



**Request for Proposals for the
MassHealth Delivery System Reform Incentive Payment (DSRIP)
Investments in Community-based Training and Recruitment Program:
Family Medicine and Nurse Practitioner Residency Training**

INFORMATION FOR FAMILY MEDICINE (FM) RESIDENCY PROGRAM APPLICANTS

Updated on 7/25/18 and 8/30/2018

Responses Due:

September 10, 2018

Program Overview:

The Massachusetts League of Community Health Centers (the League) is administering the MassHealth Delivery System Reform Incentive Payment (DSRIP) programs focused on the community-based primary care and behavioral health (BH) workforce and community health center (CHC) readiness on behalf of the Commonwealth of Massachusetts Executive Office of Health and Human Services (EOHHS) Office of Medicaid (MassHealth) following a competitive procurement. The Statewide Investments funding stream is one component of MassHealth's \$1.8 billion DSRIP program authorized under the Medicaid Section 1115 Waiver and comprises eight initiatives over the five-year DSRIP program. The community-based primary care and BH workforce programs and CHC readiness program will support the Accountable Care Organizations (ACOs), Community Partners (CPs), and Community Service Agencies (CSAs) by building and strengthening their capacity of community-based providers to improve health outcomes and reduce the total cost of care (TCOC) for MassHealth members.

The Investments in Community-based Training and Recruitment Program aims to expand the pool of primary care and behavioral health providers who are committed to, and well-prepared for, serving underserved populations and MassHealth members in community settings. The program accomplishes this goal through two funding streams: 1) The FM and Family Nurse Practitioner (FNP) Residency Training, and 2) the Community Mental Health Center (CMHC) BH Recruitment Fund.

This RFP is released as part of the FM and FNP Residency Training funding stream. It specifically seeks applications for funding to increase the number of FM residency training slots in CHCs in Massachusetts. Studies have demonstrated that family physicians who complete residency training in community-based

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settings are more likely to continue to provide care for underserved populations post-residency.¹ Hence, this program is intended to contribute to the MassHealth goal of advancing the recruitment and retention of primary care providers in community-based settings as a key means of increasing access to high-quality healthcare for MassHealth members statewide.

Please note that a second RFP is being released concurrently that seeks applications for funding to increase the number of FNP residency training slots in CHCs in Massachusetts. It is expected that these two RFPs will together support approximately 17 new CHC-based residency training slots in Massachusetts that begin in July/August 2019. The actual number of residency training slots created and their distribution across FM physicians versus FNPs will depend on the number and quality of the applications received.

Eligibility:

CHCs and ACGME-accredited FM residency programs are eligible to apply for funding through the FM and FNP Residency Training funding stream. Either the ACGME-accredited FM residency program or the CHC partner may be the lead applicant. However, all applications must include letters of commitment signed by the executive leadership of both partners, as well as a detailed description of how the two distinct entities will work together to create new CHC-based training opportunities for FM residents using program funding.

CHCs must serve as the Family Medicine Practice (FMP) site (i.e. the continuity clinic where FM residents provide supervised care to a panel of patients) for all FM residency training slots supported by program funding. CHC and ACGME-accredited FM program partners selected for program funding must maintain signed agreements between the Board of the CHC and the residency program for the duration of funding.

CHC partners must be licensed through the Massachusetts Department of Public Health as a CHC.

Training experiences at any CHC as an FMP site must include at least two residents at the same site regardless of the number of slots for which program funding is requested. New CHC FMP sites therefore must request at least two FM residency training slots, unless another source of funding will be used to support one or more residency training slots at the new CHC FMP site.

For FM residency programs requesting additional residency positions for this initiative, applicants must provide documentation of ACGME approval for the increase or describe their plans for gaining ACGME approval.

¹ Bazemore, A., Wingrove, P., Petterson, S., Peterson, L., Raffoul, M., and Phillips, Jr., R.L. Graduates of Teaching Health Centers Are More Likely to Enter Practice in the Primary Care Safety Net. Robert Graham Centers, November 15, 2015.

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For CHCs that will serve as new sites for FMP, applicants must provide documentation of ACGME approval of these CHCs as FMP sites or describe plans for gaining ACGME approval.

ACGME approval of either new residency positions and/or new FMP sites must be documented prior to January 30, 2019. Successful applicants are required to provide a copy of their Program Letters of Agreement (PLA) between the residency program and the CHC prior to receiving any funding. The Program Letter of Agreement is defined in the ACGME Common Program Requirements as a required written agreement between residency program and training sites defining faculty and resident roles².

Lastly, while applications to preserve existing FM residency training slots in CHCs will be considered, there is a strong preference for applicants that will use funding to create new CHC-based training opportunities. Applications that request funding to preserve existing training slot(s) must make a clear and compelling case that it would be impossible to maintain these training slot(s) in the absence of MassHealth funding.

Program Guidelines and Priorities:

The main purpose of the FM and FNP Residency Training funding stream is to increase the pool of family physicians and NPs in Massachusetts who are committed to serving the underserved and well-prepared to care for patients in community settings.

Applicants will be selected for funding based primarily on their demonstrated capacity to provide high-quality FM residency training experiences that advance this goal, as evaluated by the following measures:

- The extent to which funding will support new CHC-based FM residency training slots over and above the number of training slots the residency program has offered in CHCs in previous years
- The demand for the FM residency program among medical students – i.e. the extent to which the residency program has been able to fill all available resident training slots in previous years
- The FM residency program's track record of preparing family physicians who continue to care for patients in community-based or other underserved settings post-residency
- The CHC's readiness to provide a high-quality training experience for FM residents, as demonstrated by:
 - Prior residency training experience, including serving as an FMP/continuity site for FM residents, hosting rotations for residents in accredited primary care and/or specialty residency programs, and/or serving as the site for post-residency fellowships in any area of primary care or medical specialty

² www.ACGME.org/what-we-do/accreditation/Common-Program-Requirements Section I.B.1.

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- Ability to ensure adequate patient panels in terms of size, diversity, and clinical complexity
- Ability to ensure adequate care team support (e.g. numbers of medical assistants, registered nurses/licensed practical nurses, and other support staff) for residents
- Adequate physical space (e.g. exam rooms, team meeting rooms) for resident(s)
- Coverage and systems to ensure that the clinical needs of patients are met in the resident(s)' absence
- Ability to ensure residents will be able to work as part of a multi-disciplinary care team
- Experience and accomplishments of CHC-based faculty and educators,³ including preceptors and mentors, and the ability to ensure adequate residency program time and effort from CHC-based leaders, faculty, and educators
- The level of integration between the FM residency program and the CHC training site, as demonstrated by the plan for creating new CHC-based opportunities for FM resident training presented in the application.

To the extent possible, the FM and FNP Residency Training funding stream also seeks to support FM residency program efforts to introduce new residency program features with the potential to better prepare residents for community-based care and/or the emerging accountable care environment. The degree to which applications address this goal will also be considered in funding selection.

New residency program features that speak to these selection criteria might be residency program-wide or specific to the funded residency training slots, only; similarly, they might target the residency program curriculum or the overall structure of the residency program itself.

To that end, the FM and FNP Residency Training funding stream seeks to foster maintenance, expansion, or introduction of innovative curriculum elements, including but not limited to:

- Competencies for caring for underserved, diverse populations
- Addressing the social determinants of health in the care of patients and populations
- Training in integrated physical and behavioral health
- Interdisciplinary team-based care including care management and care coordination
- Experience with new or emerging care models, particularly those that with particular relevance for community-based and/or accountable care such as Medication Assisted Treatment (MAT) programs, Centering Pregnancy, and/or other models for group visits

³ Family medicine educators are defined as any person who contributes to the education of the family medicine students and residents. This may include non-traditional educators such as community health workers as well as traditional educators such as preceptors and lecturers.



Funding also seeks to promote the introduction of new variations in the residency program structure, including but not limited to:

- Expansion to a new CHC training site (*for programs that already offer CHC-based resident training*)
- Inclusion of a CHC training site (*for programs that do not already offer CHC-based residency training*)
- Pilot initiatives that are grounded in existing FM residency programs – for example, programs that prepare residents to be dual-boarded in FM and another specialty or that offer a certificate/concentration in a particular specialty area that addresses health professional shortages and the needs of underserved communities.

As noted above, applications that intend to create new CHC-based FM resident training opportunities, as opposed to those that seek to preserve existing training slots, are strongly preferred.

Funding:

Successful applicants will be awarded \$170,000 per resident per year for the entire residency period (generally for either three or four years⁴ depending on the ACGME-accredited length of the program) for each residency training slot approved. These funds will be broken out as follows:

- \$150,000 per resident per year must cover resident compensation, as well as CHC-based training expenses
- \$20,000 per resident per year may cover any costs that the FM residency program and CHC site together deem appropriate, including resident training costs incurred by the residency program, hospital, or CHC, and/or costs associated with implementing new features within existing programs

All applications must describe the manner in which both categories of funding will be utilized on a year-to-year basis. Successful applicants will be required to provide annual financial reports that demonstrate that \$150,000 per resident per year has been applied to resident compensation and CHC-based training expenses.

Please note that applicants may, but are not required to, use GME dollars to cover costs associated with residency training slots supported by this program.

⁴ Innovative dual-accredited programs that may require additional training years are eligible to apply as well.

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Capital expenses are not allowable. Payment will be made prior to the start of the residency program year.

Reporting Requirements:

Successful applicants must maintain full accreditation with the ACGME, signed agreements between the Board of the CHC and the residency program, and valid Program Letters of Agreement (PLA) between the residency program and the CHC. Any change in residency program accreditation status or lapse in the PLA must be reported immediately to the League and EOHHS and may result in a loss of funding for residency training slots.

Successful applicants will be required to submit the following narrative reports using templates provided by the League

Mid-Year Reports: These reports will be due on January 15th of each year and will include an update on progress in implementing the new residency training slot(s) and any new residency program feature(s) described in the application. Reports should be sure to highlight accomplishments, as well as any obstacles/challenges encountered during the relevant time period.

Annual Reports: These reports will be due on September 15th of each year and will include an update and reflection on progress in implementing the new residency training slot(s) and any new residency program feature(s) described in the application. Reports should be sure to highlight accomplishments, as well as any obstacles/challenges encountered during the relevant time period. Reports should also include the results of standardized satisfaction surveys distributed to residents in training at the FMP continuity site located at the CHC and CHC-based faculty and educators, as well as residents training in the same program who are not assigned to the CHC for their continuity clinic, if applicable. (The League and EOHHS will work with successful applicants to develop standardized satisfaction surveys.)

Final Reports: A final report will be due three months after the completion of the residency program for all residents training at the FMP continuity site located at the CHC. The final report will include, but is not limited to, the following:

- Verification from the FM residency program director that the resident(s) assigned to the CHC as the FMP continuity site has/have successfully met all ACGME requirements;
- Confirmation that the resident(s) assigned to the CHC as the FMP continuity site has/have performed successfully on the American Board of Family Medicine (ABFM) FM Certification Exam or plan for remediation if the resident(s) has/have not successfully passed the ABFM FM Certification Exam;
- ABFM FM Certification Exam success rate for all residents enrolled in the residency program;

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- Confirmation that the resident(s) assigned to the CHC as the FMP continuity site has/have obtained an active, valid, full, and unrestricted license to practice medicine in a state or territory of the United States or any province in Canada;
- Narrative describing the impact of the CHC training experience funded through the program on both the residents, faculty, and CHC staff who participated at that CHC training site and the other residents, faculty, and residency program staff;
- Description of all residents’ post-residency career plans, including plans to maintain clinical practice in a CHC and/or a federally-defined Medically Underserved Area (MUA) or Health Professionals Shortage Area (HPSA) and plans to locate within Massachusetts.

Quarterly Expenditure Reports: Successful applicants will be required to submit expenditure reports on a quarterly basis.

The League and EOHHS retain the right to develop additional evaluation tools such as focus groups and anticipate that successful applicants will participate with all evaluations.

RESPONSE AND SUBMISSION REQUIREMENTS

Submission Schedule (Target Dates):

| Event | Date/Time |
|---|--------------------|
| Request for Proposals Released | July 23, 2018 |
| Webinar for Q and A | July 30, 2018 |
| Deadline for Submission of Questions | Aug 3, 2018 |
| Posting of Answers to Questions (estimated) | Aug 10, 2018 |
| Applications Due (updated 8/30/2018) | September 10, 2018 |
| Contract Start Date (estimated) | November 15, 2018 |
| Residency Year Starts | July 2019 |

Informational Webinar:

An informational webinar has been scheduled for July 30, 2018 at 10:00 AM ET. Interested applicants are strongly encouraged to attend, please see details below:

Join from PC, Mac, Linux, iOS or Android: <https://zoom.us/j/6764300340>

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Or iPhone one-tap :

US: +16465588656,,6764300340# or +16699006833,,6764300340#

Or Telephone:

Dial (for higher quality, dial a number based on your current location):

US: +1 646 558 8656 or +1 669 900 6833

Meeting ID: 676 430 0340

International numbers available: <https://zoom.us/j/6764300340>

Questions about this RFP will be accepted via email by Aug 3, 2018 at 5:00 PM ET. Please send all questions to Debra Murphy, Senior Vice President, statewideinvestments@massleague.org. All questions and responses will be posted on the MLCHC website.

Submission Instructions:

Applicants must submit their applications by email with 'return receipt requested' to Debra Murphy at statewideinvestments@massleague.org

The Application Form, Response Narrative, Organizational Charts, Staffing Plan, bios and optional curriculum vitae/resumes must be submitted in MS Word or PDF file format. Budget forms must be submitted in Excel file format. If you encounter any issues with submission, please contact Debra Murphy at (617) 426-2225. **Applications are due by September 10, 2018 at 5:00PM ET.**

Grant Application Package:

Sections A and B

Please complete Section A (Applicant Information) and Section B (Residency Training Slots Requested) of the Application Form, available in Appendix I. Completed forms may be provided in MS Word or PDF format.

Section C

Please respond to all questions outlined in Section C (Response Narrative) of the Application Form in a separate document. Responses should not exceed 15 pages. Responses may not be in a font size smaller than size 11 and must have at least one-inch margins. Responses may be provided in MS Word or PDF format.

Section D

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Please provide organizational charts for both the CHC training site and the ACGME-accredited FM residency program. format.

Please provide a staffing plan that identifies following:

- CHC-based leaders, faculty, and educators who will be responsible for planning and providing a high-quality training experience for all residents in funded slots.
- FM residency program leaders and staff members who will be responsible for ensuring ACGME compliance at the CHC training site and a high-quality training experience overall for all residents in funded slots.

For each of the staff identified on the staffing plan, provide a one-page bio that describes their commitment to and qualifications for training health professionals to serve in underserved communities with particular focus on training FM residents.

Applicants may also include curriculum vitae or resumes for key leaders, faculty, educators, and staff members identified in the staffing plan. However, salient features from the curriculum vitae/resumes should be described in the bios.

Organizational charts, staffing plan, and bios, and optional curriculum vitae/resumes may be provided in Word or PDF format.

Section E.1

Please provide a detailed budget for the span of the resident training program that includes each component of the \$170,000 per resident per year to be awarded to successful applicants. As noted above, award components are as follows:

- \$150,000 per year – Must cover resident compensation and CHC-based resident training costs
- \$20,000 per year – May cover any costs that the FM residency program and the CHC training site together deem appropriate.

Budgets must be completed in the Excel budget form provided in Appendix II.

Section E.2

Please provide a detailed budget narrative that describes the proposed use of funds for each component of the funds to be awarded. Budget narrative should be sure to include:

- The FM residency program’s approved and estimated PGY1, PGY2, PGY3, (and additional years as appropriate) compensation package.
- The plan for the excess funds above the resident compensation package.

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- A rationale for the proposed use of the \$20,000 per resident per year in flexible funding

Budget narratives should be provided as a separate document in Word or PDF format.

FUNDING REQUIREMENTS

Grant Award Amount:

Funds available for CHC-based FM residency training slots will not exceed \$170,000 per resident per year for each year of the residency program through completion. Residency training slots must begin in July 2019.

The total number of FM residency training slots awarded will depend on the number and quality of applications received from both FM and FNP residency programs.

Program and Fiscal Monitoring Requirements:

FM residency programs and CHC training sites receiving grant funds must:

- Have the fiscal and program systems in place to meet all relevant federal and state requirements;
- Maintain ACGME accreditation;
- Maintain a signed agreement between the Board of the CHC and the residency program and a PLA between the CHC training site and the ACGME-accredited FM residency program as required by ACGME, and;
- Expend grant funds only for allowable activities.

The League and/or EOHHS may request periodic documentation and review in order to provide oversight of funds.

RESPONSE REVIEW AND EVALUATION CRITERIA

Compliance Screening:

Submissions will be screened for completeness, conformity to program requirements, and timeliness of response.

Review Process and Criteria:

All submissions confirmed as complete, delivered on time, and in accordance with program requirements will be reviewed by a committee that includes representation from the League,

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MassHealth, and experts in FM and graduate medical education who are not affiliated with any applicant.

Review criteria will be used to review and rank applications, as follows:

| REVIEW CRITERIA | POINT VALUE |
|---|-------------|
| <p>FM Residency Program qualifications, including:</p> <ul style="list-style-type: none"> • Demonstrated commitment and involvement of residency program leadership to training residents for service in underserved areas • The program’s success in filling available residency training slots over the last three years • The program’s demonstrated level of commitment to preparing family physicians to care for underserved patients, especially within CHCs • The program’s record of producing family physicians who remain in practice in community-based and/or underserved settings post-residency especially within Massachusetts | 30 |
| <p>CHC qualifications, including:</p> <ul style="list-style-type: none"> • Demonstrated commitment and involvement of CHC leadership to training healthcare professionals to work in underserved communities • Experience and qualifications of CHC-based faculty and trainers, especially related to promoting primary care and work in underserved communities • CHC characteristics that promote innovative, cross cultural care experiences with underserved communities • Demonstrated ability to support a high-quality residency training experience, including the adequacy of the physical infrastructure, the care team and staff support, and the volume and diversity of patients • Prior experience as a site for residency continuity clinics and/or rotations or other forms of graduate medical education. | 30 |
| <p>Plan for implementing new residency training slots at the CHC, including:</p> <ul style="list-style-type: none"> • The extent to which the residency training slot(s) for which funding is requested represent an increase in the annual number | 25 |

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| | |
|---|-----------|
| <p>of CHC-based residency training slots offered in the previous three years</p> <ul style="list-style-type: none"> • Demonstrated integration/coordination between the FM residency program and the CHC site • Clarity and appropriateness of the implementation plan presented, including the plan for any new features to be introduced using program funding • Clarity and appropriateness of the budget presented, including the proposed use of flexible funding | |
| <p>The extent to which the plan for implementing new residency training slots at the CHC includes innovative features similar to those described above.</p> | <p>15</p> |

The League and EOHHS reserves the right to request additional information from any applicant or partner referenced in the proposal to ensure that the review committee has a complete understanding of the proposed program and qualifications of the applicant. The League and EOHHS reserve the right to consider other criteria including, but not limited to, UDS and other quality data in making competitive awards among comparable qualified applicants, and make the final determination of awards. The League and EOHHS reserve the right to reject any and all applications, in whole or in part, if deemed to be in the interest of the League and EOHHS to do so.

This RFP does not commit the League or EOHHS to award any contracts. Upon submission, all applications become the property of the League.

Project Terms and Conditions:

Applicants awarded funding will be required to abide by the League’ Standard Contract Terms and Conditions, which will be provided during contract negotiation. A model contract will be provided prior to the submission date of the applications. Applicants may review these terms and conditions prior to submitting their applications by contacting Debra Murphy at statewideinvestments@massleague.org. All final contracts are subject to successful negotiation of a final statement of work and budget.

APPENDICES

APPENDIX I: Application Form and Information

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APPENDIX II: Budget Template



Contact Information:

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Senior Vice President

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DSRIP Statewide Investments

Investments in Community-based Training and Recruitment

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