

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: Maimonides Medical Center

Contact Name: David Cohen

Contact Email: dcohen@maimonidesmed.org

Contact Phone: 718-283-6347

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)

N/A

- 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)*

This has not been completed yet because we have been finalizing our partnerships. We plan to have signed and notarized attestation forms from all partner organizations prior to our final partner submission on November 15.

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)*

The final version of our Brooklyn-wide Community Needs Assessment was distributed by our contracted conductor, the New York Academy of Medicine, on October 3, 2014. Our initial deadline for the assessment was September 15, 2014, but this was date was pushed back to include primary data, including information from focus groups, key informant interviews and surveys. Additionally, we received an excel document with all available zip-code level data tables that has allowed us to more easily perform custom service level analyses for our specific project applications.

While the deadline for the CNA has passed, we do expect an additional appendix (D) which will be a standalone report on the primary data collection and analysis in late October. Once baseline domain metrics become available, NYAM will also update these tables.

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

NYAM engaged key stakeholders identified and selected in a joint process among all Brooklyn PPSs in the CNA process through focus groups, key informant interviews and community surveys. Additionally, our PPS has engaged with community stakeholders as we develop our specific DSRIP projects. These stakeholders have been invited to participate in an advisory role in an ongoing manner in the development of project planning and ongoing operation of our PPS. Stakeholders have participated in committee/subcommittee meetings, all partner meetings. Additionally, all partners have been provided access to the documents and materials generated throughout the planning process and have opportunities to weigh in and comment on overall development and implementation.

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

For primary data inclusion, NYAM conducted key informant interviews, focus groups, and surveys targeting specific areas and populations for primary data sources. Key informants included health care providers, staff and leadership from community based organizations, including educational, service-related, religious, and cultural organizations. Key informant interviews were conducted by NYAM staff in collaboration with community partners.

Interviews and focus groups addressed topics that included health and health care priorities, gaps in service and unmet needs, perceptions of available primary and specialty health care services, barriers and facilitators to accessing available primary and specialty health care service use. Recommendations regarding services and service delivery were elicited during interviews and focus groups, including factors that might impact on development and implementations of programming and potential DSRIP projects. Surveys were also administered at local organizations, including faith institutions, senior centers, and social service and health provider organizations. Over 600 surveys were collected.

Secondary sources that were considered and/or analyzed for the purposes of the CNA included borough-specific data that allowed comparisons of Brooklyn to New York City and State data. These data sources include the NYU Furman Center Brooklyn Housing Report, Medicaid hospital inpatient

Potentially Preventable Readmission rates by hospital, New York State Prevention Agenda 2013-2017 tracking indicators, the American Community Survey, and various other community reports.

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

Delays in receiving baseline data from DOH has been the only significant challenge to this process.

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)*

In response to disparities and gaps identified in the CNA, we are currently conducting an inventory of all of our partner organizations and the populations they serve to ensure the adequacy of our network to meet these needs. We will use the experience of our Health Home to help guide this process, as we have experience identifying agencies with the expertise and capacity to meet the needs, both medical and cultural, of our patients.

- 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)*

Maimonides has created an IT infrastructure that enables patients to be linked electronically and communicate easily in real time with his/her core care team and stakeholder members of the extended care team (including specialty providers, residential providers, and home care agencies, for example). Through the use of this web-based Dashboard, patients have the ability to direct their own care, view their coordinated care plan and securely message and interact with their providers.

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 PAC is comprised of three committees: Steering Committee, Care Model and Program Planning Committee, and the Business, Operations, Analytics and Training Committee. These committees have met for a total of four times since July 2014, with additional meetings scheduled for the remainder of the year. In addition to the PAC, our four subcommittees and workgroups have met ten times. These subcommittees and workgroups will continue to meet regularly.

We have held two all-partner meetings and webinars with another scheduled for October 20th to communicate and solicit input on key items.

These committees and subcommittees have discussed our ten selected projects in great detail, and have included key experts as needed. The groups have also discussed and approved alignment with other PPSs and began considering governance, funds flow, workforce and ongoing operational issues. It is to be noted that the initial decisions and planning made at the subcommittee level are then reviewed with the PAC.

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)*

Twenty

- 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	Care Transitions
2	Primary Care (Asthma/Palliative Care)
3	Behavioral Health/Substance Abuse
4	Analytics and IT
5	Training
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The following subcommittees roll up to the Care Model and Program Planning Committee: 1) Care Transitions, 2) Primary Care (Asthma/Palliative Care) and 3) Behavioral Health/Substance Abuse.

The following subcommittees roll up to the Business, Operations, Analytics and Training Committee: 1) Analytics and IT and 2) Training.

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 in order to develop a program management infrastructure comprised of new employees and consultants.

- 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 have elected to develop partnerships with other PPSs within our geographic area in order to align programs. Projects, as a result, have changed due to this new alignment and also in reaction to the Community Needs Assessment.

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

The second award payment will go towards the payment of consultants and the salaries of our employees.

- 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 Systems	Confirmed

2	2.a.iii Health Home At-Risk Intervention	Confirmed
3	2.b.iii ED Care Triage	Confirmed
4	2.b.iv 30 Day Readmissions	Confirmed
5	3.a.i Integration of Behavioral Health	Confirmed
6	3.a.iv Ambulatory detox	Confirmed
7	3.d.iii Asthma	Confirmed
8	3.g.i Palliative Care	Confirmed
9	4.a.iii Strengthen Mental Health and Substance Abuse	Confirmed
10	4.c.ii HIV care	Confirmed
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: David Cohen

Title: Executive VP, Clinical Affairs & Affiliations

Check box with yes or no: Yes: | No