

# Capital Restructuring Financing Program Application

Bronx Partners for Healthy Communities (BPHC)

## All-Member Webinar

Wednesday, December 3<sup>rd</sup>

3:00PM – 4:00PM

# CRFP Capital Funding – State Requirements

**\$1.2 billion over six years for capital projects that will enhance the quality, financial viability and efficiency of the NYS health care delivery system.**

## Capital RFA Key Points

- Eligible providers must apply **through one PPS lead**; PPS Lead submits Proposal to DOH
- **PPS lead must rank projects in order of priority**
- Eligible applicants: hospitals; PCPs; home care providers; entities with operating certificates issued by DOH, OMG, OPWDD, OASAS, OMH; assisted living providers; residential health care facilities; licensed clinics
- Not-for-profit and/or proprietary applicants are eligible after **preauthorization on the Grants Gateway website**
- Preference will be given to applicants committing matching funds, “demonstrate transformational change” and/or demonstrate significant financial need
- Focus is on projects that support development of primary care, benefit Medicaid and uninsured, and are closely related to DSRIP program goals

## Eligible Expenses

### Funding is available for capital expenditures related to:

- Planning or design of changes to a fixed asset, including plans/specs/engineering
- Construction and renovation
- Asset acquisitions
- Equipment, including HIT

## Ineligible Expenses

### Funding is *not* available for expenditures related to:

- Personnel, supplies, utilities, other operating costs, or working capital

# Statewide CRFP Funding Priorities

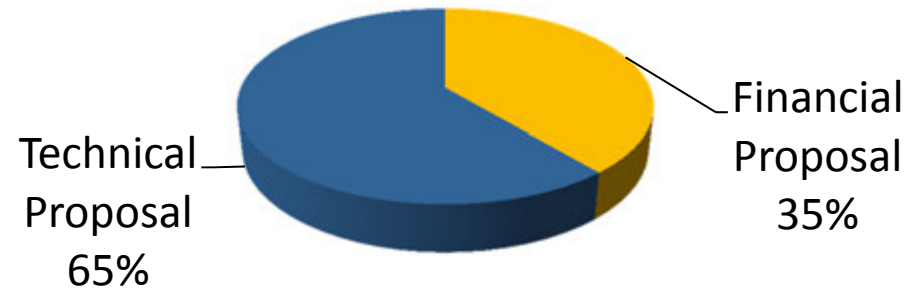
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## Capital projects viewed most favorably will:

- (1) create or expand **primary care** capacity
- (2) promote **care coordination** among providers (*for example, development of tele-health infrastructure, medical villages, co-located primary, specialty and behavioral outpatient services*)
- (3) promote **patient-centered care** (*medical and health homes*)
- (4) **reduce avoidable hospital & nursing home admissions, ER visits**
- (5) benefit the **largest # Medicaid** beneficiaries and uninsured individuals
- (6) include as much funding as possible from **other funding sources** and represent a significant investment beyond CRFP funding
- (7) result in a **reduction of inpatient beds** and the **continuation or expansion of ambulatory care and emergency services in a community**

# State's Capital Application Scoring Methodology

## Application Score



### Technical Proposal

- Executive Summary
- Project Description **(10 pts)**
- Application Qualifications; Project Participants and Project Readiness
- Relationship of Eligible Capital Project to Community Need **(20 pts)**
- Relationship of Eligible Capital Project to DSRIP Goals **(25 pts)**
- Transformational change **(10 pts)**
- Regulatory waivers

### Financial Proposal

- Project Funding and Match **(15 pts)**
- Project Budget **(5 pts)**
- Cost Effectiveness **(5 pts)**
- Project Financial Viability and Applicant Long-term Sustainability **(10 pts)**
- Demonstration of significant financial need (if appropriate) **(10 pts bonus)**

# Technical Proposal

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## Summary of the requirements for the Technical Proposal Response

- Executive Summary (not scored)
  - Clearly and concisely describe the project proposed, including its objectives, the population being served, the community need being addressed, and how the outcomes support DSRIP project goals
- Project Description and Workplan (10 points)
  - Describe capital project and how it relates to DSRIP projects
  - Attach workplan with key milestones, objectives, accountable parties and target dates. **Milestones must “rise to the level of CON review”**
- Applicant Qualifications, Project Participants, Project Readiness (not scored)
- Relationship to Community Need (20 points)
  - Describe how the project will relate to identified health needs in the community, based on documented information and data
  - Includes a full description of population to be served, an assessment of existing healthcare infrastructure and environment, and articulation of exactly how the project addresses an identified service gap in the community
- Relationship to DSRIP Goals (25 points)
  - **Describe and justify how this project advances each of the DSRIP program goals and how it contributes to the overall DSRIP goal of a 25% reduction in avoidable hospital use over five years**
- Transformational Change (10 points)
  - Describe how project will support transformation from a fee-for-service system to a value-based system

# Linking of Capital Needs to BPHC's DSRIP Projects



## Integrated Delivery System

- **IT infrastructure**, primarily for analytics and reporting and for network management
- **Primary care and/or urgent care expansion** to support all projects
- **Call center** to connect providers, patients and caregivers to care management
- **Restructuring** of hospital/other inpatient beds



## ED Triage

- **Community respite center** to support implementation of Parachute program
- **Mobile crisis vehicles** to support implementation of Parachute program



## 30 Day Care Transitions

- **Community respite center** to support implementation of Parachute program



## Health Home At Risk / Expansion

- None identified to date



## Behavioral Health Integration

- **Renovations/expansions** to allow co-location at larger, institutional clinic and PCP partners



## Asthma Project

- **None identified to date**, but outreaching to home-based asthma organizations



## Cardiovascular Disease Management

- **Patient monitoring equipment** to allow medical monitoring of most complex patients



## Diabetes Management

- **Patient monitoring equipment** to allow medical monitoring of most complex patients

# Workplan Template

OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES
1:		a.	i.
		ii.	
		iii.	
		b.	i.
		ii.	
		iii.	
		c.	i.
		ii.	
		iii.	

# Financial Proposal

## Summary of the requirements for the Financial Proposal Response

- Project Funding and Match (15 points)
  - Identify and describe all other sources of funding for the capital project
  - **The applicant(s) with largest proportion of match dollars per grant dollar will receive full 15 points; all other applicants will receive a pro-rated share of the 15 points**
  - Applicants with no matching funds will receive no points
- Project Budget (5 points)
  - List all expenditures for capital projects, including those funded through other sources
  - Discussion of the reasonableness of each budget item, including benchmarks to determine amounts
  - Each budget justification should show how it supports the overall Project
  - List project fund sources
- Cost Effectiveness (5 points)
  - Describe and quantify how the Project will result in savings to the health care system
  - Quantify proposed return on state grant investment relative to Project costs
  - Include method by which projected savings will be verified after Project is complete
- Project Financial Viability and applicant long-term sustainability (10 points)
  - Provide detailed discussion how the Project will support long-term sustainability upon completion
  - Include pro forma statements with timeframe from Project start to three years after Project completion
  - Provide evidence of financial stability

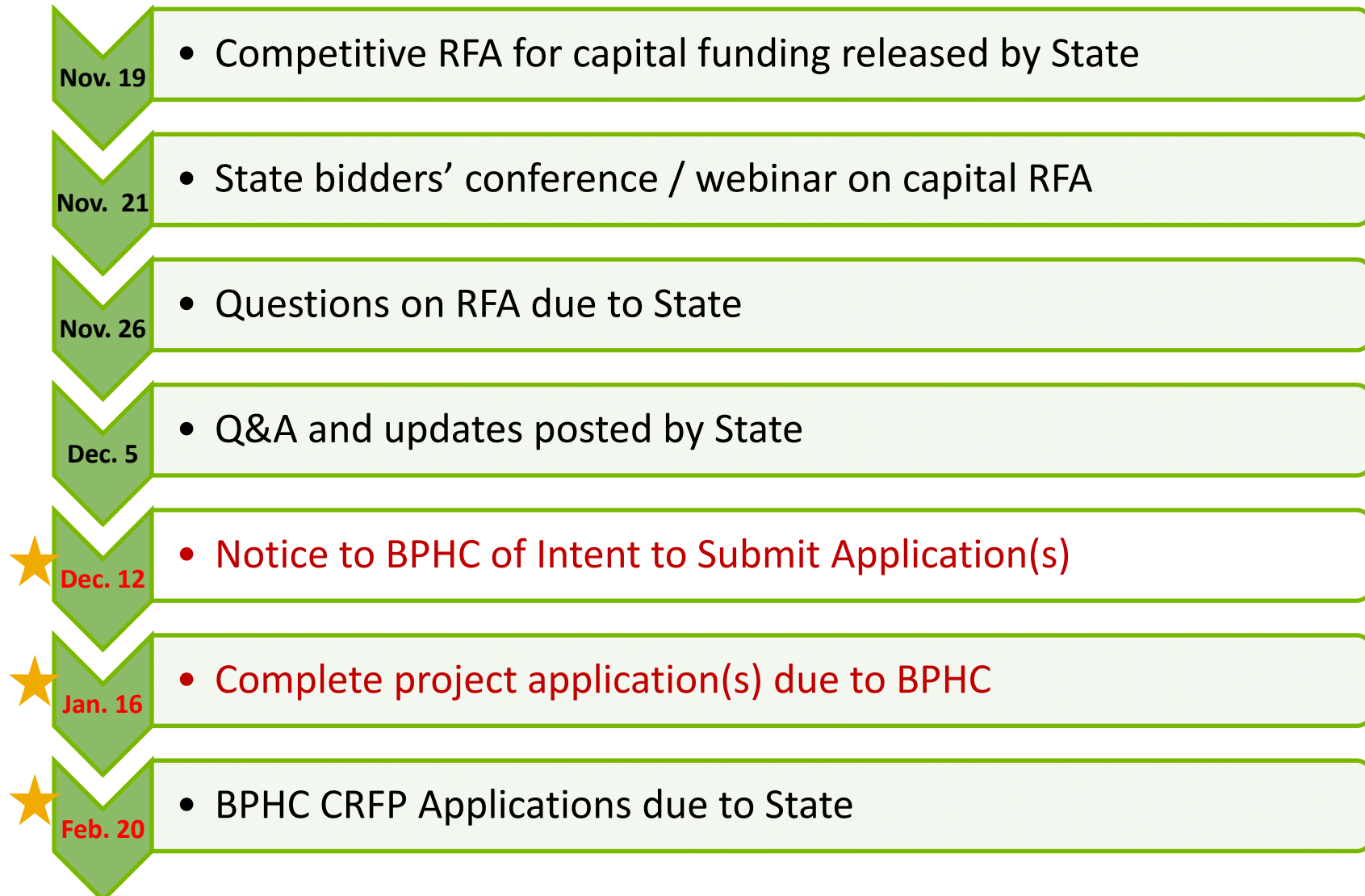


# Capital Project Budget Template

CATEGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	MATCH %	OTHER FUNDS	TOTAL
1. Scoping and Pre-Development					\$0.00
2. Design					\$0.00
3. Acquisition					\$0.00
4. Construction					\$0.00
5. Administration					\$0.00
6. Working Capital/Reserves					\$0.00
7. Other					\$0.00
<b>TOTAL</b>	\$0.00	\$0.00		\$0.00	\$0.00

SCOPING AND PRE DEVELOPMENT - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
<b>TOTAL</b>				\$0.00

# CRFP Planning Timeline



★ Indicates that the date was changed this week

# Notice to BPHC of Intent to Submit Application(s)

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The following information should be included in your notice of intent to submit a Capital RFA application:

1. Name of organization
2. Name, email, and phone number of main contact person
3. Short one-sentence description of the purpose for the capital project
4. Identification of which DSRIP project(s) the capital project will support

If an organization intends to submit more than one capital application, please answer questions 2-3 for each project

# Application Prioritization Criteria

The BPHC PPS will prioritize completed capital applications based on the following criteria:

- 1. Completeness of the application**
  - Applications should be received complete and ready to submit to the DOH
- 2. Extent to which aligns with DSRIP vision and projects selected by the BPHC PPS**
- 3. Relationship to Community Need Assessment and scale of impact**
  - Extent to which addresses identified, data-driven community health needs
  - Relative number of Medicaid enrollees and uninsured individuals who will benefit
- 4. Quality of project work plan**
  - Milestones that are able to rise to the level of CON review
  - Speed and scale of implementation – alignment with associated project timing in the DSRIP application
- 5. Project viability and sustainability**
  - Relative savings to the health care system from avoidable admissions, ER visits, improved safety, etc.
  - How project will support financial viability of PPS and applicant upon completion
- 6. Extent of matching funds**

# CRFP Application Process – Discussion / Questions

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CRFP presents an important opportunity for BPHC partner entities to access capital needed to support implementation of DSRIP projects

## Key aspects of the CRFP Application Process

- Eligible entities
- Definition of capital projects
- Priorities for funding – linked to overall and PPS-specific DSRIP goals
- Technical application requirements
- Financial application requirements
- Administrative requirements
- Required submission of complete applications to BPHC for submission

Questions on CRFP requirements? The application process??

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## **Appendix – Additional Info: BPHC DSRIP Projects and CRFP Attachments**

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# DSRIP: BPHC's Clinical Project Interventions

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## 2.a.iii Health Home At Risk Intervention Program

- Embed care managers in PCPs to provide care management services to Health Home (HH) and 'at risk' HH patients. Conduct aggressive outreach in variety of settings to engage these populations and connect them to PCPs/PCMHS.
- Strengthen current capabilities of Bronx HHs by implementing standards to ensure high quality HH services. Coordinate care management services across entities to achieve 'One Care Manager per Patient'.

## 2.b.iii ED care triage for at-risk populations

- Expand the Montefiore CMO Clinical Navigator program, which teams nurses with ED physicians to assess/divert lower risk patients from acute admission and link them with PCP and HH services.
- Expand use of the Parachute program to divert mentally ill individuals from ED and inpatient admission.

## 2.b.iv Care Transitions to Reduce 30 Day Readmissions

- Implement the Bronx Collaborative care transitions program, which provides care coordination/management and discharge planning for patients with medically complex conditions pre- and post- discharge.
- Implement the Critical Time Intervention (CTI), an empirically-based intensive case management model targeted to individuals with mental illness after discharge from hospitals, shelters, and other institutions.

## 3.a.i Integration of Primary Care and Behavioral Health Services

- Expand implementation of the Collaborative Care Model (e.g. IMPACT) to all PCMH Level 3 sites.
- Pursue physical co-location (with PCPs in behavioral health sites and with BH providers in primary care sites) where feasible. Co-located primary care sites will also implement the Collaborative Care Model (CCM).
- Pursue virtual co-location where physical co-location is not feasible

# DSRIP: BPHC's Clinical Project Interventions *(continued)*

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## 3.b.i Evidence-based Strategies for Disease Management – Cardiovascular

- Helping primary practices attain 2014 Level 3 PCMH recognition to develop care coordination teams for CVD management
- Leverage the Million Hearts Initiative clinician guide for Hypertension as a framework for CVD management
- Implement standardized evidence-based hypertension and cholesterol protocols.

## 3.c.i Evidence-based Strategies for Disease Management – Diabetes

- Helping primary practices attain 2014 PCMH Level 3 recognition to develop care coordination teams for diabetes management
- Implement standardized evidence-based diabetes protocols

## 3.d.ii Expansion of Asthma Home-based Self-Management Program

- Contract with a.i.r. nyc to send trained community health workers (CHWs) into patients' homes to educate families, identify asthma exacerbation factors, discuss medication use, and assist in completing an asthma action plan
- Institute evidence-based asthma management protocols for PCPs and conduct PCP outreach

## 4.a.iii Strengthen Mental Health & Substance Abuse Infrastructure Across Systems

- Participate in MEB health promotion/disorder prevention partnerships
- Implement Collaborative Care model in PCP offices

## 4.c.ii Increase early access to, and retention in, HIV care

- Launch educational campaigns to improve health literacy and patient participation in healthcare
- Design all HIV interventions to address at least two co-factors that drive the virus
- Assure cultural competency training for providers



## CRFP Overview – Request for Applications *(continued)*

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*Attachments – forms/formats used to ensure consistent form of application; facilitate review by assessors.....*

**Attachment 1:** Process A Cover Summary Form *(page 24)*

**Attachment 2:** Technical Proposal Cover Page *(page 25)*

**Attachment 3:** Technical Proposal Checklist *(page 26)*

**Attachment 4:** Technical Proposal Requirements *(pages 27-30)*

**Attachment 5:** Workplan Template *(pages 31-34)*

**Attachment 6:** Financial Proposal Cover Page *(page 35)*

**Attachment 7:** Financial Proposal Checklist *(page 36)*

## CRFP Overview – Request for Applications *(continued)*

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*Attachments – forms/formats used to ensure consistent form of application; facilitate review by assessors.....*

**Attachment 8:** Financial Proposal Requirements (pages 37-40)

**Attachment 9:** Capital Project Budget Template (page 41)

**Attachment 10:** Project Fund Sources (page 42)

**Attachment 11:** Minority/Women Owned Business Forms (page 43)

**Attachment 12:** Vendor Responsibility Attestation (page 44)

**Attachment 13:** Short Environmental Assessment Form (page 45)

**Attachment 14:** Smart Growth Assessment Form (page 46)

**Attachment 15:** NYS Master Grant Contract, Attachments (page 47)