

REQUEST FOR PROPOSALS

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

I. BACKGROUND

A. About the County Medical Services Program

The County Medical Services Program (CMSP) was established in January 1983, when California law transferred responsibility for providing health care services to indigent adults from the State of California to California counties. This law recognized that many smaller, rural counties were not in the position to assume this new responsibility. As a result, the law also provided counties with a population of 300,000 or fewer with the option of contracting back with the California Department of Health Services (DHS) to provide health care services to indigent adults. DHS utilized the administrative infrastructure of Medi-Cal's fee-for-service program to establish and administer the CMSP program.

In April 1995, California law was amended to establish the County Medical Services Program Governing Board (Governing Board). The Governing Board, composed of ten county officials and one ex-officio representative of the Secretary of the California Health and Human Services Agency, is authorized to set overall program and fiscal policy for CMSP. This law also authorized the Governing Board to contract with DHS or an alternative contractor to administer the program. Between April 1995 and September 2005, the Governing Board contracted with DHS to administer CMSP. Beginning October 1, 2005, Anthem Blue Cross Life & Health (Anthem) assumed administrative responsibility for CMSP medical, dental, and vision benefits. MedImpact Healthcare Systems, Inc. (MedImpact) assumed administrative responsibility for CMSP pharmacy benefits beginning April 1, 2003.

Thirty-four counties throughout California participate in CMSP: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, and Yuba.

CMSP is funded exclusively by participating counties through county contributions from Program Realignment (motor vehicle license fee and sales tax revenue), county general-purpose revenue, and Program Realignment revenue received by the CMSP Governing Board. The approved budget for FY 2009-10 assumes expenditures of \$318,883,965 which are funded by revenues of \$255,640,532 and an appropriation from the CMSP Reserve of \$63,243,433.

CMSP members are medically indigent adults, ages 21 through 64, who meet all of CMSP's eligibility criteria and are not eligible for Medi-Cal. Enrollment in CMSP is handled by county welfare departments located in the 34 participating counties. All CMSP members must be residents of a CMSP county and their incomes must be less than or equal to 200% of the Federal Poverty Level (based on net nonexempt income). Depending on individual circumstances, CMSP members may have a share-of-cost (SOC). Enrollment terms for CMSP members vary. CMSP members that do not have a SOC have a 6-month enrollment term. CMSP members that have a SOC have a 3-month enrollment term; beginning July 1, 2010 the term for these members will be extended to 6 months. CMSP members that are undocumented have a 2-month enrollment term. At the end of the enrollment term, CMSP members must reapply for CMSP to continue eligibility for benefits.

For all CMSP members *except* undocumented members, CMSP provides coverage for medically necessary inpatient, outpatient, vision, dental, and prescription drug services based upon a defined benefit package that is determined by the Governing Board. For undocumented CMSP members, CMSP provides coverage for medically necessary emergency care services only, including prescription drug services.

B. Concurrent CMSP Efforts

Over the years, the Governing Board has initiated various pilot projects aimed at improving the overall health of CMSP members and strengthening the infrastructure for delivery of quality and efficient health care services in rural California. To that end, Anthem employs a team of Registered Nurses and Social Workers to engage CMSP members in "telephonic" care management. Anthem Care Managers contact CMSP members to set specific goals. Further, Anthem assists the Governing Board in identifying CMSP members with health conditions that are potentially disabling. The Governing Board, in turn, works with the county welfare departments to initiate applications for State Disability for these members.

In March 2008, the Governing Board began a three-year CMSP Behavioral Health Pilot Project to test the effectiveness of primary care driven, enhanced mental health and substance abuse treatment services for selected CMSP members with mental health and/or substance abuse treatment needs. Fourteen awards were granted following a competitive Request for Proposal process. The Lewin Group has been hired to evaluate findings from the Pilot Project.

II. ABOUT THE CMSP LOCAL HEALTH CONNECTIONS PILOT PROJECT

The Governing Board seeks to test the effectiveness of providing local-level services and support to designated CMSP enrollees and likely CMSP enrollees that have complex medical and/or social conditions. The goal of the project is to promote timely delivery of necessary medical and support services to the target population, improve health outcomes for the target population, link the target population to other resources and support, and improve the overall cost-effectiveness of expenditures made on behalf of the target population in comparison with expenditures made on similar CMSP enrollees that do not participate in the pilot project.

A. Pilot Project Tracks and Funding Rounds

The pilot project will be implemented through two (2) separate project tracks and two (2) separate project funding rounds.

1. Pilot Project Tracks

- A. Track One – Planning Grants: Grants shall be available to applicants with demonstrated capacity to bring local stakeholders together and the desire to develop an Implementation Plan in support of the target population, goals, and objectives of the CMSP Local Health Connections Pilot Project.
- B. Track Two – Implementation Grants: Grants shall be available to support concrete, defined implementation plans that address the goals and objectives of the CMSP Local Health Connections Pilot Project and needs of the target populations. Applicants with demonstrated experience bringing local stakeholders together and demonstrated experience in one or more of the following areas may apply: care management; continuity of care planning; service linkage promotion or integration; disease management; and, disability advocacy or outreach.

2. Pilot Project Funding Rounds

A. Funding Round 1:

- 1. Track One – Planning Grants of up to \$40,000 per project (or up to \$60,000 if the project serves more than one CMSP county) shall be made available to selected applicants on a one-time basis. **Planning efforts are expected to last no more than six (6) months and produce a final plan document.** See Section III A below for description of applicant requirements.
- 2. Track Two – Implementation Grants of up to \$150,000 per year per project (or up to \$250,000 per year if the project serves more than one CMSP county) shall be made available to selected applicants. **Grants shall be made available for up to 3 years.** See Section III B below for description of applicant requirements.

B. Funding Round 2:

- 1. Track One – Planning Grants will NOT be awarded in Round 2.
- 2. Track Two – Implementation Grants of up to \$150,000 per year per project (or up to \$250,000 per year if the project will serve more than one CMSP county) shall be made available to selected applicants. **Grants shall be made available for up to 2 years.** Applicants that received a Planning Grant and any other applicants shall be eligible to apply for an

Implementation Grant in Round 2. See Section III B below for description of applicant requirements.

B. Target Populations

The target population for local-level efforts shall focus on one or more of the following groups of CMSP enrollees or likely CMSP enrollees within one or more CMSP counties:

- 1) CMSP enrollees¹ with complex health conditions that are receiving inpatient hospital care or have been recently discharged from inpatient hospital care;
- 2) Uninsured, but likely CMSP enrollees², receiving inpatient hospital care;
- 3) CMSP enrollees with complex conditions who have housing or transportation challenges that impede their ability to obtain necessary medical care;
- 4) CMSP enrollees referred for disability who “fail to cooperate” in completing the disability application process at the county or the disability determination process at the State-level.

Within the target populations outlined above, pilot project efforts may further narrow the focus of their efforts to one or more of the following sub-groups within the target populations:

- 1) Homeless adults;
- 2) Adults with chronic disease; and/or
- 3) Adults in need of pain management support.

C. Five Required Components for CMSP Local Health Connections Pilot Projects

All Implementation Grant Projects shall incorporate the five (5) required components, which are further described below. However, one or more of these components may play a more significant role depending on the needs of the project’s target population(s).

Component 1: Local-level Care Management

Implementation Grant Projects shall have data system capacity that is sufficient to comprehensively document and track the services provided to Pilot Project participants and provide a mechanism that assures timely and appropriate identification and management of cases identified by both the Pilot Project Site and the Governing Board.

¹ CMSP enrollees are defined as individuals enrolled in CMSP and presenting with a valid CMSP aid code of 84, 85, 88, 89, 50 or 8F/53. CMSP enrollees may or may not have a SOC depending on their individual income circumstances.

² For the purposes of the pilot, *likely* CMSP enrollees are defined as individuals receiving inpatient hospital care and meeting the following, high-level screening criteria: A) Between the ages of 21 and 64 years old, B) Resident in a CMSP-participating county, C) Not pregnant, blind, or disabled, and D) Not otherwise enrolled in an another publically-sponsored program such as Medi-Cal and Medicare or private insurance such as Blue Shield, Health Net, Kaiser, etc.

Care management interventions shall be tailored to meet individual member's needs, respecting the role of the member to be a decision maker in the care planning process. Interventions shall be designed to best serve the member, improve quality and cost effectiveness, ensure coordination of care, and not duplicate other services.³ Projects shall have the capacity to meet with CMSP members or likely CMSP enrollees in community locations such as at physicians' offices, hospitals, county social services departments, homeless shelters, or members' homes (as appropriate). In addition, projects shall participate in telephonic case conferences with Anthem Care Management representatives on specific CMSP member issues and provide reports back to the Governing Board.

Planning Grant Projects shall develop a plan that addresses all of the requirements described above.

Component 2: Continuity of Care

Implementation Grant Projects shall provide evidence of current leadership in existing county-wide or regional initiatives that facilitate linkages across the continuum of care, specifically inpatient care to appropriate outpatient care, such as specialty care, primary care, prescription medical support, home health, hospice, long-term care, mental health treatment, substance abuse treatment, and durable medical equipment. Implementation Projects should provide evidence of demonstrated experience promoting safe, effective hospital discharges for patients and reducing hospital readmissions.

Planning Grant Projects shall develop a plan that addresses all of the requirements described above.

Component 3: Linkages to Enabling Services

Implementation Grant Projects shall assist engaged CMSP members or likely CMSP enrollees in obtaining nutritional support, housing, transportation, legal assistance, and income assistance either directly or through referrals. Projects shall have developed or provide a plan for developing an effective working relationship with the county welfare department(s) in their service area to help facilitate applications and reapplications to CMSP and Medi-Cal (when appropriate).

Planning Grant Projects shall develop a plan that addresses all of the requirements described above.

Component 4: Disease Management

Implementation Grant Projects shall incorporate disease management strategies to halt or decrease the severity of the condition of the CMSP member or likely CMSP enrollee. Such strategies may emphasize symptom management, medication compliance, adherence to treatment plans, and lifestyle changes.

³ Adapted from: Center for Health Care Strategies, Inc.'s Care Management Definition and Framework

Planning Grant Projects shall develop a plan that addresses all of the requirements described above.

Component 5: Disability Advocacy and Outreach

Implementation Grant Projects should have the ability to assist or guide CMSP members or likely CMSP enrollees through either Federal or State Disability application processes, as appropriate. In addition, projects should have the ability to follow up on cases identified by CMSP where CMSP members have failed to cooperate with the disability application process at the county-level or the disability determination process at the State-level. Projects will be expected to conference with the CMSP Disability Referral Program and county welfare departments on specific member issues and provide a report back to both parties.

Planning Grant Projects shall develop a plan that addresses all of the requirements described above.

III. ELIGIBLE PILOT PROJECT APPLICANTS

A. Planning Grant Projects: Lead Agency Applicant and Project Partner Requirements

Planning efforts must be focused within one or more counties that participate in CMSP. The lead agency applicant must be either a county or a not-for-profit organization and must have the demonstrated capacity to bring together varied stakeholders within the county or region. The lead agency and all key planning project partners must be in good standing with the Governing Board. Planning Grant Projects must have the support, as demonstrated by Letters of Commitment, from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or physician group. In addition, Planning Grant Projects must have the demonstrated support, as demonstrated by Letters of Commitment, from at least two of the following county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, and Drug and Alcohol Services. Through the planning process, the lead agency shall make efforts to establish relationships and garner the support of additional community resources.

B. Implementation Grant Projects: Lead Agency Applicant and Project Partner Requirements

Implementation efforts must be focused within one or more counties that participate in CMSP. The lead agency applicant must be either a county or a not-for-profit organization and must have the demonstrated experience and capacity working with the CMSP or likely CMSP membership. In addition, the lead agency applicant must have the organizational capacity to support the desired components of CMSP Local Health Connections Pilot Project implementation plans as described in this RFP. The lead

agency and all key Implementation Project partners must be in good standing with the Governing Board. Implementation Grant Projects must have the support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or physician group. In addition, Implementation Grant projects must have the demonstrated support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, of at least two of the following county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, and Drug and Alcohol Services. Finally, the lead agency applicant should have the support of other local providers of safety-net services, such as nutritional support (food bank, soup kitchen, in-home meal delivery service), housing (temporary shelter or transitional housing provider), transportation (public transportation, Non-Emergency Medical Transportation, or volunteer group), legal assistance, and income assistance as demonstrated by either Letters of Commitment or Memorandums of Understanding.

IV. PILOT PROJECT TIMELINE

The following are the anticipated timelines for the pilot project:

Round 1 Timeline

Jan. 8, 2010	Round 1 Request for Proposals (RFP) Released
Jan. 20, 2010	RFP Assistance Teleconference
Jan. 26, 2010	Round 1 Letter of Intent (LOI) & Request for Data Due
Mar.5, 2010	Round 1 Applications Due
Apr. 22, 2010	Round 1 Applications Reviewed and Approved
Apr. 29, 2010	Round 1 Planning & Implementation Grant Awards Announced Via Letter
Summer 2010	Web-Based Training/Orientation for Round 1 Projects
July 1, 2010	Planning Phase Projects Begin
July 1, 2010	Round 1 Implementation Projects Begin
Dec. 31, 2010	Planning Phase Projects End
Jan. 28, 2011	Planning Phase Final Report due to CMSP

Round 2 Timeline (pending final determination)

Dec. 17, 2010	Round 2 Request for Proposals (RFP) Released
Jan. 21, 2011	Round 2 Letter of Intent (LOI) Due
Feb. 28, 2011	Round 2 Applications Due
Apr. 28, 2011	Round 2 Applications Reviewed and Approved
May 5, 2011	Round 2 Planning & Implementation Grant Awards Announced Via Letter
Summer, 2011	Web-based Training/Orientation for Round 2 Projects
July 1, 2011	Round 2 Implementation Projects Begin
Fall 2011	Implementation Projects Conference in Sacramento, CA
Fall 2012	Implementation Projects Conference in Sacramento, CA
June 30, 2013	End of Round 1 & Round 2 Pilots Projects
July 31, 2013	Final Pilot Project Reports Due

V. ALLOCATION METHODOLOGY

The Governing Board, within its sole discretion, may fund awards for Planning Grants and Implementation Grants in Round 1 of funding. The Governing Board, within its sole discretion, may fund awards for Implementation Grants only in Round 2 of funding. Total grant awards by the Governing Board may equal up to \$4.0 million over the three-year period.

Planning Grants

One-time awards up to \$40,000 per project (or up to \$60,000 if the project serves more than one CMSP county) shall be made for Planning Grants. Awardees are required to provide in-kind and/or matching funds in the amount of no less than twenty percent (20%) of the Planning Grant amount. In-kind and/or matching funds may be provided solely by the lead applicant or through a combination of funding sources. No pilot projects funds shall be used for administrative and/or overhead costs not directly attributed to the project. Administrative and/or overhead expenses shall equal no more than 15% of the total pilot project expenditures. Planning efforts are expected to last no more than six (6) months and produce a final plan document.

Implementation Grants

Awards up to \$150,000 per year per project (or up to \$250,000 per year if the project serves more than one CMSP county) shall be made for Implementation grants). Grants shall be provided for up to three (3) years if funded through Round 1. Grants shall be provided for up to two (2) years if funded through Round 2. Grant awardees shall be required to provide in-kind and/or matching funds in the amount of no less than twenty percent (20%) of the Implementation Grant amount per year. In-kind and/or matching funds may be provided solely by the lead applicant or through a combination of funding sources. No pilot projects funds shall be used for administrative and/or overhead costs not directly attributed to the project. Administrative and/or overhead expenses shall equal no more than 15% of the total pilot project expenditures. In addition, Implementation Grant Projects shall be required to budget for evaluation expenses (such as time spent performing data collection, analyzing data, or preparing reports) in an amount equal to a minimum of 10% of total pilot project expenditures.

VI. AWARD METHODOLOGY

The Governing Board shall have sole discretion on whether to award a pilot project. Pilot project sites shall be selected on a competitive basis based upon responses to this RFP and approval from the Governing Board.

Planning Grant applications will be reviewed and scored based upon the following criteria:

- 1) Project Narrative (80% in total)

- Statement of Need (5%)
 - Target Population (5%)
 - Proposed Project/ Approach (20%)
 - Capacity (20%)
 - Organization and Staffing (15%)
 - Project Implementation (15%)
- 2) Budget (10%)
 - 3) Letters of Commitment/ Support (10%)

Implementation Grant applications will be reviewed and scored based upon the following criteria:

- 1) Project Narrative (65% in total)
 - Statement of Need (5%)
 - Target Population (5%)
 - Proposed Project/ Approach (15%)
 - Capacity (15%)
 - Organization and Staffing (10%)
 - Project Implementation (15%)
- 2) Budget (15%)
- 3) Logic Model (5%)
- 4) Proposed Evaluation Method (10%)
- 5) Letters of Commitment/ Support (5%)

VII. APPLICATION ASSISTANCE

A. RFP Assistance Teleconference Information

To assist potential applicants, a RFP assistance teleconference will be held on January 20, 2010, from 1:30 pm to 3:30 pm PST. The call can be accessed by dialing 1-888-296-6500 and the pass code to enter is 738196. Potential applicants are encouraged to call with questions regarding the pilot project and with specific questions regarding the application process.

B. Frequently Asked Questions (FAQ)

From time to time, responses to frequently asked questions will be posted on the Governing Board's website at www.cmsspcounties.org/about/grant_projects.html.

C. CMSP Data Reports

County-level CMSP data detailing member demographics and utilization patterns are available for review on the Governing Board's website at <http://www.cmsspcounties.org/data/data.html>. In addition, project applicants may request selected data from the Governing Board, subject to availability and confidentiality limitations, by completing and submitting the data request form available as Attachment

D by no later than January 26, 2010. CMSP will make all attempts to supply additional data to applicants by no later than February 12, 2010.

D. Letter of Intent (LOI)

The Governing Board requests that all likely grant applicants submit a Letter of Intent (LOI) to the Board. While the LOI is not required, receipt of an LOI from all likely applicants will assist the Governing Board in planning for application review and related processing. Please submit the LOI no later than January 26, 2010, by 5:00 p.m. PST. In the LOI, likely applicants should state whether they intend to apply for a Planning Grant or an Implementation Grant. The LOI may be submitted by e-mail or fax to the addresses listed below:

Via E-Mail: CMSP Governing Board
RE: LOI
akellen@cmspcounties.org

Via Fax: CMSP Governing Board
RE: LOI
FAX: (916) 848-3349

E. Pilot Project Contact Information

Please direct any questions regarding the RFP to:

Alison Kellen, Program Manager
CMSP Governing Board
1451 River Park Drive, Suite 222
Sacramento, CA 95815
(916) 649-2631 ext. 19
akellen@cmspcounties.org

VIII. PLANNING GRANT PROPOSAL FORMAT AND REQUIREMENTS

This section only applies to applicants applying for a Planning Grant. Applicants that wish to apply for an Implementation Grant should proceed to Section IX for the Implementation Grant proposal format and requirement instructions.

A. Application Cover Sheet

Using the form provided, please include identification of the type of project being requested (Planning Grant), the applicant name(s), address, telephone, and e-mail contact information. The application cover sheet is available for download at the Governing Board's website at www.cmspcounties.org/about/grant_projects.html.

B. Project Summary (no longer than 1 page)

Describe the proposed project concisely, including its goals, objectives, overall approach (including key partnerships), anticipated outcomes, and deliverables.

C. Planning Grant Project Narrative (no longer than 10 pages)

1. *Clear Statement of Problem or Need Within Community.*

All planning projects should focus on identified needs of one or more of the designated CMSP target populations within the community. Through the planning process, it is expected that planning projects may further define or refine the target population for an Implementation Grant Project. Please provide a description of the proposed target population and what questions the project hopes to answer about the target population through the planning process. Projects should address one or more of the target populations described in Section II B. Please also include background information relating to the proposed county or counties to be served, geographical location, unique features of the community, or other pertinent information that helps shape the problem or need within the community. Applicants should use county-level data and other relevant data regarding the CMSP population to demonstrate need.

2. *Local Health Care Delivery System Landscape.*

Describe how medical care is delivered within the proposed county or counties. Please include background information relating to the delivery of primary care, specialty care, and inpatient hospital care. Identify the main sources of care for the target population, strengths in the health care delivery system, and existing or foreseen challenges in the health care delivery system. Describe the lead agency and all key planning project partners' roles within the health care delivery system. Identify additional organizations and/or agencies with which the lead agency wishes to establish relationships with through the Planning process.

3. Description of Capacity and Experience of the Applicant Organization and Key Partners in Serving the Needs of Similar Target Populations and Programs.

Provide a summary of current and/or prior efforts to address the needs of the target population. Additionally, applicants should provide background on their or the key partners' experience providing any or all of the following five components listed below for the target population or other populations. For components where the applicant needs to develop capacity, please discuss what current barriers or deficits exist (e.g. staffing, collaboration, budgets) and what needs to be overcome in order to achieve capacity. Applicants shall address all five components in their response.

- Component 1: Local-level Care Management
- Component 2: Continuity of Care
- Component 3: Linkages to Enabling Services
- Component 4: Disease Management
- Component 5: Disability Advocacy and Outreach

4. Description of Proposed Project.

Discuss the proposed activities to be performed in the planning project. This section should be used to carefully describe activities (e.g. meeting with key partners, development of a local-level care management plan, development of a continuity of care plan, etc.) necessary for your site to effectively complete the planning process.

5. Organization and Staffing.

This section should describe and demonstrate organizational capability to bring local stakeholders together and the desire to develop an Implementation Plan in support of the target population, goals, and objectives of the CMSP Local Health Connections Pilot Project. In addition this section should clearly delineate the roles and responsibilities of the applicant organization(s) and key partners and include the following:

- An organizational chart and description of organizational structure, lines of supervision, and management oversight for the proposed project, including oversight and evaluation of consultants and contractors;
- Identification of a project manager with day-to-day responsibility for key tasks such as leadership, monitoring ongoing progress, preparing project reports, and communicating with other partners; and,
- The roles, qualifications, expertise, and auspices of key personnel.

6. Implementation Work Plan.

This section should include a Planning Project Work Plan and timetable for completion of planning activities.

D. Budget and Budget Narrative

Complete the Detail & Summary Budget Templates (Attachment B) and provide a brief (no more than 2 pages) budget narrative detailing all expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding. Describe all administrative costs and efforts to minimize use of pilot projects funds for administrative and overhead expenses. No pilot projects funds shall be used for administrative and/or overhead costs not directly attributed to the project. Administrative and/or overhead expenses shall equal no more than 15% of the total pilot project expenditures.

The Budget Templates are available as an Excel spreadsheet for download at www.cmospcounties.org/about/grant_projects.html.

Training and orientation for the selected pilot project sites (slated for Summer 2010) will be performed via teleconference and webinars, eliminating the need to budget for travel for this training.

Please note, prior to contracting, the approved applicants shall be required to submit selected financial statements that demonstrate the financial stability of the applicant. This information shall be limited to the most recent:

- Audited & Current Balance Sheet
- Audited & Current Income Statement
- Audited Statement of Cash Flows

E. Letters of Commitment

Letters of Commitment will be utilized in scoring. Planning Grant Projects must have the support, as demonstrated by Letters of Commitment, from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or physician group. In addition, Planning Grant Projects must have the demonstrated support, as demonstrated by Letters of Commitment, from at least two of the following county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, and Drug and Alcohol Services. Planning Projects serving more than one CMSP county will need to obtain the minimum of two Letters of Commitment from county agency or departments *within each county* to be served. Letters of Commitment or support from other interested agencies and stakeholders may also be provided. All Letters of Commitment or support must be submitted as a part of the application. Any letters submitted outside of the application will **not** be considered in scoring the application.

IX. IMPLEMENTATION GRANT PROPOSAL FORMAT AND REQUIREMENTS

This section only applies to applicants applying for an Implementation Grant. Applicants that wish to apply for a Planning Grant should follow the Planning Grant proposal format and requirement instructions provided in Section VIII.

A. Application Cover Sheet

Using the form provided, please include identification of the type of project being requested (Implementation Grant), the applicant name(s), address, telephone, and e-mail contact information. The application cover sheet is available for download at the Governing Board's website at www.cmspcounties.org/about/grant_projects.html.

B. Project Summary (no longer than 2 pages)

Describe the proposed project concisely, including its goals, objectives, overall approach (including target population and key partnerships), anticipated outcomes, and deliverables.

C. Implementation Grant Project Narrative (no longer than 15 pages)

1. Clear Statement of Problem or Need Within Community.

All Implementation Projects should be based upon identified needs of one or more of the CMSP target populations (as described in Section II B) within the community. Please describe the target population to be served in your proposed project. Define the characteristics of the target population and discuss how the proposed project will identify members of the target population. Provide an estimate of the total number of clients that will be served through each year of the Implementation Grant. Include background information relating to the proposed county or counties to be served, geographical location, unique features of the community, or other pertinent information that helps shape the problem or need within the community. Applicants should use county-level data and other relevant data regarding the CMSP population to demonstrate need.

2. Local Health Care Delivery System Landscape.

Describe how medical care is delivered within the proposed county or counties. Please include background information relating to the delivery of primary care, specialty care, and inpatient hospital care. Identify the main sources of care for the target population, strengths in the health care delivery system, and existing or foreseen challenges in the health care delivery system. Describe the lead agency and all key planning project partners' roles within the health care delivery system.

3. Description of Capacity and Experience of the Applicant Organization and Key Partners in Serving the Needs of Similar Target Populations and Programs.

Provide a summary of current and/or prior efforts to address the needs of the target population. Additionally, applicants should provide background on their or the key partners' experience providing any or all of the following five components for the target or other populations.

- Component 1: Local-level Care Management
- Component 2: Continuity of Care
- Component 3: Linkages to Enabling Services
- Component 4: Disease Management
- Component 5: Disability Advocacy and Outreach

4. Description of Proposed Project.

Discuss the proposed activities to be performed in the project. Implementation Projects must include activities and functions designed to address all five required components described in Section II C. All activities discussed should correspond with the items listed in the logic model (see Section IX D below) and the Implementation Work Plan.

5. Organization and Staffing.

This section should describe and demonstrate organizational capability to implement, operate, and fully participate in the evaluation of the proposed project. In addition, information provided should clearly delineate the roles and responsibilities of the applicant organization(s) and key partners and include the following:

- An organizational chart and description of organizational structure, lines of supervision, and management oversight for the proposed project, including oversight and evaluation of consultants and contractors;
- Identification of a project manager with day-to-day responsibility for key tasks such as leadership, monitoring ongoing progress, preparing project reports, and communicating with other partners; and,
- The roles, qualifications, expertise, and auspices of key personnel.

6. Implementation Work Plan.

This section should include a Project Implementation Work Plan and timetable for completion of implementation activities.

D. Logic Model

All applicants are required to submit a logic model. A logic model is a series of statements linking target population conditions/circumstances with the service strategies that will be used to address the conditions/circumstances, and the anticipated outcomes. Logic models provide a framework through which both program and evaluation staff can view the relationship between conditions, services and outcomes. A brief guide on designing logic models is found in Attachment C. All logic models

should include a description of the 1) target population; 2) program theory; 3) activities; 4) outcomes; and 5) impacts.

E. Proposed Evaluation Methodology (no longer than 5 pages)

All pilot projects will be subject to external evaluation by an evaluation contractor hired by the Governing Board. To facilitate consideration of pilot project input on the evaluation design and to further inform the Governing Board of the project's expected strategy for providing evidence of the effectiveness of the pilot project, outline and describe the specific programmatic, clinical and financial metrics that should be used to evaluate the effectiveness of the pilot project. Identify the data sources to be used and the frequency of data submission, and provide a brief written assessment of the relative availability and reliability of the data sources. Additionally, identify any barriers to data collection or the evaluation that could impede a determination of the effectiveness of the pilot project. Finally, the project should describe how the project will comply with federal and state laws requiring confidentiality of protected health information.

F. Budget and Budget Narrative

Complete the Detail & Summary Budget Templates (Attachment B) and provide a brief (no more than 2 pages) budget narrative detailing all expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding.

The Budget Templates are available as an Excel spreadsheet for download at www.cmspcounties.org/about/grant_projects.html.

As part of the budget narrative, describe the historical and current volume of patient care provided by the applicant and the mix of funding sources to pay for those services. In the budget narrative, describe all administrative costs and efforts to minimize use of pilot projects funds for administrative and overhead expenses. No pilot projects funds shall be used for administrative and/or overhead costs not directly attributed to the project. Administrative and/or overhead expenses shall equal no more than 15% of the total pilot project expenditures.

Implementation Projects shall be required to budget for evaluation related activities in an amount equal to a minimum of 10% of total pilot project expenditures. Projects will be required to work with CMSP's evaluation contractor (see Section XI below). Evaluation related activities shall include tasks such as data collection, data cleaning, and data analysis.

Implementation Projects shall be required to budget travel and accommodation expenses for at least one project representative to attend two, 2-day out-of-town meetings in Sacramento (slated for Fall 2011 and Fall 2012). Training and orientation for the selected pilot project sites (slated for Summer 2010) will be performed via teleconference and webinars, eliminating the need to budget for travel for this first training session.

Please note, prior to contracting, the approved applicants will be required to submit selected financial statements that demonstrate the financial stability of the applicant. This information shall be limited to the most recent:

- Audited & Current Balance Sheet
- Audited & Current Income Statement
- Audited Statement of Cash Flows

G. Letters of Commitment or Memorandums of Understanding

Letters of Commitment are required from all key partners and will be utilized in scoring. Letters should detail the key partner's understanding of the proposed project and their organizations' role in supporting or providing direct services. Implementation Grant Projects must have the support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or physician group. In addition, Implementation Grant Projects must have the demonstrated support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, of at least two of the following county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, and Drug and Alcohol Services. Implementation Grant Projects serving more than one CMSP county will need to obtain the minimum of two Letters of Commitment or Memorandum of Understanding from county agency or departments *within each county* to be served. Finally, the lead agency applicant should have the support of other local providers of safety-net services. Letters of Commitment or support from other interested agencies and stakeholders may also be provided. All letters of commitment or support must be submitted as a part of the application. Any letters submitted outside of the application will **not** be considered in scoring the application.

X. APPLICATION INSTRUCTIONS

This section applies to both Planning and Implementation Grant Applications

A. All Planning and Implementation Grant applications must be complete at the time of submission and must follow the required format and use the forms and examples provided:

1. The type font must be Arial, size 12 point.
2. Text must appear on a single side of the page only.
3. Assemble the application in the order and within the page number limits listed with the Proposal Format & Requirements sections.
4. Clearly paginate each page.

B. Applications transmitted by facsimile (fax) or e-mail will not be accepted;

C. The application shall be signed by a person with the authority to legally obligate the applicant;

D. Provide one original hard-copy pilot project application clearly marked original, and seven (7) hard-copies;

E. Provide an electronic copy (CD or diskette) of the following components of the application: 1) Project Summary (as a Word Document), 2) Project Narrative (as a Word Document), and 3) Budget (as an Excel Document). In addition, Implementation Grant Applicants shall also include: 4) Logic Model and 5) Proposed Evaluation Methodology.

F. Do not provide any materials that are not requested as the materials will not be considered by reviewers;

G. Folders and binders are not necessary or desired; please securely staple or clip the application in the upper left corner, and;

H. Applications must be received in the office no later than 5:00 p.m. PST on March 5, 2010:

CMSP Governing Board
ATT: RFP Response
1451 River Park Drive, Suite 222
Sacramento, CA 95815

XI. DATA REPORTING REQUIREMENTS, EVALUATION, & GRANT FUNDED DELIVERABLES

Planning Grant Projects shall not be subject to external evaluation but shall be required to submit a final plan document that: 1) Documents the planning process, 2) Highlights the project's key accomplishments; 3) Identifies challenges and barriers encountered during the planning process; 4) Describes what the pilot project has learned about the target population; 5) Thoroughly describes the pilot project's future activities following the planning process; and, 6) Provides the framework for an Implementation Grant proposal if one is expected to be developed for a Round 2 Implementation Grant proposal submission.

Implementation Grant Projects shall be subject to external evaluation by a contractor hired by the Governing Board. Determination of the evaluation design, contractor and pilot project data reporting and related administrative requirements shall be determined following a review of pilot project submissions and a determination of Pilot Project grantees. Prior to execution of grant awards, Pilot Project grantees shall be advised of all data reporting and evaluation requirements and such requirements shall be incorporated into the grant agreement with the Governing Board.