

Minnesota Accountable Health Model

PRACTICE FACILITATION RFP INFORMATIONAL
WEBINAR

January 29, 2015



Welcome

- Welcome to the Minnesota Accountable Health Model Practice Facilitation informational webinar
Questions & Answers (Q&A) document will be posted after the call.

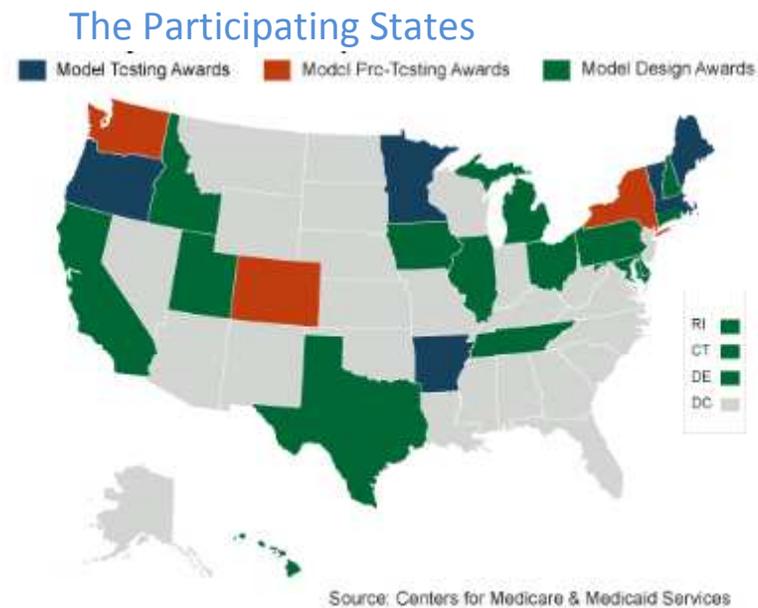
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=sim_practice_facilitation#

Agenda

- Brief SIM-Minnesota Overview
- Practice Facilitation Grant Program
- Proposal Requirements
- Review and Scoring
- Questions

National State Innovation Model (SIM)

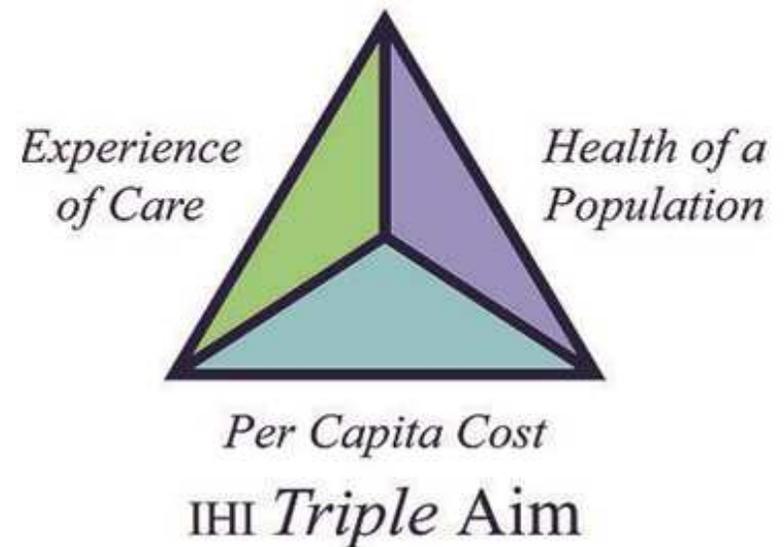
- SIM provides support to develop and test state-based models for payment and health care delivery systems transformation
- Minnesota awarded largest testing grant (\$45.3 million), February 2013
- Five other states also received [SIM testing grants from CMMI](#): MA, ME, VT, OR and AR.



Minnesota Accountable Health Model Goals

Minnesota's Health Reform Goals

- Improved experience of care
- Improved population health
- Lower costs



Minnesota Accountable Health Model Test

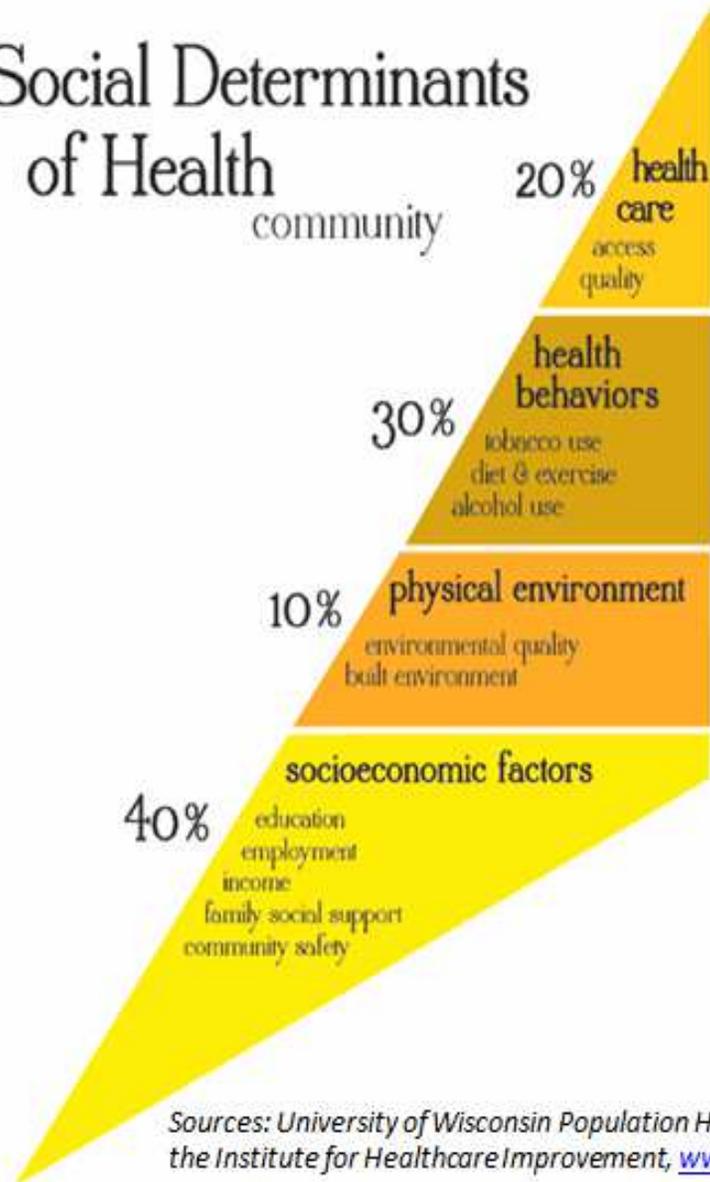
As a testing grant Minnesota is trying to determine:

- Can we improve health and lower costs if more people are covered by Accountable Care Organizations (ACO) models?
- If we invest in data analytics, health information technology, practice facilitation, and quality improvement, can we accelerate adoption of ACO models and remove barriers to coordinated/integrated care.
- How are health outcomes and costs improved when ACOs adopt Community Care Team and Accountable Communities for Health models to support integration of health care with non-medical services, compared to those who do not adopt these models?

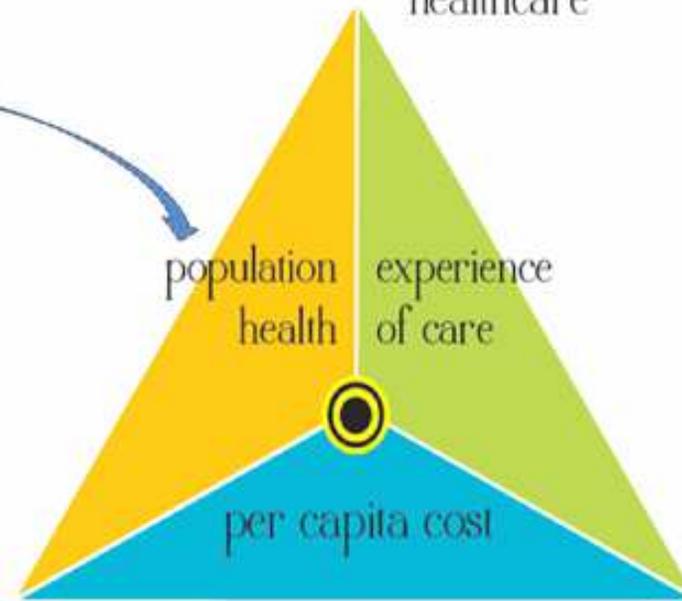
Five Drivers of Better Health

<i>E-HEALTH</i>	<i>DATA ANALYTICS</i>	<i>COORDINATED CARE</i>	<i>COMMUNITY PARTNERSHIP</i>	<i>ACCOUNTABLE CARE ORGANIZATION</i>
Increasing ability to share data for treatment, care coordination and quality improvement between providers.	Understanding data trends to manage cost and improve quality for the Medicaid ACO's	Providing practice transformation, learning opportunities, and integrating new professions to support coordinated care.	Identifying health goals and strategies in partnership with impacted populations. Accountable Community for Health (ACH).	Integrate accountability measures for populations with complex chronic conditions.

Social Determinants of Health



Triple Aim



Sources: University of Wisconsin Population Health Institute's County Health Rankings, www.countyhealthrankings.org; and the Institute for Healthcare Improvement, www.ihl.org. Figure 1 appears courtesy of the Commons Health Network.

Practice Facilitation Grant Program

- This grant opportunity will provide funding for grantee(s) to use a range of organizational assessments, project management, quality improvement (QI), and practice improvement approaches and methods to build the internal capacity of a practice to help it engage in improvement activities over time and support it in reaching incremental and transformative improvement goals.

Refer to page 3 of RFP – Over view

Grant Program Goals

- The goal of transforming primary care, behavioral health, social services, or long term and post-acute care services is to improve access to health services, improve the ability of organizations to participate in ACO or similar accountability-based payment arrangements, provide better coordination of care, improve quality, lower cost, and improve health of populations.
- The goal of this grant program is to support a range of providers and teams, working in primary care, behavioral health, social services, or long term and post-acute care services, by allowing them to participate in practice facilitation activities that help remove barriers that promote transformation including the integration of care with other service providers and successful participation in accountable care organizations (ACO's) or similar models.

Refer to page 5 of RFP - Goals and Outcomes

Grant Program Goals

- To successfully participate and support achieving the goal, a grantee must complete a practice facilitation project that supports the broad goals of the Minnesota Accountable Health Model related to providing coordinated care across settings for complex populations and models of accountable care.

Refer to page 5 of the RFP

Priorities for this grant is to fund practice facilitation strategies that will help:

- Primary care clinics transform into Health Care Homes
- Behavioral Health settings that are interested in becoming Behavioral Health Homes.
- Service providers working to integrate health care, behavioral health, social services, long term and post-acute care services, and/or organizations seeking to become part of an accountable care model or a similar care delivery model.
- Integration of non-physician healthcare team members such as community health workers, community paramedics, dental therapist/advanced dental therapists, health educators, nutritionists, and peer support specialists into health related organizations.
- Establish robust community partnerships to support broader accountability.

Refer to page 5 of the RFP – Practice Facilitation Strategies

Available Funding

Total Amount Available	\$1,016,000
Number of Grant Awards	2-5
Grant Award Amounts	\$200,000-\$500,000 MDH reserves the right to negotiate changes to budgets submitted with the proposal.
Grant Timeline	May 2015 through December 2016. Time line is dependent on contract execution.
Applicants	Each organization is only eligible to apply for one grant.

Refer to page 6 of the RFP – Available Funding

Eligible Applicants

- The grantee(s) must have the qualifications to implement practice facilitation that is demonstrated through the organization's capacity, experience, and /or contracted relationships in place.

Refer to page 7 of the RFP - The experience and skills required by the grantee

Expected competencies of grantees

- **Change Management**
- **Technical Assistance and Training**
- **Health Information Technology**
- **Connection with Community**

Refer to page 7 and 8 of the RFP

Grant Activities & Timeline

RFP Posted	January 15, 2015
Webinar	January 29, 2015 10:00 to 11:00 am CST.
Letter of Intent Due (required)	February 3, 2015 at 4:00 pm CST.
Email to Janet Howard	Janet.Howard@state.mn.us
Application deadline	Tuesday, March 3, 2015 at 4:00 pm CST.
Estimated notice of awards	March 27, 2015
Review of grantee (s) with CMMI	April 2015
Contract development	April 2015
Estimated grant start date	May 2015
Grant end date	December 31, 2016

Refer to page 5 of the RFP

Proposal Instructions:

A. Applicant Experience and Capacity

This section must describe:

- Practice facilitation experience related to primary care, behavioral health, social services, long term and post-acute care services, or other integrated settings or accountable care organizations or similar models.
- Experience in building authentic partnerships across disciplines and settings.
- Experience and responsibilities for practice facilitation, practice transformation, systems redesign, and/or organizational culture change.
- The skills, qualifications and capacity of the project team to provide practice facilitation. Include description of the ability to provide services on a regional or statewide basis.
(Include CV's of staff in an appendix.)
- Anticipated barriers and challenges in implementing this project and potential solutions.
- Using template Form G include a list of current and past clients the applicant has worked with related to practice facilitation. This should also include the experience of contractors included in this proposal. (The form does not count towards the page limit)

Refer to page 12 and 13 of the RFP – A. include criteria for grant review

B. Project Plan

Deliverables: Recruitment & Planning Process

Recruitment:

- Include a description of the proposed strategy that will be used to recruit primary care clinics, or other integrated care models including behavioral health, social services, or long term care and post-acute care services, or sites seeking to become part of an accountable care model or similar care delivery model, for participation in this intensive transformation program.

Planning Process:

- Describe the planning process you will use to develop the work plans for each organization receiving practice facilitation services. Include the following information.

Refer to page 13, 14 and 16 of the RFP - Scoring criteria on Project plan
(limit to 12 pages)

B. Project Plan (continued)

Deliverables: Assessment & Evaluation

Deliverable: Assessment:

- Describe proposed methods used to complete the required leadership and quality improvement assessments.

Evaluation:

- Describe your proposed evaluation plan for this project.

[Refer to page 14 of the RFP](#)

Work plan and Deliverables Form B

- For each of the four required deliverables in the project plan use Form B to outline the following for the 20 month grant period. You can include more than one objective for each grant deliverable.
- Use key objectives and deliverables in the work plan to crosswalk to Budget Form C, Section 2 Deliverables

[Refer to page 14 & 15 of the RFP – Work plan example](#)

Work plan example

Required deliverables are recruitment process, planning process, assessment, and evaluation.

Deliverable: Recruit up to twelve organizations interested in practice facilitation					
Objectives	Activities	Personnel/ Staff involved	Tracking Methods	Timeline	Outcome
Example Develop selection Process for organizations to receive practice facilitation services.	Develop RFP to solicit applications.	Project staff		6/30/15	Recruitment of organizations.
	Develop criteria for selection of organizations.	Lead facilitator		9/30/15	

Budget Form C

- Submit 20 month budget
- Section 1 is a line-item budget
 - Include costs for the applicant agency in the Staff, Fringe, Travel, Supplies, and Other categories
 - Equipment and Indirect costs are not covered
- Section 2 is a deliverables-based budget (cross-walk with the work plan)

Refer to page 16-18 of RFP for instructions – Budget Forms on page 23-26.

Budget Form C Section Two Deliverables

- The amount paid for deliverables in section two is based on the total dollars requested in section one. Budget deliverables are to cross reference Form B Work Plan and include key deliverables.

The deliverables are:

- ❖ Recruitment process
- ❖ Planning Process
- ❖ Assessment
- ❖ Evaluation

Refer to page 18 of the RFP – Identify the costs of the primary activities of each deliverable.

Refer to page 25 of the RFP – Budget Form C – part 2

Budget Justification Narrative Form D

- The Budget Narrative provides additional information to justify costs in Form C Budget.

Refer to page 16-18 of RFP - for instructions on Form D
Form D is on page 26.

- Provide a narrative justification where requested. The narrative justification must include a description of the funds requested and how their use will support the proposal.

Refer to page 18 of the RFP – The criteria for scoring the budget

Form F and G requirements

Due Diligence Form F

- This form must be completed by the applicant organization's administrative staff, for example, finance manager, accountant, or executive director. It is a standard form MDH uses to determine the accounting system and financial capability of all grant applicants that will be receiving at least \$50,000.

[Refer to page 28-30 of the RFP](#)

- Current and Former Practice Facilitation clients (Form G)

[Refer to page 31 of the RFP](#)

Proposal Content Requirements

- Application Face Sheet (Form A)
- Project summary , 4 pages or less
- Project description and required deliverables (12 pages)
- Work plan (Form B) (Document referenced in grant contract)
- Budget (Form C)
- Budget Justification Narrative (Form D)
- Due Diligence (Form F)
- Current and Former Practice Facilitation clients (Form G)

Refer to page 19 of the RFP

Proposal Evaluation

Grant proposals will be scored on a 100-point scale as listed below:

Criteria	Maximum Points
Applicant Experience and Capacity	35 points
Project Plan, deliverables, & work plan	45 points
Budget	20 points
Total	100 Points

Refer to page 19 of the RFP

Practice Facilitation Proposal Requirements

- Applications must be written in 12-point font with one-inch margins.
- Page limits are outlined in Section 9, page 11.
- All pages must be numbered consecutively.
- Applicants must submit seven (7) copies of the proposal and an electronic version of the proposal on a USB drive.
- Faxed or emailed applications will not be accepted.
- Applications must meet application deadline requirements; late applications will not be reviewed.
- Applications must be complete and signed where noted.
- Incomplete applications will not be considered for review.

Refer to page 11 of the RFP – Grant Application and Program Summary

Continuum of Accountability Matrix Assessment Grant Agreement Requirements

- If you receive this grant agreement you will be required to collect Continuum of Accountability Matrix Assessment results from each provider or organization that receives your practice facilitation services and submit the completed matrixes to the MDH.
- Minnesota Accountable Health Model: Continuum of Accountability Matrix Assessment tool.
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelect ionMethod=LatestReleased&dDocName=sim_searchresults
- This is an interactive tool that allows organizations to determine their location on the matrix continuum.
- MDH and DHS will use this tool to better understand SIM-Minnesota participants and their status in achieving the goals of the Minnesota Accountable Health Model, what SIM supports are needed to achieve the goals, and how we may be able to provide additional tools or resources.
- This tool will be used to help us develop targets and goals for participating organizations, and to assess their progress.

Refer to page 19 of RFP – Continuum of Accountability Matrix Assessment

Reporting and Dissemination

The grantee will be required to perform the following activities:

- Implement an evaluation plan of the practice facilitation activities using 5 – 10 % of project dollars to be reported to MDH.
- Attend regular meetings or conference calls with MDH to keep informed on the progress of recruiting clinics, providers, or organizations; up – dating MDH on agreements with clinics, providers, or organizations; and reporting on progress and challenges with the project.
- Provide quarterly progress reports and a final report describing challenges, barriers, lessons, and successful strategies used in achieving transformation. MDH will provide a template for reporting.
- Submit expenditure reports and invoices monthly or quarterly, based on the approved budget and work plan.

Reporting and Dissemination (continued)

The grantee will be required to perform the following activities:

- Provide recommendations and materials that MDH and clinics, providers, or health related organizations in transformation can use to further disseminate lessons learned.
- Prepare and give 4-8 presentations about this project, audiences may include other SIM projects involved in transformation, learning day conferences or other SIM learning collaborative activities.
- Collaborate with other contractors, grantees, or partners associated with the SIM grant and the Minnesota Accountable Health Model as appropriate.

Q & A

- All of today's questions and answers, along with others collected earlier will be compiled into a Q & A document.
- We will try to answer all of your question. If we are unable to answer today, the question and answer will still be included in the Q&A document.
- The Q&A will be posted on the SIM – Minnesota RFPs page.

at: <https://survey.vovici.com/se.ashx?s=56206EE324B86E1D>

How to submit questions after today

- Go to the SIM RFPs website and click on Practice Facilitation and at the bottom click on survey

<https://survey.vovici.com/se.ashx?s=56206E324B86E1D>

- Enter your question in the survey form

MDH Minnesota Department of Health

Practice Facilitation

1. Please tell us about yourself. *

Name
Email address
Organization

2. Please select the category for your question: *

- Practice Facilitation experience and competencies required
- Required Deliverables
- Recruitment
- Planning Process
- Assessment
- Evaluation
- Work plan
- Behavioral Health
- Budget Form C and D
- Cultural Competencies
- Care Integration
- Financial and / or payment systems analysis to reduce cost
- Data Analytics
- Other
please, specify*

3. Provider types*

- Primary Care
- Behavioral Health
- Social Services
- Long term and post - acute care
- Accountable Care Organization or similar model

4. Submit a question (s) about the Practice Facilitation RFP related to the topic above.

Comments and Questions will be incorporated into the RFP Q&A that is updated regularly. This forum for public input will close on February 20, 2015

Required *

More Information



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- ▶ Practice Transformation and Facilitation

Minnesota Accountable Health Model - State Innovation Model Grant

In February 2013 the [Center for Medicare and Medicaid Innovation \(CMMI\)](#) awarded Minnesota a [State Innovation Model \(SIM\)](#) testing grant of over \$45 million to use across a three-year period ending October 2016. As a joint effort between the [Department of Health \(MDH\)](#) and the [Department of Human Services \(DHS\)](#) with support from Governor Mark Dayton's office, Minnesota will use the grant money to test new ways of delivering and paying for health care using the Minnesota Accountable Health Model framework. The goal of this model is to improve health in communities, provide better care, and lower health care costs.

The Minnesota Accountable Health Model expands patient-centered, team-based care through service delivery and payment models that support integration of medical care, behavioral health, long-term care and community prevention services. Accomplished by building on Minnesota's current [Integrated Health Partnership \(IHP\)](#) demonstration, the model uses IHPs to adopt Accountable Care Organization (ACO) style contracts with providers to better coordinate care. Minnesota Accountable Health Model activities also build on a strong foundation of service delivery and payment reform models in Minnesota that support secure exchange of clinical data across settings, a system of statewide quality reporting and measurement for healthcare providers, and strong systems for coordinated care through the multi-payer Health Care Home and evolving Behavioral Health Home initiatives.

Goals

- Minnesota Accountable Health Model will include the establishment of up to 15 Accountable Communities for Health. These communities will develop and test strategies for creating healthy futures for patients and community members.
- By expanding ACOs using a multi-payer approach, Minnesota will test how to provide and pay for value-based care.
- Multi-payer alignment will occur through initiatives such as common measurement tools across payers, improved clinical data exchange at the provider level and aligned payment and risk adjustment methods for complex populations.
- The project will also provide support to providers for health information technology and data analytics, as well as for transformation of their practices to more effectively deliver high-quality, coordinated care.

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<https://survey.vovici.com/se.ashx?s=56206EE324B86E1D>



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