**DSRIP Statewide Investments**

**Primary Care/Behavioral Health Special Projects Program**

The Massachusetts League of Community Health Centers is administering the MassHealth Delivery System Reform Incentive Payment (DSRIP) Statewide Investment programs focused on the community-based primary care and behavioral health workforce and community health 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-focused primary care and behavioral health workforce programs and the community health center readiness program will support the ACOs, CPs, and CSAs by building and strengthening their capacity to improve health outcomes and reduce the total cost of care (TCOC) for MassHealth members

**Summary**
**The Primary Care/Behavioral Health Special Projects Program** aims to engage and retain primary care and behavioral health providers in community settings across Massachusetts while supporting innovative on-the-ground projects that advance the ability of community-based provider organizations to succeed in an accountable care environment. The program accomplishes this goal by awarding one-year grants to community health centers (CHCs), community mental health centers (CMHCs; inclusive of community-based mental health centers, substance use programs, and psychiatric day treatment programs), and emergency service programs (ESPs) participating in MassHealth payment reform) and Community Service Agencies (CSA), Community Partners (CP) and their Affiliated Partners and Consortium Entities, and organizations contracted with a MassHealth ACO to provide In-Home Therapy (IHT) to support provider-led projects related to accountable care implementation. Please note that two or more eligible organizations may apply for linked projects in which each organization is awarded an individual grant to carry out a joint scope or work. (For example, a CHC and CMHC apply for grants that enable them to come together to develop shared workflows).

The Primary Care/Behavioral Health Special Projects Program will support approximately 120 provider-led projects over the course of the program’s five years. Up to $40,000 in funding will be available for each project. Providers eligible to lead projects include family physicians, general internists, pediatricians, psychologists, psychiatrists, advanced practice registered nurses (APRNs), nurse practitioners (NPs), physicians assistants (PAs), licensed certified social workers (LCSWs), licensed independent clinical social workers (LICSWs), licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), and licensed alcohol and drug counselors I (LADC1s). Providers nominated to lead projects will be required to have a start date at an eligible organization within 6 months of the application due date, or, for those who are currently employed at the time of application, have been working in an eligible organization for 5 years or less.

The Primary Care/Behavioral Health Special Projects Program grant funding will be disbursed to CHCs, CMHCs, ESPs, CSAs, CPs or their Affiliated Partners or Consortium Entities and organizations contracted with a MassHealth ACO to provide IHT at the beginning of the one-year grant period. Awardees will be selected annually via a competitive process.

Under this application, the League is inviting CHCs, CMHCs, and ESPs participating in MassHealth payment reform, as well as CSAs, CPs and their Affiliated Partners and Consortium Entities, and organizations contracted with a MassHealth ACO to provide IHT to apply for these grants, which will support identified eligible providers to lead and engage in these special projects. Special projects will be aimed at advancing initiatives related to the transition to accountable care and developing provider skills/interests that will benefit organizational needs specific to value based payment models.

Application details guidelines are provided within this document. **Applications are due April 30, 2018 by 5:00pm.**

**Eligibility**

Eligible Organizations

A complete list of eligible organizations is available here: [Eligible Organizations document](http://www.massleague.org/Programs/DSRIPStatewideInvestments/EligibleOrganizations.pdf)

Eligible Providers

Family Physicians

General Internists

Psychologists

Psychiatrists

Advanced Practice Registered Nurses

Nurse Practitioners

Physicians Assistants

Licensed Certified Social Workers (LCSWs)

Licensed Independent Clinical Social Workers (LICSWs)

Licensed Mental Health Counselors (LMHCs)

Licensed Marriage and Family Therapists (LMFTs)

Licensed Alcohol and Drug Counselors I (LADC1s)

**Administrative Requirements**

For those projects selected, funds will be paid directly to the organization to support the approved salary, fringe benefits, and taxes; and other project expenses as detailed in the project budget. One-half of the funds awarded by MLCHC will be distributed at the start of the project period. The second-half of the funds will be distributed after 6-months following the submission of a project progress report and participation in a grantee check-in conference call.

To ensure each project follows the purpose stated in the original application, funded organizations and their respective lead providers will be required to submit a mid-year report outlining progress towards identified milestones, any obstacles/challenges encountered and a budget/spending report. In addition, there will be final project report outlining milestones achieved/not achieved, project impact per specific outcome measures and a budget report. Those organizations that do not use the funding for the approved purpose stated in their applications will be required to reimburse the League the full award amount and may be subject to additional penalties.

**Instructions**
Applications will be due on **April 30 2018 by 5:00 pm.** Review criteria include: relevance of the proposed project to advancing the organization’s capacity to succeed in an accountable care environment; potential project impact on the organization’s capacity to improve health outcomes and/or reduce total cost of care; quality of project planning and appropriateness of the proposed project; and qualifications of the proposed provider-leader. Funding decisions will be based on proposal review rankings, as well as on the need to ensure that awards are equitable across provider types and statewide geographies. Applications must be complete and submitted by the deadline in order to be reviewed.

Applications may be submitted by email in PDF format, faxed or hand delivered. The organization's CEO/Executive Director or equivalent must sign the application. Projects/training must be completed by June 30, 2019

**PDF submissions are preferred.**

**Please Email application copy to:**

StatewideInvestments@massleague.org

**Application contents:**

1. Completed cover sheet (provided) that includes all relevant contact information for the lead provider and organization, including a brief, concise abstract of the proposed project.
2. Proposal should be **no more than five (5) one-sided, single-spaced pages** **using Times New Roman 12 pt. font** and include the components below. Due to the large number of applicants, please be advised that proposals exceeding the 5-page limit may not be reviewed at the discretion of the review committee.
	* Proposal Summary
	* Proposal description/methods/activities (describe your proposed project in detail and show how it will benefit your organization and the community you serve).
	* Proposal goals and objectives (describe your project's primary objectives and how your level of success in achieving them will be determined/measured with specific outcome measures).
	* Description of how the proposed project advances your organization’s transition to accountable care and aligns with the broader goals of your ACO, CP, or CSA provider entity
	* Plan for sustaining the project’s work and/or impact after funding ends.
	* If applicable, target population (describe the population addressed by the proposed project, including diagnoses, income, households, age, sex, ethnicity/race, and/or other relevant characteristics as appropriate).
	* If applicable, describe the organizational department and/or operations that the proposed project intends to benefit.
	* Staff responsible for your proposed project. Describe the roles of the lead project provider and other clinicians/staff members that are necessary to carry out the project scope and/or that will benefit from the project’s work (e.g. that will engage in training or some other form of professional development as a result of the project).
3. A one-page summary of the organization’s background, primary mission, and history should be included in the appendix.
4. Statement from the lead provider applicant stating interest, vision, and commitment to the proposed project/training. **Statement should be in letter format and signed by the lead provider applicant.** The lead applicant’s statement must answer the following:
	* Describe how the project will impact the organization/population
	* Describe how the project will impact providers’ career development
	* Describe how the project will impact retention (specific to lead provider and, if applicable, organization wide)
	* Describe how the project will advance the organization’s transition to accountable care
5. Curriculum Vitae of the lead provider
6. Two letters (one each) of support describing the provider qualifications, commitment to organization, and the organization’s support of the project specifically detailing the mutual benefits of the project, from:
	* Executive Director/CEO or equivalent
	* Medical Director/CMO or equivalent
7. Appendix: Budget for your project (Project maximum is $40,000) with brief narrative describing planned expenditures. The grant funds are primarily intended to cover the cost of the provider(s) time to plan, implement and achieve the proposal’s goals and objectives. Please note:
	* Preference will be given to projects that use most of the awarded funds to support the release time of the lead provider (and other providers as appropriate) in the development/implementation of the project
	* Overhead may not exceed 10% of the project budget
	* Equipment expenses may not exceed 5% of the project budget
	* Grant funds may not be used to support lost revenue with the exception of salary replacement for the lead provider and, if applicable, for other clinical members of the project team

**Attachment A**

**DEFINITION OF ELIGIBLE PROJECTS**

The Massachusetts League of Community Health Centers (“League”) will accept proposals for the Primary Care/Behavioral Health Special Projects Grants that fall into one of the following categories:

1. **Special projects**:

Time limited activity that is of interest to the clinician and will enhance the services or operations of the health center. The time period can be more intensive for a short period (for example full time for 6-8 weeks) or less intensive over the year (8 hours per week for 12 months). Projects need to be structured within a value-based environment, examples: using ACO quality measures for practice transformation, innovative enhancement of primary care/behavioral health integration, value-based health care delivery research projects, development/implementation efforts for services addressing social determinants of health, and development/implementation efforts for training clinical leaders on improving patient engagement in a team-based model of care. As noted above, two or more eligible organizations may apply for linked projects that enable them to carry out a joint scope of work. Please note that training associated with development and implementation of a special project initiative may also be included as a budget expense.

1. **Mini Fellowships**:

Time limited activity that is of interest to the clinician and will enhance/expand the services the health center may provide to the patient population or the management capacity of the individual/site, especially in regards to accountable care. The time period can be more intensive for a short period (full time for a month) or less intensive over the year (8 hours per week for 12 months). Examples might include (but need not be limited to): training in data analytics, training in a particular area or areas of cultural competency, training specific to substance use treatment approaches, and so on.

Funds awarded by the DSRIP Statewide Investments Primary Care/Behavioral Health Special Projects Program may be applied to support:

* Salary, taxes and fringe benefits for the provider
* Tuition or other program fees (see details above)
* Clinical coverage expenses
* Administrative and capital expenses beyond allowable overhead and equipment expenses (see above budget guidance for limitations)

Funds may not be used for lost revenue except in the case of salary replacement for the lead provider and, if applicable, for other members of the project team.