
NEONATAL ABSTINENCE SYNDROME (NAS) INVESTMENT PROGRAM



Version: One

Issue Date: March 2, 2016

Funding Opportunity: Neonatal Abstinence
Syndrome (NAS) Investment Program

Funding Opportunity Number: HPC-NAS-001

Authority: Account 1599-1450 of the FY2016 General
Appropriation Act (GAA); M.G.L. c. 29, §2G GGG; 958 CMR 5.00

OVERVIEW INFORMATION

Issuing Agency: Health Policy Commission

Funding Opportunity Title: Neonatal Abstinence Syndrome (NAS) Investment Opportunity

Announcement Draft: Version 1

Funding Opportunity Number: HPC-NAS-001

Authority: Item 1599-1450 of Chapter 46 of the Acts of 2015;
M.G.L. c. 29, §2GGGG; 958 CMR 5.00

KEY DATES

Date of Issue: March 2, 2016

Eligible Applicants Information Sessions: March 16, 2016 & March 25, 2016

Applications Due: May 13, 2016, by 3:00 PM EDT

Anticipated Awardee Announcements: July 2016

Anticipated Contract Execution: October 2016

Anticipated Period of Performance Category A: October 2016 to December 2017

Anticipated Period of Performance Category B: October 2016 to December 2018

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- Exhibit 1: Driver Diagram Template
- Exhibit 2: Performance Measures Template
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- Exhibit 1: Commonwealth Terms and Conditions
- Exhibit 2: Commonwealth Standard Contract Form and Instructions
- Exhibit 3: Contractor Authorized Signatory Form
- Exhibit 4: HPC Confidentiality and Non-Disclosure Agreement

Section I. Purpose

The Massachusetts Health Policy Commission (HPC) is issuing this Request for Proposals (RFP) to solicit responses from eligible Birthing Hospitals in Massachusetts to develop and/or enhance programs designed to enhance and/or improve care for infants with Neonatal Abstinence Syndrome (NAS) and for women in treatment for Opioid Use Disorder during and after pregnancy. The goals of this Investment Opportunity are to:

- 1) Increase treatment supports for Opioid Use Disorder for women during pregnancy, including engagement of social and community supports and integration of behavioral and physical health care services
- 2) Test a fully integrated model of postnatal supports for families with substance exposed newborns, integrating obstetrics and gynecology, pediatrics, behavioral health, social work, early intervention providers, and social service providers to provide full family care in the hospital and after discharge
- 3) Demonstrate that cost-savings and quality improvement are achievable together through an integrated delivery model to care for infants with NAS and their full family unit

The HPC is making up to \$3,500,000 available to eligible Birthing Hospitals through a competitive process: \$500,000 pursuant to item 1599-1450 of Chapter 46 of the Acts of 2015 and \$3,000,000 pursuant to M.G.L. c. 29, §2G GGG; 958 CMR 5.00 from the Distressed Hospital Trust Fund (for Applicants eligible for the CHART Investment Program).

Eligibility

There are two categories of Massachusetts Acute Hospitals licensed to provide Maternal and Newborn Services (“Birthing Hospitals”)¹ eligible to apply for funding through this RFP:

a. Category A: non-CHART Birthing Hospitals

Category A funding of up to \$500,000 is being made available to one or two Birthing Hospitals that are not eligible to receive funding through the Community Hospital Acceleration, Revitalization and Transformation (CHART) Investment Program.²

An Applicant for Category A funding may request up to \$250,000 to support development and/or refinement of hospital inpatient quality improvement initiatives related to NAS (e.g., breast feeding, skin-to-skin contact, rooming in, NAS severity scoring protocol development, and training on these and other relevant topics).

b. Category B: CHART Birthing Hospitals

Category B funding of up to \$3,000,000 is being made available to up to three (3) Birthing Hospitals that are eligible to receive funding through the CHART Investment Program.

An Applicant for Category B funding may request up to \$1,000,000 to support three required activities:

¹ Capitalized terms are defined in Section IX .

² A list of Applicants eligible for the CHART Investment Program is available in Section VIII of this RFP.

- 1) Development and/or refinement of hospital inpatient quality improvement initiatives related to NAS (e.g., breast feeding, skin-to-skin contact, rooming in, NAS severity scoring protocol development, and training on these and other relevant topics);
- 2) Increased use of evidence-based medication-assisted treatment (MAT) for pregnant women with Opioid Use Disorders and for a minimum of six months postpartum; and
- 3) Increase the number of buprenorphine-waivered obstetrician/gynecologists (OB/GYNs) and primary care providers (PCPs) affiliated with the Applicant Birthing Hospital.

NAS Investment Opportunity In Brief

Purpose: To test promising interventions to reduce health care spending and improve quality of care for newborns with neonatal abstinence syndrome (NAS) and their mothers.

Eligibility: All Birthing Hospitals, with separate tracks for CHART hospitals and non-CHART hospitals.

Category A Award (non-CHART hospitals): Up to two Awards of up to \$250,000 each for 15 months, including 3 month preparation period

Category B Award (CHART hospitals): Up to three Awards of up to \$1,000,000 each for 27 months, including 3 month preparation period

Section II. NAS Investment Opportunity Description

A. Background

The HPC was established in 2012 through the Commonwealth's landmark health care cost containment law, Chapter 224: "An Act Improving the Quality of Health Care and Reducing Costs through Increased Transparency, Efficiency and Innovation." The HPC is an independent state agency responsible for reducing overall cost growth, improving access to high quality, accountable care and reforming the way health care is delivered and paid for in Massachusetts.

The HPC is charged with facilitating lower costs and better, more efficient and innovative care, by: 1) monitoring health care cost growth in the Commonwealth and drivers thereof, 2) evaluating the impacts of substantial changes to the Massachusetts health care market on cost, quality, market function, and access, 3) evaluating and fostering model payment system reforms, 4) engaging in patient protection activities, and 5) driving care delivery reforms through key investment programs and the development of voluntary model certification programs for patient centered medical homes (PCMHs) and accountable care organizations (ACOs).

NAS is a generalized multisystem disorder that produces a group of similar behavioral and physiological symptoms present at the neonate's birth that results from abrupt discontinuation of licit or illicit substances used by the mother during pregnancy, including opioids.

The overall cost of care for a typical newborn with NAS is approximately \$159,000-\$238,000 greater than that of a healthy newborn.³ These higher costs are attributed, in large part, to the number of days neonates with NAS spend in Neonatal Intensive Care Units (NICUs), as well as a longer average Length of Stay (LOS).

Rates of NAS are increasing rapidly in Massachusetts. In 2009, the rate of NAS in the Commonwealth was triple the national average.⁴ In light of the dramatic growth in the incidence of NAS in Massachusetts, the HPC seeks to accelerate adoption of evidence-based interventions and emerging best practices to treat NAS. The HPC seeks to promote strategies that increase retention in addiction treatment for pregnant and postpartum women and also to increase the number of waived buprenorphine obstetricians and PCPs. Additionally, the HPC seeks to promote integration of Behavioral Health, physical health, and social services to meet the complex, multifaceted needs of patients.

B. NAS Investment Opportunity Requirements

1) Category A: Delivery-to-Discharge Initiative

Category A funding is being made available for up to two Birthing Hospitals that are not CHART-eligible to accelerate adoption of best practices for treatment of NAS in the hospital setting. The HPC seeks Proposals to develop, refine, and/or implement inpatient quality improvement initiatives with the goal of reducing the total cost of care for infants with NAS from delivery to discharge, while improving infant care, through the use of emerging and evidence-based NAS treatment interventions. Reductions in cost of care can be demonstrated by proxy measures such as reducing the intensity of the setting in which infants

³ Peltz & Anand, 2015 (JAMA) <http://www.ncbi.nlm.nih.gov/pubmed/26469386>

⁴ Gupta M and Picarillo A. Neonatal abstinence syndrome (NAS): improvement efforts in Massachusetts. neoQIC. January 2015. PowerPoint presentation.

with NAS are cared for (e.g., reducing use of NICUs, increasing use of community-based care, etc.), reducing inpatient length of stay (LOS) or similar measures that could lead to spending reductions. Proposals for Category A funding should clearly focus on implementation of strategies to treat NAS in the inpatient hospital setting from a neonate's delivery to discharge from the hospital and also on the use of best or promising practices for the treatment of NAS.

Examples of key program elements that an Applicant might propose for a Category A funded Proposal include the following:

- a. Increase use of non-pharmacological NAS treatments (e.g., breastfeeding, skin-to-skin contact, low-light exposure, swaddling, among others);
- b. Develop/enhance clinical protocols related to:
 - o tapering off pharmacological intervention;
 - o NAS severity scoring and staff training to improve inter-scorer reliability;
 - o step down from higher intensity care and/or rooming-in;
 - o coordinating care provided out of the NICU setting;
- c. Develop/enhance staff trainings (e.g., physicians, nurses, social workers, case managers, peer support staff) on evidence –based NAS treatments and best practices.

In addition, the following requirements must be met for a Category A funded Proposal:

- a. An Applicant must commit to allow and support OB/GYNs and PCPs affiliated with the Applicant Birthing Hospital to actively utilize MAT in their management of patients with Opioid Use Disorders, and must further commit to increasing the number of buprenorphine-waivered affiliated OB/GYNs and PCPs;
- b. An Applicant must commit to participate in evaluation, technical assistance, training, and collaborative activities, and to submit progress reports, as specified by the HPC; and
- c. An Applicant must identify an Investment Director who will manage this Award.

2) Category B: Delivery-to-Discharge Initiative PLUS Improved Adherence to Addiction Treatment and Improved Post-Discharge Community-based Care Initiative

Category B funding is being made available for up to three (3) CHART-eligible hospitals to propose a Delivery-to-Discharge Initiative that meets the requirements for Category A funding in **Section II.B.1** above. In addition, Category B funded Proposals must increase the identification of untreated pregnant women with Opioid Use Disorders and to expand their prenatal and postnatal access to and adherence to MAT. Category B funding will extend the Massachusetts Department of Public Health (MDPH) *Moms Do Care* program to up to three (3) additional Birthing Hospitals. The MDPH *Moms Do Care* program is funded by a three year Targeted Capacity Expansion grant awarded on August 1, 2015 by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)⁵, and is currently being implemented at Cape Cod Hospital and UMass Memorial Medical Center. The goals of the program include the coordination of integrated and trauma-informed prenatal and postnatal primary and Behavioral Health care; provision of peer support to recovering mothers receiving MAT; addressing custody issues; and increasing medical and Behavioral Health care service systems capacity to engage and retain pregnant and postpartum women in integrated MAT and holistic health and recovery services.

⁵ The SAMHSA funding announcement is available at www.samhsa.gov/grants/grant-announcements/ti-15-007.

The HPC and MDPH will work together to oversee implementation of Category B funded Initiatives, including evaluation, technical assistance, training and collaborative activities.

In addition to proposing a Delivery-to-Discharge Initiative that meets the requirements for Category A funding in **Section II.B.1** above, an Applicant for Category B funding must propose strategies to address each item listed in (a)-(j) below:

- a. Increase the identification of untreated pregnant women with an Opioid Use Disorder and expand their prenatal and postnatal access to and adherence to MAT;
- b. Deliver comprehensive, coordinated, integrated and trauma-informed prenatal and postnatal primary and Behavioral Health care to at least 50 pregnant women over the 27-month project period;
- c. Provide recovering mothers receiving MAT with individualized recovery services that support sustained recovery, choices about continuing medication, and wishes to maintain custody or contact with their children;
- d. Increase medical and Behavioral Health care service system capacity in order to engage and retain pregnant women in MAT and holistic health and recovery services;
- e. Establish/improve partnerships with organizations that will coordinate postnatal care for the mother and neonate (e.g., primary and pediatric care, Early Intervention (EI) services, continued MAT);
- f. Integrate peer recovery supports through the use of Peer Recovery Moms (prenatal and postnatal), including recruiting, training and integrating peer support staff;
- g. Integrate the Massachusetts Office-Based Opioid Treatment model for buprenorphine (OBOT-B).⁶
- h. Coordinate wrap around support services for mothers and neonates (e.g., transportation, childcare) prior to pregnancy and upon discharge;
- i. Provide supportive social and clinical services for mothers and neonates to begin effective transition back to community settings; and
- j. Improve coordination with Massachusetts Department of Children and Families (DCF) and other social service providers through early intervention.

In addition, the following requirements must be met for Category B funded Proposals:

- a. An Applicant must commit to engage in evaluation, technical assistance, training, and collaborative activities as specified and overseen by the HPC and the MDPH, and to submit progress reports as specified by the HPC.

⁶ In the Massachusetts OBOT-B model, specialized nursing services are provided to patients with Opioid Use Disorders within larger primary care practices using a Nurse Care Manager model. Following the *Moms Do Care* model, Category B Awards will include funding for Nurse Care Manager(s) to support buprenorphine prescribers working with pregnant women enrolled in the project. Nurse Care Managers will coordinate the care of pregnant women with Opioid Use Disorders enrolled in the project, including those who may choose or are already enrolled in a methadone treatment program. This multi-disciplinary team approach will establish local teams in the community that include hospital-based and/or community-based buprenorphine prescribers, Nurse Care Manager(s), methadone treatment providers, Behavioral Health care and case management staff, peer support staff, and a Massachusetts Department of Children and Families (DCF) case manager to assist patients in MAT engagement and to attain or retain recovery. In both the *Moms Do Care* and Category B funded projects, The OBOT-B model will be implemented within primary care sites specific to the needs of the program population of focus, with the training and technical assistance funded separately by the HPC and coordinated by MDPH.

- b. An Applicant must commit to participate in an evaluation of the funded Initiative by a third-party evaluator led by the MDPH and as required in the *Moms Do Care* grant.
- c. An Applicant must commit to enroll and provide prenatal, inpatient and post-discharge services to at least 50 women over the 27-month Period of Performance.
- d. An Applicant must commit to increasing the number of buprenorphine-waivered OB/GYNs and PCPs affiliated with the Applicant Birthing Hospital, and must further commit to support affiliated OB/GYNs and PCPs to actively utilize MAT in their management of patients with Opioid Use Disorders.
- e. An Applicant must commit to participating in training on trauma-informed care with representatives from all direct services in the Applicant Birthing Hospital.
- f. An Applicant must specify one or more Partner(s) to provide outpatient MAT services during pregnancy and after delivery. An Applicant also is encouraged to include one or more Partner(s) in the design or implementation of the Proposal, including but not limited to community-based health and Behavioral Health care service providers including substance use disorder, mental health, primary care, pediatric, and/or obstetric providers. Partners need not be funded through Awards pursuant to this RFP.
- g. An Applicant must identify an Investment Director who will manage the Award.

Section III: Award Information

A. Total Funding Available, Award Amount, Total Number of Awards

The HPC anticipates making up to \$3,500,000 available through this RFP. For Category A (non-CHART Birthing Hospitals), up to \$500,000 is available for one or two Awards of up to \$250,000 each. For Category B (CHART Birthing Hospitals), up to \$3,000,000 is available for up to three Category B awards of no more than \$1,000,000 each.

Funding for Technical Assistance, Training and Evaluation Activities: For each Category B Award, fifteen (15) percent of the total Award will be designated for evaluation, technical assistance, training and collaborative activities to be overseen and administered by the HPC and MDPH (See Instructions in **Attachment A, Exhibit 3** Budget Proposal Response).

An Applicant may receive an Award less than the amount requested and may be asked to adjust elements of their Proposal. The HPC intends to fund the strongest Proposals based on the selection criteria, subject to the funding parameters above. The HPC is not obligated to fund a minimum number of Proposals, or to distribute a minimum amount of funding pursuant to this RFP. Award amounts may vary based on the scope and projected impact of the Proposals such as potential impact anticipated, demonstrated need of the population served, or potential for scale and learning opportunities to advance NAS care across the Commonwealth.

B. Anticipated Timeline

The Contract term for Category A Initiatives will be for approximately 15 months (beginning at Contract execution on or about October 2016). The Contract term for Category B Initiatives will be for approximately 27 months (beginning at Contract Execution on or about October 2016). The Contract term for both Category A and B Initiatives may be extended at the sole discretion of the HPC in any increment through December 31, 2019.

All dates are estimated except deadlines indicated in **bold** type. All times are Eastern Daylight Time (EDT).

	DESCRIPTION	DATE
1	RFP released	March 2, 2016
2	Information sessions held by HPC staff	March 16, 2016 (in person) and March 25, 2016 (webinar)
3	Deadline for submission of written questions	May 6, 2016 by 3:00 PM
4	Deadline for submission of Proposal	May 13, 2016 by 3:00 PM
5	Awardees selected	July 2016
6	Projected Contract execution	October 2016
7	Preparation Period	October 2016-December 2016
8	Implementation Period – Category A	January 2017-December 2017
9	Implementation Period – Category B	January 2017-December 2018

C. Funding Disbursement

Payment of Awards pursuant to this RFP will be made on a cost reimbursement basis, except the HPC may make an initiation payment at the time of Contract execution to fund Awardee preparation activities (e.g., development of clinical protocols, operational policies and procedures, data collection infrastructure, staff hiring and training, etc.) The HPC will make payments of the Award in periodic installments based on a cost-reimbursement model. All payments and any Contract extensions are subject to HPC authorization, availability of funds, and HPC's determination of satisfactory performance of the Contract terms.

The HPC will not be responsible for any costs or expenses incurred by Applicants or Partners in responding to this RFP.

D. Termination or Amendment of Awards

The HPC reserves the right to reduce, terminate, or recover payments, in whole or in part, in the event the Awardee fails to perform Contract requirements and to provide deliverables substantially as specified in the Contract or if during the Contract term, the Awardee is determined by the HPC to be no longer qualified.

Section IV. Selection Criteria

This section describes the evaluation criteria for review and selection of Awards pursuant to this RFP. The Proposal must be organized as detailed in **Section V.C**. The review committee will evaluate all Proposals submitted in accordance with **Section V** that meet the minimum requirements listed in **Section V.A**. In addition to the Proposal as submitted, the Review Committee may consider any relevant information about the Applicant known to the HPC, including but not limited to the HPC's prior experience working with the Applicant (e.g., CHART Phase 1 or Phase 2). Proposals will be scored based on a total of 100 points. The criteria below will be used to evaluate each Category A and Category B Proposal, except as noted.

1) Impact of the Initiative (Category A - 35 points; Category B - 25 points)

- a. Demonstration of community need (e.g., high rates of Opioid Use Disorder in the community)
- b. Extent to which the Proposal meets an identified institutional need (e.g., high rates of NAS, increasing number of opioid overdose related deaths, expand use of MATs, or use of non-pharmacologic NAS treatments) in the Applicant's hospital
- c. Extent to which the Proposal increases access to MAT providers (Category B only)
- d. Alignment of the Proposal with the goal of enhancing access to Behavioral Health care for the selected population(s)
- e. Magnitude of estimated impact of the Proposal on meeting the Behavioral Health care access needs of pregnant and postpartum women with an Opioid Use Disorder, as well as estimated impact on cost and quality of services delivered, patient experience, and continuity of care (including coordination of care post hospital discharge for the Delivery-to-Discharge Initiative)
- f. Estimated impact of the Proposal on improving NAS care, reducing cost, and improving substance use disorder treatment for women with Opioid Use Disorder, including but not limited to estimated impact on cost, length of stay, quality, patient experience, provider experience, and other related indicators of health system improvement

2) Operational Approach (Category A - 30 points; Category B – 25 points)

- a. The Proposal is well-designed, comprehensive, feasible and effective to meet the requirements of the RFP with clear aims, goals, objectives, deliverables, and outcomes
- b. Strength of the Proposal and its evidence base
- c. Extent to which the Proposal demonstrates plans for operational accountability, including internal monitoring of Award implementation and appropriate governance/oversight of requested funding
- d. Alignment of the measurement plan to the Initiative for performance reporting and to the aims for outcome assessment

3) Partnership and Collaboration (Category B Only – 15 points)

- a. Strength of proposed partnership for the provision of outpatient MAT services during pregnancy and after delivery
- b. Extent to which community-based medical providers (e.g. PCP, family practice, pediatric), Behavioral Health providers (e.g., MAT providers, outpatient counseling) and social service

providers (e.g. early intervention) are included as Partner(s) in the design or implementation of the Proposal

4) Leadership and Organizational Capacity (Category A - 10 points; Category B - 10 points)

- a. Adequacy of staffing plan to meet the goals of the Proposal (Category A Proposals must include, at a minimum, an Investment Director; Category B proposals must include, at a minimum, an Investment Director, Nurse Care Manager, Certified Addictions Registered Nurse, and Recovery Mom)
- b. Leadership and management engagement and capability
- c. Past performance with relevant health care transformation grant programs (if applicable)

5) Budget and Financial Considerations (Category A – 15 points; Category B - 15 points)

- a. Appropriateness and sufficiency of the proposed budget
- b. Cost efficiency of the proposed budget
- c. Financial need of the Applicant and any proposed Partner(s) at time of Proposal as defined by the Applicant's optional response detailed in **Section V.D.9** and publically available financial metrics
- d. Proposed in-kind contribution(s), relative to the financial need of the Applicant and any proposed Partner(s)

6) Sustainability and Scalability (Category A – 10 points; Category B - 10 points)

- a. Potential for learning, sustainability, replication and scalability of the Proposal

Section V. Proposal Instructions

To be considered, an Applicant for Category A or Category B funding must submit a Proposal to the HPC, in accordance with the minimum requirements detailed below and consistent with the deadlines and required information and attachments described below.

A. Minimum Requirements

- 1) A Proposal must be submitted by a Birthing Hospital. An Applicant Birthing Hospital that is **ineligible** for the CHART Investment Program may only apply for Category A funding. An Applicant that is **eligible** for the CHART Investment Program may only apply for Category B funding.
- 2) The Applicant must submit the Proposal on behalf of all proposed Partner(s). The Applicant will be the entity with which the HPC will contract for the Award. The Applicant shall be responsible for fulfilling the terms of the Award, but may do so by coordinating with Partner(s) to perform other operational aspects of the Initiative. As stated above, an Applicant for Category A funding is not required to include Partner(s) in the design or implementation of the Proposal.
- 3) The Applicant for Category B funding must specify one or more Partner(s) to provide outpatient MAT services during pregnancy and after delivery, and is encouraged to include one or more Partner(s) in the design or implementation of the Proposal, including but not limited to community-

based health and Behavioral Health care service providers including substance use disorder, mental health, primary care, pediatric, and/or obstetric providers. Partners need not be funded through Awards pursuant to this RFP.

- 4) The Applicant must identify two key personnel:
 - a. An Investment Director who will assume responsibility for oversight of the implementation of the Award. The Investment Director will serve as the primary point of contact for the HPC and will lead implementation of the Award. The Investment Director must possess the relevant skills and expertise as well as the clinical and operational formal authority and informal influence to implement and sustain the activities set forth in the Proposal; and
 - b. A Financial Designee who will be responsible for tracking HPC funds for the Period of Performance and for reporting expenditures as required by the HPC. The Financial Designee must possess the relevant skills and understanding of the Applicant's accounting practices.

B. General Proposal Requirements

All exhibits necessary to complete a response to this RFP will be made available on the HPC's website, www.mass.gov/hpc, located under "Innovation Investments." Applicants must follow all submission instructions. Omission of key information may lead to rejection of the Proposal as incomplete.

Each Proposal must include the following:

- 1) A cover letter completed as described in **Section V.C** and signed by the President or Chief Executive Officer or Board Chair of the Applicant.
- 2) A **complete** Operational Response (including all Attachments) for funding as described in **Section V.D**.
 - a. Driver Diagram Template (**Attachment A, Exhibit 1**)
 - b. Performance Measures Template (**Attachment A, Exhibit 2**)
 - c. Budget Proposal Response (**Attachment A, Exhibit 3**)
- 3) Contract Forms:
 - a. Commonwealth Terms and Conditions (**Attachment B, Exhibit 1**)
 - b. Commonwealth Standard Contract Form and Instructions (**Attachment B, Exhibit 2**)
 - c. Contractor Authorized Signatory Form (**Attachment B, Exhibit 3**)
 - d. HPC Confidentiality and Non-Disclosure Agreement (**Attachment B, Exhibit 4**)

For each Proposal, the Applicant must supply **one (1)** electronic copy of all materials to the HPC to HPC-Innovation@state.ma.us. **Attachment A, Exhibits 1-3** must be submitted in their original file formats. Do not convert these documents into .PDF format. Scanned copies of signed forms are acceptable for the cover letter and **Attachment B, Exhibits 1-4**. To ensure file transmission, please limit the total file size to 5MB (we recommend using .PDF format to compress the size of large text-based files). Complete electronic Proposals must be submitted **no later than 3:00 PM (EDT) on May 13, 2016**.

C. Cover Letter Instructions

Applicants **must** submit a cover letter that includes all of the following information (failure to submit a cover letter including all components may result in disqualification from consideration for funding):

- 1) A statement that the Proposal is an application for Funding Opportunity HPC-NAS-001, HPC NAS Investment Opportunity and which Category of funding the Applicant is seeking;
- 2) The name and principal address of the Applicant organization;
- 3) A description of the Applicant's Legal Entity status (e.g., not-for-profit corporation, limited partnership, general partnership, etc.);
- 4) A statement that the Applicant's Proposal is effective through the date that the Applicant executes a Contract with HPC pursuant to this RFP;
- 5) The specific amount of funding requested;
- 6) Affirmation that if awarded funding, the Applicant will complete all activities described in the Proposal;
- 7) Affirmation that if awarded funding, the Applicant will submit an Award Plan to be approved by the HPC and incorporated into the Contract;
- 8) Affirmation that if awarded funding the Applicant will begin activities for the funded Initiative on October 1, 2016 or on the date the Contract is executed, whichever is later;
- 9) Affirm that Proposal staff will comply with requirements for evaluation, technical assistance, training, and collaborative activities, and submit progress reports, as may be specified by the HPC and MDPH;
- 10) A statement that all documents submitted by the Applicant are truthful and accurate; and
- 11) A statement that the Applicant has read the RFP and all Attachments and understands the terms and conditions for the receipt of funding pursuant to which NAS Investment Opportunity funds may be awarded;
- 12) An attestation from the Applicant that the following mandatory forms, available as Attachments to this RFP, have been signed and are included with the Proposal:
 - a. Commonwealth Terms and Conditions
 - b. Commonwealth Standard Contract Form and Instructions
 - c. Contractor Authorized Signatory Form
 - d. HPC Confidentiality and Non-Disclosure Agreement

D. Operational Response Instructions

The Applicant for either Category A or Category B funding must complete all elements of the Operational Response as described below and as defined in **Attachment A, Exhibit 3 Budget Proposal Response** to be considered for funding. The Operational Response shall not exceed 15 pages for Category A applications and 20 pages for Category B applications, exclusive of **Attachments A and B**.

For Category A, the Operational Response must address requirements 1-10 specified below.

For Category B, the Operational Response must address requirements 1-11 specified below. Proposals for Category B funding should tailor the Operational Response to be inclusive of all phases of the Initiative (Delivery-to-Discharge Initiative PLUS Improved Adherence to Addiction Treatment, Improved Post-Discharge Community-based Care Initiative).

1) List the Applicant and Partner(s)

List the Applicant and all Partners, including contact information for each organization. Briefly describe the role of each Partner. Partnerships may be new or a strengthening of an existing Partnership, and Partners may or may not require financial support through an Award.

2) Demonstrate community and hospital need for improved NAS services

Describe in quantifiable terms the overall burden of Opioid Use Disorders in the community served by the Applicant. Describe any initiatives currently undertaken by the Applicant and/or Partner(s) to address NAS, if applicable. Describe the limitations of these initiatives and therefore continued needs of the Applicant's patients for enhanced NAS care models. Submit de-identified aggregate NAS discharge data for Calendar Year 2015 that demonstrates Applicant's total NAS volume. **Applicants should not submit any Protected Health Information.**

Describe and quantify the current LOS and primary setting of care for infants with NAS (e.g., NICU, special care nursery, newborn nursery, pediatric ward, etc.) Describe and quantify how these factors compare with the Applicant's overall patient population.

3) Define a primary aim and, if applicable, secondary aims

Define the primary outcome of interest for the Initiative (the primary aim) in the form of an aim statement. The aim statement should be specific and measurable in the following format:

We will accomplish [percent/count change] in [specific impact measure], by [the end of the Implementation Period], for [the Target Population]

In addition, the Applicant may specify secondary aims of the Initiative. Ideally, these will address all endpoints of interest to the Applicant. For further guidance on how to write aim statements and examples, please refer to the Institute for Healthcare Improvement (IHI) resource page at <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementSettingAims.aspx>.

4) Describe the Proposal

Describe the proposed Initiative(s) to be implemented in the Proposal in detail. The description must describe the type, duration, and scope of the services to be provided or activities to be conducted. The description must describe the theory of action for the model and demonstrate specifically and concretely how it will achieve the proposed goals. The description should also identify the primary challenges to implementation of the model and explain how these anticipated risks will be mitigated.

Cite evidence that the proposed Initiative(s) has been successfully implemented to meet the needs of the target population, if applicable. Where evidence for the model exists for a different population, describe why the application of the proposed model to the identified target population will have a meaningful impact. Evidence cited may include access, quality and/or cost outcomes as well as process measures based on primary literature, grey literature, published case studies, and/or the Applicant's prior experience with NAS innovations. Describe how and why adaptations have been made from prior successful models. To the extent that the proposed Initiative builds upon a current care delivery or payment program, please describe how the requested funding would complement or expand the current activities.

Provide a timeline to describe the sequence and timing of each key aspect of the proposed Initiative(s).

Complete a Driver Diagram using the template in **Attachment A, Exhibit 1** to illustrate the logical flow of your Initiative. The Driver Diagram should include primary and secondary drivers that support the primary aim and if applicable, secondary aims. For further instructions for building a driver diagram, please refer to the CHART Phase 2 example document [here](#)⁷ and on IHI's website [here](#)⁸.

5) Demonstrate and describe measurable impact of the Proposal

Describe the expected impact of the proposed Initiative(s) on addressing NAS for the target population. At a minimum, the Applicant should quantify the impact to the target population of realizing their primary aim. The Applicant should also describe the cost, quality, social and other impacts should secondary aims be realized. Applicants may consider modeling estimates on results from past successful implementations of NAS interventions within their organizations or as described in publicly available literature. Applicants should provide a detailed description of their impact estimate, including components such as methods, source data, and citations to highlight the magnitude of impact in prior initiatives, as relevant.

The most competitive Applicants will model the access and cost implications of their Proposals, with an emphasis on the potential for disseminating successful models and incorporating learning into public- and commercial payment reform.

- a. *Describe the measurement and continuous improvement plan for tracking, assessing, and improving performance*

Complete a table (in a text based file such as a word document) as described in **Attachment A, Exhibit 2**. The table should individually list the Initiative's primary aim, secondary aims, primary drivers and secondary drivers in an "Element" column. Include associated measures with a description of their value, numerators, denominators, and data sources. In the "Feasibility" column, please indicate whether you are currently collecting this measure or you can begin collecting this measure by the end of the preparation period.

Sample Performance Measures

<i>Element</i>	<i>Measure</i>	<i>Purpose of Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Sources</i>	<i>Feasibility</i>
Primary Aim	Length of Stay (LOS)	Compare changes in LOS post program implementation	Average LOS for neonates with NAS in 3 months post program implementation	Average LOS for neonates with NAS in 3 months prior to program implementation	Hospital inpatient data	Can begin collecting this measure by end of the preparation period
Secondary Aim #1	Breastfeeding rate	To determine whether neonates with NAS are being breastfed	Number of neonates with NAS who were breastfed	Total number of neonates with NAS	Clinical chart data	Currently collecting this measure

⁷ <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/chart/phase-2/chart-phase-2-rfp-attachment-a-exhibit-2-driver-diagram-instructions.pdf>

⁸ <http://www.ihl.org/education/ihopenschool/resources/Pages/Activities/GoldmannDriver.aspx>

6) Describe how the Applicant and any proposed Partners will staff and coordinate execution of the Proposal

Describe how the Applicant and any proposed Partner(s) will collaborate to implement the Proposal, including such factors as making decisions, defining work processes and sharing resources in order to address the needs of the target population.

Describe the anticipated number and general titles of staff from the Applicant and any proposed Partner(s) that will be dedicated to the Initiative, whether HPC-funded or supported in-kind by the Applicant or Partner(s):

- a. List the Investment Director's name, title, and email address. Provide a résumé for the Investment Director who will manage the Initiative operations and will serve as the key point of contact to the HPC. The Investment Director must possess the relevant skills and expertise as well as the clinical and operational formal authority and informal influence to implement and sustain the proposed Initiative. Describe the unique qualifications of this individual to lead this Initiative and their influence within the participating organization(s).
- b. Separate from the Investment Director, provide the contact information for the Applicant's Financial Designee who will be responsible for tracking all funds identified in the Budget and reporting expenditures as required by the HPC. The Financial Designee must possess the relevant skills and understanding of the Applicant's accounting practices. For each individual supporting the Initiative, if possible indicate his or her employer, relevant skills and qualifications, and roles/responsibilities.
- c. List the percentage of time each individual/position will be dedicated to the Initiative.
- d. Describe how the Applicant will hire qualified staff to implement the proposed Initiative, and provide ongoing training and supervision to program staff, and/or permit staff to participate in training and supervision with subject matter experts designated by HPC and/or MDPH.
- e. Describe how Initiative staff will implement and comply with protocols for data privacy, confidentiality and security, including compliance with 42 CFR part 2.
- f. Affirm that Initiative personnel will participate in regularly scheduled and ad-hoc Initiative meetings to plan and manage Initiative development, implementation and sustainability

7) Describe the organizational commitment to implementing the Proposal

Describe how the Aim, Initiative, and, if applicable, Partnerships fit into the Applicant's strategic, long-term success.

Describe specific and tangible benefits of any Partnership to the target population in support of the Primary Aim.

Describe how the Applicant and any Partner(s) will collaborate, including such factors as making decisions, defining work processes and sharing resources, in order to address the needs of the target population.

8) Specify the budget

The Applicant must complete the Budget Proposal Response provided in **Attachment A, Exhibit 3** indicating the funding requested for preparation, as needed and implementation of the Proposal. The Budget Proposal Response must include each Partner for whom funding is requested in a Proposal. The Applicant should complete a single Budget Proposal Response for itself and all participating Partners.

The Budget Proposal Response must describe the level of in-kind funding to be provided by the Applicant or proposed Partner(s), if any. As noted in **Section IV**, in-kind funding is encouraged but not required for all Proposals and will be evaluated relative to the financial need of the Applicant or proposed Partner(s). For those Category A Applicants with established NAS protocols already in place, in-kind contributions of funding could be used to further enhance and/or expand the scope of ongoing initiatives (e.g., evaluate the effectiveness of current initiatives, implement standardized screening practices throughout hospital system, use funds to establish support network of providers to ensure the delivery of ongoing postnatal treatment services).

The Applicant must provide a brief description for each budget item in the *Notes* column of the Budget Template tab in **Attachment A, Exhibit 3 Budget Proposal Response**. The description should link to the Initiative as described in the Operational Response and driver diagram. The description should also be provided for any in-kind contributions or other funding sources (e.g., funds provided by other grants/initiatives, as applicable). Please see the “Instructions” tab of the Budget Proposal Response for further information.

NOTE: Fifteen (15)% of the total Award for each Category B Award will be reserved for and specified in the Budget for evaluation, technical assistance, training and collaborative activities to be overseen and administered by the HPC and MDPH.

9) Describe considerations for sustainability

The Applicant should describe what specific government policy and market-based supports are needed to sustain the service model demonstrated in the Initiative. These may touch on payment, quality measurement, data sharing capacity, licensure and credentialing, and other regulatory or payment considerations.

The Applicant should describe how their Proposals will drive market value that should be sustained by demonstrating success against a Behavioral Health care access challenge.

10) Describe financial need (Optional)

As noted above, the HPC will consider the financial need of the Applicant and any Partner(s) using publically available financial metrics, when evaluating Proposals. The Applicant may provide additional information about the financial need of itself and/or its Partners.

11) Additional Operational Response Instructions – Category B

In addition to completing the Operational Response requirements 1-10 above, an Applicant for Category B funding also must complete the elements of the Operational Response as described below and as defined in **Attachment A, Exhibit 3, Budget Proposal Response**. These additional elements apply to the Improved Adherence to Addiction Treatment and Improved Post-Discharge Community-based Care Initiatives.

- a. Describe the target population and how many patients are anticipated to be enrolled during the Period of Performance. Specify the method for case finding individuals in the target population to achieve the Category B requirement of enrolling at least 50 patients during the Initiative in accordance with the MDPH *Moms Do Care* program and to achieve the requirements set forth in **Section II** of this RFR.
- b. Describe how the Applicant and Partner(s) will collaborate, including such factors as making decisions, defining work processes and sharing resources, in order to address the access needs of the target population. The Applicant must propose partnerships that utilize multi-stakeholder approaches to address an access need. The Applicant should propose meaningful collaboration with organizations that span patients' whole-person health needs, especially community-based organizations and other non-health care entities integral to driving the success of the Initiative. Partnerships may be new or a strengthening of an existing Partnership, and Partners may or may not be financially supported through HPC funding. Responses should also describe specific and tangible benefits of the partnership to the target population in support of the primary aim. Proposals should describe how the proposed partnership and initiative fits into each Applicant's strategic, long-term success. Describe how the Applicant currently provides MAT, if applicable. In accordance with requirements of the Moms Do Care grant, clinical staff and clinic support staff will be required to participate in training on substance use disorders and on the use of MAT, cultural competency for working with persons with substance use disorders, addressing stigma, and providing trauma informed care.
- c. Describe how the Applicant proposes to increase the number of waived buprenorphine providers.

Section VI. Proposal Review, Selection & Award Process

A. General Provisions

This Request for Proposals for the HPC's Neonatal Abstinence Syndrome (NAS) Investment Opportunity is issued pursuant to Item 1599-1450 of Chapter 46 of the Acts of 2015, M.G.L. c. 29, § 2GGGG, 958 CMR 5.00, 815 CMR 2.00, and the Massachusetts Management Accounting and Reporting System (MMARS) Policy on State Grants and Federal Sub-Grants (Issued 7-1-2004, revised 9-8-14) (Grants Policy). Many terms included in 958 CMR 5.00, 815 CMR 2.00, and the Grants Policy, as well as the definitions section of the Operational Services Department (OSD) state procurement regulations (815 CMR 21.02), are incorporated by reference into this RFP. Words used but not specifically defined in this RFP shall have the meanings included in 958 CMR 5.00, 815 CMR 2.00, 801 CMR 21.02, or the Grants Policy. Unless otherwise specified, all communications, responses, and documentation must be in English, using English customary weights and measures (feet, pounds, quarts, etc.) and U.S. dollars. All responses must be submitted in accordance with the terms specified in **Sections VI and VII**.

The HPC reserves the right to amend this RFP at any time prior to the date responses are due, or to suspend or terminate an Award in whole or in part at any time. This RFP and any amendments will be posted on the HPC's website, www.mass.gov/hpc. Applicants are advised to check this site regularly, as this will be the primary method used for notification of changes as well as posting of key information unless otherwise indicated on that website.

Awards made pursuant to this RFP shall be for a fixed amount, which amount shall be preliminarily determined and announced to the Awardee at the time of selection, and finalized upon Contract execution. HPC makes no guarantee that a Contract, or any obligation to provide funding to any Applicant Hospital, will result from this RFP. HPC also makes no guarantee that funds will be available to successful Applicants on this RFP.

B. Contact of Eligible Entities with Health Policy Commission

Selection of Awardees pursuant to this RFP is being conducted consistent with state bidding practices. **Applicants, proposed Partner(s), or any agent(s) working on their behalf, are prohibited from communicating directly with any HPC Commissioners or staff regarding this RFP except as specified in Section VI.C.** No other individual HPC employee or representative is authorized to provide any information or respond to any question or inquiry concerning this RFP. Any unauthorized communication or contact may result in immediate ineligibility of an Applicant at the sole discretion of the HPC.

Applicants must disclose any interest that will conflict with the performance of services required under any Contract resulting from this RFP.

Applicants with disabilities or hardships that seek reasonable accommodation, which may include the receipt of RFP information in an alternative format, must submit a written statement to the RFP contact describing the Applicant's disability and the requested accommodation to the contact person for the RFP. HPC reserves the right to reject unreasonable requests. Applicants may also request a hardcopy of the RFP, pertinent Attachments, or any of its components, by contacting the HPC.

C. Information Sessions and Questions

The HPC anticipates hosting RFP Information Sessions to provide details about this funding opportunity and to answer questions from Applicants. Information sessions are scheduled as follows – all dates/times are subject to change. Any updates will be posted on the HPC website (located under “Investment Opportunities” on www.mass.gov/hpc).

Information Sessions: *Information sessions will provide an overview of this RFP and will describe key topics of scope, deadlines, submission requirements, and details of the Proposal submission instructions.*

- March 16, 2016 (in-person at the HPC)
- March 25, 2016 (webinar, to be recorded and posted on the HPC's website)

Additional details about Information Sessions will be posted on the HPC's website, www.mass.gov/hpc, located under “Innovation Investments.”

Applicants may make written inquiries concerning this RFP until no later than **May 6, 2016 at 3 p.m. EDT**, as specified in the Timetable in **Section III** of this RFP. Written inquiries must be sent to the RFP contact at HPC-Innovation@state.ma.us. Acknowledgment of receipt may not be provided. HPC will review all questions and, at its discretion and on a rolling basis, prepare written responses to those it determines to be of general interest and relevant to the preparation of a response to the RFP. These responses will be posted on the HPC's website (above). Hard-copy responses will be made available only upon request. HPC may respond individually to Applicants regarding *de minimis* questions on process

without posting responses on the HPC website. A full record of responses will be made available upon specific request.

D. Review and Selection Process

Responses to this RFP will be evaluated by a review committee composed of individuals designated by the HPC Executive Director. The review committee will review and evaluate each Proposal based on the Criteria for Selection (**Section IV**).

The HPC reserves the right to reject an Applicant's response at any time during the evaluation process if the Applicant:

- a) Fails to demonstrate to HPC's satisfaction that it meets all RFP requirements;
- b) Fails to submit all required information or otherwise satisfy all response requirements in **Section V**;
or
- c) Rejects or qualifies its agreement to any of the mandatory provisions of the RFP or the Commonwealth's Standard Contract or Terms and Conditions.

The review committee may determine that non-compliance with an RFP requirement is insubstantial. The review committee may seek clarification, allow the Applicant to make minor corrections, take the non-compliance into account in evaluating the response, or apply a combination of all three remedies. However, the HPC emphasizes that an incomplete response or a response that does not comply with submission requirements will be disadvantaged and possibly disqualified.

1) Content Expert Review

The HPC may engage subject matter experts to assess the feasibility, impact, and adherence to best-known practices. The review and comment of subject matter experts will be non-determinative, and will provide additional information for the consideration of the review committee in evaluation of each Proposal against the Criteria for Selection.

2) Clarifications

The review committee may seek additional information from Applicants as necessary to complete review of the Proposal. The HPC must receive all requested additional materials within five (5) business days of a request or the HPC may determine the Proposal is incomplete.

3) Interviews

The HPC may decide to interview some Applicants and Partners. Interviews will be conducted by the review committee (or a subset of the committee, the HPC Executive Director, and/or HPC staff) and will provide Applicants and Partners with an opportunity to present their Proposal and provide answers to questions regarding the Proposal. Specific instructions and an invitation will be provided no less than 10 business days prior to a scheduled interview.

4) References

The HPC may request references, verify references, or consider any written references submitted to the HPC, at any time during the grant award process and at any time during the period of performance.

5) Selection and Notification of Awardees

The review committee will recommend Applicants to the Executive Director to receive Awards and the amounts to be awarded. The Executive Director will subsequently make recommendations to the Board. The amounts to be awarded may be an amount greater than or less than that requested by the Applicant. Recommendations for Awards shall be made based on the availability of funds, the degree to which an Applicant meets criteria described in this RFP, and the degree to which the Proposal meets the Applicant's need for funding.

The Executive Director may recommend Awards based on the Proposals that demonstrate the best value overall, including proposed alternatives to Proposals as submitted, which will achieve the Commonwealth's and HPC's goals for the NAS Initiative. During finalization of the Contract, the HPC and an Awardee may agree to change any element of the Awardee's Proposal that results in lower costs or higher impact.

The Board shall make the final Award decisions based on the recommendations of the Executive Director and criteria in this RFP and authorizing statutes and regulations. The Board's decisions are final and not subject to further review or appeal. The HPC shall notify all Applicants of their selection or non-selection for an Award. All Awards are contingent upon finalization of an Award Plan and Contract terms by the Applicant and the HPC.

Section VII: Additional Terms and Details

A. Responsibilities of Eligible Entities

Applicants are solely responsible for obtaining all information distributed for this solicitation on the HPC website under "Innovation Investments". Any documents amended through the course of this RFP will be retained on this website in original form in addition to updates.

It is each Applicant's responsibility to regularly check the HPC website for:

- 1) Any addenda or modifications to this RFP, including any questions and answers, by monitoring the Notifications field.
- 2) Any records or documents related to Information Sessions or Webinars hosted relative to this funding opportunity.
- 3) The Commonwealth accepts no responsibility and will provide no accommodation to Applicants who submit a Proposal based on an out-of-date document or on information received from a source other than www.mass.gov/hpc or from a written communication from a permissible contact as specified in **Section VI**.

B. General Requirements

1) Electronic Communication/Update of Applicant's/Awardee's Contact Information

It is the responsibility of the Applicant/Awardee to keep current the email address of the contact person and prospective Investment Director, if Awarded a Contract, and to monitor that email inbox for communications from the HPC, including requests for clarification. The HPC and the Commonwealth assume no responsibility if an Applicant's/Awardee's designated email address is not current, or if

technical problems, including those with the Applicant's/Awardee's computer, network or internet service provider (ISP) cause email communications sent to/from the Applicant/Awardee and the HPC to be lost or rejected by any means, including electronic mail or spam filtering. Where no other email address is provided to the HPC, communications will be sent by default to the Chief Executive Officer of an Applicant/Awardee.

2) Electronic Funds Transfer (EFT)

All Applicants responding to this RFP must agree to participate in the Commonwealth Electronic Funds Transfer (EFT) program for receiving payments. EFT is a benefit to both Awardees and the Commonwealth because it ensures fast, safe and reliable payment directly to contractors and saves both parties the cost of processing checks. Awardees are able to track and verify payments made electronically through the Comptroller's Vendor Web system. A link to the EFT application can be found on the [OSD Forms](http://www.mass.gov/osd) page (www.mass.gov/osd). Additional information about EFT is available on the [VendorWeb](http://www.mass.gov/osc) site (www.mass.gov/osc).

Successful Applicants, upon notification of Award, will be required to enroll in EFT as a Contract requirement by completing and submitting the *Authorization for Electronic Funds Payment Form* to the HPC for review, approval and forwarding to the Office of the Comptroller. If the Applicant is already enrolled in the program, it may so indicate in its Proposal. Because the *Authorization for Electronic Funds Payment Form* contains banking information, this form, and all information contained on this form, shall not be considered a public record and shall not be subject to public disclosure through a public records request. An Applicant who is currently registered with the Commonwealth to receive payment by EFT is not required to submit forms described herein.

3) Identifiable Health Information

Any activities conducted by the Applicant or Awardee pursuant to this RFP that generate or use information or data involving the use or disclosure of protected health information are subject to the requirements of 45 CFR 160, 162, and 164 (the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)) and also may be subject to the requirements of the federal Drug and Alcohol Confidentiality Law, 42 CFR part 2. The Applicant or Awardees is responsible for compliance with HIPAA, 42 CFR part 2 and all other applicable state or federal legal requirements.

4) Incorporation of RFP

This RFP and any documents an Applicant submits in response to it are incorporated by reference into any Contract awarded to that Applicant.

5) Public Records

All responses and related documents submitted in response to this RFP are public records and are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10 and M.G.L. c. 4, § 7(26). Any statements in submitted responses that are inconsistent with these statutes will be disregarded. HPC will not return to Applicants any Proposals or materials they submit in response to this RFP.

6) Press Conferences or New Release Restrictions

No Applicant or Awardee shall make any press conference, news releases, or announcements concerning its selection for an Award prior to the HPC's public release of such information or prior to the written approval of the HPC.

7) Contract Award Letter

The identification of an Awardee in a notice of Award creates no contractual or legal obligation for the HPC. An Awardee may not rely on an award letter or any other verbal or written assurances from any sources, to begin performance or otherwise incur obligations for which the Awardee anticipates funding through the Award. Performance for which an Awardee seeks compensation may not be delivered outside the scope of a properly executed contract, and an Awardee assumes the risk that funding will not be available for any costs incurred.

8) Restriction on the Use of the Commonwealth Seal

Applicants and Awardees are not allowed to display the Commonwealth of Massachusetts Seal in their Proposal or subsequent marketing materials if they are awarded a Contract because use of the coat of arms and the Great Seal of the Commonwealth for advertising or commercial purposes is prohibited by law.

9) Restriction on the Use of the Health Policy Commission branding

Applicants are not allowed to display the Health Policy Commission branding in their Proposal. Awardees are allowed to display the Health Policy Commission branding only as specified in any Contract with the HPC.

10) Requests for Reasonable Accommodation

Applicants with disabilities or hardships that seek reasonable accommodation, which may include the receipt of RFP information in an alternative format, must submit a written statement to the RFP contact persons describing the Applicant's disability and the requested accommodation to the contact person for the RFP. HPC reserves the right to reject unreasonable requests. Applicants may also request a hardcopy of the RFP, pertinent Attachments, or any of its components, by contacting the specified RFP Staff.

C. Key Contract Provisions

All Applicants selected to receive an Award must execute a Contract with the HPC, as required by 815 CMR 2.05 and, as applicable, consistent with 958 CMR 5.08, to implement the terms of the Award and in order to receive payment. The Contract shall consist of the following documents: the Commonwealth Terms and Conditions; the Commonwealth Standard Contract Form and Instructions, which shall include a description of the approved scope and NAS Investment Opportunity-specific terms and conditions (HPC Terms and Conditions); the HPC Confidentiality and Non-Disclosure Agreement; this Request for Proposals; the Notice of Award; and, Contractor's response to the RFP, exclusive of any terms that are inconsistent with, or purport to modify or supersede the Commonwealth's Terms and Conditions or the Commonwealth Standard Contract Form.

In addition to the Contracting Forms that an Applicant is required to submit with its Proposal as part of the contracting process, each Awardee also will be required to sign the HPC's Terms and Conditions for the NAS Investment Opportunity, a Request for Taxation Identification Number and Certification (W-9), an Authorization for Electronic Funds Transfer, and a Certification Regarding Disbarment and Suspension.

1) The Contract shall specify at a minimum the following terms and conditions:

- a. The budgetary, financial, programmatic, technical, or other reporting that the HPC determines is necessary to monitor and evaluate the funded activities, including ongoing milestones and an evaluation process.
 - b. The conditions or restrictions on the funding, including any monitoring of the Awardee's operations.
 - c. The requirements for internal and accounting controls and recordkeeping.
 - d. Any additional means the HPC will use to hold the Awardee accountable for proper performance under the Contract.
 - e. The requirements and deadlines for completing components of the Proposal.
 - f. Provisions for repayment of all or a portion of funds to the HPC if the HPC determines that the funds were not used consistent with the approved Proposal and Contract.
- 2) The HPC shall have the option at its sole discretion to modify or terminate a Contract whenever, in the judgment of the HPC, pursuant to a recommendation by the Executive Director, the goals of the Initiative have been modified or altered in a way that necessitates changes or the Awardee is determined by the HPC to be no longer qualified, the Awardee does not expend funds within a reasonable period of time, or the Awardee fails to meet reporting requirements or milestones established pursuant to the enclosed RFP. The HPC will provide written notice of action to the Awardee, and the parties will negotiate the effect of changes in scope on the schedule and payment terms.
- 3) Awardees will be required to prepare and submit for HPC review an Award Plan that may specify all, some or additional Award implementation requirements.
- 4) Awardees may be required to complete and submit a final report that summarizes how funding supplemented efforts toward meeting the objectives of the Proposal. Awardees may be required to respond to comments from HPC on the report, and submit a final version to HPC.
- 5) Prior approval of the HPC is required for any subcontracted service of the Contract. Contractors are responsible for the satisfactory performance and adequate oversight of its subcontractors.

Section VIII. Applicants Eligible for the CHART Investment Program

The following entities are eligible for the CHART Investment Program:

Anna Jaques Hospital
 Athol Memorial Hospital
 Baystate Franklin Medical Center
 Baystate Mary Lane Hospital
 Baystate Noble Hospital
 Baystate Wing Hospital
 Berkshire Medical Center
 Beth Israel Deaconess Hospital - Milton
 Beth Israel Deaconess Hospital - Needham
 Beth Israel Deaconess Hospital - Plymouth
 Emerson Hospital
 Hallmark Health - Lawrence Memorial Hospital
 Hallmark Health - Melrose-Wakefield Hospital
 Harrington Memorial Hospital

Heywood Hospital
Holyoke Medical Center
Lahey Health - Addison Gilbert Hospital
Lahey Health - Beverly Hospital
Lahey Health - Winchester Hospital
Lawrence General Hospital
Lowell General Hospital
Mercy Medical Center
Milford Regional Medical Center
New England Baptist Hospital
Signature Healthcare Brockton Hospital
Southcoast- Charlton Memorial Hospital
Southcoast- St. Luke's Hospital
Southcoast-Tobey Hospital
UMass - HealthAlliance Hospital
UMass - Marlborough Hospital

Section IX. Definitions

The following terms appearing capitalized throughout this RFP and its Attachments have the following meanings, unless the context clearly indicates otherwise.

Acute Hospital: The teaching hospital of the University of Massachusetts Medical School and any hospital licensed under M.G.L. c. 111 § 51 and which contains a majority of medical-surgical, pediatric, obstetric and maternity beds, as defined by the Department of Public Health.

Aim Statement: The central goal of an improvement initiative used to develop a Driver Diagram (see below). Aim Statements submitted in response to this RFP must describe in a single sentence the overarching Aim Statement of the Initiative including “what (the measurable Aim), by when, how much, and for whom (which population).”

Applicant: The Eligible Entity that submits an application to the HPC for funding on behalf of itself and, if applicable, any Partners including subcontractors. The Applicant is the entity with which the HPC will contract if funding is awarded.

Attachment: Any document or exhibit referenced as Attached to this RFP.

Award: Any funds, grant or investment awarded pursuant to this RFP.

Award Plan: The plan for execution of an Initiative developed by the Awardee prior to the beginning of the Period of Performance. Subject to review by the HPC, the Award Plan is the primary basis for Award contracting, accountability and payment.

Awardee: Any Applicant that submits a response to this RFP, is awarded funds, and enters into a Contract with the HPC as a result of this RFP.

Behavioral Health: Health care services related to the diagnosis or treatment of mental illness, emotional disorders or substance use disorders, and the application of behavioral health principles to address lifestyle and health risk issues.

Birthing Hospital: An Acute Hospital licensed to provide Maternal and Newborn Services under M.G.L. c. 111, §51 and 105 CMR 130.000 by the Massachusetts Department of Public Health (MDPH).

Board: The governing Board of the Health Policy Commission, established in M.G.L. c. 6D, §2(b).

CHART Investment Program or CHART: The program administered by the HPC pursuant to M.G.L. c. 29, §2GGGG and 958 CMR 5.00. Hospitals eligible for the CHART Investment Program include non-profit, non-Major Teaching Hospitals that have relative prices below the state median relative price as described in 958 CMR 5.02 (“qualified acute hospital”).

Commission or HPC: The Health Policy Commission as established in M.G.L. c. 6D, §2(a).

Commissioner: A member of the governing board of the Health Policy Commission pursuant to M.G.L. c. 6D, § 2(b).

Contract: The legally binding agreement, including any amendment(s), between HPC and an Awardee that results from this RFP.

Driver Diagram: A quality improvement tool used to represent the theory of change and activities that Applicants will use to accomplish identified Primary Aim(s) for the target population.

Effective Date: The date upon which the Contract is effective.

Eligible Entity: A Birthing Hospital.

Emergency Department or ED: An Acute Hospital emergency room or satellite emergency facility.

Executive Director: The Executive Director of the Health Policy Commission.

Financial Designee: Individual who will be responsible for tracking all funds identified in the Budget and reporting expenditures as required by the HPC. The Financial Designee must possess the relevant skills and understanding of the Applicant’s accounting practices. Typically, this person should not be the Investment Director but instead within the finance or accounting department.

Implementation Period: The 12 month period of time following the Preparation Period during which Awardees will implement their proposed Initiative.

Initiative(s): The specific projects, activities, interventions, or approaches proposed or taken by an Awardee in its Proposal or Award to achieve a Primary Aim and optionally one or more Secondary Aims.

Investment Director: The individual who will assume responsibility for oversight of the implementation of the Award. The Investment Director will serve as the primary point of contact for the HPC and will lead implementation of the Award. The Investment Director must possess the relevant skills and expertise as well as the clinical and operational formal authority and informal influence to implement and sustain the activities set forth in the Proposal.

Medication-Assisted Treatment or MAT: For purposes of this RFP, medication-assisted treatment means (1) the use of FDA-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono- product formulations) for the maintenance treatment of Opioid Use Disorder; (2) the use of opioid antagonist medication (e.g., naltrexone products including extended-release and oral formulations) to prevent relapse

of opioid use; and (3) screening, assessment (the determination of severity of Opioid Use Disorder, including presence of physical dependence and appropriateness for MAT) and case management in compliance to federal and state guidelines and regulatory standards.

Neonatal Abstinence Syndrome or NAS: Neonatal Abstinence Syndrome (NAS) is a generalized multisystem disorder that produces a group of similar behavioral and physiological symptoms present at the neonate's birth that results from abrupt discontinuation of licit or illicit substances used by the mother during pregnancy, including opioids.

Opioid Use Disorder: Opioid use disorder includes signs and symptoms that reflect compulsive, prolonged self-administration of opioid substances that are used for no legitimate medical purpose or, if another medical condition is present that requires opioid treatment, that are used in doses greatly in excess of the amount needed for that medical condition. For more information about Opioid Use Disorders, please visit: <http://pcssmat.org/wp-content/uploads/2014/02/5B-DSM-5-Opioid-Use-Disorder-Diagnostic-Criteria.pdf>

Patient: Any recipient of health care services in Category A or Category B of the HPC NAS Investment Opportunity.

Partner: An organization or entity participating in the design or implementation of an Eligible Entity's Proposal, including but not limited to community-based health and Behavioral Health care service providers including substance use disorder, mental health, primary care, pediatric, and/or obstetric providers.

Period of Performance: The period of time during which activities are conducted pursuant to an Award and Contract executed pursuant to this RFP. The Period of Performance is inclusive of the Preparation Period and the Implementation Period.

Preparation Period: The period of time (up to 3 months) during which Awardees will establish an Award Plan for deploying their Initiative over the Implementation Period.

Proposal: The document(s) submitted to the HPC by an Eligible Entity for an Award in response to HPC-NAS-001

Request for Proposals or RFP: A Request for Proposals or RFP issued by the Commission.