**Appendix I**

**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**

**FAMILY NURSE PRACTITIONER (FNP) APPLICATION FORM AND INFORMATION**

***Application Guidance and Checklist***

\_\_\_\_1. **Section A**: **Completed Applicant Information, including Letter of Commitment**

\_\_\_\_2. **Section B:** **Residency Slot(s) Requested**

\_\_\_\_3. **Section C: Response Narrative**

\_\_\_\_4. **Section D: Staffing Plan**

\_\_\_\_5. **Section E:** **Budget**

**Section A: Applicant Information**

Community Health Center (CHC) Name:

CHC Administrative Office Address:

Chief Executive Officer (CEO) or Equivalent Name:

Email:

Phone:

Chief Medical Officer (CMO) or Equivalent Name:

Email:

Phone:

Lead for FNP Residency Program Name:

Title:

Email:

Phone:

Contact for Application Name:

Title:

Email:

Phone:

Letter of Commitment signed by the CHC leadership attached

**Section B: Residency Slot(s) Requested**

Please indicate the number of residency slots for which funding is requested:

*\*Residency slots to be funded are for the residency cohort that begins in July/August 2019, only, and residency programs must maintain at least two residents in the cohort regardless of the number of slots requested through this program.*

Please indicate if funding will be used to create new CHC-based FNP resident training opportunities or to preserve existing CHC-based FNP resident training slot(s):

Funding will be used for new CHC-based FNP residency training slot(s)

Funding will be used for existing CHC-based FNP residency training slot(s)

If funding will be used to preserve existing CHC-based FNP residency training slot(s), please provide a brief explanation of why these residency slots could not be maintained in the absence of MassHealth funding.

(Max: 350 words)

**For established FNP residency programs, only:** Please complete the following table, which requests information about your CHC’s FNP residency training activities over the past three years:

|  |  |  |  |
| --- | --- | --- | --- |
| Residency class beginning in: | July/August 2018 | July/August 2017 | July/August 2016 |
| # FNP residency slots available |  |  |  |
| # FNP residency slots filled |  |  |  |

**Section C: Response Narrative**

Please respond to the following questions in a separate Word or PDF document. Responses should be no more than 15 pages.

**C.1 CHC Experience and Infrastructure**

* **CHC Overview:** Please describe your CHC. Please be sure to include details related to the following aspects of the CHC:
  + Brief history and background of the CHC, including a description of the community in which the CHC is located.
  + Total number of patients and total number of annual patient visits.
  + A description of the CHC’s patient population, including poverty levels, socioeconomic, cultural, and linguistic characteristics, and any other distinguishing features.
  + Brief overview of the healthcare services and other programs/services available at the CHC.
  + Brief description of the CHC’s approach to team-based care, innovations in care delivery, continuous quality improvement activities, and the transition to an accountable care environment.
* **CHC Residency Training Experience:** Please describe your CHC’s prior experience as a graduate medical education site. The description provided should be sure to identify any experience serving as the following:
  + CHC-based NP residency program.
  + Rotation site for NP residents.
  + Continuity clinic site for family medicine and/or other primary care residents.
  + Rotation site for primary care and/or medical specialty residents.
  + Host site for post-residency graduate medical fellowships.
* **CHC Residency Training Infrastructure:** Please describe the infrastructure that enables/will enable your CHC to provide a high-quality training experience for FNP residents. The description provided should be sure to include details that demonstrate the CHC’s ability to ensure the following:
  + Adequate patient panels for FNP residents in terms of size, diversity, and clinical complexity.
  + Adequate physical space for FNP residents – e.g. exam rooms, rooms for meetings with preceptors/mentors, documentation space, etc.
  + Adequate care team support for residents – i.e. sufficient numbers of primary care providers, medical assistants, registered nurses/licensed practical nurses, social workers, and other support staff.
  + Ability to provide coverage and systems to ensure that the clinical needs of patients are met in the FNP residents’ absence.
  + Ability to ensure that FNP residents work as part of a multi-disciplinary care team.

* **For CHCs with an Existing FNP Residency Program only:** To the best of your ability, please identify the percentage and/or total number of residency program graduates:
* Working in a CHC (in Massachusetts and overall).
* Working in a rural/urban or other underserved area (in Massachusetts and overall).
* Working in primary care (in Massachusetts and overall).
* Please also list, to the best of your ability, the Massachusetts CHCs at which FNPs who completed your FNP residency program have been employed.

Lastly, for all applicants, please provide any additional information that helps demonstrate your community health center’s ability to provide a high-quality graduate training experience for FNP residents.

**C.2 Plan for New CHC-Based FNP Resident Training Slots**

* **Rationale for Request:** Please describe your rationale for requesting funding for new CHC-based FNP resident training slots. Please be sure to include the following:
  + **For CHCs without an established FNP residency program**
    - Brief description of the broader goals you intend to accomplish by introducing FNP residency training at your CHC. Why have you decided to include FNP residency training in your roster of CHC offerings?
    - Description of your strategy for establishing FNP residency training that includes each of the five curriculum core elements identified in the NNPRFTC Accreditation Standards and summarized in Attachment A prior to the start of FNP residency training in July 2019. Please be sure to identify any external consultants or resources, as well as their expected contributions to either the planning for and/or implementation of FNP residency slot(s), in your response. (For example, if didactic training will be provided via an external resource, the expertise and program role of that resource should be described in this section).
  + **For CHCs with an established FNP residency program**
    - Brief description of your reasons for requesting additional FNP training slot(s). How will additional slot(s) enhance the training experience for FNP residents at your CHC and/or contribute to a stronger community-based primary care workforce in Massachusetts?
    - Description that: 1) details the alignment of your current FNP residency program with the five curriculum core elements identified in the NNPRFTC Accreditation Standards and summarized in Attachment A; and 2) outlines any proposed enhancements to the existing curriculum, especially those intended to position the program for NNPRFTC accreditation.
  + **For all applicants**
    - Summary of how the curriculum and program will transition FNP residents from novice to expert and how appropriate expectations will be set among other colleagues and staff.
    - Description of clinical quality improvement activities that will be integrated into the curriculum.
    - Description of your strategy for recruiting FNP residents who meet the FNP resident eligibility criteria outlined in Attachment C.
    - Description of your strategy for evaluating the learning and performance of FNPs in residency slots funded by this program to ensure that they are making adequate progress within the eight core competency domains identified in the NNPRFTC Accreditation Standards and summarized in Attachment A.
    - Description of your strategy for sustaining FNP residency training at your CHC beyond program funding.
* **Work Plan and Timeline:** Please include a detailed proposed work plan, deliverables, and timeline that ensure that the requested FNP residency training slot(s) will be operational by July/August 2019. Please be sure to address the following in your work plan/timeline:
  + Plan for establishing FNP residency training that includes each of the five curriculum core elements identified in the NNPRFTC Accreditation Standards or plan for designing and implementing proposed curriculum enhancements that better position the FNP residency program for NNPRFTC accreditation.
  + Plan for publicizing the FNP residency training slots to prospective candidates.
  + Plan for recruiting any leaders or staff needed to ensure a high quality training experience for FNP resident(s). Please reference Attachment B, which outlines the personnel recommendations for FNP residency training.
  + Plan for ensuring mentors and preceptors are appropriately trained to meet requirements as outlined in Attachment B. Mentor modules may be written material, electronic, didactic, or web-based, and can be developed internally or by external organizations.
  + Plan for ensuring that clinical quality improvement activities are integrated into the FNP residency curriculum.

The work plan should also identify any potential challenges associated with implementing the new FNP residency training slots and discuss how such issues will be mitigated.

**Section D: Staffing Plan**

Please attach a separate document that briefly describes the qualifications of all faculty and staff members who will play a key role in the successful implementation new FNP residency training slot(s). Please reference Attachment B, which outlines the personnel recommendations for FNP residency training, as you prepare your staffing plan. At a minimum, the staffing plan should address the following roles:

* FNP Residency Program Director
* FNP Clinical Director
* Faculty and educators, including mentors/preceptors

Any external contributors to either the design and/or implementation of FNP residency training at your CHC – for example, consultants or partner organizations – should be included in your staffing plan. Plans for ensuring mentors/preceptors have or will have completed mentor training modules as referenced in Attachment B should be included in Section C.2.

Please attach curriculum vitae (not to exceed 2 pages each) or bios (no more than 300 words) for all individuals identified in the staffing plan.

**Section E: Budget**

Please provide a line-item budget (E.1) and budget narrative (E.2) that detail how you will utilize the:

* + - * $85,000 per FNP resident for resident compensation and training costs for one year, only.
      * $20,000 per FNP resident available in “flexible funding” to cover costs for curriculum development, educator and administrator time and effort, and/or other training resources.

Please note the following:

* Budget and budget narratives need not outline all costs associated with the residency training program; however, they should clearly identify how funds requested from this program will be spent;
* Budget and budget narratives must include an attestation that program funds will not be used in a manner that is duplicative of other DSRIP and other federal/state funding;
* Line-item budgets must be prepared in the Excel budget format provided in Appendix II. Budget narratives can be attached as a separate Word or PDF document.

**Please note that successful applicants will be responsible for ensuring that all funds are expended in accordance with program requirements.**

**Please email complete application to the email address below:**

Debra L. Murphy, CAE

Senior Vice President

Massachusetts League of Community Health Centers

DSRIP Statewide Investments

Investments in Community-based Training and Recruitment

Phone: (617) 426-2225

Email: [statewideInvestments@massleague.org](mailto:statewideInvestments@massleague.org)