Attachment A, Exhibit 1: Applicant Initiative Response Template: Track 1

# 1**) Care Model and Impact**

## a. List the Applicant and Partner organizations: List the Applicant and Partner(s), including contact information for each organization (contact person name, phone number, and email address). Include letter(s) of commitment from named Partner Organization(s), to be attached to your operational response:

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Contact Information** |
| **Applicant** |  |  |
| **If the Applicant is an ACO Participant, Applicant’s HPC Certified ACO**  |  |  |
| **Partner Organization 1****(Must be a social services or community-based organization)** |  |  |
| **Partner Organization 2** |  |  |
| **Partner Organization 3** |  |  |

## b. Briefly describe the role of each Partner. (A Partner may be any organization that provides clinical or nonclinical services to the target population in service of the Initiative, or otherwise collaborates with the Applicant on payment, service delivery, or analysis for the proposed Initiative, typically with shared aim statement and/or intermediate measure goals. Partnerships may be new or a strengthening of an existing Partnership, and Partners may or may not require financial support through an Award. However, as strength of partnership is a competitive factor, proposals that provide funding to Partners will be evaluated more favorably.)

## c. Describe the full team that will staff and support the Initiative. Including: general titles of staff from the Applicant and each Partner that will be dedicated to the Initiative, roles/responsibilities, employers, relevant skills and qualifications, and the percentage of time each individual/position will be dedicated to the Initiative. Applicant may add lines for additional staff:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Role** | **Employer** | **Relevant Skills and Qualifications** | **Percentage of time dedicated to Initiative** |
| **[Staff 1]** |  |  |  |  |
| **[Staff 2]** |  |  |  |  |
| **[Staff 3]** |  |  |  |  |
| **[Staff 4]** |  |  |  |  |
| **[Staff 5]** |  |  |  |  |

## d. Describe Initiative governance, including but not limited to how Applicant intends to include patients, families, and/or frontline staff in Initiative governance:

## e. Describe the proposed care model for the Initiative. The answers to the following four questions must include the type, duration, and scope of the services to be provided or activities conducted during the Initiative.

### i. Describe the methodology for identifying eligible patients in the target population, and enrolling them into services. Please note that the target population may include the MassHealth Community Partner (CP) population (either BH or LTSS) as part of the Delivery System Reform Incentive Program (DSRIP):

### ii. Describe the service model, from initiation of contact through follow-up to the acute care incident, including the roles and responsibilities of all Partner organizations. If the partnership is new, explain specifically how you will develop a working relationship, and why this Partnership will benefit the Initiative. Additionally, describe specifically and concretely how the Initiative’s service model will achieve the Primary Aim Statement. This description should also identify the primary challenges to implementation of the model, and explain how these anticipated risks will be mitigated by the Applicant and Partners:

### iii. If the Applicant plans to include the MassHealth CP population (BH or LTSS patients), please describe the steps that will be taken to ensure that the care model does not provide services for the same health-related social needs (e.g., housing and nutrition) addressed by the flexible services program under DSRIP. Further, if the Applicant plans to include CP patients that are engaged with services (as compared to the population who is assigned, but not engaged),please note how the proposed model does not duplicate coordination functions provided by the CP.

### iv. Demonstrate how the partnership with a social service CBO will support and connect patients to resources that can address their health-related social needs. At a minimum, Applicant must provide letter of commitment from CBO (a separate attachment/document is allowed for answering this question such as an MOU, but not required):

### v. Provide a brief timeline or key dates for the preparation period (up to 3 months) and 18 month implementation of your Initiative (a separate attachment/document is allowed for answering this question but not required):

## f. Describe the evidence base of the care model(s) the Applicant proposes to use. Specifically:

### i. What previously used model(s) will form the Proposal’s evidence base? Please attach any articles or white papers to your operational response.

### ii. How does/do the model(s) relate to the Applicant’s target population?

### iii. What adaptations, if any, will the Applicant anticipate making to the model(s) before implementing?

## g. Describe Applicant’s plan to use process and outcomes data to drive improvement on a routine basis. Specifically:

### i. Describe how Applicant’s Initiative will use measures to gauge progress, learn, adapt the Initiative model, and assess overall impact:

## h. Demonstrate the impact of the proposed Initiative. Specifically:

### i. Define a target population including size, payer-type (e.g. MassHealth ACO, commercial, Medicare), and other descriptors to define the population that Applicant intends to serve with the Initiative:

### ii. Define the specific inclusion and exclusion criteria (e.g., demographic and clinical characteristics) to be used in identifying eligible patients, and estimate both the number of patients expected to be eligible during the performance period, and the number expected to be enrolled in the Initiative based on Applicant’s capacity to treat:

### iii. Describe what is known about the current state of the following:

#### 1. Estimated burden of the relevant health-related social needs for the target population (e.g., approximately 30% of patients with an inpatient admission to Applicant Hospital in 2016 lacked stable housing)

#### 2. Current standard of care involving assessment of relevant health-related social needs (e.g., patients are screened for homelessness)

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#### 3. Landscape of available services that address the relevant health-related social needs (e.g., number of shelter beds available)

### iv. Describe in quantifiable terms the unmet need(s) among the population eligible for services through the Initiative.

## i. Describe the operational and technical viability of the model, specifically, how the Applicant and Partners will work to build capacity to do the following:

### i. Develop protocols to identify appropriate patients within the target population for the intervention:

### ii. Conduct follow-up calls or visits with patients after discharge from the intervention and after an acute care visit or stay, at regular intervals the Applicant deems appropriate:

### iii. Connect patients to follow-up services:

# 2) Describe the organizational commitment to implementing the Initiative.

## a. Describe how the aim, Initiative, and any Partnership(s) fit into the Applicant’s, or if the Applicant is an ACO Participant, the ACO’s, strategic plan, both in the short and longer-terms:

## b. As applicable, describe the Applicant’s, or if the Applicant is an ACO Participant, the ACO’s, DSRIP participation plan and work plan, including total funding.

## c. As applicable, describe how the Applicant’s Initiative does not duplicate work funded by DSRIP. Briefly describe internal controls ensuring non-duplication.

## d. If the Applicant is a hospital or hospital-based system, describe how the Initiative will support and align with: 1) the community health needs assessment and community benefits programs; and 2) any Determination of Need-related community health initiatives to address health-related social needs:

## e. Describe specific benefits of the Applicant’s Partnership(s) to the target population in support of the aim statement, specifically how working with proposed Partner(s) in particular will enhance the ability and efficacy of the Applicant’s work:

## f. Describe how the Applicant and its 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:

## g. Describe how the Applicant’s and Partner(s)’ leadership will engage in the Initiative (e.g., how much time, roles):

## h. Describe the financial need of your organization. The HPC will consider the financial need of the Applicant and its Partners using publically available financial metrics, when evaluating Proposals. Applicants may provide additional information about the financial need of itself and/or its Partners

# 3) Describe plan and strategy for evaluation of the Initiative

## a. Describe the intended study design that will be used. The primary aim must be tracked against a baseline or a comparison group. Specifically:

### i. If outcomes will be compared to baseline, explain how and for whom baseline data will be collected:

### ii. If a comparison group will be used, explain how the group will be constructed and tracked:

### iii. Discuss the likelihood that your sample size will be adequate to detect an anticipated effect size with statistical significance:

### iv. Please describe any anticipated threats to evaluation reliability and validity due to complementary efforts (e.g., DSRIP) and describe how the design mitigates these threats.

### v. Provide a timeline of data collection, analysis, and reporting for program evaluation. Within 6 months of the end of the Implementation Period, Applicant will be required to report on evaluation activities completed to date, including, at least, a preliminary report of findings.

## b. Describe the evaluation’s contribution to the evidence base. Specifically:

### i. Is this the most rigorous study design feasible for this intervention?

### ii. What new knowledge will be generated by these evaluation findings?

## c. Describe the research resources. Specifically:

### i. Who will be conducting the study? Are they a third party or internal team? Please include CVs of any staff who will lead the evaluation.

### ii. Will any other resources (such as data sharing agreements) be needed for data collection or analysis?

# 4) Describe considerations for sustainability.

## a. Describe the sustainability plan and funding for the Initiative after the Award performance period (e.g., use shared savings from risk contracts):

## b. Describe what specific government policy and market-based barriers may affect the sustainability of the service model demonstrated in the Initiative:

## c. In considering the challenges described in response b. above, describe the plan to mitigate or address these barriers to allow for sustainability.

## d. Describe the indicators the Applicant and/or Partner(s) plans to assess to determine whether the model can be spread to other providers within the Applicant’s ACO or provider system: