Health Home Innovation Fund

Notice of Funding Availability

A grantmaking program of the Community Clinics Initiative,
a partnership between Tides and The California Endowment.

February 2011

This is a privately funded project, not to be confused with any health home pilot projects to be funded by agencies of the federal government

February 14, 2011

Dear Colleague:

You are receiving this Notice of Funding Availability because you are part of a non-profit organization that comprises an essential strand in California's health care safety net. Barring unexpected political developments at the national level, we're anticipating a major expansion of the Medi-Cal program as well as many newly insured families as the Exchanges come on line. In the mean time, California's 1115 waiver presents the immediate challenge of integrating seniors and persons with disabilities into Medi-Cal managed care.

In our conversations with leaders of safety net organizations over the past few months, we recognize that you are all working on ways to refine and transform the way you do business to capitalize on these opportunities. We'd like to help you in that innovation process. We recognize that your organizations are already stretched and may lack the time and resources to effectively plan and implement those innovations in practice. That's why we have created the Health Home Innovation Fund.

The purpose of the Health Home Innovation Fund is to provide flexible funding to support the development of regional implementation of Health Homes for low-income populations and communities of color throughout California. We have two overarching goals for this work:

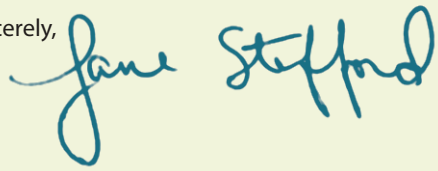
- **To develop and advance a vision of a fully-integrated Health Home for low-income neighborhoods and communities of color in California; and**
- **To develop and advance a package of payment reforms that will incentivize the implementation and sustainability of Health Homes.**

This is a three-step process. We're first asking for a brief Letter of Interest. We will then invite a limited number of those applicants to attend a one-day Idea Fair that will bring together a number of experts on Health Homes from across the country. Those applicants will then be given the opportunity to submit a full proposal for up to $500,000. We ultimately plan to fund a small number of projects across the state, so this will likely be a highly competitive process.

This Notice builds on our past eleven years of work with community health centers. However, this time we're encouraging applications from a wider range of non-profit health care organizations, such as local Medi-Cal Managed Care plans, County Organized Health Systems, regional Clinic Consortia, clinic corporations that operate multiple sites or other health care organizations that are engaged in partnerships in their communities. We're looking for regional partnerships that will help lay the groundwork for the kind of collaboration and connectivity that a true Health Home will ultimately require.

From those we've talked with in other states who have already been working on Health Homes over the past few years, we know this is a complex and difficult undertaking. All of you will be starting from different places, and we have no single template or path for you to follow. But we do know that you and your partners really have to want to move your organizations in this direction if the effort is going to be worth it. If you've already begun to pursue a more integrated system of care, we invite you to give careful consideration to submitting a Letter of Interest.

Sincerely,



Jane E. Stafford
Managing Director
Community Clinics Initiative

Frequently Asked Questions

Important Dates

• Bidders' conference calls	February 22 and 24, 2011
• Letter of Interest Deadline	March 11, 2011
• Invitation to Apply	March 21, 2011
• Idea Fair	April 5, 2011
• Proposal Deadline	May 6, 2011
• Award Notification	June 30, 2011

Submissions

Letters of Interest and Proposals must be submitted by email to cci@tides.org; faxed and late submissions will not be considered.

Eligibility Criteria

We will accept applications from partnerships that include any or all of the following organizations that comprise California's healthcare safety net (the lead agency must be a non-profit organization). We are particularly interested in funding partnerships that include free-standing community clinics and health centers:

- Local Health Plans
- County Government
- County Organized Health Systems
- Regional Community Clinic Consortia
- Major Community Clinic Corporations
- Public Hospital Systems
- Other Health and Healthcare organizations

Contact Information

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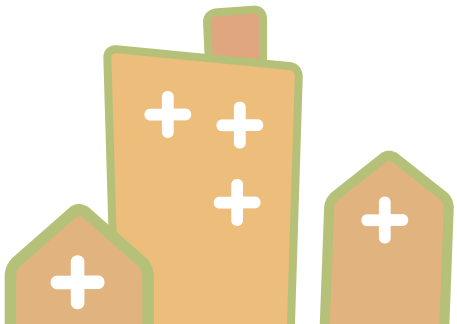


Program Overview

What Two-year grants of up to $500,000 to develop Health Homes in underserved communities and to help construct the business case for new financing and reimbursement policies to sustain these innovative models of practice over time.

How to Apply

Step 1 **Attend a NOFA Bidders' Conference Call** *(Encouraged, not mandatory)*

1 p.m. on Tuesday, February 22, 2011
10 a.m. on Thursday, February 24, 2011

Bidders' Conference Call Information:
Dial-in number: (866) 206-0240
Pass code number: 644122#

Step 2 **Letter of Interest**
Letters of Interest, using the attached template, must be submitted via email to cci@tides.org by 5:00 p.m. March 11, 2011.

Step 3 **Invitation to attend Idea Fair and Submit Full Proposal**
Letter of Interest submissions will be reviewed and only applicants that demonstrate a clear project plan in line with the NOFA goals will be invited to attend an Idea Fair on April 5, 2011 and submit a full proposal. Those organizations that will be encouraged to submit a full proposal will be notified by March 21, 2011.

Step 4 **Attend Idea Fair – April 5, 2011 (Mandatory)**
Those applicants who are invited to submit a full proposal will be required to send teams to an intensive one-day Idea Fair on April 5, 2011. They will have the opportunity to connect with leaders in the fields of innovative practice redesign and health homes, as well as learn about the proposal process from staff. The guidelines for preparing your proposal will be provided at the Idea Fair. All teams participating in the Idea Fair will receive a $5,000 grant to cover their time and expenses.

Step 5 **Proposal Application**
The guidelines for preparing your proposal will be provided at the Idea Fair. Proposals will be due in word processing format to cci@tides.org on May 6, 2011, by 5 p.m. If you would prefer to submit your proposal as a PDF, please submit a word processing formatted version of your proposal narrative as well.

Step 6 **Notification of Award by June 30, 2011**

NOTICE OF FUNDING AVAILABILITY

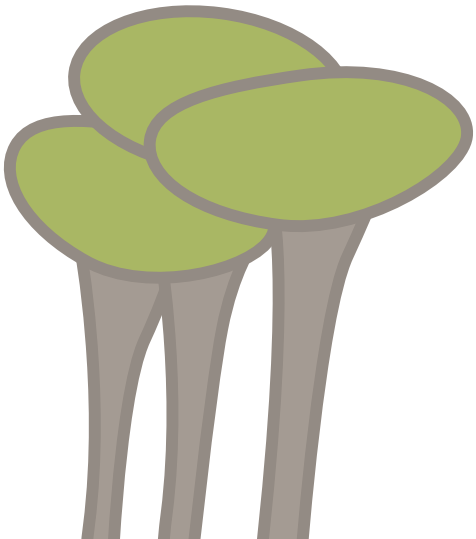
Health Home Innovation Fund

The Affordable Care Act and California's recently approved 1115 Waiver present extraordinary opportunities and daunting challenges for traditional safety net providers. They promise a significant expansion of health insurance coverage that will eventually benefit most of those who are currently uninsured. They also call for integrating new populations such as seniors and persons with disabilities into Medi-Cal managed care. Simply meeting that increased demand for services is going to be tough. Moreover, if the health care system is truly going to be reformed to meet the Triple Aim of better population health, better patient care and lower cost, it will require a fundamental redesign of practice at several levels and policy redesign that leads to payment reforms.

For mission-driven health care providers serving low-income communities and communities of color, this is a pivotal moment. We must find ways to connect the disparate strands of the current safety net into more coherent and integrated systems of care. Our goal must not only be to pursue the Triple Aim, but also to help them position themselves as providers of choice that can compete as Accountable Care Organizations in the rapidly evolving health care marketplace.

The first step in that process of transformation is to reframe the purpose of one's work as improving the health of an entire local population rather than simply delivering patient visits. The second step is to put the consumer experience front and center in the redesign of practice. Those two key decisions set the stage for an advanced model of care we call a Health Home. It is the doorway through which consumers and their families engage with an integrated system that seamlessly connects clinical and community prevention with primary care, behavioral health, oral health, specialty care and culturally-appropriate resources for personal health promotion.

This moment in time is an important window for innovation, and there are many different advanced models of primary care being explored around the country. Some of these experiments call themselves "person-centered medical homes;" others have expanded their scope to encompass "medical neighborhoods." All share a number of characteristics in common with what we are calling a Health Home. Ultimately, local systems of care are likely to look somewhat different in each community, depending on local resources and relationships. But if we are to achieve advances in population health, we believe it's important to aspire to a model that serves all residents of a neighborhood, from the young and relatively healthy to those with chronic illness and difficult medical conditions.



The Health Home Innovation Fund

We believe there are multiple pathways to achieving the goal of building Health Homes in low-income communities and communities of color.

Historic inequities in health status in those neighborhoods make that challenge particularly complicated and all the more important to undertake. The purpose of the Health Home Innovation Fund is to provide flexible funding to support local partnerships among private and public safety net providers and local health plans that are committed to pursuing more effective, integrated systems of care for traditionally underserved populations in California.

We have two overarching goals for this work:

- To develop and advance a vision of a fully-integrated Health Home for low-income neighborhoods and communities of color in California; and
- To develop and advance a package of payment reforms that will incentivize the implementation and sustainability of Health Homes.

While there is no universally-recognized definition of a Health Home, we are very interested in having the work we support under the Health Home Innovation Fund align with the general intent of the Affordable Care Act. In the recent Center for Medicare & Medicaid Service (CMS) letter[1] providing preliminary guidance to States on the implementation of a health home, CMS states that the goal of a Health Home is "to expand the traditional medical home models to build linkages to other community and social supports, and to enhance coordination of medical and behavioral health care…." It also notes that "the Affordable Care Act defines six core health home services provided by a designated provider or health team:

- Comprehensive case management;
- Care coordination and health promotion;
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up;
- Support for patients, their families and their authorized representatives;
- Referral to community and social support services when needed; and
- The use of health information technology to link services, as feasible and appropriate."

Within the multicultural context of California, we would add that ensuring culturally respectful and appropriate services are essential to the creation of a true Health Home for traditionally underserved populations. Community clinics and health centers have already developed multiple culturally relevant models of community-based prevention and health promotion (e.g. promotores and other peer health educator programs). Those experiences should inform the development of Health Homes that link traditional safety net providers and potential partners into more integrated systems of care.

1 *Department of Health & Human Services, Center for Medicare & Medicaid Services, "Health Homes for Enrollees with Chronic Conditions", 11/16/2010; SMDL#10-024; ACA# 12*

We recognize that different regions of California will be starting at very different places in pursuit of this ultimate goal. We also recognize that it will likely take years to fully realize this vision across the state. Our grant resources can only take communities so far over the next two years, but by offering flexible funding we will encourage our grantees to take full advantage of other funding being made available from the federal government and other sources to support system development. We intend for our dollars to be used to enhance current experiments, leverage and complement other opportunities and provide institutions with the kind of funding that is rarely available to support innovation in the safety net.

What might a financially-sustainable *Health Home* look like on the ground? To be successful, this effort will require substantial transformation of practice within each of the participating organizations. It will also ultimately require new models of reimbursement to support this new way of working. Together, they will need to build their capacity in the following domains:

- **Information** Real-time access by providers and consumers to data critical to clinical decision making, effective case management and self care as well as information on population health.

- **Coordination** Effective teamwork within primary care settings to more efficiently and effectively manage panels of consumers, including integration of behavioral and oral health.

- **Connection** A seamless connection between primary care, specialty care and local hospitals to promote continuity of care, including creative mechanisms such as e-referrals and telemedicine.

- **Navigation** Ensure that consumers are able to easily understand and move through the system, utilizing community health workers (e.g. promotores) and culturally appropriate technologies.

- **Prevention** Partnering with other community agencies and resources to promote healthy behaviors and lifestyles, complemented by peer health educators, including youth.

- **Reorientation** and redistribution of financial resources to promote health, including novel mechanisms for self-management such as reimbursement for group visits and promotores.

As we have said many times throughout the planning process leading to this NOFA, we have no interest in "reinventing the wheel." Examples of each of these practice innovations and new ways of paying for these services already exist throughout California and across the country. We will expect our grantees to build on the best of what has already been learned, rather than starting from scratch. To that end, we will support appropriate training and technical assistance and the development of a learning community among the participants to share knowledge as efficiently and effectively as possible.

We will provide a small number of regional partnerships with substantial grants (up to $500,000) to develop innovative models of a *Health Home* as part of a local integrated system of care. These experiments will serve as the foundation for building the case for a fully integrated health home. Because we are interested in demonstrating what a health home looks like in terms of delivery system configuration and what kind of payment mechanisms are necessary to sustain it, we will look for partnerships that involve both a local health plan (or other payer) and an integrated health system with a robust primary care service. Moreover, the partnership will need to have community organizations who want to engage in this type of endeavor. Each partnership will be responsible for carrying out three sets of activities:

- ***Develop innovative approaches***. In particular each partnership will be expected to make significant progress toward:
  - Adopting a fully integrated health home model;
  - Developing a payment methodology that aligns incentives to support prevention oriented health services and supports linkages to other core elements of a health home that aren't currently funded;
  - Enhancing its information technology infrastructure to support exchange of information between the continuum of services, track and monitor health status changes at the individual and population levels, and inform ongoing quality improvements.

- ***Engage in policy and advocacy strategies.*** Partnerships will translate their on-the-ground experience with health homes and payment methods into policy recommendations, engage their stakeholder constituencies, and advocate for the adoption and implementation of policy proposals. The Affordable Care Act and the California 1115 Waiver envision accountable, integrated health systems that rely on health home concepts, yet the specifics of such a model are just beginning to gain attention in policy and practice. We will look for applicants that are willing to work as thought partners and engage with us in developing a policy agenda at the local, regional and/or state levels as the health home concept unfolds. We will use the on the ground experience of the partnership sites to help inform us of the policy reform and advocacy activities that need to be pursued to sustain the model, and will use their experience to help build the policy case for a health home.

- ***Participate in training, technical assistance and evaluation activities***. Technical assistance and trainings will be available to the funded partnerships, through webinars and in-person convenings, which will address emerging areas of interest and important developments in the field both locally and nationally. These forums will serve to link the sites to national leaders in the field and provide opportunity for peer learning and exchange of information. Funded partnerships will also be expected to actively participate in data collection and analysis to help test the feasibility of different models of reimbursement to support and sustain Health Homes. Projects will also work directly with our evaluation team to make sure we maximize the lessons we are learning and share them with the field at large.

The Application Process

In keeping with our focus on innovation, we are going to use a somewhat different process this time to select the sites to be funded. Interested partnerships are invited to submit a **Letter of Interest of no more than 5 pages that addresses the questions on page 14.** Please submit your LOI to cci@tides.org no later than March 11, 2011.

A limited number of LOI applicants will be invited to attend an Idea Fair and submit full proposals. Successful applicant organizations will receive up to $500,000 over the next two years to develop Health Homes in their communities and to engage in policy and advocacy efforts that will help construct the business case for new financing and reimbursement policies to sustain these innovative models of practice over time. As part of this program, grantees will also actively participate in training, technical assistance and evaluation activities.

Those applicants who are invited to submit a full proposal will be required to send teams to an intensive one-day Idea Fair. Its purpose is to bring together in one place representatives of some innovative practice redesign, payment reform, and health home efforts from around the country. Participants will have the opportunity to connect with them and to benefit from the lessons they have learned. Later that day they will also be able to ask us questions about the proposal process. We plan to use the Idea Fair to stimulate thinking and to model the kind of collaborative, boundary-crossing process that we believe it will take to design and implement successful *Health Homes* on the ground. All teams participating in the Idea Fair will receive a $5,000 grant to cover their time and expenses.

What are we looking for?

Our research tells us that if the participating organizations in a partnership share the following characteristics, they are more likely to set the stage for a successful innovation effort:

- Commitment to pursuing the Health Home concept as the ultimate goal, even if the partners are beginning with more modest goals, e.g. restructuring of primary care practice.
- Commitment to pursuing the Triple Aim (improved population health; improved patient care; reduced cost) across your membership.
- Specific interest in integrating behavioral health and oral health into primary care settings.
- Engaged CEO and clinician leadership at every level coupled with a commitment to deeper leadership development for clinicians (e.g. practice facilitation) over time to effectively manage the change process.
- Involvement of multiple partners (e.g. local health plans, community clinics, other primary care practices, specialty providers, safety net hospitals, and counties) in recognition of the need for a true system of care to replace the current patchwork safety net.
- Commitment to building the capacity to share clinical and financial data across all the participating organizations.
- Willingness to partner with researchers and evaluators on the collection of data to find out what works and to investigate appropriate models of reimbursement and financing to sustain these innovations.
- Dedication of local resources (both dollars and "sweat equity") as a match for our funding, along with a commitment to aggressively seek appropriate federal funding as it becomes available.
- Commitment to participating in a peer learning community with other sites and as a thinking partner with us to share lessons and to learn together about the complex challenge of establishing and maintaining Health Homes.
- Active participation in public policy/advocacy and strategic communications efforts to share what is being learned with a broader audience and to help sustain these projects after our funding ends.

Eligibility

We will accept applications from partnerships that include any or all of the following organizations that comprise California's healthcare safety net (the lead agency must be a non-profit organization). We are particularly interested in funding partnerships that include free-standing community clinics and health centers:

— Local Health Plans

— County Government

— County Organized Health Systems

— Regional Community Clinic Consortia

— Major Community Clinic Corporations

— Public Hospital Systems

— Other Health and Healthcare organizations

Application Timeline

1. Submit a Letter of Interest, using the template provided, no later than 5 p.m. March 11, 2011.

2. Applicants invited to submit a full proposal and attend the one-day Idea Fair will be notified by Friday March 21, and will receive a $5,000 planning grant to support their participation.

3. Attend Idea Fair on April 5, 2011. Each applicant will be expected to send a planning team representing their partner organizations to the Idea Fair. Guidelines for the preparation of a full proposal will be distributed at the Idea Fair.

4. Full proposals for funding of up to $500,000 over two years will be due no later than 5 p.m. May 6, 2011.

5. Final grant awards will be announced by June 30, 2011.

Health Home Innovation Fund

Letter of Interest Cover Sheet

Download an editable PDF of this page by **clicking here** or going directly to: **www.communityclinics.org/content/general/detail/995**

NAME OF APPLICANT ORGANIZATION

ADDRESS

CITY | STATE | ZIP

CEO/EXECUTIVE DIRECTOR

EMAIL

LOI CONTACT

TITLE | EMAIL

Tax status? ☐ 501(c)3 ☐ Other nonprofit

EIN

NAME OF PARTNER ORGANIZATION

CONTACT

TITLE | EMAIL

Lead organization? ☐ Yes ☐ No

NAME OF PARTNER ORGANIZATION

CONTACT

TITLE | EMAIL

Lead organization? ☐ Yes ☐ No

NAME OF PARTNER ORGANIZATION

CONTACT

TITLE

EMAIL

Lead organization? ☐ Yes ☐ No

NAME OF PARTNER ORGANIZATION

CONTACT

TITLE

EMAIL

Lead organization? ☐ Yes ☐ No

Please indicate in the checkbox your involvement in any of the following integrated service delivery efforts:

√	Type of Integrated Service Delivery Effort
☐	Person Centered Medical Home Pilots, including efforts to receive NCQA or URAC certification
☐	Accountable Care Organization (ACO) efforts
☐	Specialty Care Initiatives
☐	Coverage Initiative Expansion Grants
☐	1115 Medicaid Waiver Coverage Initiative Counties
☐	CalMend Pilot Collaborative on Integration
☐	Integration of Primary Care into Community Behavioral Health Settings
☐	Federally Qualified Health Center Expanded Services Supplemental Funding for Behavioral or Oral Health
☐	Public Health or community prevention integration efforts

In your emailed LOI submission, please attach both the Cover Sheet form and your answers to the questions below. In five pages or less, answer the following questions about your partnership:

- How is your partnership currently working on the concept of a Health Home as described in this document?

- Briefly describe partners in this effort. Include roles and capacities and be sure to include a description of the lead institution (the lead institution and grantee organization do not have to be the same).

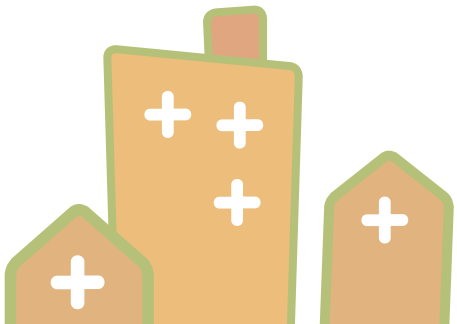
- What have you learned so far?

- How would you use funding from the Health Home Innovation Fund?

- Have you or any of the partners in the project ever participated in an incentive payment program? How did it change your practice?

- What other sources of funding (including in-house resources) do you plan to tap to support this work?

- Describe your involvement, if any, in the new California Section 1115 Medicaid Waiver "Bridge to Reform" activities that may be underway in your area/county.



Community Clinics Initiative

Strong Clinics, Healthy Communities

The Community Clinics Initiative (CCI), a unique collaboration between Tides and The California Endowment, began in 1999 to provide resources, evidence-based programming and evaluation, education and training to support community health centers and clinics. Through information sharing and major grants, CCI acts as a catalyst to strengthen California's community clinics and health centers to improve health outcomes in underserved communities. www.communityclinics.org