

Request for Application

Health Information Technology (HIT)/Health Integration Innovation Mini-Grant

Federal Fiscal Year 2012

(State Fiscal Year 2012)

The Ohio Department of Mental Health is issuing this Request for Application (RFA) for award of federal Block Grant dollars to Community Mental Health Centers to fund multiple projects to support adoption of Health Information Technology and Behavioral /Physical Health Care Integration efforts. Applicant eligibility, project details, and application requirements are set forth below. The deadline for submission of applications is 2:00 p.m. on Tuesday, February 21, 2012. The awards are expected to be announced by March 1, 2012, with work to commence on March 1, 2012 and to be completed by June 30, 2012.

I. Introduction of the Initiative

Demonstration of Need

Ohioans with Serious Mental Illnesses (SMI) experience rates of somatic physical health morbidity and mortality that far exceed those of the general population. State and national research has revealed that the years of life lost attributable to this common co-morbidity are significant. Causes of high morbidity and premature mortality are often preventable and treatable medical conditions associated with modifiable risk factors such as obesity, poor nutrition, lack of exercise and smoking.

The Ohio Department of Mental Health (ODMH), in conjunction with Case Western Reserve University, investigated the causes of deaths of seriously mentally ill consumers who died between 2004 and 2007 and who were served by the Ohio state-operated psychiatric hospitals and/or publicly funded community-based mental health programs (pending publication). When compared to decedents in Ohio's general population over the study's time frame, only 32% of the seriously mentally ill consumers were 65 years or older at the time of their deaths, compared to 75% of the general Ohio population.

An earlier Ohio study examined mortality and medical comorbidity among patients with serious mental illness admitted to an Ohio public mental health hospital between 1998 and 2002. Heart disease (21%) was the leading cause of death for these patients. The mean age at death for decedents with Ohio public mental health hospital admission was 47.7 years, corresponding to an average of 32 years of potential life lost per patient (Miller et al., 2006).

In a recent study funded by the Northeast Ohio Medical University's BeST Center and the Health Foundation of Greater Cincinnati and conducted by Health Management Associates and the Ohio Colleges of Medicine Government Resource Center it was found that in Ohio:

- Adults with serious mental illness (SMI) represented about 10% of the Medicaid population and 26% of total Medicaid expenditures.
- The rate of co-occurring chronic physical health conditions is higher among individuals with SMI and particularly among individuals with schizophrenia and psychosis.
- Adults with SMI have approximately twice the rate of hospitalization and ED visits for many ambulatory care sensitive conditions including diabetes, COPD, pneumonia and asthma.
- Adults with schizophrenia have over twice the rate of hospital emergency department (ED) visits for hypertension and diabetes.

In addition to the statistics above, it is widely known that behavioral health treatment approaches can contribute to high risk health conditions: second generation anti-psychotic medications are highly associated with weight gain, diabetes, abnormal cholesterol levels and metabolic syndrome. We also know that treating the mental illness alone is not enough.

Creating linkages to other medical, wellness and preventive services are as important as mental health treatment and rehabilitation for persons with Serious and Persistent Mental Illness. In order to truly improve outcomes and the quality of life for the individuals with SPMI, it is important to focus more attention on the general health care problems that interfere with recovery.

In light of the morbidity and mortality data for Ohioans with Serious and Persistent Mental Illness, the state of Ohio has made enhanced care coordination and integration of behavioral and physical health care a priority within the current budget. Specifically, the state has identified as a priority the design and implementation of Medicaid health homes for individuals with serious and persistent mental illness. Community Behavioral Health Centers (CBHCs) with demonstrated integration of physical and behavioral health services and adoption of Health Information Technology (HIT) are in a strong position to apply to become Medicaid health homes.

Available Funding

ODMH will make available a maximum award of up to \$50,000, per applicant for selected activities or work completed between March 1, 2012 and June 30, 2012.

II. Purpose of the Initiative

The Ohio Department of Mental Health has been working in partnership with the Governor's Office of Health Transformation and the Ohio Department of Job and Family Services, Office of Ohio Health Plans, as well as a number of providers and interested stakeholders to develop a Medicaid State Plan Amendment (SPA). This specific SPA is being designed to create a comprehensive system of care management and care coordination, using the concept of a health home, inclusive of integrated/bi-directional behavioral and physical health care services to meet all the health care needs of adults with Serious and Persistent Mental Illness and children with serious emotional disturbances (SED) within community behavioral health centers

(CBHCs). While this SPA development has been occurring over this last year there is recognition that the work necessary to transform the current system is on an aggressive timeframe and that existing local community behavioral health centers are at different stages of readiness to become health homes.

ODMH will be awarding these block grant funds to enable community behavioral health centers, that demonstrate that they are in the process of moving towards becoming a CBHC health home, to accelerate their organizational change or to plan and implement innovative processes or services to meet the requirements for CBHC Medicaid health home designation. Examples of activities that may be supported or enhanced with grant funds include but are not limited to: technical assistance, needs assessments, co-location activities (excluding construction), efforts to attain certifications, accreditations and special designations, population management, e-prescribing, quality improvement, data management, staff training, certified EHR and information exchange interfaces which will also include intake from other data sources for utilization review activities, billing interfaces, telehealth innovations, implementation of patient registries, development and implementation of prevention and wellness programs, addition of enhanced services to include physical primary care and/or dental needs, implementation of chronic disease management and evidence-based clinical practice guidelines, and/or care coordination and management. These funds cannot be used for construction, major capital improvements, medical equipment or other large equipment purchases.

III. Proposal Requirements

A. Applicant Eligibility

Applications for SFY12 funding for Health Information Technology/Health Integration Innovation grants pursuant to this Announcement may be submitted only by ODMH licensed or certified mental health provider agencies.

B. Proposal Narrative

1. Proposal narrative should address each of the following questions or requests for information:
 - a. Describe in detail the proposed activity(s) to be funded that will enhance or accelerate the organization's ability to provide integrated behavioral health/physical health services and/or implement or improve Health Information Technology;
 - b. Provide an overview of the organization's plan for becoming a health home or integrated health center;
 - c. Provide a project plan, with timeline, that demonstrates the organization's readiness and ability to perform the proposed activities in the required timeframe;

- d. Provide a detailed project budget for the proposed activities;
- e. Describe current and/or previous related activities undertaken by the organization in preparation to provide integrated behavioral and physical health care services or HIT initiatives;
- f. Describe how the funded activities will provide benefit to the population being served.

C. List and describe proposed staffing/contractors required to perform activities

1. Positions
2. Duties, services or work to be provided
3. Professional Qualifications
4. FTE% and/or amount of service or work provided
5. Organization's project manager/supervisor for this project

D. Attachment Section shall include

1. Budget
2. Identification of other health integration activities/work already completed
3. SFY 2012 Application for Funding of New Programs and Projects
4. SFY 2012 Performance Measurement Worksheet
5. Executed ODMH Agreement and Assurances with copy of most recent audit and copy of proof of liability insurance

IV. Evaluation Criteria

Selection for funding will be based on evaluation of the following questions:

1. Will the project enhance Ohio's expansion of integrated behavioral and physical health care services?
2. Does the organization demonstrate a feasible and effective plan to provide integrated behavioral and physical health care services?
3. Does the organization's project plan demonstrate a readiness and ability to complete the activities/work within the required timeframe?
4. Is the budget within the limits specified, for allowed types of expenditures, and reasonable for activities/work proposed?
5. Has the organization demonstrated a readiness for change as demonstrated by current or previous activities/work related to providing integrated health services, work towards achieving health home designation, or HIT adoption/innovation?

6. Has the organization demonstrated that, if funded, these activities are related to health integration, and/or HIT innovation efforts that can benefit the population being served?

As part of the selection process, finalists may be asked to present their proposal to key stakeholders in Columbus, Ohio.

V. Application Submission Process

A. Application Due Date

The submission deadline for Applications is 2:00 p.m. on Tuesday, February 21, 2012. Late submissions may not be considered. The risk of delay or failure of delivery of an application rests with the submitter.

B. Where to Send Application

All applications must be submitted as hard copies with an electronic file by 2:00 p.m., Tuesday, February 21, 2012, via hand delivery, U.S. mail, or other courier service to:

Beth Ferguson
Office of Health Integration
Ohio Department of Mental Health
30 East Broad Street, 7th Floor
Columbus, OH 43215-3430

C. Application Requirements

All applications must be submitted in MS Word, with 12 point type and 5 hard copies. Applications must meet all requirements set forth in this RFA.

A cover sheet that includes the following must accompany the application:

Applicant's name
Board name
Applicant's business address
Applicant's business telephone number
Applicant's email address
Name, phone number, and email address of Applicant's grant contact person.

D. Questions/Inquiries

Inquiries about the content of this RFA, or the process for submission or evaluation of an application may be submitted in writing only, by electronic mail, U.S. mail or other courier to:

Beth Ferguson
Office of Health Integration
Ohio Department of Mental Health
30 East Broad Street, 7th Floor
Columbus, OH 43215-3430
E-mail: Beth.Ferguson@mh.ohio.gov

Responses will be provided to inquiries received by Tuesday, February 14, 2012. Responses to all inquiries will be posted to the ODMH website at <http://mentalhealth.ohio.gov> by 2:00 p.m. on Friday, February 17, 2012.

E. Award Date

ODMH anticipates making funding decisions (selections) by March 1, 2012.

The Director of ODMH or designee, in her capacity as chief executive and administrative officer of the department and the state's designee to administer federal Community Mental Health Block Grant, will make final grant sub-awards based on her consideration of the recommendations of the review team and, if applicable, consideration of the application materials. The decision made by the Director or designee to award, modify or not-award is final.

F. Commencement of Work

The awarded projects should begin work as soon as all agreements are in place.

VI. Conditions:

The Department reserves the right to reject, in whole or in part, any and all applications where the Department, taking into consideration factors including, but not limited to, cost and the results of the evaluation process, has determined that the award would not be in the best interest of the Department.

All eligible applicants for funding must submit written applications in the format specified in this Request for Applications Announcement. If the application does not meet the review criteria, ODMH reserves the right to make no sub-award, make a sub-award for a lesser amount, make alternative sub-award for the specified project or make sub-award for a shorter duration. ODMH reserves the right to ask clarifying questions, issue conditional awards, and negotiate a best and final application with one or more applicant(s). Failure to submit an application by the required deadline may result in rejection of the application. ODMH reserves the right to waive errors and omissions that do not materially affect the outcome of said application. Errors and omissions may result in lower evaluation scores or rejection of the application.

Applicant will be solely responsible for reporting, withholding, and paying all employment related taxes, payment and withholdings for his/her self and any personnel, including but not limited to: Federal, State, and local income taxes, social security, unemployment or disability deductions, withholdings, and payments.