



Healthcare Access Initiative Request for Proposals
Application Due Date: March 6, 2017, 5:00 PM (EST)
Application Release Date: January 24, 2017

Request for Proposals Primary Contact:

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**Medicaid Technical Assistance and Policy Program (MEDTAPP)
Healthcare Access Initiative
Request for Proposals
SFY 2018 and SFY 2019**

Executive Summary

On behalf of the Ohio Department of Medicaid (ODM), the Ohio Colleges of Medicine Government Resource Center (GRC) is requesting applications from qualified investigators through the Healthcare Access Initiative (HCA) to address the following categories:

- 1) Teaching and Training:** The objective is to train culturally competent healthcare providers well versed in social determinants of health and health equity concepts to increase provider access for Medicaid enrollees

- 2) Collaborative:** The objective is to establish a cardiovascular disease collaborative with an emphasis on health disparities

- 3) Community Health Worker:** The objective is to expand utilization of community health workers (CHWs) to support statewide healthcare transformation efforts

This project seeks to provide up to \$14 million dollars of federal financial participation funds (FFP) among the categories above. Category 1 will provide funding for up to 10 institutions with a maximum FFP award amount of \$2 million dollars and a minimum of \$100,000 for a total of \$9.5 million dollars of FFP, not including cost share. Category 2 will support one collaborative project at a maximum of \$1,500,000 of FFP, not including cost share. Category 3 will provide funding for up to four institutions with a maximum FFP award amount of \$650,000 and a minimum \$100,000 for a total of \$3 million of FFP, not including cost share. This opportunity will support projects through June 30, 2018 with renewal to June 30, 2019 contingent upon successful completion of the project and continued availability of funding.

Categories 1 and 3 are competitive. A lead institution for the cardiovascular disease collaborative has already been identified and will be the only eligible applicant for Category 2 funds.

Applicants are required to provide and certify 51% of total allowable project costs through the identification of non-federal matching funds supporting the goals of this initiative. The total budget is equal to the requested FFP plus the non-federal funds matched by the institution.

Technical Assistance and RFP Response Requirements

Questions regarding this Request for Proposals (RFP) may be emailed to MEDTAPPHCA@osumc.edu. Questions will be accepted until February 13, 2017.

RFP Schedule of Events	
RFP Issued to Bidders	1/24/2017
Bidder Questions Due	2/13/2017 @ 12:00 Noon EST
RFP Due Date	3/6/2017 @ 5:00 PM EST
Award Information Estimated Response Date	To be determined

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1. MEDTAPP Overview

Section 1903(a) of the Social Security Act allows the federal government to participate financially in state Medicaid programs in such amounts "found necessary by the Secretary for the proper and efficient administration of the State (Medicaid) plan." The Medicaid Technical Assistance and Policy Program (MEDTAPP) is a Medicaid and university research partnership aimed at supporting the efficient and effective administration of the Medicaid program. The Ohio Colleges of Medicine Government Resource Center (GRC) manages MEDTAPP projects for ODM, under which the Healthcare Access Initiative (HCA) is sponsored.

2. Healthcare Access Initiative Overview

Recognizing the growing need to create a diverse healthcare workforce and to enhance interprofessional education, the MEDTAPP HCA prepares current and future health professionals to address the social determinants of health and improve health outcomes for the Medicaid population. To assist ODM with the efficient and effective administration of the Medicaid program, GRC will manage the HCA Initiative.

ODM will select program awardees. ODM and The Ohio State University Office of Sponsored Programs reserve the right to terminate this initiative at any time, and may request revisions to or modifications of selected proposals.

3. Eligible Applicants

Eligible applicants include Ohio's Academic Medical Centers and health sciences colleges and universities. Only one application will be accepted from each eligible Ohio institution, per category.

4. Scope of Work

This RFP recognizes the State of Ohio's need to: 1) produce culturally competent healthcare providers who can address the complex social, emotional, and physical needs of Medicaid enrollees and underserved populations; 2) create collaborative approaches to combat significant healthcare issues in local communities with respect to cardiovascular disease; and 3) expand utilization of CHWs to support statewide healthcare transformation efforts.

Teaching and Training (Category 1): The objective of this category is to train culturally competent healthcare providers well versed in social determinants of health and health equity concepts to increase provider access for Medicaid enrollees

- Provide interprofessional learning opportunities for students and in-career health professionals using evidence-based practices in the following target areas¹: teamwork, health equity, and social determinants of health
- Afford learners the opportunity to participate in community-based and experiential learning
- Recruit underrepresented students including minorities, first generation and those from an Appalachian, rural or inner city background to participate in early learning experiences and training support
- Create targeted community-based experiences for healthcare professional students early in their training

- Provide opportunities for learners in treating addiction and opiate prescribing (e.g. use of Ohio Automated Rx Reporting System, suboxone, focus on primary care clinicians and their delegates)
- Provide opportunities for learners and current practitioners in integrating primary care and behavioral health services using evidence-based models to enhance workforce capacity for current and future healthcare professionals.
- Create placementⁱⁱ sites for students in Patient Centered Medical Homes (PCMH), Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Ohio Comprehensive Primary Care (CPC) sites, community mental health agencies, school-based health clinics, and other community-based sites that serve the Medicaid population.
- Incorporate training components from the Social Cognitive Careers Theoryⁱⁱⁱ (See Appendix 7) to target student self-efficacy and positive outcome expectations towards a career in serving Medicaid patients
- Institutions will be required to participate in work groups for the alignment and coordination of activities across institutions where applicable
- Institutions will be encouraged to connect Choose Ohio First Scholars to available community-based and experiential learning opportunities funded through HCA
- **Students receiving full training support^{iv} will be called an HCA Scholar:**
 - Institutions that plan to offer full training support must provide baseline data that shows current enrollment trends for underrepresented students, including minorities, first generation and those from an Appalachian, rural or inner city background and will be required to submit enrollment trend data showing improvement in these numbers
 - Training support may be provided to the following healthcare professions: community health worker, counseling, dentistry, dietetics, family medicine, general internal medicine, general pediatrics, geriatrics, advanced practice nursing, occupational therapy, pharmacy, physical therapy, physician assistants, psychiatry, psychology, and social work
 - For each year of assistance provided, the HCA Scholar must commit to one year of service to an undeserved area^v upon completion of his or her training (this will be monitored using the HCA tracking tool)
 - HCA Scholars must serve in a practice that has ≥ 30% Medicaid patient population upon graduation such as a designated CPC site, FQHC, RHC, or recognized PCMH
- Institutions will create early pipeline recruitment of students for careers in the health professions
- Expand enrollment in HCA developed courses for non-funded learners
- Propose quality improvement projects at placement sites that involve current healthcare providers and HCA students^{vi} that focus on population health outcomes
- Participate in quarterly webinars facilitated by GRC to promote greater sharing of recruitment methods, curricula development, community placement cultivation, and post-training placements among Ohio's academic institutions
- Institutions will be required to obtain and submit aggregate data to GRC on patient satisfaction outcome measures in community locations at HCA Scholar placement sites
- Identify additional metrics that will be used to demonstrate program success

Collaborative (Category 2): The objective of this category is to establish a cardiovascular disease (CVD) collaborative with an emphasis on health disparities

- The identified lead for the collaborative is Case Western Reserve University
 - Institutions interested collaborating on this topic should contact Elizabeth Littman, (ea12@case.edu, 216-368-1841)
- The lead institution will be required to collaborate with
 - at least three academic health centers or health sciences colleges and universities in the state
 - Medicaid managed care plans
 - other community partners
- The lead institution will be required to submit a description of the team composition (see Appendix 5) to include all identified partners as well as a work plan (See Appendix 6) and objectives outlining planned activities
- The lead institution will be required to conduct at least three face-to-face meetings per state fiscal year
 - The meetings must be supported by virtual communication (e.g. [ECHO](#), teleconferencing)
- Create a standardized CVD interprofessional curriculum utilizing existing resources and materials and including standards for clinical experiences for health professions students
- Implement a mechanism for sharing resources for collaborative participants
- Identify a strategy and implementation plan to disseminate resources and best practices to other academic health centers and health sciences colleges and universities
- Describe the approach for working with practices within the CVD quality improvement framework
- Identify metrics that will be used to demonstrate collaborative success

Community Health Worker (Category 3): Expand utilization of CHWs to support statewide healthcare transformation efforts

- Engage and train providers to incorporate CHWs as vital members of the care team
- Support the Community Health Collaborative^{vii} to develop content for continuing education courses, provide evidence based resources that support and promote CHW practice, provide professional development opportunities for CHWs, and provide information to health professionals and employers to support the integration of CHWs on the health care team and in the community
- Collaborate with managed care plans for pathways to employment for CHWs
- Train CHWs to address the social determinants of health
- Create sustainable mechanisms for recruitment of potential CHWs (e.g. pre-service teacher programs, AmeriCorps members)
- Incorporate CHWs into other HCA interprofessional experiences
- Participate in quarterly webinars facilitated by GRC to coordinate alignment of programs, share best practices and solutions to challenges and standardization of evaluation and outcomes
- Identify metrics that will be used to demonstrate program success

5. Application Criteria

Applications will be reviewed using the following criteria:

- 1) Train culturally competent healthcare providers well versed in social determinants of health and health equity concepts to increase access for Medicaid enrollees
 - a. Effectiveness of community-based and experiential learning that support the tenets of the social cognitive careers theory
 - Applicants should incorporate training components that increase student self-efficacy for a career in serving the Medicaid population
 - Applicants should incorporate training components that increase positive outcome expectations towards a career in serving the Medicaid population
 - b. Evidence of interprofessional participation in learning opportunities for HCA students and in-career professionals
 - c. Efficacy of strategies proposed to recruit underrepresented students in the health professions
 - d. Types of targeted community-based experiences for students early in the pipeline
 - e. Evidence of established or proposed placement sites in PCMHs, FQHCs, community mental health agencies, school-based health clinics, and other community-based sites that serve the Medicaid population
 - f. Proposed program metrics
- 2) Create a collaborative approach that addresses cardiovascular disease management with an emphasis on health disparities
 - a. Proposed collaborative structure (e.g. team composition, Appendix 5)
 - b. Letter of support from collaborative institutions
 - c. Team composition, work plan and objectives outlining collaborative activities
 - d. Plan for sharing resources and face-to-face meetings
 - e. Proposed program metrics
- 3) Expand utilization of CHWs to support statewide healthcare transformation efforts
 - a. Current and proposed partnerships with providers and plan for engaging providers
 - b. Efficacy of strategies proposed to recruit potential CHWs
 - c. Evidence of current or proposed placement sites for CHWs
 - d. Evidence of engagement or engagement strategy for managed care plans
 - e. Evidence of effectiveness that CHW training addresses the social determinants of health
 - f. Proposed strategies to incorporate CHWs into other HCA interprofessional experiences
 - g. Proposed program metrics
- 4) Provision of non-federal matching funds for project activities
- 5) Logic model and evaluation plan (see Appendix 1)
- 6) Budget
 - a. Applications must include a budget (see Appendix 3) that details expenses incurred within each category
 - b. If applying under category 2, lead institutions may request funding for administrative coordination, not to exceed 10 percent of total project costs
- 7) Budget Narrative

- a. Institutions will describe the budget in greater detail using the budget narrative template (Appendix 4)

6. Funding

FFP funding will serve as the funding source for 49% of this initiative. Applicants are required to provide and certify 51% of total allowable project costs through the identification of non-federal matching funds supporting the goals of this initiative.

Please note that ODM limits F&A (indirect rate, overhead) reimbursements to 10% of total project costs.

Funding requests may include:

- A. Project direct costs (e.g., training support for Principal Investigators, faculty and HCA Scholars);
- B. Support for teaching, training, and technical assistance activities under this initiative for qualified faculty, residents, fellows, and students dedicated to improving access to and quality of care for the Medicaid population;
- C. Support for curriculum and training program development; and/or
- D. Planning costs associated with building and/or refining comprehensive healthcare access partnerships.

Funding Restrictions: Funds may not be used for certain project expenses. These include:

- A. Capital expenses;
- B. Establishing loan repayment programs;
- C. Billing for Medicaid reimbursable services;
- D. Payment for continuing medical education units; and/or
- E. Refinancing existing healthcare access programming.

ODM will select program awardees. ODM and The Ohio State University Office of Sponsored Programs reserve the right to terminate this initiative at any time, and request revisions to or modifications of selected proposals.

7. Deliverables

- A. The selected applicants will submit quarterly reports to GRC detailing work activities with a focus on key accomplishments. GRC will review, reject or approve and compile approved reports. Please see Appendix 2 for an example quarterly report format.
- B. The selected applicants will submit invoices to GRC according to the guidelines provided by the Ohio State University Office of Sponsored Programs (OSP). The invoices will be submitted in hard copy to OSP and in electronic format to GRC Finance.
- C. The selected applicants will submit a final report prior to the close of each State Fiscal Year (June 30, 2018 and June 30, 2019). Applicants must also submit a completed HCA Student and Scholar Data Tracking Tool and student consent forms prior to the close of each state fiscal year (June 30, 2018 and June 30, 2019).

8. Roles and Responsibilities

GRC will be responsible for the overall performance of the contract. GRC will provide project management and data support for the HCA Initiative including: monitoring the performance of all applicants to ensure adherence with the scope of work and completion of the deliverables; serving as the primary recipient for the project and subcontract with the selected applicants to provide payment for services; providing technical assistance to the selected applicants as needed to facilitate contracting processes; coordinating communication between ODM and selected applicants; providing staffing support for quarterly webinars and other work groups as needed; and providing written feedback on project deliverables.

Applicants will be responsible for executing the deliverables outlined in the scope of work. Applicant’s role is to ensure the adequate completion of the activities listed under the scope of work and the deliverables, provide detailed documentation and feedback to GRC on work completed, and collaborate with GRC on all identified tasks listed under the scope of work and deliverables section for which applicants are applying.

9. Project Budget

The **total federal financial participation funds** available for each of the three categories can be found in the table below, by state fiscal year (SFY).

Total FFP Not to Exceed:				
	Category 1	Category 2	Category 3	Total
SFY 2018	\$9,500,000	\$1,500,000	\$3,000,000	\$14,000,000
SFY 2019	\$9,500,000	\$1,500,000	\$3,000,000	\$14,000,000

NOTE: There is no ability to carryover unspent funds from one SFY to the next SFY.

Applicants should provide a detailed budget for SFY 2018 (July 1, 2017 – June 30, 2018) and SFY 2019 (July 1, 2018 – June 30, 2019) that includes annual salary, benefits, travel and institutional indirect rate capped at 10% of total direct project costs and cost share. Budget submissions will be evaluated based on applicant’s ability to complete the scope of work within the established timeframe and budget. A detailed budget should include expenses that fall within the following categories:

- A. Project direct costs (e.g., training support for Principal Investigators, faculty and HCA Scholars);
- B. Support for teaching, training, and technical assistance activities under this initiative for qualified faculty, residents, fellows, and students dedicated to improving access to and quality of care for the Medicaid population;
- C. Support for curriculum and training program development; and/or
- D. Planning costs associated with building and/or refining comprehensive healthcare access partnerships.

Note that institutions will be required to cost share and may use unrecovered F&A (unrecovered F&A is the difference between the institutions federally negotiated rate and the allowable 10% indirect rate, but not limited to only unrecovered F&A to meet the 51%).

Funding is contingent upon GRC's contracting agreement with the Ohio Department of Medicaid. HCA SFY 18 and SFY 19 project budget approvals are contingent upon the continued availability of funds.

10. Required Application Materials Checklist

- A. Cover Letter
- B. Table of Contents
- C. Project Summary
- D. Scope of Work
- E. Logic Model and Evaluation Plan
- F. Organizational Capacity and Staff Qualifications
- G. Budget and Budget Narrative

Please submit the full proposal, budget narrative, and budget to MEDTAPPHCA@osumc.edu by close of business (COB) on March 6, 2017 for consideration. Applications longer than 15 pages will not be accepted.

Further explanation related to each item is below.

A. Cover Letter

The cover letter must be in the form of a standard business letter, and must be signed by an individual authorized by the university to legally bind applicants. The cover letter will provide an executive summary of applicant's request for funds. The letter must also include:

1. A statement regarding applicant's university or college, Federal tax identification number, and address;
2. A list of the people who prepared the application, including titles;
3. The name, phone number, fax number, and email address of a contact person who has authority to answer questions regarding the application;
4. The name, phone number, fax number, and email address of the Sponsored Programs Officer responsible for the application;
5. The name, phone number, fax number, and email address of the individual(s) responsible for certifying the non-federal matching funds required under this funding opportunity;
6. A list of all subcontractors, if any, the applicants will use on the work if selected. If these subcontractors have not yet been identified, this information must be submitted once selected;
7. For each proposed subcontractor, applicants must attach a letter from the subcontractor, signed by someone authorized to legally bind subcontractor, including the following:
 - a. Subcontractor's legal status, tax identification number, and principal place of business address;
 - b. The name and phone number of someone who is authorized to legally bind subcontractor to contractual obligations;
 - c. A description of the portions of the work subcontractor will complete;
 - d. A commitment to complete the work if applicant is selected;
 - e. A statement that subcontractors have read and understood the RFP and will

comply with the requirements of the RFP.

8. A statement that applicant's application meets all the requirements of this RFP.

B. Table of Contents

The application's Table of Contents should outline the application's contents by page number.

C. Project Summary

The project summary must describe the background, rationale, objective, and the benefit to the Medicaid program.

D. Scope of Work

Applicants must fully describe the approach, methods, and activities for completing the scope of work identified in section 4. Outcome metrics – both end of project and throughout project – must also be specified in detail.

Applicant's scope of work should clearly and specifically identify personnel assignments and tasks. After best and final negotiations and award, the scope of work will become part of applicant's subcontracting documents.

E. Logic Model and Evaluation Plan

Applicants must submit a logic model and process and outcome evaluation plan that meet the objectives of this RFP. Applicants must use the template found in Appendix 1.

F. Organizational Capacity and Staff Qualifications

Applicants must describe their experience with respect to program delivery, developing strategic relationships, and management. Applicants must discuss their previous experience in managing projects similar in nature, size and scope of work from the past five years. Institutions will be required to submit the Principal Investigator (PI) and Co-Investigator (Co-I) curriculum vitas.

G. Budget and Budget Narrative

Detailed Budget: In this section, applicants must provide detailed budgets for the total scope of the application using the budget form provided in Appendix 3 and on the GRC website, (<http://grc.osu.edu/currentfunding/>). Applicants must also provide an accompanying budget narrative, detailing specific direct and indirect costs associated with the application. Please note that the sponsor limits facility and administrative cost (F&A or indirect rate, overhead) reimbursement to 10% of total project costs. Applicants should submit separate budgets and budget narratives for each of the categories for which they are applying (e.g. Teaching and Training, Collaborative, Community Health Worker).

Awarded funding may be used for personnel expenses, software, travel and other direct costs. Funds may not be used for food. Funds may also not be used for computer hardware or equipment over \$5,000 (without extensive explanation and additional approval). The institution will be required to cost share and may use unrecovered F&A (unrecovered F&A is the difference between the institution's federally negotiated rate and the allowable 10% indirect rate, but not limited to only unrecovered F&A to meet the 51%).

11. RFP Terms and Conditions

As the primary issuer of the RFP the Ohio Colleges of Medicine Government Resource Center, The Ohio State University (OSU), reserves the right to:

- Reject any or all applications received in response to this RFP;
- Request clarification from any applicant on any or all aspects of its application;
- Cancel and/or reissue this RFP at any time;
- Retain all applications submitted in response to this RFP; and,
- Invite some, all, or none of the applicants for interviews and further discussion; and
- Negotiate with applicant(s) on best and final offer, including the need to submit a best and final application resulting from negotiations. If negotiations were limited and all changes were reduced to signed writings during negotiations, a best and final application may not need to be submitted.

Provisions: If any provisions in a resultant agreement are held to be invalid, void, or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way. Funding will be adjusted to reflect any changes in the deliverables. Applicants will submit any changes in deliverables to GRC.

Ethical Conduct: Apart from a contact required for any ongoing business at OSU, applicants are specifically prohibited from contacting any individual at, or associated with, OSU regarding this RFP. Applicant communication shall be limited to the contact named on the cover page of this document. An applicant's failure to adhere to this prohibition may, at OSU's sole discretion, disqualify applicant's application.

Cancellation for Lack of Funding: A resultant agreement may be canceled without any further obligation on the part of The Ohio State University in the event that sufficient appropriated funding is unavailable to assure full performance of its terms. Applicants shall be notified in writing of such non-appropriation at the earliest opportunity.

Quote: Applicant responses must be valid for 120 days.

Contract Term: The contract term will commence on the date of award and continue through June 30, 2018 with renewal to June 30, 2019 contingent upon successful completion of the project and continued availability of funding.

Pricing will remain firm for the entire period.

Requirements for Advance Approval: Prior to out-of-state travel or conference attendance by applicants, applicants will consult with OSU concerning the nature and cost of each out-of-state travel plan and conference registration for an amount exceeding \$2,500.

12. Presentations, Publications and Dissemination

- A. Applicants shall obtain GRC and ODM, and ODH or ODHE as applicable, prior approval for release of any results including preliminary and/or final results related to funded projects or funded data under this Agreement. GRC and ODM, and ODH or ODHE as applicable, will review, approve or reject publications, presentations or disseminations resulting from activities of this Agreement.

- B. GRC and ODM, and ODH or ODHE as applicable, will review and comment within 30 days upon submission to GRC and ODM, and ODH or ODHE as applicable, of a draft peer-reviewed academic journal article. Notwithstanding the proceeding, if the parties disagree concerning whether certain information should be deleted or modified, the parties agree to meet for the purpose of making good faith efforts to discuss and resolve any issues or disagreements.
- C. Time Sensitivity – Any data or publication release may be pending or delayed due to ODM policy/program change.
- D. Applicants shall obtain GRC and ODM, and ODH or ODHE as applicable, prior review and permission to release any products resulting from activities, funded data or projects under this Agreement.
- E. When issuing press releases, requests for applications, bid solicitations, and other documents or statements describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments shall clearly state:
 - 1. The percentage of total costs of the program or project which will be financed with Federal money;
 - 2. The dollar amount of Federal funds for the program or project; and
 - 3. The percentage and dollar amount of the total costs or the program or project that will be financed by nongovernment sources.

13. Application Review

The application evaluation process may consist of the following phases:

- 1. The initial review of all applications for defects;
- 2. The evaluation committee’s evaluation of the applications;
- 3. Request for more information (interviews, presentations, and/or demonstrations);
- 4. Negotiation with applicants on best and final offer if necessary; and
- 5. Selection decision and contract award.

Applications will be reviewed by the RFP selection committee. GRC will facilitate the review but does not sit on the selection committee.

Initial review of Applications for Defects: All applications must meet the following criteria in order to be considered free from defects. A “no” answer for any of the following criteria will result in the application receiving no further consideration as it is not free from defects.

Mandatory Criteria to be Free from Defect

Mandatory Criteria to be Free from Defect		Mandatory Submission Guidelines	
1	Application received by March 6, 2017	Yes	No

2	Application submitted using required format	Yes	No
3	Principal Investigator is affiliated with Ohio college or university	Yes	No
4	Application includes provision of non-federal matching funds for project activities	Yes	No
5	Application within prescribed page limit, not including prescribed appendices (15 pages or less)	Yes	No

Application Evaluation Criteria: In the application evaluation phase, the RFP selection committee will rate applications submitted in response to this RFP based on the following criteria:

Scope of Work Rating Scale

The following rating scale will be used to determine an applicant’s raw score.

1 = Poor

Few, if any, elements are addressed. Documentation and required information are deficient or omitted. Weaknesses identified will likely have substantial effect on the applicant’s proposed project.

2 = Fair

Some elements are addressed, and those addressed do not contain necessary detail and/or support. Some documentation and required information are missing or deficient. Weaknesses identified likely have significant effect on the applicant’s proposed project.

3 = Satisfactory

Elements are addressed, although some do not contain necessary detail and/or support. Most documentation and required information are present and acceptable. Weaknesses identified will likely have moderate effect on the applicant’s proposed project.

4 = Very Good

Elements are clearly addressed with necessary detail and adequate support. Most documentation and required information are specific and sufficient. Weaknesses identified will likely have minor effect on the applicant’s proposed project.

5 = Excellent

All elements are clearly addressed, well-conceived, thoroughly developed, and well supported. Documentation and required information are specific and comprehensive. Weaknesses identified will likely have no effect on the applicant’s proposed project.

Scope of Work Scoring Criteria, by category

Category 1 – Teaching and Training: Train culturally competent healthcare providers well versed in social determinants of health and health equity concepts to increase access for Medicaid enrollees

Application Criteria	Total Possible Points	Raw Score (1-5)	Weight	Total Score
1a) Evidence that the community-based and experiential learning components support the tenets of the social cognitive career theory	20		4	
1b) Evidence of interprofessional participation in learning opportunities for HCA students and in-career professionals	10		2	
1c) Strategies proposed to recruit underrepresented students	10		2	
1d) Types of targeted community-based experiences for students early in the pipeline	10		2	
1e) Evidence of established or proposed placement sites in PCMHs, FQHCs, community mental health agencies, school-based health clinics, and other community-based sites that serve the Medicaid population	15		3	
1f) Proposed program metrics. Demonstrated outcomes and metrics will be scored higher than proposed metrics.	5		1	
Total Points	70		-	

Category 3 – Community Health Worker: Expand utilization of CHWs to support statewide healthcare transformation efforts

Application Criteria	Total Possible Points	Raw Score (1-5)	Weight	Total Score
3a) Current and proposed partnerships with providers and plan for engaging providers	15		3	
3b) Efficacy of strategies proposed to recruit	10		2	

potential CHWs				
3c) Evidence of current or proposed placement sites for CHWs	15		3	
3d) Engagement strategy or demonstrated experience for managed care plan engagement. A demonstrated engagement strategy will be scored higher than a proposed engagement strategy.	15		3	
3e) Evidence of effectiveness that CHW training addresses the social determinants of health	5		1	
3f) Proposed strategies to incorporate CHWs into other HCA interprofessional experiences	5		1	
3g) Proposed program metrics. Demonstrated outcomes and metrics will be scored higher than proposed metrics.	5		1	
Total Points	70		-	

Additional Application Components

Application Components	Total Possible Points	Raw Score (1-5)	Weight	Total Score
Organizational Capacity and Past Performance (e.g. demonstrated outcomes) on HCA and/or similar projects	15		3	
Budget & Budget Narrative	10		2	
Logic Model and Evaluation Plan	5		1	
Total Points	30			

Applicants must receive a minimum of 50 out of 70 points per category and 20 out of 30 points for the additional application components to be considered for an award.

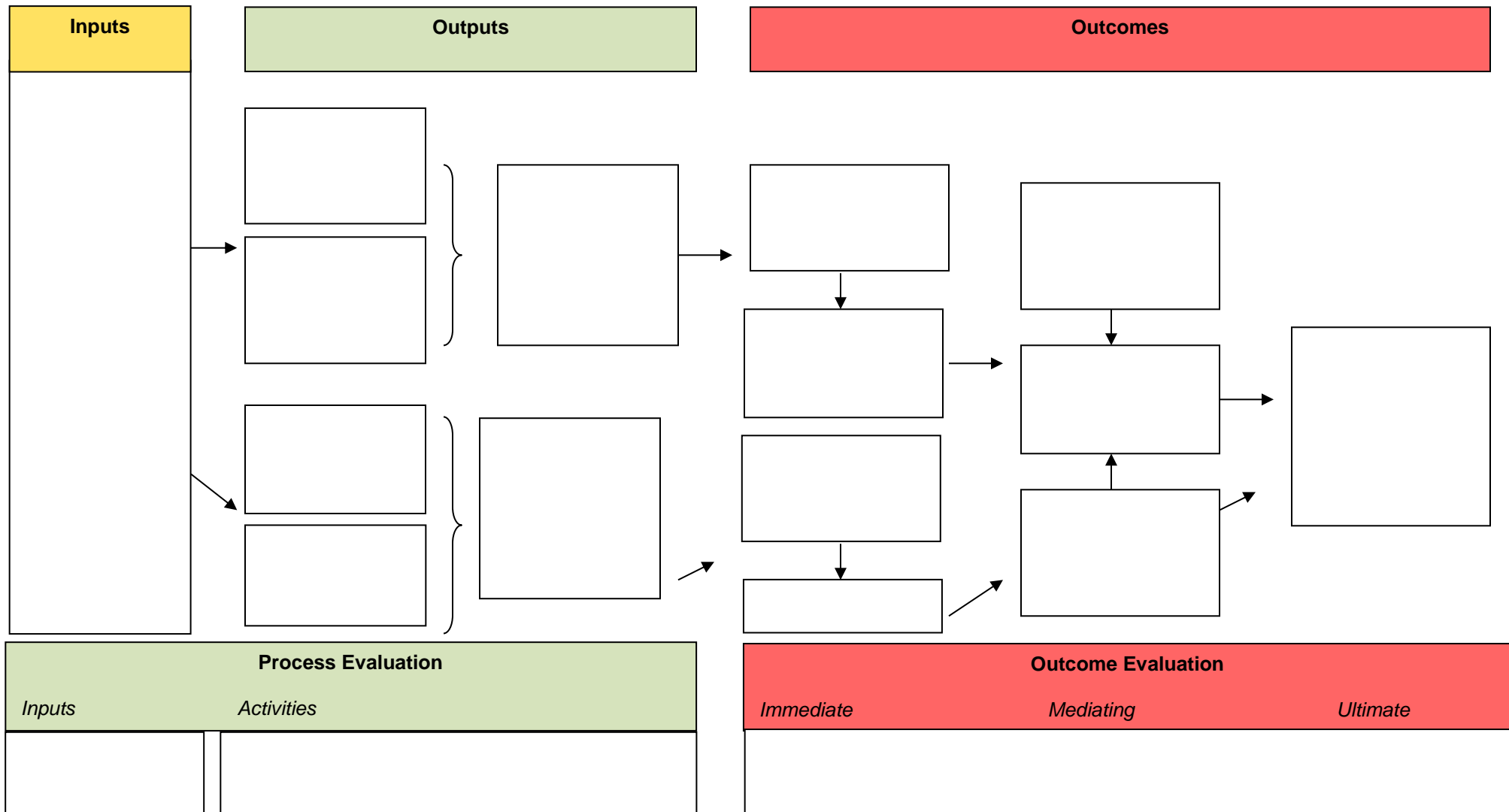
Appendices

Appendix 1: Logic Model and Evaluation Template

Logic Model for: HCA SFY 18-19

Created by: _____

Situation: Improving Healthcare Access for Ohio's Medicaid Beneficiaries



Project Quarterly Reporting Form

I. Project Information

Institution Name:	
Project#:	Prime Recipient Project # (Internal Use only)
Project Title:	
Principal Investigator:	
Reporting Period:	
<input type="checkbox"/> Quarter 1	<input type="checkbox"/> Quarter 2
<input type="checkbox"/> Quarter 3	<input type="checkbox"/> Quarter 4/Final Report
Submission Date:	
Original Award Amount:	Amount Billed This Quarter:
Approval (Name and Title):	
<i>Signature</i>	Date:

Printed	

Contact Information

Name:	Phone:
Email:	

II. Summary of the Project and Project Progress

A. SUMMARY OF THE PROJECT

- 1) Summarize the project using **non-technical** language that can be readily understood by someone outside the discipline. Explain briefly the project, the disciplines involved, key priority areas of focus, overall teaching methodologies, retention strategies, outcomes being measured, your relationship with the community and service to the Medicaid population, innovative program activities, and the importance of your program as it relates to healthcare transformation in Ohio. **Use complete sentences (limit 300 words).**

B. PROJECT PROGRESS

- 1) For each of the sections below, summarize the progress of the project as it relates to the key priority areas and the outcomes listed in your scope of work. Include any relevant feedback from students, clinicians, community partners, and other stakeholders as applicable. Also include relevant detail related to the following bullets as applicable:
 - HCA courses offered in this quarter
 - Name of course(s)
 - Brief course description(s)
 - Brief description of course delivery/teaching methods (i.e., lecture, lab, patient simulations, distance learning, problem-based learning, group work, case studies, grand rounds, projects in the community, etc.)
 - Attach course syllabi to this report
 - Student feedback
 - Clinical affiliations/internships for MEDTAPP funded students in this quarter
 - Student feedback
 - Preceptor feedback
 - Community projects (not affiliated with a specific course) in this quarter:
 - Type of project
 - Goals and objectives of project
 - Overall outcomes of project (describe project deliverables)

Limit each section to 300 words. Use complete sentences and non-technical language that can be readily understood by someone outside of the discipline. As there may be overlap between activities, describe the components that fit best and most closely relate to the different categories listed below.

a. Behavioral Health Activities: N/A

b. Primary Care Activities: N/A

c. Integrating Behavioral Health and Primary Care Activities: N/A

d. Chronic Disease Activities: N/A

e. Interprofessional Education Activities: N/A

f. Regional Cross Collaboration Activities: N/A

g. Other: N/A

2) For each of the sections below summarize the progress of the project. Limit each section to 300 words using non-technical language.

a. Progress on efforts to institutionalize program components such as curriculum, courses, faculty appointments, clinical placements, etc. (describe efforts to ensure sustainability of the program beyond MEDTAPP funding):

b. Tracking of students after graduation and retention commitments:

c. Describe overall program outcomes (as stated in your scope of work) as they relate to return on investment (improved health outcomes, reduced costs, improved accessibility for Medicaid populations, etc.):

3) List anticipated upcoming HCA budget revision requests and dissemination materials (conference posters, abstracts, press releases, manuscripts, etc.) N/A

III. SWOT Analysis of the Project:

Briefly describe the strengths and weaknesses internal to your project. Also describe external opportunities relative to the impact on health transformation efforts in Ohio. Please describe external threats or barriers that could affect the goals and outcomes of the project. Complete all fields below.

Strengths	Weaknesses
Opportunities	Threats

Appendix 4: Budget Narrative Template

Budget Narrative SFY 18-19

Insert University Name Here

Insert Project Title Here

PERSONNEL

- *[Personnel Name & Title]*
- *[Personnel Name & Title]*
- *[Personnel Name & Title]*
- *[Personnel Name & Title]*

Fringe Benefits:

SUPPLIES

-

EQUIPMENT

-

TRAVEL

-

TRAINING SUPPORT

-

OTHER

-

INDIRECT COSTS:

-

Total sponsor costs:

Total cost-share:

Appendix 5: Team Composition

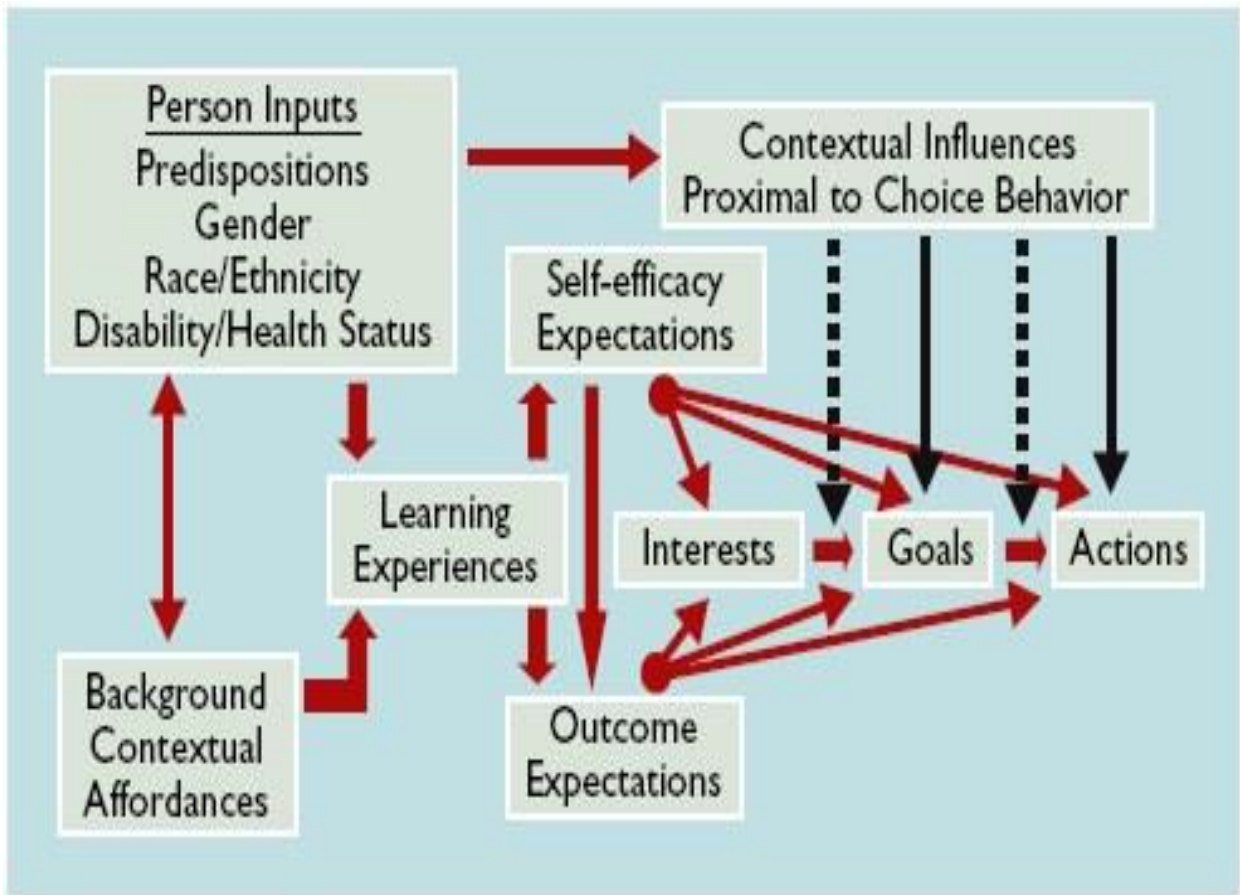
Team Composition

Describe the role of each team member and his or her ability to contribute to developing a work plan and implementing future strategies.

Appendix 6: Work Plan Template

Goal 1:				
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Projected Completion
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>An evaluative measure must be defined for each action step.</i>	<i>Timeline</i>
Goal 2:				
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Projected Completion
Goal 3:				
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Projected Completion
Goal 4:				
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Projected Completion

Appendix 7: Social Cognitive Careers Theory

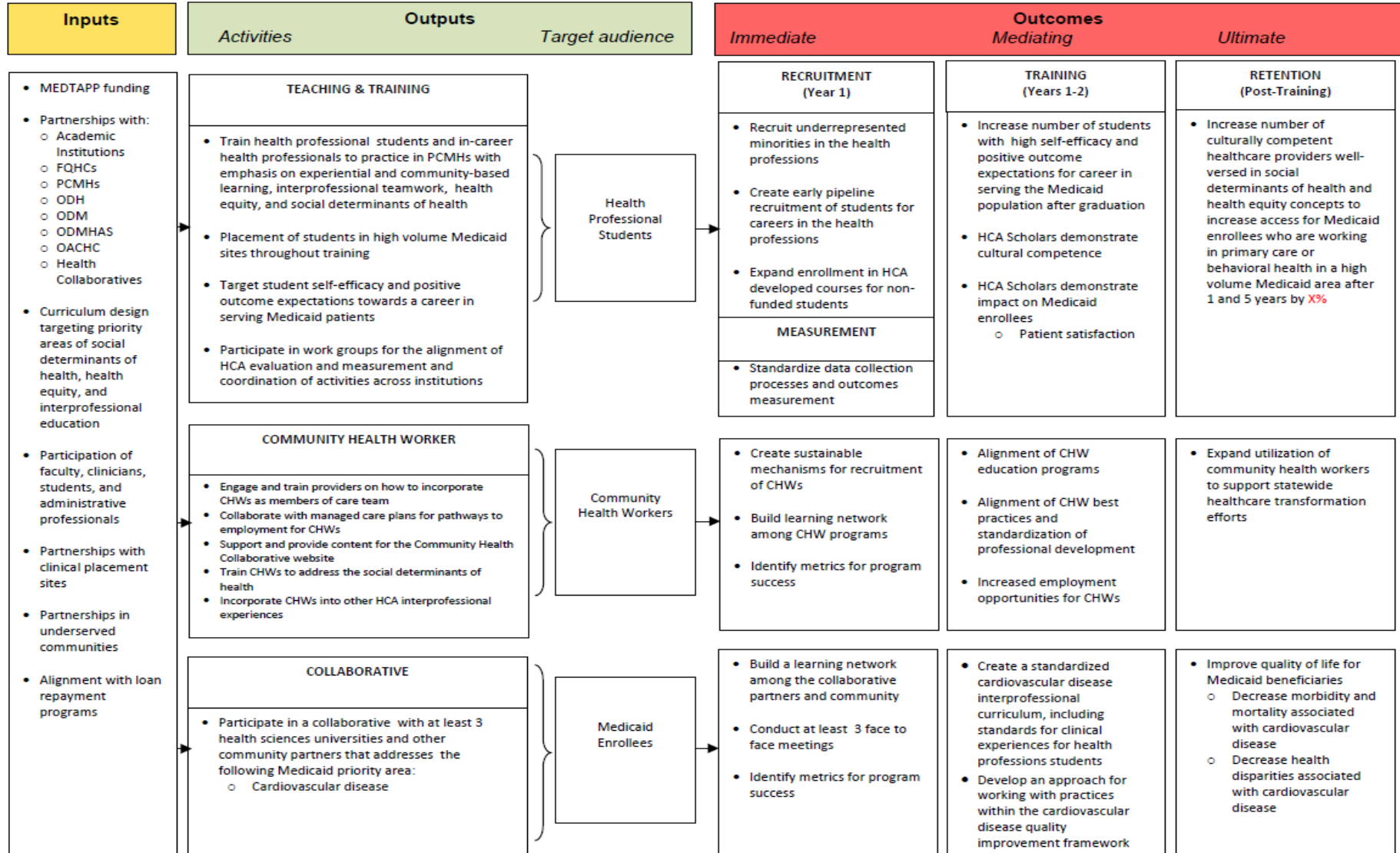


Appendix 8: HCA Logic Model

Logic Model for: HCA SFY 18-19

Created by: GRC

Situation: Improving Healthcare for Ohio's Medicaid Enrollees



ⁱ Experiential Learning: Based on Kolb's experiential learning theory (Kolb, 1984) defines experiential learning as "the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience."

ⁱⁱ HCA placement sites include a payer mix of $\geq 30\%$ Medicaid. such as a designated CPC site, FQHC, RHC, or recognized PCMH

ⁱⁱⁱ Social Cognitive Careers Theory: The SCCT focuses on the idea that people, their behaviors and their environment interact and influence each other to facilitate, or limit, career choice. Each learner brings values, knowledge, beliefs, goals, perceptions of personal efficacy, skills and all previous experience to the learning interaction. The environmental interaction reflects all aspects of the student learning environment (curriculum/hidden, faculty, resources). The behavioral aspects include learners' work, interactions with others and developing skills/knowledge. The SCCT postulates that people with interests in a particular career path are unlikely to pursue that path if they perceive barriers to entering or advancing that career. These barriers can be internal or external. Many different activities are attempted through a person's educational career, but generally a persistent interest is only developed in activities in which the person expects to be successful and in which a positive outcome is anticipated (Lent et al., 1994).

Interests are thought to predict the goals a person has and therefore often behaviors that are pursued. Finally, performance is predicted by these behaviors and a person's self-efficacy beliefs. These experiences of success or failure (combined with other factors), then contribute to a person's future self-efficacy and the cycle begins again.

^{iv} Training support is defined as full tuition for one year of a student's healthcare professions training program

^v Underserved area is defined as a placement that has 30% Medicaid and may be a FQHC, rural health clinic, community mental health clinic, PCMH or Ohio CPC site.

^{vi} HCA Student includes HCA funded (HCA Scholar) and non-funded students

^{vii} Community Health Collaborative: The Community Health Collaborative site will launch in spring 2017. The Community Health Collaborative is an online community for Community Health Workers (CHWs) that provides evidence-based resources, continuing education, training information, and a social network for professional development. The Community Health Collaborative also provides resources about CHWs for faculty and students, employers, and licensed health professionals who work with or want to work with CHWs. The Community Health Collaborative is a platform for individuals to gain, transfer, and share information, resources, and applied lessons of learning related to CHW practice via technology.