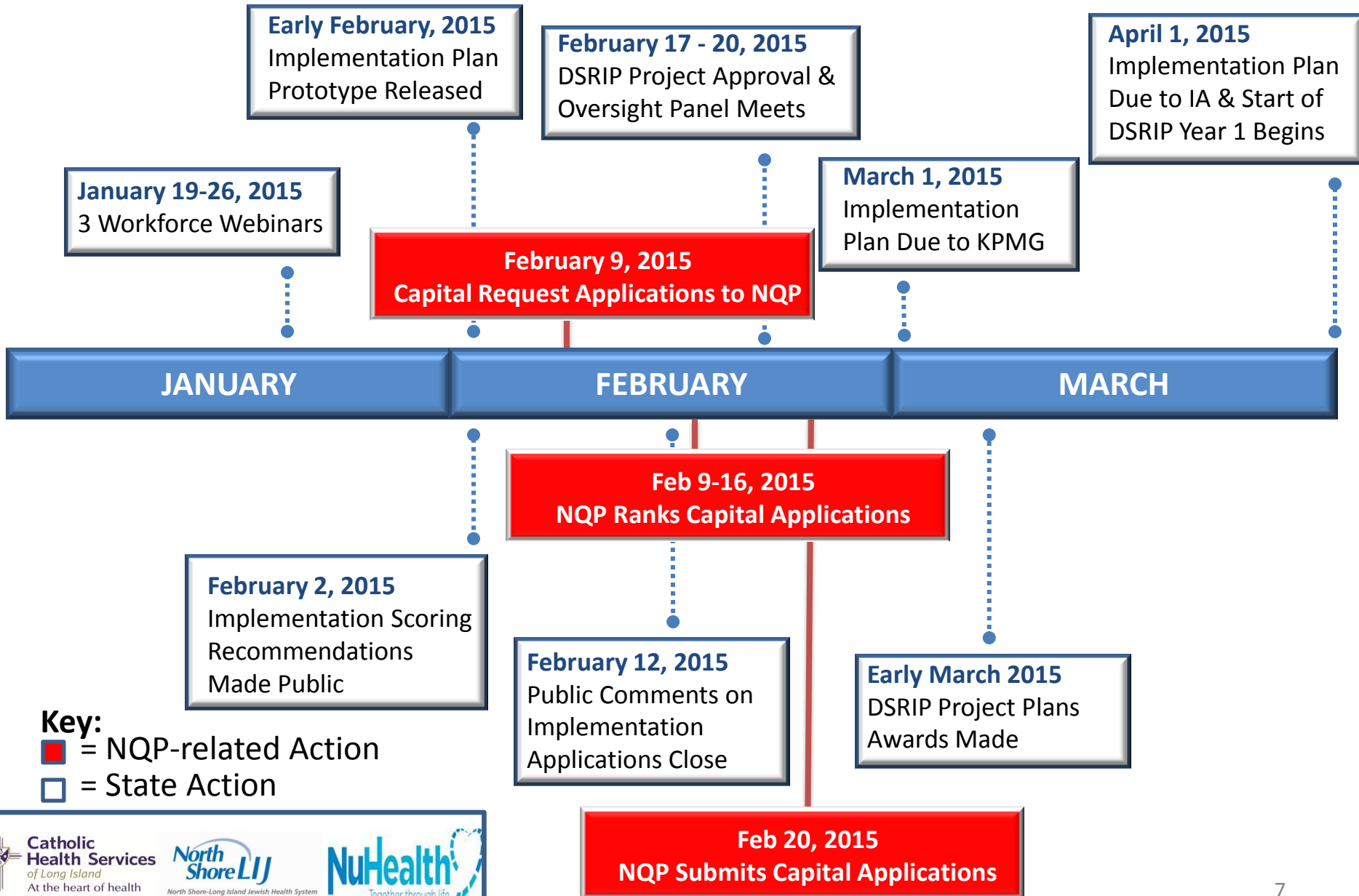


NQP Status Update Report and Timeline for Future Deliverables

Robert Ginsberg

System Director, Strategy and Business Development,
Catholic Health Services of Long Island

DSRIP Implementation Planning Timeline



Capital Request Application Process

Cynthia Khan

Assistant Vice President, Strategic Planning and Program Development, North Shore-Long Island Jewish Health System

Capital Restructuring Financing Program

Overview

- NYS has allocated \$1.2 billion in funds across the state to fund DSRIP capital projects that contribute to achieving DSRIP program goals.
- The Department of Health has charged each PPS with submitting and prioritizing the CRFP applications from its partners.
- Nassau Queens PPS is collecting and prioritizing applications from our DSRIP partners, as required by NYS.
- Application available at:

[www.health.ny.gov/funding/
rfa/1410100351/index.htm](http://www.health.ny.gov/funding/rfa/1410100351/index.htm)

Capital Restructuring Financing Program

Who May Apply

- General hospitals
- Diagnostic and treatment centers
- Residential health care facilities
- Assisted living providers
- Clinics licensed under the Public Health or Mental Hygiene Laws
- Primary care providers
- Providers holding operating certificates issued by DOH, OPWDD, OMH or OASAS
- Home care providers licensed under Article 36 of the PHL
- OMH clinics, PROS, treatment programs, Intensive Psychiatric Rehabilitation, Day Treatment Programs, and Continuing Day Treatment Programs

Preference will be given to those with

- Committed matching funds to the proposed project
- Projects that demonstrate transformational change to the health care delivery system from a fee-for-service system to a value based system
- Demonstrated significant financial need

Capital Restructuring Financing Program

Eligible Projects

- Capital projects that support development of primary care service capacity
 - Including primary care services co-located with outpatient behavioral health care
- Asset acquisitions
- Capital projects that support consolidation of service lines among providers
- Improvements to infrastructure
- Capital projects that support closures, mergers, and/or restructurings
- Capital projects that support development of tele-health infrastructure
- Capital projects that support development of coordinated co-located ambulatory care services
 - Including primary care, specialty care, surgery, urgent care, and diagnostic imaging
- Capital projects leading to integrated delivery systems that strengthen and protect continued access to essential health care services

Capital Restructuring Financing Program

Eligible Expenditures

- Equipment costs, including costs for Health IT
- Costs related to renovations
- Asset acquisitions
- Construction costs
- Planning and design

The following expenditures are not eligible for CRFP

- Personnel and staffing
- Supplies
- Utilities
- General operating costs
- Working capital, including pay down of liabilities
- Loans
- Training and maintenance cost related to health IT
- Lease payments

Capital Restructuring Financing Program

Structure of the Application

1. Technical Proposal (max 15 pages plus attachments)
 - Executive summary
 - Project description
 - Applicant qualifications, project participants and project readiness
 - Relationship of eligible capital project to community need
 - Relationship of eligible capital project to DSRIP goals
 - Description of how project will result in a transformational change from a FFS healthcare delivery system to a value-based system
 - Regulatory waiver requirements
 - Workplan – objectives, tasks & performance measures to be monitored by DOH

Capital Restructuring Financing Program

Structure of the Application (cont)

2. Financial Proposal (max 15 pages plus attachments)

- Project Funding & Match
- Project Budget
- Project Cost Effectiveness
- Project Financial Viability & Applicant Long-Term Sustainability
- Demonstration of Significant Financial Need
- Capital Project Budget Template
- Project Fund Sources

Capital Restructuring Financing Program

Structure of the Application (cont)

3. Standard Grant Forms

- Minority and Women Owned Business Enterprise Forms
- Vendor Responsibility Attestation
- Short Environmental Assessment Form
- Smart Growth Assessment Form
- **NYS Master Grant Contract with Attachments**
 - As funds will be awarded directly to applicants, applicants are expected to enter into a Master Grant Contract with the DOH.
 - Not for profit applicants need to be registered with the NYS Grants Gateway and complete the vendor prequalification process in order for applications to be evaluated.
 - <http://www.grantsreform.ny.gov/Grantees>
 - https://grantsgateway.ny.gov/IntelliGrants_NYSGG/login2.aspx

Capital Restructuring Financing Program

Terms of Grant Contract – Key Points

- Contracts between the Department of Health and the awardee will run from April 1, 2015 to March 31, 2020
- Grant recipients must submit vouchers for reimbursement
- Quarterly reports are required, to include:
 - Progress made toward DSRIP goals
 - Impact on state's healthcare delivery system
 - Status update in project milestone progress
 - Information on project spending and budget
 - Summary of public engagement and public comments received
 - The impact on the project's progress of all regulatory waivers issued for the project

Capital Restructuring Financing Program

Process & Timeline

Date	Task	Notes
Friday January 16	Partners complete and return survey of their intent to submit a capital application	<ul style="list-style-type: none">Fill out one survey per capital request
Monday February 9	Partners submit completed applications	<ul style="list-style-type: none">Submit applications to dsrip@numc.eduWhen you submit your application, you are also required to submit your organization's 2 most recent audited financial statements
Monday February 9 – Monday February 16	Applications are reviewed and prioritized by the PPS	
Friday February 20	NUMC submits CRFP applications to the DOH on behalf of the PPS	

Capital Restructuring Financing Program

For More Information

- www.health.ny.gov/funding/rfa/1410100351/index.htm
 - Capital application & schedules
 - Q&A
- www.nqdsrip.org
 - Partner capital survey
 - Final submitted DSRIP application
 - Community needs assessment
 - This presentation (coming soon)
- <http://www.grantsreform.ny.gov/Grantees>
 - Register for Grants Gateway (you will get a username and password)
 - Scroll down to “getting started” and click on “Registration Form for Administrator”
- https://grantsgateway.ny.gov/IntelliGrants_NYSGG/login2.aspx
 - Grants Gateway website to complete your prequalification application
 - Login with your username and password

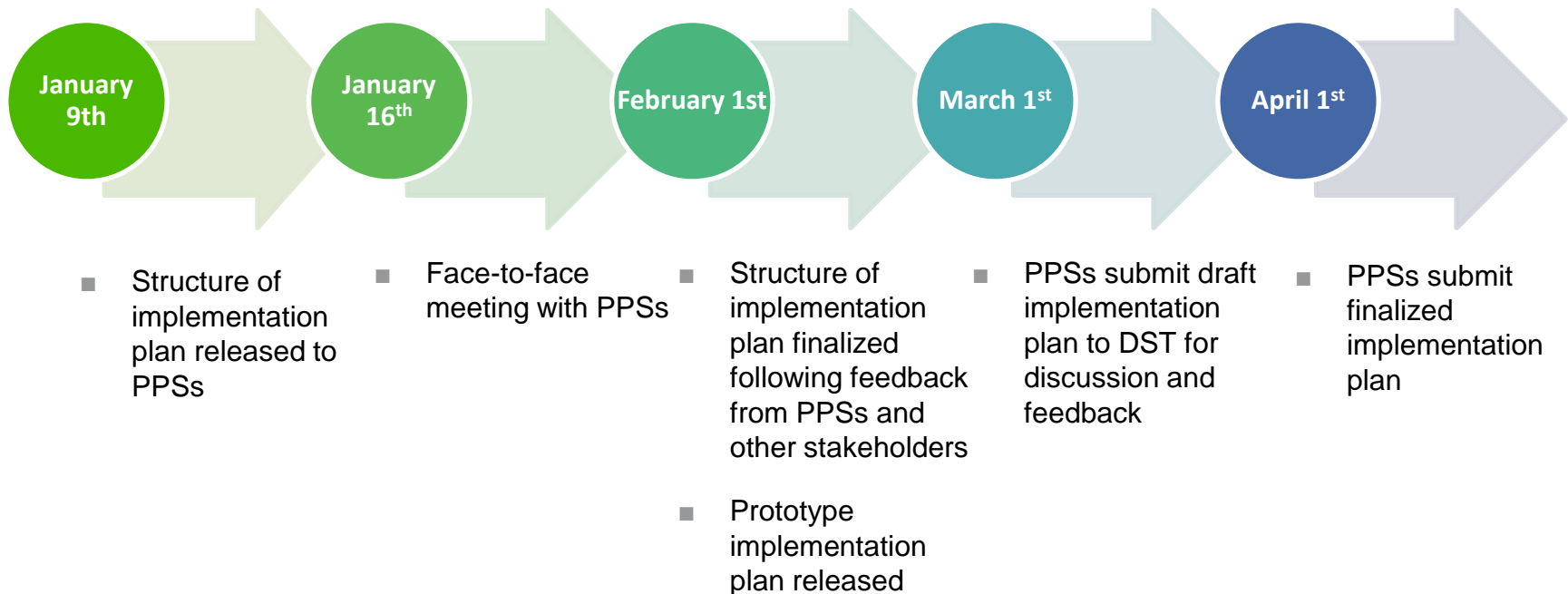
Implementation Process

Kristofer Smith, M.D.

Vice President/Medical Director,
Care Solutions, North Shore-LIJ

Implementation Plan Timeline

Conceptual Overview of the Implementation Plan *Implementation Plan timeline*



Source: The DSRIP Implementation Plan: All-PPS workshop. January 16, 2015

Goals of the Implementation Plan

The aims of prescribing a specific structure for PPSs' implementation plans are to:

- Give PPSs consistent guidance about some of the key aspects of establishing successful, effective Performing Provider Systems
- Collect all the information that the Independent Assessor will need in order to approve the release of Domain 1 payments to PPSs in years 1 to 4 of the DSRIP program. This information will include project-specific measures of the speed of implementation, as well as key organizational measures.
- Establish the structure for the quarterly reports that PPSs will submit to the Independent Assessor throughout the DSRIP program
- Provide greater clarity to downstream providers about their roles and actions throughout the implementation journey
- Facilitate the monitoring of progress on key milestones as they are adjusted by PPSs throughout the implementation process

Organizational Implementation Plan

- **Governance:** Process Measures and Key Issues
- **Workforce:** Process Measures and Key Issues
- **Financial Sustainability:** Process Measures and Key Issues
- **Cultural Competency:** Process Measures and Key Issues
- **IT Systems and Processes:** Key Issues
- **Performance Reporting:** Key Issues
- **Physician Engagement:** Key Issues
- **Population Health Management:** Key Issues
- **Clinical Integration:** Key Issues

Project Implementation Plan

■ General Project Implementation:

- Overall approach
- Major dependencies on work streams and coordination of projects
- Overview of key stakeholders
- Roles and responsibilities
- IT Requirements
- Performance monitoring
- Community engagement

■ Measurable Milestones and Implementation Risks:

- Major Risks to Implementation and Mitigation strategies
- Project Implementation Speed
- Patient Engagement Speed

Implementation Plan Quarterly Reports

The Implementation Plan as the basis for the Quarterly Reports

- Each quarter, PPSs must submit a quarterly report to the Independent Assessor.
- The submission of these quarterly reports as well as the achievement of the process milestones described within it will drive Domain 1 payments to the PPS from year 1 to 4.
- The quarterly reports will cover progress on both the organizational sections of this implementation plan and the DSRIP projects the PPS is undertaking.
- Every element of this implementation plan will be reflected in the quarterly reports.

Implementation Plan: Next Steps

Next steps and the process for developing the implementation plan

Between now and 1st April

- DOH will develop a template once the structure & content of the implementation plan have been finalized
- DOH will develop a prototype implementation plan
- The submission on April 1st will use the DOH template. Ultimately, implementation plans will be loaded onto the MAPP tool (where all future quarterly reports will be submitted) but the exact timing and process for this are still to be confirmed

Closing Comments/Questions

**Robert Ginsberg, David Nemiroff, LCSW
& Kristofer Smith, M.D.**

**DON'T FORGET! FOR EVERYTHING
RELATED TO NQP DSRIP, PLEASE VISIT:**

www.nqdsrip.org