

## Minnesota Accountable Health Model – SIM Minnesota



The following questions on the Practice Transformation grant program were compiled from the informational webinar on September 9, 2015 and an online questionnaire system. Staff at the Minnesota Department of Health and Department of Human Services prepared answers to questions.

Date	Question or Comment	Response
9/9/15	Will the webinar slides be available afterwards?	Yes, It can be found at the bottom of the <a href="#">Practice Transformation Grant Program, Round 3 RFP page</a> on the Minnesota Accountable Health Model website.
9/9/15	How many agencies are members of the behavioral health homes first implementers group?	We currently have 39 first implementers.
9/9/15	I think we completed the continuum of accountability matrix for an earlier grant submission, do we need to complete again for this RFP?	Review the continuum. Has anything changed? Have things changed because of a Practice Transformation grant you received or other work that you have done, if so, please update. If nothing has changed and it still is an appropriate assessment, submit the same continuum of accountability matrix you previously did.
9/9/15	Can an organization apply for this grant if we received a grant for round 2 and have a new deliverable?	Yes, you are eligible to receive regardless of any other SIM grant funding. However, this grant opportunity is only available to Behavioral Health Homes First Implementers.
9/9/15	I'm running into a snag. Our compliance office has expressed an opinion that the benefits of having behavioral health homes must be extended to all patients and not just to patients receiving medical assistance in order to be compliant with Medicare regulations. For the compliance office, this becomes problematic when we receive reimbursement for BHH. How can this get resolved so it becomes worthwhile to apply for this grant? Has anyone else run into this or is this unique to the interpretation of our compliance office?	The behavioral health home payment is only available for Medicaid or dual Medicaid/Medicare enrollees who meet serious mental illness criteria (this includes serious and persistence mental illness, and severe emotional disturbance and emotional disturbance for children and youth).
9/9/15	Are there page limits for Forms C, D, or E?	Applicant experience, capacity 2 page limit. Provider Application Form B - 2 page limit and does not count the list of providers. The Work plan form C; The Budget form D; and Budget Justification form E are individual forms and do not have a page limit.

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9/9/15	Our clinical director is attending the DHS meetings, can we use her hourly rate or do we need to have an average for all team members for DHS participation meetings?	<p>It is the grantee's decision to make on how to use the \$10,000. The submitted budget must clearly demonstrate how it will support the deliverables to be accomplished, and all expenses should be reflected in the budget.</p> <p>In the budget deliverables section of the budget, the hourly rate for each deliverable should include salaries for all staff and expenses for that deliverable to provide an average rate.</p>
9/10/15	Are expenses already incurred from MN BHH activities eligible expenses? Or just expenses from January 1, 2016 – June 30, 2016?	Expenses cannot be incurred until the grant is fully executed, which is considered the start date. The expected start date is January 1, 2016, however, if the grant agreements are not signed by then the start date will change to the date when all signatures are received.
9/15/15	We applied for and were accepted into the Minnesota Practice Facilitation Program being delivered by the National Council for Behavioral Health. Is this RFP redundant with that program?	The practice transformation grant is providing funds for six months to support the behavioral health home first implementers to participate in the first implementers group; and perform items on their action plan as they prepare for BHH certification. The practice facilitation program does not provide funding; it provides coaching, consultation, and education for a one year period; based on health care system integration and practice change needs identified by the agencies they are working with.