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**:** AW Medical Office PC

Contact Name: Hal Sadowy, PhD

Contact Email: halsadowy@yahoo.com

Contact Phone: 317-294-7111

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)*

We are in the process of discussions with several hospitals/health systems. At this point in time we do not have definitive agreements in place with any hospital. We are however continuing to have discussions on a regular basis. We are waiting for the results of the attribution process expected on October 15th to complete the negotiation process.

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)*.

NA

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)*

CLINICAL INTEGRATION: We are able to clinically integrate. We have set up a governance structure in accordance with KPMG guidance and will be able to virtually integrate through contracting with the necessary providers who are included as partners in our PAC. To achieve clinical integration, we have established various project workgroups of key partners to discuss how best to achieve and implement the specific project requirements. These workgroups include IT, Evidence based medicine/clinical protocols, Workforce and CNA Workgroups. Each workgroup, working with physician leadership and partners, will develop protocols that will be shared with each of the providers and partner organizations for comments and recommendations. In addition, each Workgroup will work with the other Workgroups across the various projects to ensure the implemented plans are feasible and successful. Our stategic clinical integration plan will drive our IT strategy, for example, in each project, the EBM/Clinical Protocol Workgroup must work closely with the IT Workgroup to ensure that clinical data can be accurately collected.

GEOGRAPHY: We have entered into discussions with various hospitals/health systems which addresses the geographic condition in the grant approval letter and our current provider network meets requirements in all counties that we serve.

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)*

NA

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)*

NA

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)*

NA

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)*

AW Medical (AW) has contracted with The New York Academy of Medicine (NYAM) and Verité Healthcare Consulting (Verité) to complete the CNA requirements. NYAM is responsible for conducting assessments in Brooklyn and the Bronx only. Verité will conduct assessments in Queens and Manhattan as well as Brooklyn and Bronx to supplement NYAM's findings.

AW has actively participated and attended all meetings of the Bronx and Brooklyn CNA Steering committees, which govern and monitor NYAM's work.

For the two borough-wide CNAs, NYAM collected and analyzed primary data, including 52 key informant interviews (Bronx: 24; Brooklyn: 28), 45 focus groups with community members and other stakeholders (Bronx: 21; Brooklyn: 24), and approximately 1281 community surveys (Bronx: 600; Brooklyn: 681). In early October, NYAM released the final reports for the Bronx and Brooklyn.

AW and Verité kicked off the 4-borough CNA project in early September. Subsequent to the kick-off, Verité and AW Steering Committee members held numerous telephone meetings on a weekly basis and frequently communicated on specific tasks and questions via e-mail and telephone between meetings. Since then, AW and Verité have reviewed and adapted the project work plan and time line; reviewed secondary and primary data requirements and data collection plans; and planned for a provider survey, on-site primary data collection through key stakeholder interviews and group interviews. Most importantly, collection of primary and secondary data is now complete. Verité collected and analyzed

primary data, including 30 key informant interviews, 5 small group discussions with Medicaid recipients and community members and over 275 provider surveys. The final report will be available by the end of October, however, a preliminary findings report will be available by mid-October.

Based on the NYAM findings and current findings from Verité, the DSRIP projects selected by the AW team are supported by the CNA results.

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

AW Medical (AW) identified organizations (healthcare providers and organizations providing wrap-around support/ resources) to provide insight on community health needs and, when appropriate, to assist in recruiting survey and focus group respondents to ensure representation of diverse populations, i.e. geography, age, gender, race/ethnicity, etc. The AW team generated a list of key community organizations and key stakeholders based on first-hand knowledge of the community as well as consulting with service provider umbrella and membership organizations (including public health advocacy groups, CBOs & FBOs) and local community boards aimed to include a broad cross-section of stakeholders. Concerted efforts were made to include PPS partners, project stakeholders in the behavioral health and housing arenas, public officials, patient and workforce organizations and Medicaid recipients.

Partner organizations and community leaders served as key informants. To ensure a diverse sample, AW team members asked interviewees to suggest other individual(s) that should be interviewed to obtain a better understanding of the community health needs and priorities.

Community organizations also assisted in recruiting focus group/small group discussion participants and asked to facilitate the groups and administer/distribute surveys. In total, AW's CNA included 82 key informant interviews, 45 focus groups, 5 small group discussions with Medicaid recipients and community members and nearly 1600 provider and community surveys. To ensure data was captured from a diverse set of community members, surveys and small group discussions/focus groups were conducted in the primary language of the participants.

In addition, AW has created a variety of other vehicles for ongoing community and stakeholder engagement for the DSRIP project including a project website, targeted emails, community presentations and discussions and collaborative events.

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

Verité and NYAM utilized primary and secondary data collection and analyses to create the CNA. Using standard research methods consistent with DSRIP CNA guidance, both developed a primary data protocol: key Informant interviews, small group interviews, focus groups, and survey questions focused on health promotion, primary health concerns, available programs and services, disparities in access and use, and recommendations regarding strategies to promote improved health. Both teams analyzed data using standard qualitative/quantitative methods and conducted a review of secondary source data: analysis of several publicly available data sets, literature review, existing hospital CHNAs and reports

prepared by the NYC & NYS DOH, NYC Department of City Planning, local community boards and academic institutions.

NYAM collected primary data with numerous community organizations and represented a range of populations, ie, age and ethnicity. NYAM targeted neighborhoods with large numbers of Medicaid and/or uninsured populations for surveys.

Verité worked with AW to implement a primary data collection plan for provider/community input including key stakeholder interviews, small group interviews with Medicaid recipients and community members as well as a provider survey to gain insight into health and health care system priorities among the Medicaid population. Interview participants were recruited with the goal of achieving an equal mix of: health care providers; behavioral health providers; Medicaid recipients; and community leaders with different areas of focus (i.e., youth or adults, specific racial/ethnics groups; housing; social services and basic needs security). In addition to collecting data on Domain 3 and 4 metrics, Verité is compiling data from numerous indicator sets, ie, population demographics; household income, poverty, and uninsurance; housing and homelessness; "food deserts;" and health status, health behaviors, and disparities.

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

The most significant challenge that the AW team faced in conducting its CNA according to the initial timeline has been to engage experienced and available contractors with the capacity to conduct community health needs assessments for the entire geographic target area proposed. While NYAM would have been an ideal entity to conduct the four borough CNAs required, the organization lacked the bandwidth to do so. Therefore, the AW team was required to conduct a search of recognized and established CNA consultants to carry out this work for the Bronx, Brooklyn, Manhattan and Queens. After an exhaustive search, AW engaged Verité Healthcare consultants. However, Verite's work did not commence until early September, creating a delay in the project schedule. Since September, AW has been working closely with Verité to advance the project forward in an efficient and streamlined manner to support all phases of work required to complete the CNA findings report needed to support the DSRIP project selection process and ensuring comprehensive collection and analyses of the substantial breadth of primary and secondary data available.

Once the patient attribution information is available and the final membership of the PPS is firmly established, we will be able to further supplement the CNA findings to target the service level gaps within the PPS network.

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)*

AW Medical (AW) represents over 2,000 community-based, private practice providers and service organizations. Many of these practices and organizations have a long standing history of offering services in their respective local communities. Almost all of the providers/organizations and their staff reflect the same culture and speak the same language as their patients and clients, who they serve. AW is truly a culturally competent organization.

AW plans to implement a comprehensive strategic plan to ensure cultural and linguistic competence. A Cultural Competence Strategic Plan will be created and reviewed within the Workforce and Public Health Workgroups as part of the AW committee structure.

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)*

AW will work closely with community-based providers and service organizations and their staff to establish and develop a collaborative plan to improve the health literacy of patients served by our PPS. AW will survey the partner organizations regarding the language and literacy level of their patients. AW will obtain copies of available patient education materials, including literature from the NYC Department of Health and Mental Hygiene, and organize an inventory of language-specific patient education materials by literacy level.

Patient education materials and language gaps will be identified and prioritized based on our community health needs assessment findings. Each Project Workgroup will be tasked with addressing the health literacy gap and will discuss and formulate a workable plan and timetable to address each gap. In addition, AW plans to collaborate with NYC DOH on the various existing health initiatives such as diabetes, asthma, smoking cessation and overall health and wellness programs.

In addition, the physicians of AW have organized regional annual health fairs and offer health seminars at local community centers in Manhattan, Brooklyn and Queens to increase the health literacy of the patient community. To continue to improve the health literacy among the community, AW will expand this effort to organize health fairs and seminars to additional communities and languages across New York City.

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)*

AW Medical (AW) has organized several successful PAC meetings with our partner organizations throughout New York City. The first PAC meeting was held on 5/27/14, followed by subsequent AW meetings on 6/4/14, 6/12/14, 7/11/14, 7/27/14, 9/4/14, 9/5/14, 9/11/14 and 10/8/14 (attended by KPMG). In addition, we have had numerous meetings with key organizations that include but are not limited to hospitals, health homes, mental health providers, and others.

During PAC meetings, we provided up to date information on the activities within the PPS and asked for the cooperation and active participation of our partner organizations. We sought and continue to seek advice/feedback from our partner organizations. We have received many meaningful suggestions and comments from our partners as to the best way to proceed in the development of our projects. Surveys on IT readiness and interest in committee participation were distributed to the partners. Key workgroups were formed to be involved in the different projects selected and confirmed by the CNA. In addition, physician leaders participated in reviewing and selecting clinical protocols and developing proposed project implementation plans with partner organizations.

AW has scheduled future PAC meetings to provide further updates, i.e. CNA results and final project selection, and continue to obtain feedback/input from key providers/partner organizations.

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)*

25 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	Finance: Finance & Budget Workgroup; Provider Contracts Workgroup
2	Project Operations: CNA Workgroup; Public Health Workgroup; Workforce Workgroup; EBM/Protocols Workgroup
3	IDS/CI/Population Health: HIT Workgroup; Metrics-Patient Centeredness/Quality/Utilization Review/Business Analytics Workgroups
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Per the State's guidance for the Alternative PAC structure, we are establishing a Leadership Council as the governing committee that will work in conjunction with committees and workgroups. The Leadership Council will consist of no more than 25 members and will represent key partners proportional to the number of Medicaid patients they serve, as well as key labor organizations proportional to the number of workers represented. Our Leadership Council will also include regional representatives and subject-matter experts. We are establishing committees of Finance, Project Operations, and IDS/CI/Population Health with a number of workgroups under each. For example, the Project Operations committee will have input from workgroups of community needs assessment (CNA), evidence-based medicine protocol and implementation, workforce, and public health. Each of the workgroups includes subject-matter experts from both clinical and community-based service organizations to ensure programmatic designs and workflow processes are targeted for the Medicaid population we serve. The workgroups will also be regional so as to more effectively address the specific needs of the Medicaid population for that geographic region. Based on the preliminary attribution, we will ensure our PAC includes sufficient representation from partners who serve the greatest proportion of the Medicaid population, behavioral health partner organizations, be occupationally diverse, and be demographically and geographically representative of the communities we serve.

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 was used to meet the DSRIP design phase requirements to prepare for the project application, i.e. retaining vendors to complete the Community Needs Assessment, resources to cover the cost of the food and venue for PAC and stakeholder activities/meetings and creation of a website to encourage stakeholder engagement and update partner organizations of AW Medical's PPS activities. Additional funds were allocated to legal services and counsel regarding the governance structure and DSRIP application.

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)*

We don't have any significant deviation from our design grant application. We are working as conscientiously and methodically as possible to meet the application requirements.

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

The second award payment will be used to complete our planning and application process and activities. Such activities will include but are not limited to supporting PAC/workgroup activities, developing clinical protocols, IT assessments, workforce strategy, and others. They will also include legal services to ensure the appropriate legal documents, agreements and contracts are in place to reflect the governance structure and collaborative relationships among the various clincial providers, partner organizations and vendors.

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 Integrated Delivery System	Confirmed
2	2.b.iv Care Transition	Confirmed
3	3.a.i Integration of Primary Care & Behavioral Health	Confirmed
4	3.b.i Cardiovascular Disease Management	Confirmed
5	3.c.i Diabetes Disease Management	Confirmed
6	3.d.iii Asthma Management	Confirmed
7	4.b.i Tobacco Use Cessation	Confirmed
8	4.c.i Decrease HIV Morbidity	Considered
9	4.c.ii Increase early access to, and retention in, HIV care	Considered
10	2.c.i Development of community-based health navigation services	Considered
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: Ramon Tallaj, MD

Title: CEO

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