
REQUEST FOR PROPOSALS (RFP)
COMMUNITY BASED ORGANIZATION VALUE-BASED
PAYMENT READINESS PROJECT

*Seeking Community-Based Organizations to Engage in Value-Based Payment
Readiness Project*

ISSUE DATE: SEPTEMBER 5, 2018

RESPONSE DUE DATE: OCTOBER 10, 2018

REPLY TO: KATHRYN WALLER (KWALLER@FPHNYC.ORG)

RELEASED BY:



Summary

The Fund for Public Health in New York City (FPHNYC), in collaboration with the Office of Policy and Planning within the Bureau of Systems Strengthening and Access in the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene (DOHMH) has developed a project designed to facilitate Value Based Payment (VBP) readiness among a select group of Community Based Organizations (CBOs) by enhancing their ability to address and measure the impact of social determinants of health within the emerging VBP paradigm. The purpose of this Request for Proposals (RFP) is to identify and support CBOs that would like to further their VBP knowledge and readiness, measure the impact of their services, and increase their long-term sustainability and potential value within a VBP agreement by concurrently working towards incorporation of behavioral health practices and partnerships as part of their routine work. Responses to this RFP will be scored based on the selection criteria and up to ten (10) CBOs will be selected for participation in this project. Funding will be distributed by FPHNYC to selected CBOs throughout the estimated 20 month project period based on the completion of specific deliverables. Technical assistance and implementation support in a variety of areas will be provided by DOHMH throughout the project period.

Responses to this RFI are due by October 10, 2018.

I. Background

The importance of addressing the social determinants of health within the context of health outcomes and system and payment reform is well-documented. Social determinants of health are responsible for up to 80% of health outcomes, which means the majority of health care costs are attributable to non-clinical factors.¹ Community Based Organizations (CBOs) have a long history of providing services in high-need communities that address the social determinants of health, but have historically not been included in traditional health care arrangements or payment mechanisms. Additionally, CBOs – as trusted and culturally sensitive institutions embedded in local communities – are critical natural gatekeepers within the health system and are ideal places to implement task-shifting² to identify individuals in need of additional support and adopt and use more skills to do so, making them important potential VBP partners to larger health systems or provider networks. New York State, through its Roadmap for Payment Reform, has formally recognized the importance of addressing social determinants of health within the context of system and payment redesign and has established requirements for the inclusion of social determinants of health interventions and CBOs within higher level Value Based Payment (VBP) arrangements beginning in 2018.³

However, the NYC Department of Health and Mental Hygiene (DOHMH) recognizes that despite the inclusion of CBOs in some Medicaid redesign initiatives, including the Delivery System Reform Incentive Program (DSRIP) Performing Provider Systems (PPSs) and the requirements of the Roadmap, as well as extensive support offered through VBP Bootcamps and web-based trainings, additional support tailored

¹ https://www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2018-02-15/docs/social_determinants.pdf

² The World Health Organization (WHO) defines task shifting or task sharing as a process whereby skills and steps in engaging, supporting/counseling, and screening for mental health are shared and adopted, where appropriate, by less specialized health workers. By reorganizing the workforce in this way, task shifting can make more effective use of the human resources currently available.

³ https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/2016/docs/2016-jun_annual_update.pdf

towards CBO providers is needed. Due to their varied size and scope of operations across the city and their general lack of experience with managed care, these providers are still uniquely experiencing a number of challenges in preparing for and participating in VBP, such as:

- Lack of knowledge about contracting for VBP;
- Difficulty tracking and/or reporting on the necessary outcomes measures to successfully participate in a VBP arrangement, including some organizations with no documentation or tracking systems at all;
- Lack of the necessary technical infrastructure to exchange data with managed care organizations (MCOs), provider partners and health systems;
- Difficulty measuring the value or potential value of services offered, and therefore costing out potential VBP arrangements appropriately;
- Lack of financial sustainability or the financial flexibility to adapt to new or enhanced service models; and
- Lack of connection to VBP contracting entities.

There have been few efforts to directly support CBOs that are addressing social determinants of health through existing programming, despite the need for direct financial support and technical assistance for these providers in order to successfully transition these organizations into the new payment reform landscape. This project seeks to improve VBP readiness across a range of CBO providers within the context of this rapidly evolving system.

II. Description of Award

This award is intended for CBOs, especially Tier 1 CBOs⁴ serving a significant population of clients with mental health and/or substance use disorders, who are currently addressing social determinants of health through their programming and who demonstrate commitment to increasing their VBP readiness by improving their ability to measure and track relevant outcomes measures, develop complex value calculations and adopt task shifting, such as incorporating behavioral health screening, referral, and emotional support skills, to further improve value and enhance sustainability. CBOs will be supported in: developing individualized value proposals that can be used as the basis for VBP contracting opportunities, redesigning workflows to incorporate behavioral health skills where appropriate, and adoption or optimization of data and reporting systems, potentially including new software deployment, to meet VBP metrics reporting expectations currently being established by the state and managed care organizations. We expect to award up to ten (10) CBOs with contracts for direct funding of up to \$35,000 for completion of deliverables and project engagement over the course of the project. CBOs will also have access to technical assistance from subject matter experts from DOHMH throughout. Awards will be made based on the strength/quality of the proposal, including demonstrated need and likelihood of successful engagement with project activities.

III. Eligibility and Requirements

CBO's eligible to apply for this award should meet the following criteria:

⁴ See CBO Tier definitions from the NYS Department of Health Medicaid Redesign/VBP Readiness program at https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_u/docs/cbo_guide_103.pdf

- 1) Be a non-profit Community Based Organization with 501c(3) status, or a community group without nonprofit status with a 501c(3) fiscal sponsor located within New York City
- 2) Providing social determinants of health services, in at least one of the areas as defined in the VBP SDOH Intervention Menu⁵, preferably in at least one NYC neighborhood of high need:
 - a. DOHMH has identified the following neighborhoods/zip codes as priority: Midtown (10001), East Village/Alphabet City (10009), East Harlem (10029, 10035), Central Harlem (10027, 10030), Washington Heights (10032), Melrose (10451), Morrisania (10456), Williamsbridge (10467), Brownsville (11212, 11233), Bushwick/Bedford-Stuyvesant (11221), Far Rockaway (11691) and Stapleton/St. George (10301, 10304).

By applying for this award CBOs agree:

- To pursue a VBP agreement,
- To commit to adopting and intentional planning for future incorporation of task shifting (i.e. behavioral health screening and referral) within their workflows throughout this project,
- To commit to pursue partnership with VBP contracting entities such as an IPA or BHCC, and to connect with providers, Mental Health Service Corps sites, healthcare provider networks, etc. to coordinate care,
- To participate in a technical assistance process,
- To include development of Quality Improvement projects and participation in a learning collaborative,
- To commit to completion of project deliverables as a contingency of funds disbursement.

IV. Selection Criteria

A selection committee comprised of FPHNYC and DOHMH staff will select organizations for funding through this RFP based on the criteria listed below:

- 1) Applications must be complete and responsive to all instructions provided in Section VIII. Applications that do not supply the required information or are not submitted on time will be considered non-responsive and may be disqualified.
- 2) Priority will be given to applicants demonstrating the greatest need for support (i.e. Tier 1 CBOs), and those serving high need neighborhoods or populations.
- 3) Strong proposals will demonstrate the intention of the CBO to dedicate the necessary time, staffing and resources to engage in this project with an ultimate goal of pursuing VBP involvement within the next two years. CBOs should indicate within their narrative their willingness to work with DOHMH to implement new systems and workflows.
- 4) Narrative proposals will be scored as follows:
 - Background/Mission – 35%
 - Experience providing services in the community
 - CBO Tier designation
 - Size and characteristics of Medicaid and behavioral health populations served by CBO
 - Capacity/Readiness to Engage – 45%
 - Commitment to achieving VBP contracts
 - Commitment to task shifting work

⁵ Social Determinants of Health Intervention Menu can be accessed at https://www.health.ny.gov/health_care/medicaid/.../sdh_intervention_menu.xlsx

- Capacity to track and measure outcomes
- Project resource availability
- Project Plan and Support – 20%
 - Demonstrated understanding of how this project will move the CBO towards VBP

Engagement in other VBP readiness projects to leverage additional resources

V. Project Scope and Activities

A. Project Goal:

Facilitate VBP readiness among a select group of CBOs by enhancing their ability to address and measure social determinants of health within the emerging VBP paradigm.

B. Project Description:

CBOs involved in this project will receive both direct funding to support project activities, potentially including purchase and adoption of new software or upgrade of existing software, and additional technical assistance support from subject matter experts to assess readiness for VBP. The selected CBOs will take concrete steps to increase VBP readiness, including adoption of behavioral health workflows. Funds will be disbursed upon completion of the relevant project milestones. This project is anticipated to be carried out in three phases, with the specific project activities and milestones for each phase outlined below:

Phase	Activities	Technical Assistance/ Support Provided	Deliverables/ Milestones
Needs Assessment/ Planning	<ul style="list-style-type: none"> -Completion of VBP readiness assessment, including tracking and/or reporting system assessment -Completion of value proposition analysis -Identification and selection of task shifting components, as needed -Development of Implementation Plan 	<ul style="list-style-type: none"> -Onsite kickoff meeting with CBO project staff -Collaborative completion of needs assessment and implementation plan -Access to VBP subject matter experts 	CBO sign-off and agreement on Implementation Plan
Implementation Phase I	<ul style="list-style-type: none"> -Design and/or optimization of tracking and reporting system -Development of VBP “Value Proposal” -Implementation of workflow redesign -Financial sustainability analysis 	<ul style="list-style-type: none"> -Onsite and/or telephonic support for systems and workflow changes -Access to VBP, workflow optimization and financial modeling subject matter experts 	<ul style="list-style-type: none"> -Adoption of new tracking or reporting systems/ modules -Implementation of screening and referral or other intended skills and roles

Implementation Phase II	<ul style="list-style-type: none"> -Monitoring of CBO implementation -Quality Improvement cycle -Participation in learning collaborative/sharing of best practices and lessons learned -Connection to VBP contracting entities 	<ul style="list-style-type: none"> -On site and/or telephonic support for systems and workflow changes -Learning Collaborative participation -Quality Improvement support to measure impact of project interventions and reassess if needed - Access to VBP, workflow optimization and financial modeling subject matter experts -Networking support 	<ul style="list-style-type: none"> -Completion of project implementation plan -VBP contracts and/or written proposals/ plans for VBP contracting
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C. Project Outcomes/Potential Impact

It is anticipated that this project will result in CBOs having improved their ability to engage in VBP discussions and increased their attractiveness to potential MCO or VBP contracting partners by improving efficiency and value and demonstrating outcomes associated with social determinants of health interventions. Some potential measures of project success include:

- Increased screening and identification of health and behavioral health issues within the populations served by CBOs
- Increased referrals by and between CBOs and primary care providers, behavioral health providers, and provider networks
- Increased knowledge of VBP metrics by CBOs
- Improved data tracking for VBP metrics by CBOs
- Increased knowledge of the value and cost of social determinants of health interventions
- Increased partnerships between CBOs, health systems and MCOs
- Increased inclusion of CBOs in VBP contracts, as a potential future funding stream for CBOs

VI. Support and Funding Process

A Selection Committee comprised of FPHNYC and DOHMH staff will review the applications and assign a score to each application. The total of these scores will inform the selection of groups for participation in this project and funding for this award from the Fund for Public Health in New York City. CBOs selected for participation are expected to receive funding in four installments. FPHNY anticipates the payment structure breakdown to be: (1) estimated or no more than 10% at project kick-off/enrollment, (2) 10% upon completion of Needs Assessment/Planning Phase as described in Section V.B of this RFP, (3) 40% upon completion of Implementation Phase I as described in Section V.B of this RFP, and (4) balance upon completion of Implementation Phase II as described in Section V.B of this RFP.

VII. Selection Process and Timeframe

The deadline for submission is October 10, 2018 by 11:59 PM EST. Proposals must be submitted via email as a PDF to kwaller@fphnyc.org. Below is a detailed timeline of events related to this Request for Proposals.

Event	Date
Release of Request for Proposals	September 5, 2018
Inquiry Period for Questions	September 5, 2018 - September 19, 2018
Deadline to receive questions regarding this RFP	September 19, 2018 – 11:59 PM EST
RFP Q&A Responses Posted at http://fphny.org/whatsnew/rfps	September 26, 2018 – 5:00 PM
Deadline for Receipt of Proposals	October 10, 2018 – 11:59 PM EST
Notice of Selection	Late October 2018

VIII. Application Instructions

In order to prepare for your submission in response to this Request for Proposals, please read through all sections of this RFP. Refer to *Section III. Eligibility and Requirements*, to determine if your organization is eligible for this RFP.

After determining eligibility, complete each section of the application at the end of this RFP (Appendix A and B) with detailed responses to each prompt in the Proposal Narrative section, and save the document as a PDF. Please refer to section IV for an explanation of how responses will be scored.

In order for a submission to be considered complete, it must include all of the following documents, formatted as instructed and emailed as a PDF attachment:

- Proposal Cover Letter (Appendix A)
- Complete Proposal Narrative (Appendix B) of no more than 5 pages, single spaced

IX. Submission Information

A. Submission Date, Time and Format

Responses to this RFP must be submitted electronically. Please complete all sections of this application and send all documents in PDF form. Proposals must be e-mailed to the following address, no later than October 10, 2018 by 11:59 PM EST.

Attn: Kathryn Waller, Grants Associate

Subject: CBO VBP Readiness RFP Submission

E-mail: kwaller@fphnyc.org

Responses received after October 10, 2018 at 11:59 PM EST will not be reviewed.

B. RFP Communications and Q&A

Potential respondents may send any questions or comments to:

Attn: Kathryn Waller, Grants Associate

Subject: Inquiry – CBO VBP Readiness RFP

Email: kwaller@fphnyc.org

All questions related to this RFP must be received by September 19, 2018 at 11:59 PM EST. Responses to all programmatic and administrative questions will be posted on the FPHNYC website in the FAQ section by September 26, 2018 at 5:00 PM EST. No other contact with FPHNYC, DOHMH, or personnel regarding this RFP is permitted in the period between the release of this RFP and the notice of award. Any oral communication shall be considered unofficial and non-binding with regard to this RFP and subsequent award.

X. General Disclosures

A. Right to Reject Proposals

The Fund for Public Health in New York City may reject any or all proposals received and may ask for further clarification or documentation. Submitted information that does not respond to all items in this RFP may be excluded from further consideration and alternative information packages may not be considered.

The Fund for Public Health in New York City may decline to review an application in the event the respondent submits a response after the submission deadline and/or any disparity is found during the evaluation process.

B. Costs

The respondent will be solely responsible for any costs incurred in preparing, delivering, or presenting responses to this RFP. Respondents will not be reimbursed for any costs incurred in preparing proposals.

C. Fulfillment of Requirements

By submitting an information package, the respondent acknowledges that the respondent has read and understand this RFP and is capable of fulfilling all requirements.

D. Submitted Information

Once submitted, responses will be the property of FPHNYC and will not be returned.

E. Right to Amend, Cancel this RFP, or Solicit a New RFP

FPHNYC may amend or cancel this RFP at any time, without any liability to FPHNYC and/or DOHMH. FPHNYC or DOHMH may solicit new requests for information and/or proposals regarding the services addressed in this RFP at any time.

F. Amount of Business

FPHNY does not guarantee to any specific amount of business or revenue as a result of this RFP.

G. Security and Confidentiality

Respondents should give specific attention to the identification of those portions of those proposals that they deem to be confidential, proprietary information or trade secrets and provide appropriate justification for why such materials, upon request, should not be disclosed by FPHNYC. Such information must be easily separable from the non-confidential sections of the proposal. All information not so identified may be disclosed by FPHNYC.

H. Insurance Certificate and A-133 Audit Information

Selected institutions will need to provide proof of insurance (including Worker's Compensation) at the following levels: General Liability: \$1,000,000 (per occurrence), \$3,000,000 (aggregate). Proof of insurance must be provided in order to execute the contract. Institutions may also need to provide the most recent certified financial audit report (reports prior to 2013 will not be accepted for review), including A-133 Audit, if applicable. For audit years beginning after 12/26/14, an A-133 Audit is required if your organization expends \$750,000 in federal funds in the year.

Appendix A: Proposal Cover Letter

Respondents must complete this Proposal Cover Letter. This form must be signed by an authorized officer of the responding organization. If a section is not applicable, please note this in the space provided.

Organizational Information

Legal Name	
DBA Name	
Federal Employer Identification Number	
Note: If your group does not have an EIN, please complete the following information for your fiscal agent:	
-Name of Fiscal Agent/Sponsor	
-EIN of Fiscal Agent/Sponsor	
Main Address	
Website	
Year Founded (if known)	
Executive Director Name	
Phone	
Email	
Project Director Name (if different from Executive Director)	
Phone	
Email	

Do you have a fiscal sponsor?

Yes

No

If yes, the applicant organization must attach a letter explaining the relationship between the applicant organization and the fiscal sponsor.

Certification

As an authorized officer, I certify that all information provided in this application is correct and accurate to the best of my knowledge.

Organization	
Name and Title	
Signature	
Date	

Appendix B: Proposal Narrative

Please provide detailed responses to the following prompts. In total your narrative response to all questions should be no longer than 5 pages, single spaced, with 1-inch margins and 12 point Times New Roman font.

1. Background Information: Describe your organization's role and mission.
 - a. Describe your organization's role in the community, and the types of services that are being provided in your program focused on social determinants of health.
 - b. Indicate whether your organization qualifies as a Tier 1, Tier 2 or Tier 3 CBO⁶.
 - c. Describe the specific geographic locations within New York City that your organization provides the above services.
 - d. Describe any specific populations served within your program, including how your program meets the population's unique service needs.
 - e. Describe the size and characteristics of the population you serve with mental health or substance use disorders.
 - f. Describe the size of the population being served with Medicaid and/or Medicaid Managed Care.

2. Capacity: Describe your organization's current engagement in preparedness for Value Based Payment initiatives, and ability to engage in this project successfully.
 - a. Indicate whether your organization is currently involved in any other initiatives focused on Value Based Payment readiness or measuring the value of social determinants of health interventions (e.g. DSRIP, BHCC's). If so, describe the level and type of support being provided.
 - b. Indicate whether your organization currently provides any behavioral health screenings within your program. If your organization is not currently providing screenings, indicate your plan and/or interest in working towards incorporating such workflows.
 - c. Describe any partnerships or joint efforts your organization is engaged in with other providers or networks.
 - d. Describe any barriers your organization is facing or which you anticipate facing in achieving VBP contracts.
 - e. Describe what mechanisms, if any, your organization currently uses to track client outcomes on the relevant outcomes measures associated with your program.
 - f. Indicate your willingness and readiness to work with DOHMH to assess current data, reporting and workflow capacity and receive technical assistance where potential gaps/needs are identified, and to participate in a Quality Improvement process and learning collaborative as the project develops. Include any selected staff or project leadership anticipated to engage in this project if selected.

3. Project Plan and Support: Describe how you anticipate this project will support your organization in the goals identified within the RFP.

⁶ See CBO Tier definitions from the NYS Department of Health Medicaid Redesign/VBP Readiness program at https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_u/docs/cbo_guide_103.pdf

- a. Describe the level and type of support you anticipate your organization will require to successfully engage in this project (i.e. support with tracking outcomes, developing value propositions, implementing workflow changes).
- b. Describe how you believe this project can assist your organization in achieving VBP contracts, including how you will leverage this project to help support other organizational initiatives focused on VBP readiness.