

FREQUENTLY ASKED QUESTIONS (FAQ)

County Medical Services Program Governing Board CMSP Local Health Connections Pilot Project

1 – Question: How often will the FAQ document be updated and how will I know if something is new on the document? (01/25/10)

1 – Response: The FAQ document will be updated from time to time and new entries will be entered into the FAQ document by date. The FAQ document's footnote will contain the latest version date. The last posting to the FAQ document will be on 02/26/10. The FAQ document will be available on the Governing Board's website at www.cmspcounties.org/about/grant_projects.html.

2 – Question: If our site is awarded, what does the contracting process with the CMSP Governing Board entail? (01/25/10)

2 – Response: If selected, the pilot project grantee will be required to do all of the following:

- Execute a grant agreement with the Governing Board that clearly articulates the goals of the pilot project and the grantee's duties, including but not limited to project activities and deliverables, project data collection, periodic reporting to the Governing Board, and participation in the pilot project evaluation.
- Execute a Business Associate Agreement (BAA) with the Governing Board.
- Supply the requested financial documents (outlined in RFP Sections VIII-D and IX-F).

3 – Question: How do we tell if a patient has CMSP coverage? (01/25/10)

3 – Response: After enrollment, CMSP members are issued 2 identification cards:

- CMSP/Anthem Blue Cross Identification Card
- State of California Benefits Identification Card (BIC).

The BIC can be used to verify eligibility through the Medi-Cal verification systems. Alternatively, a provider can contact the Anthem Blue Cross Customer Care Center at (800) 670-6133 to verify eligibility using either card.

4 – Question: How many Planning and Implementation Grants will be funded in Round 1 and Round 2 of the pilot? (01/25/10)

4 – Response: The CMSP Governing Board has set aside up to \$4.0 million for the Local Health Connections Pilot Project over a three-year period. Of this amount, it is expected that up to \$3.5 million will be available for Planning and Implementation Grants. Although no set number of grant awards has been established, the Pilot Project will need to have an adequate number of Implementation Grants operating by FY 2011-12 in order to test the effectiveness of providing local-level services and support to designated CMSP enrollees and likely CMSP enrollees. No Planning Grants will be awarded in Round 2.

5 – Question: In Round 1, can our agency apply for both an Implementation Grant and a Planning Grant? (01/25/10)

5 – Response: No. Potential applicants are strongly encouraged to assess their project's ability to provide the five required components (outlined in RFP Section II-C) to the target population and make the determination of whether they have the experience and capacity to implement a project on July 1, 2010 or could benefit from time to plan.

6 – Question: Will our Planning Grant application be at a disadvantage if our stakeholders have just begun to meet and discuss the target population? (01/25/10)

6 – Response: No, a potential outcome of a Planning Grant is to engage new partners in discussions about the service needs and health care delivery system capacity for the target population. However, the lead agency must have the demonstrated capacity to bring together varied stakeholders within the county or region. In addition, applicants must provide background on their or the key partners' experience providing any or all of the five required components (outlined in RFP Section II-C) and must cite any components which the applicant needs to develop capacity.

7 – Question: Will our application be penalized if we submit a Letter of Intent (LOI) for a Planning Grant and then later decide to submit an Implementation Grant application instead (or vice-versa)? (01/25/10)

7 – Response: No, we understand that dynamics and resources at the local-level may change prior to the submission of an application on March 5, 2010. The LOI is helpful to the Governing Board to plan for the review process. The LOI is not required and is not binding.

8 – Question: Does the effort, staffing, activities, and/or resources allocated to each of the five required components need to be equal? (01/25/10)

8 – Response: No, the level of effort for each of the five required components will be dependent largely on the target population selected by the applicant. An Implementation Grant project must contain each of the five components, but the intensity for each of the components may differ. In addition, the types of services provided to each CMSP enrollee or likely CMSP enrollee may differ depending on the needs of the client.

For illustrative purposes only, an applicant seeking to serve CMSP members hospitalized with diabetes and related complications may opt to focus the majority of their project's efforts on disease management and local-level care management activities. However, in this example, the applicant's project must also include components related to continuity of care, linkages to enabling services, and disability advocacy and outreach.