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**Request for Letters of Interest**

1st Release: March 30, 2017

Updated: April 10, 2017

**Background**

Better Health Together (BHT) serves Adams, Lincoln, Spokane, Ferry, Stevens and Pend Oreille counties and is one of nine accountable communities of health (ACH) in the state. Through the Medicaid Demonstration Project (MDP), BHT will serve as the administrative lead for its region to coordinate and oversee regional projects selected from the [toolkit](http://nebula.wsimg.com/eb9b8e0be94c07be6cf249fe1af34fcc?AccessKeyId=6260295FD9798195FF2C&disposition=0&alloworigin=1). Both clinical providers, such as primary care providers, and non-clinical providers, such as social service providers, will collaborate on the implementation of projects and be responsible for committing to and carrying out the project objectives. Participating providers will be eligible for incentive payments for their role in meeting Medicaid transformation milestones and benchmarks.

**This is not a grant.** While there may be capacity building funding available to provide support for projects, payments outside of the planning period will be based on performance. Payment may not supplant existing funding sources. Services may not supplant existing services. Projects are intended to create new or build on existing capacity and infrastructure.

**Don’t be discouraged!** The form to submit a Letter of Interest is designed to be as simple as possible! No idea is too small! Technical assistance will be available if your idea is selected as a full application.

**Purpose**

The purpose of this request for Letters of Interest (LOI) is to seek potential project ideas from the community within the six optional Medicaid Demonstration Project categories in the [toolkit](http://nebula.wsimg.com/eb9b8e0be94c07be6cf249fe1af34fcc?AccessKeyId=6260295FD9798195FF2C&disposition=0&alloworigin=1).

The optional project categories are:

1. [Community-Based Care Coordination](https://bht-dev.squarespace.com/s/Community-Care-Coordination-373b.pdf)
2. [Transitional Care](https://bht-dev.squarespace.com/s/Transitional-Care-sk9f.pdf)
3. [Diversion Intervention](https://bht-dev.squarespace.com/s/Diversion-pbn2.pdf)
4. [Maternal and Child Health](https://bht-dev.squarespace.com/s/Maternal-an-Child-Health-eyce.pdf)
5. [Access to Oral Health](https://bht-dev.squarespace.com/s/Oral-Health-ss3y.pdf)
6. [Chronic Disease Prevention and Control](https://bht-dev.squarespace.com/s/Chronic-Disease-Prevention-Control.pdf)

**The LOI is mandatory to be considered for a full application.**

LOIs will be submitted both from partners interested in **managing** a project, and organizations interested in participating or **partnering** in a project. When reviewing LOIs, the BHT Board Evaluation Team may invite authors of duplicative or highly similar LOI submissions to collaborate on a single project application.

Successful LOI applicants will be invited to “pitch” their project at a Community Project Showcase on June 14th. Full application submissions will be reviewed by the public, the [BHT Board of Directors](http://www.betterhealthtogether.org/board/), and the [BHT Leadership Council](http://www.betterhealthtogether.org/leadership-council/). By June 2017, through a transparent, community process, our goal is to have general agreement on the portfolio of projects we wish to submit to the Health Care Authority. These projects will likely represent our Medicaid Demonstration Project portfolio from 2018 to 2021.

Note that the [toolkit](http://nebula.wsimg.com/eb9b8e0be94c07be6cf249fe1af34fcc?AccessKeyId=6260295FD9798195FF2C&disposition=0&alloworigin=1) is pending final approval from CMS. We expect that if there are changes, they will be to the performance measures. Any changes will be incorporated in the next phase of our process to select projects.

**Instructions**:

LOIs due electronically May 15th by 5:00pm to:

transformationprojects@betterhealthtogether.org

**Eligibility:** Applicants must submit LOIs that will impact the Medicaid population in at least one, and preferably all, of the six counties: Adams, Lincoln, Spokane, Ferry, Stevens, or Pend Oreille. Any entity (nonprofit, governmental, tribe, coalition, etc…) may apply.

**Timeline:** We anticipate the following timeline (subject to change):

* **March 1:** Survey launched to gauge community interest in optional projects
* **March 29:** Selection process announced at ACH Leadership Council Meeting
* **March 30:** Request for Letters of Interest
* **April 10:** Board releases finalized Selection Criteria
* **April 22:** Board approve project Evaluation Team members
* **April – May:** ACH [office hours](http://doodle.com/poll/hxmwshvv6hawecfw) offered to assist with LOI
* **May 15:** Letter of Interest due
* **May 19:** Board meets to review Letters of Interest, invites selected proposals to present at Community Project Showcase
* **June 14:** ACH Community Project Showcase
* **June 15:** Board meets to evaluate ACH Community Project Showcase proposals, makes recommendations for projects meeting criteria to move forward in full application process. Full board then meets to approve.
* **June- September:** Project teams established to develop full application and project portfolio
* **September 20:** Board makes final recommendation on preferred projects
* **Early October:** Project Templates submitted to Health Care Authority

**Criteria**: Full Applications will be scored against a set of pre-determined criteria, please consider aligning with the following broad criteria in developing your LOI:

* **OUTCOMES:** How well does this proposal demonstrate an actionable plan to collect and use data to measure outcomes? How well does this proposal demonstrate alignment with toolkit measures? What is the likelihood of the proposed project meeting outcomes?
* **SUSTAINABILITY:** How well did the proposed project demonstrate the leverage of other resources (federal, state, local and/or private and philanthropic) to support the project past the 5-year demonstration period?
* **RETURN ON INVESTMENT:** Does proposal demonstrate the return on investment and/or long term benefits to health systems resulting from this project?
* **IMPACT:** What is the likelihood the scope of the target population will track to a high level of impact within five years?
	+ **Health Equity Calculator:** Evaluate target population on: Size? Level of disparity? Level of inequity? Scalability? Upstream vs Downstream Intervention?
* **PROJECT STATEMENT:** Is there a well demonstrated understanding of the problem, tied to our regional priorities? How well does proposal demonstrate actionable intervention to address that problem?
* **EVALUATION:** How well does proposed project demonstrate sufficient systems in place to capture and share data to evaluate project? How well does proposal demonstrate willingness of partners to adapt project to meet outcomes identified in the project toolkit?
* **ALIGNED WITH MEDICAID TRANSFORMATION PROJECT MODELS:** How is the project based on or aligned with models reflected in the Medicaid Transformation Projects? Are variations or deviations from models justified?
* **READINESS:** How ready will the proposed model be for implementation be by January 1, 2018?
* **COLLABORATION:** How well does the project demonstrate commitment to collaborate with multiple sectors, especially social determinants, and across communities in the region?
* **WORKFORCE:** Does project proposal demonstrate adequate staffing to launch this project on January 1, 2018? What is the potential for this project to align with regional and state Health workforce development plans?
* **TRACK RECORD OF LEADERSHIP:** Does project proposal demonstrate and identify committed leadership who can meet the challenge of carrying this work forward?

**Projects that impact the performance measures in the** [**toolkit**](http://nebula.wsimg.com/eb9b8e0be94c07be6cf249fe1af34fcc?AccessKeyId=6260295FD9798195FF2C&disposition=0&alloworigin=1) **will be prioritized because these are the basis of payment in years 3, 4, and 5 of the Medicaid Demonstration.**

**Resources:**

BHT will release a recorded webinar detailing the selection process and evaluation criteria on April 11, 2017. This recording will be emailed out to the entire Leadership Council and posted on our website under the [Regional Health Improvement Projects](http://www.betterhealthtogether.org/bold-solutions-content?category=Regional+Health+Project) section.

Additionally, we will be hosting Office Hours for anyone seeking feedback on their LOI. Sessions will be offered at 30 minute slots for up to 3 organizations at a time.
Please sign up for a session here: <http://doodle.com/poll/hxmwshvv6hawecfw>

If you have additional questions about this form or process, please contact:

 Hadley Morrow, Director of Community Engagement, hadley@betterhealthtogether.org

 Alison Carl White, Executive Director, Alison@betterhealthtogether.org

*\* Note that technical assistance will be available for developing full applications.*

**Acronym Glossary**

ACH: Accountable Community of Health

BHO: Behavioral Health Organization

CMS: Center for Medicare and Medicaid Services

FQHC: Federally Qualified Healthcare Clinic

MDP: Medicaid Demonstration Project (previously called “the Waiver”)

**Interested in this process, but not interested in submitting a Letter of Intent?** We get it! Please take 30 minutes to complete our [survey](https://www.surveymonkey.com/r/87MFTSH) to weigh in on all of the optional project areas.

**Letter of Interest**

**\*\*\*\* LOIs are due electronically May 15th by 5:00pm to** **transformationprojects@betterhealthtogether.org**

**Please** [**sign up to receive**](https://betterhealthtogether.us11.list-manage.com/subscribe?u=0d9d0d29c605966a88a0bbd37&id=559928364c) **updates as new information becomes available.**

**Instructions:**

*Attached you’ll find two forms:*

*LOI – Project Proposal:* For partners and organizations to propose a specific Medicaid Demonstration Project for our region, and express interest in taking a lead coordinating role.

*LOI – Partnership Proposal:*  For organizations interested in partnering on a project, through offering collaboration, services, resources, or content expertise throughout the planning process and implementation.

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| **CONTACT INFORMATION** |
| **CONTACT NAME AND TITLE** *This person will be the single point of contact for the submission.*  |
| **EMAIL:** | **PHONE:** |
| **ORGANIZATION:** |
| **I am submitting interest in:** *May select both, please indicate each project you are submitting for:* |
| [ ] Managing a project 🡪 *Complete Project Proposal*☐ [Community-Based Care Coordination](https://bht-dev.squarespace.com/s/Community-Care-Coordination-373b.pdf)☐ [Transitional Care](https://bht-dev.squarespace.com/s/Transitional-Care-sk9f.pdf)☐ [Diversion Intervention](https://bht-dev.squarespace.com/s/Diversion-pbn2.pdf)☐ [Maternal and Child Health](https://bht-dev.squarespace.com/s/Maternal-an-Child-Health-eyce.pdf)☐ [Access to Oral Health](https://bht-dev.squarespace.com/s/Oral-Health-ss3y.pdf) ☐[Chronic Disease Prevention and Control](https://bht-dev.squarespace.com/s/Chronic-Disease-Prevention-Control.pdf) | [ ] Partnering in a project 🡪 *Complete Partnership Proposal*☐ [Community-Based Care Coordination](https://bht-dev.squarespace.com/s/Community-Care-Coordination-373b.pdf)☐ [Transitional Care](https://bht-dev.squarespace.com/s/Transitional-Care-sk9f.pdf)☐ [Diversion Intervention](https://bht-dev.squarespace.com/s/Diversion-pbn2.pdf)☐ [Maternal and Child Health](https://bht-dev.squarespace.com/s/Maternal-an-Child-Health-eyce.pdf)☐ [Access to Oral Health](https://bht-dev.squarespace.com/s/Oral-Health-ss3y.pdf) ☐[Chronic Disease Prevention and Control](https://bht-dev.squarespace.com/s/Chronic-Disease-Prevention-Control.pdf) |

**Letter of Interest –** Project Proposal

This form is intended for organizations interested in taking a leadership role in coordinating a Medicaid Demonstration Project. All projects will require heavy collaboration across sectors and the region. We strongly encourage applicants to collaborate with other entities on a single application.

Please submit only 1 LOI per project, you may submit LOIs for multiple projects and partnerships.

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| **PROJECT DESCRIPTION:**  |
| **PROJECT TITLE** |
| **CONTRIBUTING ORGANIZATIONS AND TRIBES** (*Please list all the organizations in the six-county region that will participate in developing the project application and implementing the project.)*  |
| **COUNTIES SERVED BY THIS PROJECT** [ ]  Adams [ ]  Lincoln [ ]  Spokane [ ]  Ferry [ ]  Stevens [ ]  Pend Oreille |
| **TRIBES SERVED BY THIS PROJECT** (please name each) |
| **THIS PROJECT IS** (check one): [ ]  **New** [ ]  **Enhancing an existing project or set of projects** |
| **PROJECT CATEGORY** Please indicate which optional category area from the [toolkit](http://nebula.wsimg.com/eb9b8e0be94c07be6cf249fe1af34fcc?AccessKeyId=6260295FD9798195FF2C&disposition=0&alloworigin=1) your project will meet. If more than one area applies, please circle the primary area: ☐ [Community-Based Care Coordination](https://bht-dev.squarespace.com/s/Community-Care-Coordination-373b.pdf)☐ [Transitional Care](https://bht-dev.squarespace.com/s/Transitional-Care-sk9f.pdf)☐ [Diversion Intervention](https://bht-dev.squarespace.com/s/Diversion-pbn2.pdf)☐ [Maternal and Child Health](https://bht-dev.squarespace.com/s/Maternal-an-Child-Health-eyce.pdf)☐ [Access to Oral Health](https://bht-dev.squarespace.com/s/Oral-Health-ss3y.pdf)☐[Chronic Disease Prevention and Control](https://bht-dev.squarespace.com/s/Chronic-Disease-Prevention-Control.pdf) |
| **SECTORS ENGAGED BY THIS PROJECT** (check all that apply)**:**  |
| [ ]  Aging | [ ]  Behavioral Health Org | [ ]  Chemical Dependency | [ ]  Chronic Disease | [ ]  Community Action Pgrm |
| [ ]  Early Childhood | [ ]  Economic Development | [ ]  Education | [ ]  Emergency Medical Services | [ ]  Employment |
| [ ]  FQHC | [ ]  Housing | [ ]  Criminal Justice | [ ]  Managed Care Organization | [ ]  Mental Health |
| [ ]  Oral Health | [ ]  Philanthropy | [ ]  Primary Care | [ ]  Maternal/Child Health | [ ]  Public Health |
| [ ]  Hospital | [ ]  Rural Health | [ ]  Social Services | [ ]  Tribes/Indian Health Services | [ ]  Workforce development |
| [ ]  Other (please list):  |
| **BRIEF PROJECT DESCRIPTION** (3-4 sentences) | *Provide a brief description of the project.* |
| **PROJECT GOAL STATEMENT** (1-2 sentences) | *What do you hope to achieve with this project? What issue are you addressing?*  |
| **PROJECT SCOPE**(1-2 sentences) | *Please describe what part of your regional community the project will serve (e.g. which counties, target populations, health systems, providers, service organizations…). Will you pilot in geographic or demographic population first with intent to scale?*  |

| **alignment** | **Description** | **RESPOND** |
| --- | --- | --- |
| **evidence-based models in the toolkit** | How does the project align with one or more models proposed in the toolkit? Which ones? If not, what evidence is there for the proposed model? |  |
| **BHT priority areas** | Under which one or more of the [BHT Priority Areas](http://static1.squarespace.com/static/55ba9fe5e4b09e80d21790f7/t/565f2e68e4b091e665a969f6/1449078376673/BHT-RegionalHealthPriorities.pdf) does this project align? | [ ] Oral Health Access | [ ] Integration of Behavioral, Oral, and Physical Health | [ ] Decrease Obesity Rates | [ ] Community Linkages to Social Determinants of Health | [ ] Community-based Care Coordination  |
| **measurement**  | Which measures listed in the Appendix of the [toolkit](http://nebula.wsimg.com/eb9b8e0be94c07be6cf249fe1af34fcc?AccessKeyId=6260295FD9798195FF2C&disposition=0&alloworigin=1) does this project impact? Please rank the measures in order of impact. [Note: this project is not a grant, it is a contract. **Payments will be based on movement of the benchmarks listed in the toolkit**.]  |  |
| **WILLING TO PROVIDE PROJECT-SPECIFIC DATA TO THE ACH FOR TRACKING PURPOSES?** (check one)☐ Yes, all the organizations and Tribes listed above are willing to provide regular data reports to the ACH☐ Yes, some of the organizations and Tribes listed above are willing to provide regular data reports to the ACH☐ Yes, some of the organizations and Tribes listed above are willing to provide limited data reports to the ACH☐ No, the organizations and Tribes are not willing to provide data to the ACH☐ Other: *Additional explanation:* |

**Letter of Interest -** Partner Proposal

If you see your organization as a needed partner in any of the Medicaid Demonstration Projects, we’d like to know more about you. This form is intended for organizations who are interested in participating in, partnering with, or providing content expertise for a Medicaid Demonstration Project.

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| --- |
| **PARTNER DESCRIPTION:**  |
| **COUNTIES SERVED BY YOUR ORGINZATION**[ ]  Adams [ ]  Lincoln [ ]  Spokane [ ]  Ferry [ ]  Stevens [ ]  Pend Oreille |
| **TRIBES SERVED BY THIS ORGANIZATION:** (please name each) |
| **DESCRIBE YOUR ORGANIZATION:** (brief description of your mission and services offered) |
| **TARGET POPULATION** (1-2 sentences) | *Provide a brief description of the types of clients your organization serves:*  |
| **DESCRIPTION OF FUNDS**(2-4 sentences) | *Please provide a brief description on where you get the bulk of your funding:*  |

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| --- |
| **PROPOSAL FOR PARTNERSHIP:**  |
| **PROJECT CATEGORY** Please indicate which optional category area from the [toolkit](http://nebula.wsimg.com/eb9b8e0be94c07be6cf249fe1af34fcc?AccessKeyId=6260295FD9798195FF2C&disposition=0&alloworigin=1) your organization could support. You may see a fit in multiple projects. Please complete **one** of the following forms per project.☐ [Community-Based Care Coordination](https://bht-dev.squarespace.com/s/Community-Care-Coordination-373b.pdf)☐ [Transitional Care](https://bht-dev.squarespace.com/s/Transitional-Care-sk9f.pdf)☐ [Diversion Intervention](https://bht-dev.squarespace.com/s/Diversion-pbn2.pdf)☐ [Maternal and Child Health](https://bht-dev.squarespace.com/s/Maternal-an-Child-Health-eyce.pdf)☐ [Access to Oral Health](https://bht-dev.squarespace.com/s/Oral-Health-ss3y.pdf) ☐[Chronic Disease Prevention and Control](https://bht-dev.squarespace.com/s/Chronic-Disease-Prevention-Control.pdf) |
| **How do you see your organization supporting this project?** (3-5 sentences) | *Describe the role you see your organization playing in this project? Would you provide service to target population? Would you refer clients to project? Etc..*  |

| **alignment** | **Description** | **RESPOND** |
| --- | --- | --- |
| **evidence-based models in the toolkit** | Does your work align with one or more models proposed in the toolkit? Which ones? If not, how do you see your work linking with these models? | *Identify (list) evidence-based programs:* |
| **measurement**  | Which measures listed in the Appendix of the [toolkit](http://nebula.wsimg.com/eb9b8e0be94c07be6cf249fe1af34fcc?AccessKeyId=6260295FD9798195FF2C&disposition=0&alloworigin=1) does this project impact? Please rank the measures in order of impact. [Note: this project is not a grant, it is a contract. **Payments will be based on movement of the benchmarks listed in the toolkit**.]  |  |
| **WILLING TO PROVIDE PROJECT-SPECIFIC DATA TO THE ACH FOR TRACKING PURPOSES?** (check one)☐ Yes, all the organizations and Tribes listed above are willing to provide regular data reports to the ACH☐ Yes, some of the organizations and Tribes listed above are willing to provide regular data reports to the ACH☐ Yes, some of the organizations and Tribes listed above are willing to provide limited data reports to the ACH☐ No, the organizations and Tribes are not willing to provide data to the ACH☐ Other: *Additional explanation:* |