

Integra Social Partnerships Innovation Initiative (I-SPII)

Request for Proposals

Abstract

This Request for Proposals (RFP) seeks to engage community-based organizations or networks in a planning grant with Integra Community Care Network's Medicaid Accountable Entity (AE) program. Partnerships between healthcare organizations and community-based organizations / social service agencies are demonstrating promise in improving health and reducing healthcare costs. There is much to be learned about the most effective strategies to address health-related social needs (HRSN) and the social determinants of health (SDOH). We seek proposals to plan and test innovative approaches with potential to lead to long term, sustainable partnerships.

Purpose	To plan, develop, and test sustainable, high-impact partnerships between the Integra Accountable Entity program and Community-Based Organizations (CBOs) that will address health-related social needs and transform the social determinants of health among Integra's Medicaid population.
Eligible applicants	Community-Based Organizations with physical presence, track record, community credibility, and active programming in Rhode Island. Networks or consortia are encouraged to apply.
Applicant conferences	Wednesday, September 25, 2019, 9:00am – 10:30am Thursday, September 26, 2019, 3:00pm – 4:30pm 300 Richmond Street, Providence RI 02903 Kindly RSVP by September 20 at this link. Prospective applicants are strongly encouraged to attend one session.
LOI submission deadline	Friday, October 25, 2019, 5:00 pm. Selected applicants will be invited to submit a full proposal.
Period of performance	March 1, 2020 - February 28, 2021
Award amounts	Up to \$50,000

Background

The **Integra Community Care Network** is a partnership between Care New England, the Rhode Island Primary Care Physicians Corporation (RIPCPC), and South County Health. Integra has accountable care arrangements with Medicare, Medicaid, and commercial plans. This RFP seeks proposals related to its Medicaid Accountable Entity program.

An **Accountable Entity** (AE) is Rhode Island Medicaid's version of an ACO (Accountable Care Organization). An AE is a group of healthcare providers, including hospitals, primary care physicians, and behavioral health clinicians working together to coordinate care. AEs were set up to improve the accountability for quality healthcare outcomes and the overall population health of patients they are responsible for—and to drive down healthcare costs. AEs enter contracts with Medicaid plans, where if the AE succeeds in reducing costs for a population while meeting quality measures, they earn a share of the savings. This means that AEs have a financial incentive to promote health, and a lot of flexibility in how to do so. Integra is the largest of five AEs in the state, by population. AEs are responsible for quality healthcare, outcomes, and total cost of care.

A person is attributed to Integra—meaning they become part of the population Integra's AE program is accountable for—based on two factors: 1) the patient has managed Medicaid coverage through one of two MCOs, United HealthCare or Neighborhood Health Plan of RI, and 2) their Primary Care Provider (PCP) is one of 235 PCPs associated with Integra. Integra's AE population is currently approximately 50,000 members.

The **Health System Transformation Project** (HSTP) provides infrastructure investments from Medicaid to the AEs to support the transition to the accountable care model. This RFP will use a portion of Integra's HSTP funds to support innovation around the social determinants of health.

Social Determinants of Health (SDOH) and **Health-Related Social Needs** (HRSN) drive a larger share of health outcomes than healthcare services. SDOH are the upstream conditions in which people live, work, learn, and play, and the fundamental drivers of the distribution of those conditions. HRSN are midstream health-harming conditions individuals face, like food insecurity and housing instability. The impacts of adverse social, economic, environmental and behavioral determinants of health are felt throughout Rhode Island communities. They include poverty, trauma, racism, homelessness, substance use, low educational attainment, hazardous exposures in the built environment, interpersonal violence, poor nutrition and many others. They cause illness, make it harder to treat and recover, and drive up healthcare costs.

Please see the appendix for a list of background materials on SDOH and HRSN, and partnership strategies to impact them.

Meaningfully addressing SDOH and HRSN requires partnerships that extend beyond the clinic walls, to draw from the strengths, expertise and strategies of affected communities for **collective impact**.

Project Priorities

There is much to learn about how healthcare organizations and Community-Based Organizations (CBOs) can improve SDOH and address HRSN together. The aim of this RFP is to establish and grow partnerships that can test innovative, high-potential interventions that improve health and reduce healthcare costs among the population attributed to Integra’s Medicaid AE—and use what we learn to invest in what works through sustainable long-term partnerships.

We seek proposals from CBOs for SDOH/HRSN interventions that have a high likelihood to improve health and reduce healthcare costs among the Medicaid AE population. We will consider new, creative solutions, as well as time-tested strategies. We are looking to fund innovative programs that address gaps in community resources, or strengthen access to existing programs—and draw from community knowledge and expertise.

This is a planning grant, with intentional flexibility. We invite you to tell us: **What do you think your organization can do to improve health and drive down healthcare costs in collaboration with Integra, by working on social conditions at the roots of the problem?**

Please see the resources in the appendix for a number of case studies of emerging partnerships between CBOs and healthcare organizations.

Integra’s Medicaid AE has established the following high-level **strategic goals**. Proposals should clearly identify which of these goals are targeted by the proposed project:

1. Be a leader in Rhode Island and nationwide in population health¹ innovation and excellence
2. Meaningfully integrate and coordinate services that address members’ physical and behavioral health and social determinants of health
3. Reduce avoidable or unnecessary utilization of high-cost health care services²
4. Be a trusted resource and support for members and providers
5. Build meaningful and effective cross-sector relationships with organizations active in the communities we serve
6. Be a leader in clinical quality outcomes and improvement
7. Consistently deliver value to our provider network in the form of infrastructure investments and shared savings distributions

¹ Population health is “the health outcomes of a group of individuals, including the distribution of such outcomes within the group” (Kindig and Stoddart, 2003). For Integra’s AE program, population health includes activities related to achieving the Triple Aim of better care, better health, and lower costs for our members.

² High-cost health care services include emergency department (ED) visits, inpatient hospital stays, high-cost pharmaceuticals, and specialty care for advanced illness. SDOH interventions can reduce such high-cost services by promoting health, preventing disease, and mitigating disease progression.

Integra's existing population health programs are designed to achieve the strategic goals above, and also to target these specific healthcare outcome measures. Proposals will be strengthened by clearly connecting program activities to these objectives:

- A. Reduce avoidable emergency department (ED) visits
- B. Reduce inpatient hospital stays
- C. Reduce hospital readmissions
- D. Increase the number of AE members who have had a preventive or well- care visit with their PCP
- E. Increase the proportion of members who have a visit with their PCP following an hospitalization or ED visit

Characteristics of the AE member population.

Integra has nearly 50,000 Medicaid AE members. Key features of this population include:

- 54% female / 46% male
- Roughly half are pediatric (under 18 years of age). Age breakdown:
 - **0-10** ~16,000 members
 - **11-18** ~10,000 members
 - **19-30** ~7,000 members
 - **31-55** ~11,000 members
 - **55+** ~3,000 members
- Members reside throughout the state. The top five cities and towns are:
 - **Providence** ~9,000 members
 - **Pawtucket** ~8,000 members
 - **Warwick** ~4,000 members
 - **Cranston** ~3,000 members
 - **Central Falls** ~2,000 members

Note that the AE member population does *not* include:

- Individuals currently institutionalized through incarceration and in long term care facilities
- People over 65 covered by Medicare (population does *not* include dual-eligibles).
- Commercially insured individuals
- Uninsured individuals

SDOH/HRSN interventions aimed at these populations are important, and may indirectly benefit Integra's AE population, but are outside of the scope of this RFP.

Priority areas

We believe that we are likely to award planning grants in areas such as

- Housing and homelessness, including housing search, pre-tenancy, stabilization, etc.
- Housing remediation for health and safety
- Nutrition, including programs that improve access to healthy food
- Maternal and child health
- Preventing and addressing adverse childhood experiences
- Transportation

We welcome proposals from outside of these domains, and seek to incentivize innovation.

Please note that Integra's network includes major behavioral health provider organizations Butler Hospital and The Providence Center, and our Medicaid AE's strategy includes a behavioral health and substance use focus outside of the I-SPII initiative. Proposals may certainly integrate activities focused on mental illness and substance use and recovery, but they should not be the primary focus of the proposed intervention. For example, proposing to provide housing search services aimed at individuals with substance use disorder would qualify under this RFP, but simply providing recovery services would likely not.

We invite organizations at all levels of technical capacity to consider this opportunity. We particularly seek organizations with credibility, leadership and roots in communities most impacted by adverse social determinants of health.

Activities and Deliverables

All awardees will execute an agreement with Integra that establishes mutually agreed upon activities and deliverables related to planning and pilot programming. Applicants invited to submit a full proposal will develop an activities and deliverables plan in consultation with Integra. Awardees may be required to participate in technical assistance activities customized to the agreed-upon plan.

If a pilot program succeeds, Integra may work with the partner to develop long-term contracts to sustain and grow the intervention.

Budget and Funding

Integra will award planning grants at its discretion to selected I-SPII partner organizations, using incentive funds received from EOHHS through the HSTP program. Applicants have flexibility to propose a planning and pilot budget, with some broad guidelines specified below. At the LOI phase, applicants should use the template provided to develop a budget estimate given the

current state of their program design. Applicants selected to submit a proposal will be asked follow-up questions related to the budget, and there will be continuing flexibility during the planning process. Budgets should be reasonable, clear and transparent.

Award and disbursement of any funding is contingent on Integra's receipt of approval and funding from EOHHS and our partner MCOs.

In-kind technical assistance

Integra may engage one or more consultants to provide technical assistance in-kind to awardees. Applicants are encouraged to identify specific areas of technical assistance that may be needed to ensure the success of the proposed project. Examples may include, but are not limited to, support with budgeting, operational capacity, data collection and evaluation, handling protected health information (PHI), or contracting. Applicants *do not* need to include the cost of any TA needs in their proposed budget.

Collaborative intent

We understand that a CBO's mission is to serve its community, regardless of whether its constituents are attributed to Integra's Accountable Entity program. We are hopeful that the development of long-term contracts with Integra to address the needs of our attributed members will provide a source of support to further partners' larger missions. We also recognize that a community where everyone has favorable, equitable conditions and access to needed services is healthier for our members. To support a healthy Rhode Island ecosystem, we intend to make results, evaluation, and certain other materials generated by I-SPII grants publicly available.

Prohibited uses of I-SPII grant funds

Proposals may not include funding to services that are reimbursable by Medicaid managed care plans, or by the state. Awardees may not spend grant funds on items outside of their stated budgets without prior approval. In addition, prohibited expenses include, but are not limited to:

- Any expense prohibited by law
- Expenses typically prohibited by ethical practice, such as alcohol, gambling, etc.
- Expenses related to religious worship, instruction, or proselytization.
- Expenses related to the preparation of the bid.

Please see the appendix for a complete list of non-allowable expenditures of HSTP funds per EOHHS.

Application Process

Applicants are invited to submit letters of intent (LOI) describing the proposed project. Integra will review these letters of intent, and invite selected applicants to submit a full proposal.

Letter of Intent (LOI) proposal format

Cover Page

Please complete the cover page, included here as Attachment A, with signatures of support from the executive of your organization, or the backbone organization of your network.

Confidentiality Agreement (NDA)

If invited to submit a full proposal, applicants may receive access to proprietary information. To facilitate this process, please sign the NDA form (included as Attachment B) and include it with your LOI submission.

Narrative

Please prepare a narrative proposal of no more than four (4) pages single-spaced, using 11 point font with normal margins.

- **Background.** Please briefly introduce:
 - Your organization or network
 - Your community
 - Your track record
- **Alignment.** In a brief paragraph, please explain how your proposed project aligns with Integra's priorities as stated in this RFP.
- **Value proposition**
 - Why – What is the need? Why is it important for improving health and reducing healthcare costs among populations covered by Medicaid?
 - How – How can the need be addressed? Why do you think this approach works?
 - What – What do you propose to do? Where, with whom, and what resources are required? What will success look like? How will it be measured? Please provide a high level description of the project design and your expected outcomes.
- **Essential questions.** Integra seeks partners in a planning grant, to design, test and evaluate activities that can impact HRSN/SDOH. We aim to explore unknown territory with thoughtful organizations with deep roots in their communities. Our expectation is that this planning process will lead to sustainable, long-term contractual partnerships. Please state 1-3 essential questions you propose to explore through this planning process.
- **Capacity and readiness.** This initiative requires a significant investment of time, effort and resources in order to create partnerships, design programmatic delivery, pilot programs and evaluate them. Please comment on your organization's capacity and readiness to take on this project, including potential TA needs. More detail will be requested of organizations invited to submit a full proposal.

- **Budget narrative.** Please briefly provide context and explanation for your attached budget with a paragraph and/or bulleted list.

Budget

Please complete the high-level budget estimate template, Attachment C. More detail will be requested of organizations invited to submit a full proposal.

Full proposal format

Selected applicants will be invited to submit a full proposal, and will receive feedback and additional instructions based on their LOI. The full proposal will be expected to include:

- Expanded narrative (6 page maximum), including
 - Updated project description, with responses to requests for detail or clarification
 - Detailed description of the proposed project and intervention, including a definition of the target population, and the “logic model” by which the intervention will improve healthcare outcomes and reduce total cost of care
 - Narrative description of organizational readiness and capacity, including plans for staffing, leadership and community involvement
 - Sustainability plan describing how the project can continue in future years, if selected
- Detailed budget (template will be provided)

Selection criteria and process

Integra will conduct an internal review process for all applications that meet the requirements specified in this RFP. In particular, we expect to make award decisions based on the following:

Criteria Area	Proposal demonstrates:
Completeness	<ul style="list-style-type: none"> • All specified application components are included in correct formats, and all questions are addressed.
Alignment	<ul style="list-style-type: none"> • Alignment with Integra Medicaid AE priorities as described in RFP. • Focus on specific target population, using data where possible.
Value Proposition	<ul style="list-style-type: none"> • Clarity: reader clearly understands proposal. • Importance: the problem addressed is important to health and healthcare costs in the target population. • Feasibility and design: there is reason to believe the proposed intervention is feasible within the scope of time, budget, capacity. • Promise: there is reason to believe the proposed intervention will achieve desired outcomes and be effective at improving quality and reducing total cost of care
Capacity & Readiness	<ul style="list-style-type: none"> • Readiness: the organization is ready and able to perform and partner.
Community involvement	<ul style="list-style-type: none"> • Community Involvement: there is evidence that the community will be equitably involved in the design and leadership of this initiative.
Budget	<ul style="list-style-type: none"> • Budget is reasonable, understandable and transparent.

Sustainability and Scalability

- The project has the potential to continue beyond the end of the grant period, and beyond the sun-setting of HSTP funding
- The project has the potential to expand to include additional populations, geographies, or conditions.

Submission instructions and timeline

Please submit all required components as attachments by email to Brady Dunklee (bdunklee@carene.org) by no later than 5:00 PM on the dates listed in the table below.

Proposals should be in PDF form, with Excel attachments for the budget in the full proposal.

Integra welcomes questions related to this RFP. Questions may be submitted by email to Brady Dunklee, Program Manager, Population Health (bdunklee@carene.org).

We expect to announce award decisions in early January 2020.

September 25 and 26, 2019	Applicant conferences for interested CBOs
October 25, 2019, 5:00 PM	Letters of intent (LOI) due to Integra
November 2019	Selected applicants invited to submit full proposals
December 13, 2019, 5:00 PM	Full proposals due to Integra
January 2020	Grants awarded to selected applicants

Appendix

Resources and Readings on SDOH & HRSN, and Accountable Care

- [Supporting Social Service and Health Care Partnerships to Address Health-Related Social Needs](#)
- [Profiles of HCO/CBO partnerships](#)
- [Advancing Partnerships Between Health Care and CBOs](#)
- [Partnership Assessment Tool](#)
- [Partnerships for Health: Lessons for Bridging CBOs and HCOs](#)
- [How Health Care And Community-Based Human Services Organizations Are Partnering for Better Health Outcomes](#)
- [Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health](#)
- [Housing and Health: An Overview of the Literature](#)
- [Rhode Island Medicaid Accountable Entities](#)
- [ABCs of ACOs](#)
- [The Two Most Important Numbers in American Health Care](#)
- [Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity](#)
- [Dr. Camara Jones Explains the Cliff of Good Health](#)
- Dr. Rishi Ananda: [What makes us get sick? Look Upstream](#)
- Dr. Sandro Galea: [Well: What We Need to Talk About When We Talk About Health](#)

Non-allowable expenditures of HSTP funding per EOHHS:

- Alcoholic beverages
- Capital expenditures in excess of \$500,000 (unless approved in advance by EOHHS)
- Debt restructuring and bad debt
- Defense and prosecution of criminal and civil proceedings, and claims
- Donations and contributions
- Entertainment
- Fines and penalties
- Fund raising and investment management costs
- Goods or services for personal use
- Idle facilities and idle capacity
- Insurance and indemnification
- Interest expense
- Lobbying
- Marketing/member communication expense, unless approved in advance by EOHHS
- Memberships and subscription costs
- Patent costs