

## Request for Application

### Health Home/Health Integration Technical Assistance (TA) Resource Center Grant

Federal Fiscal Year 2013  
(State Fiscal Year 2013)

The Ohio Department of Mental Health is accepting applications for fiscal year (SFY) 2013 for Health Home/Health Integration Technical Assistance (TA) Resource Center. The purpose of this grant is to create a state-wide technical assistance resource center to support the implementation of CBHC health homes and bidirectional integration of primary and behavioral health care. Applicant eligibility, project details, and proposal requirements are set forth below. **Applications MUST be submitted by 4:00 p.m. on Monday, November 26, 2012.** The award is expected to be announced by November 30, 2012 with work to commence on December 3, 2012 and be completed by June 30, 2013.

#### I. Introduction of Initiative

##### Demonstration of Need:

Ohioans with Serious and Persistent Mental Illness (SPMI) 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. Creating linkages to other medical, wellness and preventive services are as important as mental health treatment and rehabilitation. 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.

With this in mind, the Ohio Department of Mental Health (ODMH) promotes the development of bi-directional integration of physical and behavioral health services to prevent and reduce co-morbidity and early loss of life of persons with mental illness. ODMH supports adoption of integrated health care service delivery approaches by offering Technical Assistance and resources, funding health integration projects, conducting research studies, participating in statewide initiatives, setting policy and enacting or amending rules & statute that support integrated care. ODMH has also created a designated office, the Office of Health Integration, to lead and coordinate the department's diverse health integration efforts including implementation of the health home service for individuals with SPMI.

ODMH teamed up with the Office of Medical Assistance (Ohio Medicaid) to design and implement Medicaid health homes for individuals with SPMI. On September 17, 2012, Ohio was notified of the approval of its State Plan Amendment submitted to the Centers for Medicare and Medicaid Services (CMS) to add the Health Home benefit to the array of services available to Medicaid beneficiaries with SPMI.

Health Homes treat the whole person through an integrated and coordinated system of service delivery using a multi-disciplinary team approach that addresses an individual's multiple chronic and complex conditions, and also links them to non-clinical community supports. More coordinated care among clinical specialists and service providers, and better communication with the consumer and caregivers, will result in a better quality of life.

The Health Home service for individuals with SPMI is designed to: improve care coordination; improve integration of physical and behavioral health care; improve health outcomes; lower rates of hospital emergency department use; reduce hospital admissions and readmissions; decrease reliance on long term care facilities; improve the experience of care and consumer quality of life; and reduce healthcare costs.

The following Health Home service components are available for individuals with SPMI: comprehensive care management; care coordination; health promotion; comprehensive transitional care and follow-up; individual and family support; and referral to community and social support services. Adults and children who have Medicaid benefits and meet the ODMH definition of SPMI -- which includes adults with serious mental illness and children with serious emotional disturbance -- are eligible for health home service in community behavioral health centers (CBHCs).

CBHCs, that meet state-defined requirements, including integration of primary and behavioral health care services, can qualify as health homes. Health home service is provided by a team consisting of the following health care professionals: Health Home Team Leader; Embedded Primary Care Clinician; Care Manager; and Qualified Health Home Specialist.

A phased-in addition of the health home service began October 1 in five counties. The phase I counties include Scioto, Adams, Lawrence, Butler and Lucas. Phase I implementation will be followed by Phase II in 30 additional counties, tentatively on April 1, 2013 and Phase III in the remaining 53 counties, tentatively on July 1, 2013.

### Purpose of Initiative

The primary goal of this initiative is to establish a Technical Assistance (TA) Resource Center to assist CBHCs with the implementation of health home service for individuals with SPMI, and support the behavioral health care system's efforts towards the bidirectional integration of Primary and Behavioral Health Care. This TA Resource Center will be responsible for the

provision of consultation, technical assistance and training to assure the successful implementation and operation of CBHC health homes and integrated care programs. Given CBHCs' varying levels of experience with organizational change and clinical best practice implementation, the State will need to assess providers' learning needs. The TA Resource Center will provide a mechanism to assess providers' learning needs and create a minimum level of competence among CBHCs to transform the service delivery. The TA Resource Center will assist CBHCs to integrate Primary and Behavioral Health Care, meet the initial health home requirements as well as the phased-in requirements and foster greater consistency across CBHC health homes within the different regions. Currently, the state does not have an existing mechanism for providing technical assistance and lacks staffing and resources necessary to implement these practice transformation and workforce training activities.

## **II. Scope of Project Work**

Technical Assistance Resource Center for Health Homes and Health Integration will be housed in the Office of Health Integration at ODMH, and function as an extension of this office. The TA resource center will be composed of a virtual team of diverse consultants and entities who will provide technical assistance and training needed to support CBHCs in their transformation efforts to integrate the behavioral and physical health care and implement the health home service for individuals with SPMI.

As a state-wide resource, the TA resource center will provide technical assistance to approved CBHC health homes in phase I regions as well as those CBHCs that are interested in integrating the primary and behavioral health care and/or becoming health homes. Additionally, the TA Resource Center will be available to Alcohol and Drug Addiction and Mental Health Services Boards/Community Mental Health Boards, as indicated, to support the department's priorities including the FY13 Community Mental Health Investments regional collaborative initiatives.

Specifically, the TA Resource Center will consist of the following four components under the direction of the ODMH Office of Health Integration:

- A. **Technical Assistance and Training for CBHC Health Homes** will focus on program planning, development, implementation and sustainability. Grant funds must be used primarily to support technical assistance and training to approved health home providers and other CBHCs transforming to become health homes through the following types of activities: Needs assessment; Strategic planning including financial planning; Organizational/structural change; Provider/network development; Workforce development; Accreditation/certification requirements; Wellness and health promotion/prevention initiatives; Documentation processes; Data infrastructure and

management information systems (MIS) development; Quality and process improvement efforts; Performance measurement development; HIT adoption; and Physical and Behavioral Health Care integration. TA and Consultation will include a package of individual technical assistance and learning activities including in-person visits to each health home, and monthly coaching calls to develop and implement individualized action plans and solve common implementation challenges in individual health homes. The TA resource center will utilize a readiness assessment tool for CBHC health homes to determine needs and readiness and monitor progress with adherence to the health home provider standards. The TA resource center will coordinate with and participate in the Medicaid Health Home Learning Community initiative and other related grant projects as indicated to better support the health homes and help ODMH leverage expertise and resources. As part of the learning community, the TA resource center will assist participating health homes to identify their proposed change teams and develop their goal statements. The TA resource center will develop and disseminate resources, and assist ODMH with policy development to advance the health home service delivery model. A provider survey will be conducted to evaluate the providers' experience and satisfaction. Through this grant, the TA resource center will increase the number of CBHCs successfully certified and implemented the health home service for individuals with SPMI and increase the number of health care providers trained in the concepts of health integration, health homes and wellness.

- B. **Technical Assistance and Training for Health Integration** will focus on program planning, development, implementation and sustainability. Grant funds must be used primarily to support technical assistance and training to CBHCs adopting integrated health care service delivery approaches through the following types of activities: Needs assessment; Strategic planning including financial planning; Organizational/structural change; Provider/network development; Workforce development; Accreditation/certification requirements; Wellness and health promotion/prevention initiatives; Documentation processes; Data infrastructure and management information systems (MIS) development; Quality and process improvement efforts; Performance measurement development; and HIT adoption. TA and Consultation will include a package of individual technical assistance and learning activities including in-person visits, and monthly coaching calls to develop and implement individualized action plans and solve common implementation challenges. TA and Consultation will also include utilization of a readiness assessment tool to determine needs and readiness and monitor progress with adherence to selected health integration model or approach. The TA resource center will develop and disseminate resources and assist ODMH with policy development to advance the integrated health care delivery model. A provider survey will be conducted to evaluate the providers' satisfaction and experience.

Through this grant, the TA Resource center will increase the number of CBHCs using integrated health care service delivery approaches and the number of health care providers trained in the concepts of health integration, holistic health and wellness.

- C. **A standardized health home training curriculum for CBHC health homes** will be developed to educate clinical staff, support staff and leadership on key health home concepts including, but not limited to, the health home service components, functions of the health home team members, integrated care approach, person-centered care and service delivery, health home performance measures, use of data and health information technology/health information exchange to enable or enhance health home service delivery. Through this program, the TA resource center will develop a standardized Ohio Health Home Training curriculum for CBHC health homes.
- D. **Health Integration/Health Home Readiness Assessment Tool(s)** will be developed to determine the needs, assess the readiness and monitor the adherence of CBHCs to the health integration and health home program models. Health Integration and Health Home Readiness Assessment may be combined in a single tool or exist as two separate tools.

### **III. Available Funding**

ODMH will make available a maximum Block Grant award of \$434,450, for selected applications. Work must be completed between December 3, 2012 and June 30, 2013. Under this RFA, there are four separately funded components and applicants may apply for one or more of the following four components: 1) Technical Assistance and Training for CBHC Health Homes (\$200,000); 2) Technical Assistance and Training for Health Integration (\$154,450); 3) Standardized Health Home Curriculum (\$30,000); and 4) Health Integration/Health Home Assessment Tool(s) (\$50,000). Funding decision for each of the four components will be based on the evaluation of the each individual component.

#### **Proposal Requirements**

##### **A. Applicant Eligibility**

Applications for SFY13 funding for Health Home/Health Integration Technical Assistance (TA) Resource Center pursuant to this Announcement may be submitted by domestic public or private non-profit entities including public or private universities and colleges. Estimated number of grantees is between one and four. Interested applicants may submit an application for one or more of the four components described in the scope of project section of this RFA.

To be considered for funding, applicants must be experienced in developing and delivering technical assistance to behavioral health provider systems on a

national and/or state-wide basis. Applicants must demonstrate that they have a state-wide presence with the behavioral health provider community. Applications are encouraged from entities with experience in the provision of training and technical assistance in the area of primary care and behavioral health integration for individuals with SPMI. Collaborations between organizations on an application and joint applications from behavioral health **and** primary care training and technical assistance entities are strongly encouraged.

**B. Proposal Narrative**

Proposal narrative shall be a maximum of 10 pages, single spaced, in 12 point Times New Roman font. Proposal narrative must address all of the following questions or requests for information for each of the four components the applicant is applying for:

- a. Describe in detail the proposed activity(s) to be funded that will promote health integration and health home service delivery models. Include detailed descriptions of technical assistance, consultation, workforce training activities, standardized health home training curriculum and health home/health integration readiness assessment tools to be developed and provided to assist community behavioral health agencies in health integration and health home practice transformation;
- b. Provide a project plan, with timeline, that demonstrates the organization's capability to perform the proposed activities in the required timeframe;
- c. Provide a detailed project budget for the proposed activities; Applicants are required to submit separate budgets for each of the four components they are applying for;
- d. Describe how the funded activities will provide benefit to consumers with Serious and Persistent Mental Illness.

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

- a. Positions
- b. Duties, services or work to be provided
- c. Professional Qualifications
- d. FTE% and/or amount of service or work provided
- e. Organization's project manager/supervisor for this project

**D. Attachment Section shall include**

- a. Budget

**NOTE: Applicants must complete and submit a separate budget for each of the four components they are applying for.**

- b. SFY 2013 Application for Funding of New Programs and Projects

**NOTE: Do NOT complete pages 1, 2, and 3 of the application. Begin the application on page 4. Applicants MUST refer to specific sections of the RFA on pages 5 through 7 AND complete the budget section.**

**IV. Evaluation Criteria**

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

1. Does the applicant have experience in developing and delivering technical assistance and resources to behavioral health provider systems on a national and/or state-wide basis?
2. Does the applicant have experience with public sector projects, particularly relating to the behavioral health system?
3. Is the applicant knowledgeable about the integrated health care delivery models and design and implementation of Ohio's CBHC Health Homes?
4. Will the project enhance ODMH's health integration and health home implementation efforts?
5. Does the applicant demonstrate a feasible and effective plan to carry out the activities required for this project?
6. Does the applicant's project plan demonstrate a readiness and ability to complete the activities/work within the required timeframe?
7. Is the budget within the limits specified, for allowed types of purchases and reasonable for activities/work proposed?

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

**V. Requirements for Award**

The selected applicant(s) for award must execute the department's Agreement and Assurances document, as well as appendices to that document, unless current executed versions of the Agreement and Assurances are already on file with the department.

## VI. Application Submission Process

### A. Application Due Date

**The submission deadline for Applications is 4:00 p.m. on Monday, November 26, 2012. Late submissions will 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 on a disk, thumb drive, or by e-mail by November 26, 2012 at 4:00 PM Eastern Standard Time, via hand delivery, U.S. mail, or other courier service to:**

Heather King  
Office of Health Integration  
Ohio Department of Mental Health  
30 East Broad Street, 7<sup>th</sup> Floor  
Columbus, OH 43215-3430  
E-mail: [Heather.King@mh.ohio.gov](mailto:Heather.King@mh.ohio.gov)

### C. Application Requirements

**All applications must be submitted in MS Word, 12 point Times New Roman font. Five (5) hard copies must be submitted. Applications must meet all requirements set forth in this RFA.**

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

Applicant's 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 on or before November 19, 2012, 4:00 PM Eastern Standard Time, to:

Afet Kilinc  
Office of Health Integration  
Ohio Department of Mental Health  
30 East Broad Street, 7<sup>th</sup> Floor  
Columbus, OH 43215-3430  
Phone 614-752-9703  
E-mail: [Afet.Kilinc@mh.ohio.gov](mailto:Afet.Kilinc@mh.ohio.gov)

Responses to inquiries will be posted to the ODMH website at <http://mentalhealth.ohio.gov/what-we-do/protect-and-monitor/medicaid/hhc-main.shtml> under "Updates" by 5:00 PM Eastern Standard Time, on November 20, 2012.

**E. Award Date**

ODMH anticipates making funding decisions (selections) by **November 30, 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.

**VII. 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 will 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.