

OVERVIEW INFORMATION

Issuing Agency: Health Policy Commission

Funding Opportunity Title: SHIFT-Care Challenge

Announcement Draft: Version 3, posted February 16, 2018

Funding Opportunity Number: HPC-SHIFT-2018-001

Authority: M.G.L. c. 6D, § 7 (Healthcare Payment Reform Trust Fund); M.G.L. c. 29, §2GGGG (Distressed Hospital Trust Fund); Section 178 of Chapter 133 of the Acts of 2016

KEY DATES

Date of Issue: January 9, 2018

Information Session: January 11, 2018

Proposal Due Date: April 6, 2018 by 3:00pm Eastern

Anticipated Awardee Announcements: July 2018

Anticipated Contract Execution: October 2018

Anticipated Implementation Period: 18 months

Table of Contents

Section I. Background	4
Section II. Funding Opportunity Description	4
A. Purpose	4
B. Tracks	5
C. Measurement and Reporting.....	6
Section III. Definitions	7
Section IV. Award Information.....	10
A. Total Funding Available, Award Amount, Total Number of Awards.....	10
B. Anticipated Timeline	10
C. Funding Disbursement.....	11
D. Termination or Amendment of Awards.....	11
Section V. Selection Criteria.....	11
Section VI. Proposal Instructions	13
A. Minimum Applicant Requirements.....	13
B. General Proposal Requirements	14
C. Cover Letter Instructions	15
D. Operational Response Instructions.....	15
Section VII. Proposal Review, Selection & Award Process.....	16
A. General Provisions	16
B. Contact of Eligible Entities and any Partners with Health Policy Commission	17
C. Information Session and Questions.....	17
D. Review and Selection Process.....	18
Section VIII. Additional Terms and Details.....	19
A. Responsibilities of Eligible Entities.....	19
B. General Requirements	19
C. Contract Documents	21
Appendix: Applicants Eligible for the Investments Program	22

Listing of External Attachments

Attachment A:	Mandatory Submission Templates
Exhibits 1, 2, & 3:	The Applicant Initiative Response Templates
Exhibit 4:	Logic Model Templates
Exhibit 5:	Budget Proposal Response Template
Exhibit 6:	Measures Template
Attachment B:	Mandatory Contracting Forms
Exhibit 1:	Commonwealth Terms and Conditions
Exhibit 2:	Commonwealth Standard Contract Form and Instructions
Exhibit 2a	HPC Terms and Conditions
Exhibit 3:	Contractor Authorized Signatory Form

Section I. Background

The Massachusetts Health Policy Commission (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 health care 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 health care investments and the development of certification programs for Patient-Centered Medical Homes and Accountable Care Organizations (ACOs).

Through the HPC's care delivery transformation work, the HPC seeks to:

1. **Accelerate transformation** of the care delivery system for people, families, and communities;
2. Support **successful achievement** of target aims (e.g., avoidable admissions, 30-day all-cause readmissions, Emergency Department (ED) visits, and 30-day all-cause ED revisits) through collaboration among medical, behavioral, and social care Providers; and
3. Improve the ability of community hospitals, ACOs, other Providers, and their community-based organizational partners to **efficiently** care for high-need populations by, including but not limited to, enhancing care coordination, advancing integration of behavioral and physical health services, promoting evidence-based care practices and efficient care delivery, and providing culturally and linguistically appropriate services

The HPC has identified unnecessary and avoidable acute care utilization, including inpatient care and ED visits, as both a significant cost driver and a symptom of care delivery system failure. To advance the goals of cost containment and care delivery reform, the HPC seeks to invest in and test innovative models that hold promise for reducing such utilization.

Section II. Funding Opportunity Description

A. Purpose

There is robust evidence supporting the relationship between patients' Health-Related Social Needs¹ and need for Behavioral Health services, and patients' health utilization and outcomes. Further, there is emerging evidence that care models that 1) address patients' Health-Related Social Needs and 2) provide timely access to Behavioral Health care, including those that facilitate the induction of pharmacologic treatment for opioid use disorder in the ED setting, can

¹ Capitalized terms are defined in **Section III**.

Investment Opportunity In Brief

Purpose: To promote sustainable, transformative care models that reduce avoidable acute care utilization by addressing Health-Related Social Needs and increasing access to timely Behavioral Health services.

Eligibility: Massachusetts Providers and Provider Organizations, including HPC Certified ACOs (including provisionally certified ACOs), ACO Participants, and CHART eligible hospitals.

Award: Up to \$750,000 per awardee, for a total of up to \$10,000,000 in funding, over a Preparation Period of approximately three months (optional) and an Implementation Period of approximately 18 months. HPC will reimburse eligible expenses as submitted.

reduce acute care utilization and improve health outcomes.

To build upon the evidence base related to the opportunities of addressing Health-Related Social Needs and improving access to timely Behavioral Health care, the HPC is issuing this Request for Proposals (RFP) to solicit responses from Eligible Entities and their Partners for sustainable care models designed to transform the care delivery system and reduce avoidable acute care utilization (avoidable admissions, readmissions, ED visits, and ED revisits). Awardees will be required to measure and report the rate of avoidable admissions, readmissions, ED visits, and ED revisits, as appropriate, as primary outcomes for the target population during the approximately 18-month Implementation Period of the investment. In addition to enhancing access to care and improving outcomes for the identified target population, Applicants should seek to improve system performance on other measures of a well-functioning health care delivery system, such as improved Provider and patient satisfaction and other indicators of care delivery transformation such as alignment with ACO strategy, engagement with Partner(s), and organizational culture change.

The HPC is making \$10,000,000 available through its Health Care Innovation Investment (HCII) Program for the SHIFT-Care Challenge. The funds available for this RFP come from the Distressed Hospital Trust Fund (M.G.L. c. 29, § 2GGGG) and the Healthcare Payment Reform Fund (M.G.L. c. 6D, §7). Eligible Entities can apply through a competitive process for up to \$750,000 in HPC funding to prepare for and implement a model in one of two tracks described below, during an approximately 18-month Implementation Period (which may follow approximately 3 months of optional preparation, the Preparation Period). The HPC will reimburse eligible expenses submitted by the Awardee, up to the Award cap; Awardees are responsible for a contribution of at least one quarter of the total Initiative cost, as further described in Section IV.C below.

Applicants in all tracks must propose Partnerships. A Partner is 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 a shared aim statement and/or intermediate measure goals. Partnerships may be new or a strengthening of an existing Partnership, and Partner(s) may or may not receive financial support through an Award.

The care delivery transformation goals of integrating medical, behavioral, and social care and encouraging community-medical partnerships are shared with MassHealth's Delivery System Reform Incentive Program (DSRIP), which will launch March 1, 2018. HPC staff and MassHealth staff have worked closely to ensure strategic alignment around these goals and non-duplication of funding between the new investment program and DSRIP.

B. Tracks

The HPC anticipates two tracks of awards, described in detail below, the second of which has a sub-track focused on opioid use disorder (OUD) treatment. Applicants may submit more than one application but may receive only one award. An Eligible Entity may receive one award as the Applicant and also participate in a different award as a Partner (e.g., a CHART eligible hospital may submit a proposal as the Applicant for Track 2b and also participate in a proposal submitted by an ACO in which the hospital is an ACO Participant).

For all tracks, Awardees will be responsible for implementing the proposed model, submitting all required reporting to the HPC, engaging with HPC staff, participating in HPC technical assistance and learning events, if offered, and conducting their own evaluation of the proposed model.

Track 1 – *Addressing Health-Related Social Needs:*

The HPC seeks Applicants proposing to implement innovative models that address Health-Related Social Needs in order to prevent avoidable admissions, readmissions, ED visits, and/or ED revisits. Eligible Entities are Massachusetts Providers and Provider Organizations with preference given to HPC-certified ACOs (including provisionally certified ACOs), ACO Participants, and CHART-eligible hospitals. Partnership with at least one social service Community Based Organization (CBO) is required. The target population for models proposed under this track may include the MassHealth (MH) Community Partner (CP) populations (BH or LTSS patients). However, for the MH CP population that is assigned to the ACO, the proposed care model cannot provide services for the same health-related social need addressed by the flexible services program (e.g., housing and nutrition) under DSRIP. Furthermore, for the CP population that is engaged with services (as compared to the population who is assigned, but not engaged), the proposed care model must not duplicate coordination functions provided by the CP.

Track 2a – *Increasing access to Behavioral Health care:*

The HPC seeks Applicants proposing to implement innovative models that enable timely access to Behavioral Health services, (e.g., 24/7 psychiatric assessment and short term prescribing, open scheduling, telemedicine, mobile integrated health, and/or other innovative strategies) in order to prevent avoidable admissions, readmissions, ED visits, and/or ED revisits. Eligible entities are Massachusetts Providers and Provider Organizations, with preference given to HPC certified ACOs (including provisionally certified ACOs), ACO Participants, and CHART-eligible hospitals. Partnership with outpatient Behavioral Health Providers is required. If the Applicant is a Behavioral Health Provider, partnership with a medical care Provider is required. The target population for models proposed under this track may NOT include MH CP (neither assigned nor engaged) or MH ACO patients.

Track 2b – *Increasing access to Behavioral Health care, with a focus on OUD treatment:*

The HPC seeks Applicants proposing to implement a protocol for pharmacologic treatment induction in the ED, with the goal of increasing the rate of engagement and retention in evidence-based OUD treatment such as buprenorphine/naloxone. Eligible entities include hospitals with EDs. Preference will be given to hospitals that are part of an HPC-certified ACO (including provisionally certified ACOs) and are CHART-eligible. Partnership with outpatient Providers is required.

C. Measurement and Reporting

The HPC will monitor and assess the impact of Initiatives on reducing utilization and improving patient experience through required reporting of standardized measures by each Awardee. Standardized specifications will align with measure definitions used by the MassHealth ACO program and/or with other nationally validated measure specifications, where available and feasible.

Core Measures

Awardees will be required to collect and report the following Core Measures for the target population, as applicable:

1. 30-day all-cause hospital readmissions
2. 30-day ED revisits
3. Overall hospital admissions
4. Overall ED visits
5. A measure of patient experience²

Intermediate Measures

In addition to the Core Measures, Awardees will be required to collect and report on Intermediate Measures that track the intermediate results that are specified in the Logic Model. The purpose of Intermediate Measures is to document the near-term benefits of the Initiative to the target population. The HPC will review the Awardee's proposed measures and may require changes.

Track 1 and 2a

1. 2-3 measures as proposed by the Applicant that align with the Logic Model. Please consider measuring the following as applicable to the care model:
 - o Follow-up after ED Visit for Mental Illness (*per HEDIS measure specification*)
 - o Initiation in Alcohol and Other Drug Abuse or Dependence Treatment (*per HEDIS specification*)
 - o Engagement in Alcohol and Other Drug Abuse or Dependence Treatment (*per HEDIS specification*)

Track 2b

1. Initiation in Alcohol and Other Drug Abuse or Dependence Treatment (*per HEDIS specification*)
2. Engagement in Alcohol and Other Drug Abuse or Dependence Treatment (*per HEDIS specification*)
3. Plus 1 additional measure that aligns with the Logic Model, as proposed by the Applicant

In addition, Awardees will be required to submit regular updates to the HPC and conduct an evaluation of their Initiative.

Section III. Definitions

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

ACO Participant: A Health Care Provider or entity identified by a tax identification number (TIN) through which one or more Health Care Providers bill, that alone or together with one or more other ACO Participants comprise an ACO that has received HPC ACO certification, including provisional certification.

² As measured by one or more CAHPS-based survey measure (e.g. integration of care, willingness to recommend, access to care, communication quality) or other validated instrument proposed by Applicant.

Applicant: An Eligible Entity submitting a Proposal for funding in response to an HPC-issued RFP. This is the entity with whom the HPC will Contract for service if awarded funding.

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, in a form specified by the HPC. 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.

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).

Community Based Organization or CBO: A non-profit entity that addresses health and/or human services including but not limited to outpatient mental health and and/or addiction treatment services, affordable housing, accessible transportation, food security, youth homes and centers, and medical debt and/or assistance.

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

Core Measure: A measure which Applicants are required to track and report on to the HPC according to specified methods and time tables.

Eligible Entity: Any Provider or Provider Organization

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 Proposal Response 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 project manager or Investment Director but instead work within the finance or accounting department.

Health Care Provider: A Provider of medical or health services or any other person or organization that furnishes, bills, or is paid for health care service delivery in the normal course of business.

Health-Related Social Needs: The social needs that arise from social determinants of health, which are the broad set of factors that influence health outcomes directly and that shape community environments. These factors include structural drivers (e.g., the inequitable distribution of power, money, opportunity, and resources) and conditions of daily life (e.g., the environments in which people are born, live, work, play, worship, and age). Health-Related Social Needs that may be addressed in proposed models include, but are not limited to, housing stability and quality, food insecurity, utility needs, interpersonal violence, family and social supports, and non-medical transportation.

Implementation Period: The approximately 18-month period of time following the Preparation Period during which Awardees will implement their proposed Initiative.

Initiative: The specific projects, activities, interventions, or approaches proposed or taken by an Awardee in its Proposal or Award to achieve the goals established in the RFP.

Intermediate Measures: Measures that align with the Logic Model whose purpose is to document the near-term benefits of the Initiative to the target population.

Investment Director: The primary point of contact for the HPC, who will assume responsibility for oversight of the Initiative, and will lead its implementation.

Logic Model: A graphical representation of the connections between program inputs, activities and processes; intermediate results; and aims.

Opioid Use Disorder: A form of substance use disorder, per the Diagnostic and Statistical Manual of Mental Disorders (DSM), 5th Edition criteria that can vary in severity and is indicated by: a strong desire to use opioids; the inability to control or restrict use; the development of and increases in tolerance over time; and withdrawal symptoms upon stopping or reducing use.

Partner: 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.

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 includes the Preparation Period and Implementation Period.

Preparation Period: The optional period of time during which Awardees may prepare 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-SHIFT-2018-001.

Provider: Any person, corporation, partnership, governmental unit, state institution or any other entity qualified under the laws of the Commonwealth to perform or provide health care services.

Provider Organization: any corporation, partnership, business trust, association or organized group of persons, which is in the business of health care delivery or management, whether incorporated or not that represents 1 or more health care Providers in contracting with carriers for the payments of health care services; provided, that “Provider Organization” shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, Provider networks, accountable care organizations and any other organization that contracts with carriers for payment for health care services.

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

Section IV. Award Information

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

The HPC anticipates granting up to fifteen (15) Awards pursuant to this RFP, with no single Award totaling more than \$750,000 and a total of up to \$10,000,000 available for funding.

Applicants 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 detailed above. The HPC is not obligated to fund a minimum number of Proposals or to distribute a minimum amount of funding for a Proposal. Award amounts will vary based on the proposed Budget and scope of the Proposal.

B. Anticipated Timeline

The Contract term shall be for up to 30 months, including approximately 3 months of optional preparation, approximately 18 months of performance, approximately 6 months for evaluation, and approximately 3 months for contract close; beginning at Contract execution on or about October 1, 2018 and ending on or about February 29, 2021.

All dates are estimated, except for the deadline indicated in **bold** type. All times are Eastern Time.

DESCRIPTION	DATE
1 RFP released	January 9, 2018
2 Information session held by HPC staff	January 11, 2018
3 Deadline for submission of written questions	March 23, 2018 by 3:00 PM
4 Deadline for submission of Proposal	April 6, 2018 by 3:00 PM
5 Awardees selected	July 2018
6 Projected Contract execution	October 2018
7 Preparation Period (optional)	November 2018-January 2019
8 Initiative Preparation / Implementation Periods	November 2018 to June 2020

C. Funding Disbursement

Payment of Awards pursuant to this RFP will be made on a cost reimbursement basis. The HPC will reimburse eligible costs submitted by the Awardee periodically, up to a total of no more than the Award cap. The Awardee shall be responsible for contributing at least one quarter of the total Initiative cost to the Initiative. See Table 1 for examples of how an Applicant may use HPC funds and its own contributions to fund an Initiative. To be eligible for reimbursement, the cost must be identified in the Budget and incurred during the Contract period. 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.

Table 1: Budget Scenarios

Grand Total of Initiative	HPC Reimbursement	Applicant Contribution
Includes all costs that are both (1) <u>directly</u> attributable to the Initiative and (2) necessary to implement the Initiative; may include fringe benefits	Excludes fringe; capped at \$750,000; may not exceed 75% of Grand Total of Initiative	Grand Total of Initiative less HPC Reimbursement; may include fringe benefits; must be at least 25% of the Grand Total of Initiative
\$2 million	\$750,000	\$1.25 million
\$1 million	\$750,000	\$250,000
\$1 million	\$500,000*	\$500,000
\$800,000	\$600,000**	\$200,000
\$700,000	\$500,000**	\$200,000

*Represents hypothetical proposal where the Applicant requested less than the maximum Award cap of \$750,000.

**Represents 75% of Grand Total of Initiative; Applicant’s contribution to the Initiative must be at least 25% of the Grand Total of the Initiative.

Further, the HPC will withhold a certain percentage of the Award to ensure compliance with requirements of the SHIFT-Care program. The HPC will not issue reimbursement beyond 90% of the Awardee’s Award Cap until the Awardee has fulfilled all reporting requirements. During the Period of Performance, the HPC will monitor the Awardee’s spending to ensure compliance with the Awardee’s required contribution amount and may increase the withhold amount if the HPC determines, in its sole discretion, that the Awardee may not meet its contribution requirement.

The HPC will not be responsible for any costs or expenses incurred by Applicants in responding to this RFP or incurred prior to the effective date of the Contract. Any costs incurred before Contract execution will not be eligible for reimbursement by the HPC.

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 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 V. Selection Criteria

This section describes the criteria for review and selection of Awards for this RFP. The Proposal must be organized as detailed in **Section VI**. The HPC will evaluate all Proposals submitted in accordance with **Section VII** that meet the minimum requirements listed in **Section VI.A**. In addition to the Proposal as

submitted, the HPC may consider any relevant information about the Applicant known to HPC, including, but not limited to, HPC's prior experience working with the Applicant, as applicable. The HPC also will consider publically available data and data reported by the Center for Health Information and Analysis in assessing financial health. Proposals will be scored based on a total of 100 points. The following criteria will be used to evaluate each Proposal:

1. Care Model and Impact (40 points)

- **Model**
 - Strength of the care delivery model to be implemented;
 - Demonstration that the proposed team will work collaboratively;
 - Strength of evidence base of care delivery model in reducing avoidable acute care utilization;
 - Clarity, feasibility, and effectiveness of all aims, goals, objectives, deliverables, and outcomes; and
 - Definition of target population
- **Partnership and Collaboration**
 - Strength and value of partnerships, including: coordination with an ACO's population health management strategy (unless Applicant is not affiliated with an ACO); and, CBOs with evidence of past collaboration and/or selection based on demonstrated patient need;
 - Amount of Award dollars being distributed to Partner(s) to support their contributions to the Proposal; and
 - Governance, communication, and decision-making structures among Applicant and all Partner(s)
- **Impact**
 - Magnitude of projected impact of the Proposal within the Implementation Period on meeting program goal (e.g., 15% reduction in readmissions, as well as its estimated impact on cost, quality, provider and patient experience, and other metrics, as appropriate);
 - Population need related to the proposed target population;
 - Geographic access to CBO services, as it relates to the Initiative; and
 - Efficiency of the budget

2. Leadership and Organization (30 points)

- **Leadership**
 - Alignment with organizational strategic plan and focus
 - If Applicant is an ACO, alignment with ACO's population health management strategy or community-based initiatives;
 - If Applicant is a MassHealth ACO, alignment with the DSRIP participation plan and care delivery transformation goals, and assurance of non-duplication of funding
 - If the Applicant is a hospital (or hospital affiliate(s)), alignment with the hospital's Community Health Needs Assessment (CHNA) and community benefits work or work related to a Determination of Need (DoN) project as applicable;
 - Leadership and management engagement and capability;
 - Engagement of patients and families and front-line clinicians and staff in project governance; and

- Clarity of description of all roles within the proposed model:
 - Time commitment and description of responsibilities for involved administrators, financial analysts, physicians, nurses, counselors, social workers, recovery coaches, navigators, community health workers, peers, and any other applicable staff
 - **Organization**
 - Status as an HPC Certified ACO, ACO Participant, or CHART hospital
 - As may be applicable, past performance in HPC awards (e.g., contract management, model adaptability, participation in learning and dissemination activities, impact, results);
 - Financial health of organization;
 - Demonstrated need of the investment as defined by the Applicant’s operational response detailed in the Applicant Initiative Response and publically available financial metrics; and
 - Demonstrated feasibility of Applicant to successfully implement proposed Initiative
3. **Evaluation (10 points)**
- Quality of the data sources for all measures that will be collected and analyzed in the evaluation;
 - Strength and feasibility of the proposed evaluation design; and
 - Strength of the evaluation’s contributions to the evidence base
4. **Sustainability and Scalability (20 points)**
- Strength of sustainability plan for the care delivery model, including plan for continuing funding care model after the Implementation Period ends through sustainable funding pools such as global budget savings; and
 - The potential for learning, replication, and scalability of the model.

Section VI. Proposal Instructions

To be considered, an Applicant must submit a Proposal to the HPC in accordance with the minimum requirements detailed below and consistent with the deadlines, requirements, and required information and Attachments described below.

A. Minimum Applicant Requirements

- 1) A Proposal must be submitted by an Eligible Entity (the Applicant).
- 2) The Applicant must submit the Proposal on behalf of all Partner(s), including any outpatient Behavioral Health Providers, pharmacies, social service Providers, CBOs, or others involved in the design of the program. The Applicant will be the entity with whom 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. The Applicant shall be the entity spending funds outlined in the Budget, including payments to Partner(s) and other subcontractors. Separately, the Applicant must identify key personnel:
 - An Investment Director, who will assume responsibility for overseeing implementation of the Award. The Investment Director will serve as the primary point of contact for the

HPC and will lead implementation of the Initiative, but does not need to be an employee of the Applicant.

- A Financial Designee, who will be responsible for tracking HPC funds for the duration of the Award and for reporting expenditures as required by the HPC. The Financial Designee should possess the relevant skills and understanding of the Applicant's accounting practices. Typically, this person should not be the project manager or Investment Director but instead work within the finance or accounting department.
- (Optional) A Project Manager, who will provide coordination and management of Award implementation.

B. General Proposal Requirements

All exhibits necessary to complete a response to this RFP will be made available on the HPC's website, located under "Investment Programs." 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 VI.C** and signed by the President or Chief Executive Officer or Board Chair of the Applicant.
- 2) A resume for the Investment Director.
- 3) A **complete** Operational Response (including all Attachments) for funding as described in **Section VI.D**, including:
 - a. Applicant Initiative Response Template: Track 1 (**Attachment A, Exhibit 1**)
 - b. Applicant Initiative Response Template: Track 2a (**Attachment A, Exhibit 2**)
 - c. Applicant Initiative Response Template: Track 2b (**Attachment A, Exhibit 3**)
 - d. Logic Model Template (**Attachment A, Exhibit 4**)
 - e. Budget Proposal Response (**Attachment A, Exhibit 5**)
 - f. Measures Template (**Attachment A, Exhibit 6**)
- 4) Mandatory Contracting Forms. Each Application must include copies of the following documents signed by an authorized signatory of the Applicant:
 - a. Commonwealth Terms and Conditions (**Attachment B, Exhibit 1**)
 - b. Commonwealth Standard Contract Form and Instructions (**Attachment B, Exhibit 2**)
 - c. HPC Terms and Conditions (**Attachment B, Exhibit 2a**)
 - d. Contractor Authorized Signatory Form (**Attachment B, Exhibit 3**)

For each Proposal, the Applicant must submit **one (1)** electronic copy of all materials to the HPC the HPC-Procurement@state.ma.us email address. **Attachment A, Exhibits 1-6** 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 1-3**. To ensure file transmission, please limit the total file size to 5MB. Complete electronic Proposals must be submitted **no later than 3:00pm on Friday, April 6, 2018**.

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-SHIFT-2018-001
- 2) The name and principal address of the Applicant organization;
- 3) The Track for which the Applicant is submitting a Proposal;
- 4) A description of the Applicant's Legal Entity status (e.g., not-for-profit corporation, limited partnership, general partnership, etc.);
- 5) A statement that the Applicant's Proposal is effective through the date that the Applicant executes a Contract with HPC pursuant to this RFP;
- 6) The specific amount of funding requested (must match the HPC-funded figure in the Budget);
- 7) Affirmation that if awarded funding, the Applicant will complete all activities described in its Proposal;
- 8) Affirmation that if awarded funding, the Applicant will submit an Award Plan to be approved by the HPC and incorporated into the Contract;
- 9) Affirmation that if awarded funding the Applicant will begin Initiative activities on October 1, 2018 or on the date the Contract is executed, whichever is later;
- 10) A statement that all documents submitted by the Applicant are truthful and accurate;
- 11) A statement that the Applicant has read the RFP and all Attachments and understands the terms and conditions pursuant to which Initiative investments may be awarded; and
- 12) An attestation from that Applicant that the following mandatory contract 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, including the HPC Terms and Conditions
 - c. Contractor Authorized Signatory Form

D. Operational Response Instructions

The Applicant must complete all elements of the Operational Response as described below to be considered. The Operational Response consists of four Exhibits:

- 1) The Applicant Initiative Response (Attachment A, Exhibits 1, 2, & 3)
- 2) The Logic Model (Attachment A, Exhibit 4)
- 3) The Budget (Attachment A, Exhibit 5)
- 4) The Measures Template (Attachment A, Exhibit 6)

Applicant Initiative Response

The Applicant must submit a completed template with all questions answered, dependent on the track for which the Applicant is applying (Exhibit 1 for Track 1, Exhibit 2 for Track 2a, and Exhibit 3 for Track 2b). The Applicant must follow all instructions in the appropriate template. An Applicant's submitted Initiative Response may not exceed 20 pages, exclusive of attachments (e.g., CVs, articles or MOUs).

Logic Model

The Applicant must complete the appropriate logic model template depending on which track the Applicant is applying to (Exhibit 4 for Tracks 1 and 2a and Exhibit 5 for Track 2b). The logic model must include:

1. *Activities*

- a. The key elements of the planned Initiative. Describe specifically what Initiative staff will do, e.g., “Nurse practitioner at participating primary care clinic screens all patients for SUD” rather than “SUD screening.”
- 2. *Intermediate Results*
 - a. Intermediate results of the Initiative that will be included in the proposed evaluation plan. These will be tracked and reported to the HPC as the intermediate results specified in the measurement template. See Section II. C.
- 3. *Aim*
 - a. The aim statement must specify how the Proposal will reduce acute care utilization (e.g., 30-day readmissions or ED revisits, overall admissions or ED utilization), and the magnitude of the expected change.

For further guidance on how to write aim statements and examples, please refer to the Public Health Foundation resource page at http://www.phf.org/resourcestools/Pages/Developing_a_Population_Health_Driver_Diagram.aspx.

Budget

Applicants must complete the Budget template provided in Attachment A, Exhibit 6 indicating the funding requested for the Initiative. The Budget must include each Partner for whom funding is requested. Applicants must complete a single Budget Proposal Response for each Proposal.

Applicants must provide a brief description for each Budget item in the Notes column of the Applicant Budget tab. The description should link to the Initiative as described in the Applicant Initiative Response and logic model. Please see the “Instructions” tab of the Budget Proposal Response for further instructions.

Measures Template

Applicants must provide a detailed explanation of measures that will be used to track aims and intermediate outcomes. Please see the “Instructions” tab of the Measures Template for further instructions.

Section VII. Proposal Review, Selection & Award Process

A. General Provisions

This Request for Proposals for the HPC’s SHIFT-Care Challenge is issued pursuant to Section 178 of Chapter 133 of the Acts of 2016, M.G. L. c. 6D, § 7, 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 9-8-2014) (Grants Policy). Many terms included in 958 CMR 5.00, 958 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 **Section VI**.

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, will result from this RFP. The HPC also makes no guarantee that funds will be available to successful Applicants on this RFP.

B. Contact of Eligible Entities and any Partners with Health Policy Commission

Selection of Awardees pursuant to this RFP is being conducted consistent with state bidding practices. **Eligible Entities, any proposed Partners, 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 VII.C below.** 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. 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's contact person for the RFP.

C. Information Session and Questions

The HPC anticipates hosting an RFP Information Session to provide details about this funding opportunity and to answer questions from Applicants. The Information session is scheduled as follows and will be held via an online webinar—dates/times are subject to change. Updates will be posted on the HPC website under “Investment Programs.”

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

- January 11, 2018 at 2:00pm

Additional details about the Information Session will be posted on the HPC website under “Investment Programs.”

Applicants may make written inquiries concerning this RFP until no later than **March 23, 2018 at 3:00pm**, as specified in the Timetable in **Section IV.B.** of this RFP. Written inquiries must be sent to HPC-Procurement@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). HPC may respond individually to an Applicant regarding *de minimis* questions on process that are applicable only to the Applicant, 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 and the HPC Board Chair, pursuant to 958 CMR 5.07. The review committee will review and evaluate each Proposal based on the **Selection Criteria (Section V)**.

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 VI**;
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, or the HPC's Terms and Conditions.

The HPC may determine that non-compliance with an RFP requirement is insubstantial. The HPC 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 HPC in evaluation of each Proposal against the Selection Criteria.

2) Clarifications

The HPC 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 interview some Applicants. Interviews will provide Applicants with an opportunity to present their Proposal and provide answers to questions regarding the Proposal. Specific instructions and an invitation will be provided within a reasonable amount of time 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 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 will 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 Initiative. During finalization of the Contract, the HPC and an Awardee may negotiate a change in any element of the Awardee's Proposal that results in lower costs or higher impact.

The Board will 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 will notify all Applicants of their selection or non-selection for an Award. All Awards are contingent upon finalization of Contract terms by the Applicant and the HPC.

Section VIII. 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, located under "Investment Program." 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 <http://www.mass.gov/hpc/> or from a written communication from a permissible contact as specified in **Section VII.C**.

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

delayed, 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. Additional information about EFT is available on the [VendorWeb](http://www.mass.gov/osc) site (www.mass.gov/osc).

Successful Applicants, upon notification of Contract 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 that may be 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 News 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 logo and branding

Applicants are not allowed to display the Health Policy Commission logo and branding in their Proposal. Awardees are allowed to display the Health Policy Commission logo and 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 permissible RFP Staff.

C. Contract Documents

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 Initiative-specific terms and conditions (HPC Terms and Conditions); 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, the Standard Contract Form, or the HPC Terms and Conditions. Applicants are required to submit signed copies of the Commonwealth Terms and Conditions, Commonwealth Standard Contract Form, HPC Terms and Conditions, and Authorized Signatory Form (collectively, Contracting Forms) with their Proposals. Copies of the Contracting Forms are attached to this RFP. **Please note that the HPC reserves the right to modify the terms of the HPC Terms and Conditions, and an Awardee will be required to sign a final version of the HPC Terms and Conditions during the contracting process.** In addition, as part of the contracting process, each Awardee also will be required to sign a Request for Taxation Identification Number and Certification (W-9), an Authorization for Electronic Funds Transfer, and a Certification Regarding Disbarment and Suspension.

Appendix: Applicants Eligible for the Investments Program

For Tracks 1 and 2a, Eligible Entities are Massachusetts Providers and Provider Organizations, with preference given to HPC-certified ACOs (including provisionally certified ACOs), ACO Participants, and CHART-eligible hospitals. For Track 2b, Eligible Entities are hospitals with Emergency Departments, with preference given to hospitals that are participants in an HPC-certified ACO (including provisionally certified ACOs) and are CHART-eligible.

CHART-eligible Hospitals

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin Medical Center
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