

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH PROMOTION AND CHRONIC DISEASE
PREVENTION

Birth to Five Patient Centered Medical Home Pilot Project
REQUEST FOR PROPOSAL 58810022

RFP Table of Contents

SECTION 1 -- GENERAL AND ADMINISTRATIVE ISSUES

- 1.01 Purpose
- 1.02 Project Period/Contract Term
- 1.03 Eligible Applicants and Service Delivery Area
- 1.04 Available Funds
- 1.05 Schedule of Events
- 1.06 Inquiries
- 1.07 Amendments to the RFP
- 1.08 Open competition
- 1.09 Withdrawal of proposals
- 1.10 Acceptance of Terms and Conditions
- 1.11 Costs of Proposal Preparation
- 1.12 Multiple Proposals
- 1.13 Oral Presentation
- 1.14 Rejection of Proposals
- 1.15 Restrictions on Gifts and Activities
- 1.16 Use of Subcontractors
- 1.17 Reference Checks
- 1.18 Criminal Background Checks
- 1.19 Information From Other Sources
- 1.20 Verification of Proposal Contents
- 1.21 Bid Proposal Clarification Process
- 1.22 Waivers and Variances
- 1.23 Disposition of Proposals
- 1.24 Public Records
- 1.25 Copyrights
- 1.26 Appeal of Award Decision
- 1.27 Definition of Contract
- 1.28 Construction of RFP

SECTION 2 – DESCRIPTION OF SERVICES

- 2.01 Description of Work and Services
- 2.02 Objectives
- 2.03 Staffing or Personnel Requirements
- 2.04 Budget
- 2.05 Required Reporting

SECTION 3 -- PROPOSAL FORMAT AND CONTENT

- 3.01 Technical Requirements
- 3.02 Proposal Contents
- 3.03 Budget
- 3.04 Proposal Checklist
- 3.05 Business Organization
- 3.06 Litigation or Investigation

SECTION 4 – PROPOSAL REVIEW PROCESS AND CRITERIA

- 4.01 Overview of Review Process
- 4.02 Scoring of Proposals

SECTION 5 – CONTRACT

- 5.01 Conditions
- 5.02 Incorporation of Documents
- 5.03 Order of Priority
- 5.04 Contractual Payments

SECTION 6 – ATTACHMENTS

Attachments are posted in a separate file on the IDPH Web page under *Grants, Bids and Proposals*: www.idph.state.ia.us.

SECTION 1 -- GENERAL AND ADMINISTRATIVE ISSUES

1.01 Purpose

The purpose of this Request for Proposal (RFP) 58810022 is to solicit proposals that will enable the Iowa Department of Public Health (IDPH) to select the most qualified applicant to provide development of a model for a community based utility that will comprehensively serve children 0-5 to address their specific needs by providing a patient centered medical home.

1.02 Project Period/Contract Term

The project period shall be from March 1, 2010 – September 30, 2011.

IDPH expects the initial contract period to be a seven-month term from March 1, 2010 to September 30, 2010. IDPH shall have the option to renew the contract for up to one (1) additional one (1) year terms (October 1, 2010-September 30, 2011) subject to availability of funds, review of the continuation application, and contractor performance and compliance with the terms and conditions of the contract.

The issuance of this RFP in no way constitutes a commitment by IDPH to award a contract.

1.03 Eligible Applicants and Service Delivery Area

Only current Title V Child Health agencies in Iowa that operate 1st Five Healthy Mental Development implementation projects are eligible to submit proposals in accordance with this RFP. The service delivery area must be within the agency's approved Title V child health service delivery area. Applicants are not required to serve their entire service delivery area but must provide justification for the area selected. Title V agencies are required to collaborate with colleague agencies including primary care providers, community-based agencies, and referral sources that support children's development to accomplish the goals and objectives of the 0-5 patient centered medical home pilot project. Interested colleagues are encouraged to contact their Title V community-based agency in their service area to discuss opportunities for collaboration.

Applicant is required to maintain and provide to IDPH, upon application, a current and valid email account for electronic communications with IDPH.

1.04 Available Funds

The source of funding is State Funds provided to IDPH through an agreement with the Department of Management, Office of Community Empowerment.

Applicants may apply for up to \$75,000 for the total seven month period. Actual total awards and individual contract funding levels may vary from that listed or funding may be withdrawn completely, depending on availability of funding.

1.05 Schedule of Events (All times and dates listed are local Iowa time.)

The following dates are set forth for informational purposes. IDPH reserves the right to change them.

RFP Issued	December 31, 2009
Written Questions Due	January 12, 2010
IDPH Responses to Written Questions Issued	January 15, 2010
Proposals Due	February 11, 2010 by 4:00 PM
Issue Notice of Award	February 22, 2010

A. RFP Issued – December 31, 2009. IDPH will post the RFP on the IDPH Web page under *Grants, Bids and Proposals* link at: www.idph.state.ia.us. IDPH will email a notice of availability of the RFP to current program contractors. IDPH will send a copy of an RFP to any person or entity which requests the RFP.

An applicant's conference will not be held.

B. Written Questions Due – January 12, 2010. Written questions and comments related to the terms and conditions of the RFP must be received by Stacey Hewitt at the address below by January 12, 2010.

Stacey Hewitt, Contract Administrator
Iowa Department of Public Health
Lucas State Office Building
321 East Twelfth Street
Des Moines, Iowa 50319 – 0075
E-mail: shewitt@idph.state.ia.us
Fax: (515) 281-3789

Questions or comments must be submitted by mail, by electronic mail or by facsimile. If the question or comment pertains to a specific section of the RFP, the section and page must be referenced. Oral questions will not be accepted.

C. Response to Written Questions Issued – January 15, 2010. IDPH will prepare written responses to all pertinent and properly submitted questions and post the written questions and responses on the IDPH Web page. IDPH's written responses will be considered part of the RFP.

D. Proposals Due – February 11, 2010. **Proposals must be received by Stacey Hewitt at the address below by 4:00 PM (local time) on February 11, 2010.** This requirement is a mandatory requirement and will **not** be subject to waiver as a minor deficiency.

One (1) original and 5 copies of the proposal shall be submitted to:

Stacey Hewitt, Contract Administrator
Iowa Department of Public Health
Lucas State Office Building - 6th Floor
321 East Twelfth Street
Des Moines, Iowa 50319-0075

Proposals received by IDPH after the stated due date and time will be rejected, returned to the applicant, and not reviewed by IDPH.

Electronic mail and faxed copies of the proposal **will not** be accepted. Applicants who choose to mail proposals must allow ample mail delivery time to ensure timely receipt of their proposals by IDPH. Postmarking by the due date will not substitute for actual receipt of the proposal by IDPH. It is the applicant's responsibility to ensure that the proposal is date and time stamped as received by IDPH prior to the deadline.

Any information submitted separately from the proposal will not be considered in the review process.

E. Release of Names of Applicants – February 17, 2010. The names of all applicants who submitted properly dated and time stamped proposals shall be released to all who have, in writing (including email), requested such notification.

F. Notice of Award – February 22, 2010. The successful and unsuccessful applicants will be notified electronically via email from the IDPH contract administrator. A letter in PDF format will be emailed to the recipient email addresses listed on the proposal cover page. IDPH is not responsible for delayed receipts of notifications due to misspelled or invalid email addresses the applicant lists on the cover page. Recipients shall accept the provision of a read receipt to IDPH upon opening the email.

G. Contract Negotiations and Execution of the Contract – Following issuance of the notice of award, the successful applicant will receive a contract document. The successful applicant has ten (10) working days from date of receipt in which to negotiate and sign a contract with IDPH. If a contract has not been executed within ten (10) working days, IDPH reserves the right to cancel the award and to begin negotiations with the next highest ranked applicant or other entity deemed appropriate by IDPH. IDPH may, at its sole discretion, extend the time period for negotiations of the contract.

1.06 Inquiries

During the period following release of this RFP and during the period of evaluation, applicants should contact only Stacey Hewitt in the manner provided for in section 1.05(C). Unauthorized contact regarding this RFP with other state employees may result in disqualification. In no case shall verbal communications override written communications. Only written communications are binding on IDPH.

IDPH assumes no responsibility for representations made by its officers or employees prior to the execution of a legal contract, unless such representations are specifically incorporated into the RFP or the contract.

Any verbal information provided by the applicant shall not be considered part of its proposal.

1.07 Amendments to the RFP

IDPH reserves the right to amend the RFP at any time. In the event it becomes necessary to amend, add to, or delete any part of this RFP, a written amendment will be posted on the IDPH Web site. The applicant is advised to check the IDPH Web site periodically for amendments to this RFP.

1.08 Open competition

No attempt shall be made by the applicant to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.

1.09 Withdrawal of proposals

Proposals may be withdrawn, modified and resubmitted at any time prior to the stated due date and time for the receipt of proposals. An applicant desiring to withdraw its proposal after the submission time shall notify the Contract Administrator in writing.

1.10 Acceptance of Terms and Conditions

A. An applicant's submission of a proposal constitutes acceptance of the terms, conditions, criteria and requirements set forth in the RFP and operates as a waiver of any and all objections to the contents of the RFP. By submitting a proposal, an applicant agrees that it will not bring any claim or have any cause of action against IDPH or the State of Iowa based on the terms or conditions of the RFP or the procurement process.

B. IDPH reserves the right to accept or reject any exception taken by an applicant to the terms and conditions of this RFP. Should the successful applicant take exception to the terms and conditions required by IDPH, the successful applicant's exceptions may be rejected and IDPH may elect to terminate negotiations with that applicant. However, IDPH may elect to negotiate with the successful applicant regarding contract terms which do not materially alter the substantive requirements of the RFP or the contents of the applicant's proposal.

1.11 Costs of Proposal Preparation

All costs of preparing the proposal are the sole responsibility of the applicant. IDPH is not responsible for any costs incurred by the applicant which are related to the preparation or delivery of the proposal or any other activities undertaken by the applicant related in any way to this RFP.

1.12 Multiple Proposals

An organization may submit more than one proposal. However, only one award shall be provided to any one organization. Only one proposal will be accepted from each applicant.

1.13 Oral Presentation

Applicants may be requested to make an oral presentation of the proposal. The determination of need for presentations, the location, order, and schedule of the presentations is at the sole discretion of IDPH. If an oral presentation is required, applicants may clarify or elaborate on their proposals, but may in no way change their original proposal.

1.14 Rejection of Proposals

A. IDPH reserves the right to reject, in whole or in part, any or all proposals, to advertise for new proposals, to arrange to receive or itself perform the services herein, to abandon the need for such services, and to cancel this RFP if it is in the best interests of IDPH.

B. Any proposal will be rejected outright and not evaluated for any of the following reasons:

1. The applicant fails to deliver the letter of intent if required by this RFP by the relevant dates and times stated in section 1.05.
2. The applicant fails to deliver the proposal by the relevant dates and times stated in section 1.05.
3. The applicant is not an eligible applicant as defined in section 1.03.

C. Any proposal may be rejected outright and not evaluated for any one of the following reasons:

1. The applicant fails to include required information or fails to include sufficient information to determine whether an RFP requirement has been satisfied.
2. The applicant fails to follow the proposal format instructions or presents information requested by this RFP in a format inconsistent with the instructions of the RFP.
3. The applicant provides misleading or inaccurate answers.
4. The applicant states that a mandatory requirement cannot be satisfied.
5. The applicant's response materially changes a mandatory requirement.

6. The applicant's response limits the right of IDPH.
7. The applicant fails to respond to IDPH's request for information, documents, or references.
8. The applicant fails to include any signature, certification, authorization, or stipulation requested by this RFP.
9. The applicant initiates unauthorized contact regarding the RFP with a state employee.

1.15 Restrictions on Gifts and Activities

Iowa Code Chapter 68B contains laws which restrict gifts which may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Applicants are responsible for determining the applicability of this chapter to their activities and for complying with these requirements.

In addition, Iowa Code Chapter 722 provides that it is a felony offense to bribe a public official.

1.16 Use of Subcontractors

A. The applicant is permitted to subcontract for the performance of certain services required under the contract. Subcontracts must adhere to the provisions of Section 5 of the IDPH General Conditions effective October 1, 2009 as posted on the IDPH Web page at www.idph.state.ia.us under the *Grants, Bids and Proposals* link. Planned use of subcontractors by an applicant must be clearly explained in the proposal. This information must include:

1. The name and address of the subcontractor if known;
2. The scope of work to be performed by each subcontractor;
3. Subcontractor qualifications; and
4. The estimated dollar amount of each subcontract.

B. Current individual employees of the State of Iowa may not act as subcontractors under this contract.

C. The applicant is fully responsible for all work performed by subcontractors. No subcontract into which the applicant enters into with respect to performance under the contract will, in any way, relieve the applicant of any responsibility for performance of its duties.

1.17 Reference Checks

IDPH reserves the right to contact any reference to assist in the evaluation of the proposal, to verify information contained in the proposal and to discuss the applicant's qualifications and the qualifications of any subcontractor identified in the proposal.

1.18 Criminal Background Checks

IDPH reserves the right to conduct criminal history and other background investigations into the applicant, its officers, directors, managerial and supervisory personnel, clerical or support personnel, and health care professional personnel retained by the applicant for duties related to the performance of the contract. Such information may be used in determining contract awards. The applicant shall cause all waivers to be executed by appropriate persons to effectuate the investigations.

1.19 Information From Other Sources

IDPH reserves the right to obtain and consider information from other sources concerning an applicant, including the applicant's product or services, personnel, and subcontractors, and the applicant's capability and performance under other state contracts and contracts with private entities. IDPH may use any of this information in evaluating an applicant's proposal.

1.20 Verification of Proposal Contents

The contents of a proposal submitted by an applicant are subject to verification. Misleading or inaccurate responses shall result in rejection of the proposal pursuant to Section 1.14.

1.21 Bid Proposal Clarification Process

IDPH may request clarification from applicants for the purpose of resolving ambiguities or questioning information presented in the proposals. Clarifications may occur throughout the proposal evaluation process. Clarification responses shall be in writing and shall address only the information requested. Responses shall be submitted to IDPH within the time stipulated at the time of the request. An applicant will not be permitted to modify or amend its proposal if contacted by IDPH for this reason.

1.22 Waivers and Variances

IDPH reserves the right to waive or permit cure of non-material variances in the proposal's form and content providing such action is in the best interest of IDPH. In the event IDPH waives or permits cure of nonmaterial variances, such waiver or cure will not modify the RFP requirements or excuse the applicant from full compliance with RFP specifications or other contract requirements if the applicant is awarded the contract. The determination of materiality is in the sole discretion of IDPH.

1.23 Disposition of Proposals

All proposals become the property of IDPH and shall not be returned to the applicant unless all proposals are rejected. In the event all proposals are rejected, applicants will be asked to send prepaid shipping instruments to IDPH for return of the proposals submitted. In the event the IDPH does not receive shipping instruments, IDPH will destroy the proposals.

If IDPH awards funds to an applicant, the contents of all proposals will be in the public domain at the conclusion of the selection process and will be open to inspection by interested parties subject to exceptions provided in Iowa Code Chapter 22 or other provision of law.

1.24 Public Records

All information submitted by an applicant will be treated as public information following the conclusion of the selection process unless the applicant properly requests that information be treated as confidential at the time the proposal is submitted.

Any request for confidential treatment of information must be included in the transmittal letter with the applicant's proposal. In addition, the applicant must enumerate the specific grounds in Iowa Code Chapter 22 which support treatment of the material as confidential. The request for confidential treatment of information must also include the name, address, and telephone number of the person authorized by the applicant to respond to any inquiries by IDPH concerning the confidential status of the materials.

Any proposal submitted which contains confidential information must be conspicuously marked as containing confidential information and must indicate which sections of the proposal should be treated as confidential. Identification of the entire proposal as confidential shall be deemed non-responsive and shall disqualify the applicant.

The applicant must submit one copy of the proposal from which the confidential information had been excised. The confidential material must be excised in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the proposal as possible.

In the event IDPH receives a public request for RFP information marked confidential, written notice shall be given to the applicant seventy-two (72) hours prior to the release of the information to allow the applicant to seek injunctive relief pursuant to Iowa Code Section 22.8. The information marked confidential shall be treated as confidential information to the extent such information is determined confidential under Iowa Code Chapter 22 or other provisions of law by a court of competent jurisdiction.

The applicant's failure to request confidential treatment of material pursuant to this section and the relevant law will be deemed by IDPH as a waiver of any right to confidentiality which the applicant may have had.

1.25 Copyrights

By submitting a proposal, the applicant agrees that IDPH may copy the proposal for the purpose of facilitating the evaluation of the proposal or to respond to requests for public records. By submitting the proposal, the applicant consents to such copying and warrants and represents that such copying will not violate the rights of any third party. IDPH shall have the right to use ideas or adaptations of ideas that are presented in the proposals. In the event the applicant copyrights its proposal, the department may reject the proposal as noncompliant.

1.26 Appeal of Award Decision

Applicants may appeal the award decision by filing a written appeal to IDPH within 10 working days of receipt of the award decision in accordance with 641 Iowa Administrative Code 176.8 appeals shall be submitted in writing, return receipt requested, to Stacey Hewitt, Contract Administrator, Division of Administration and Professional Licensure, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075. Appeals must clearly and fully identify all issues being contested and demonstrate what procedures in the proposal were not followed. In the event of an appeal, the Department will continue working with the successful applicant pending the outcome of the appeal.

1.27 Definition of Contract

The full execution of a written contract by both parties shall constitute the making of a contract for services and no applicant shall acquire any legal or equitable rights relative to the contract until the contract has been fully executed by the successful applicant and the IDPH.

1.28 Construction of RFP

This RFP shall be construed in light of pertinent legal requirements and the laws of the State of Iowa. Changes in applicable statutes and rules may affect the award process or the resulting contract. Applicants are responsible for ascertaining the relevant legal requirements.

SECTION 2 – DESCRIPTION OF SERVICES

This project seeks to develop of a model for a community based utility that will comprehensively serve children 0-5 to address their specific needs by providing a patient centered medical home. A Title V Child Health agency in Iowa that operates 1st Five Healthy Mental Development implementation project will partner with a (pediatric) primary care practice to provide care to children birth to five that meets the Joint Principles of a Patient Centered Medical Home. Emphasis will be placed on providing an enhanced level of care coordination both within the primary care setting and within the community utility (Title V Child Health agency). Refer to **Attachments C & D**.

Project Background:

What is a Patient-Centered Medical Home?

Iowa's Medical Home Definition (HF 2539): “medical home” means a team approach to providing health care that:

- originates in a primary care setting;
- fosters a partnership among the patient, the personal provider, other health care professionals, and the patient's family when appropriate;
- utilizes the partnership to access all medical and non-medical health-related services needed by the patient and family to achieve maximum health potential; and
- maintains a centralized, comprehensive record of all health-related services to promote continuity of care; and
- includes the following characteristics: a personal provider; a provider-directed medical practice; whole person orientation; coordination and integration of care; quality and safety; enhanced access to health care; and payment.

This PCMH system will strive to:

- reduce disparities in health care access, service delivery, and health status;
- improve quality of health care and lower health care costs, thereby creating savings to allow more Iowans to have health care coverage within a sustainable health care system; and
- provide a pragmatic method to document that each Iowan has access to health care.

Joint Principles of the Patient-Centered Medical Home

The American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP), and American Osteopathic Association (AOA) representing approximately 333,000 physicians, have developed the following joint principles to describe the characteristics of the PCMH.

- **Personal physician** - each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.
- **Physician directed medical practice** – the personal physician leads a **team** of individuals at the practice level who collectively take responsibility for the ongoing care of patients.
- **Whole person orientation** – the personal physician is responsible for providing for all the patient's health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life, acute care, chronic care, preventive services, and end of life care.
- **Care is coordinated and/or integrated** across all elements of the complex health care system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (e.g., family, public and private community-based services). Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.
- **Quality and safety** are hallmarks of the medical home. This includes using electronic medical records and technology to provide decision-support for evidence-based treatments and patient, family, physician and practice involvement in continuous quality improvement. Practices advocate for their patients to support the attainment of optimal, patient-centered outcomes.
- **Expanded Access to Care** is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician, and practice staff.
- **Payment** appropriately recognizes the added value provided to patients who have a patient-centered medical home. The payment structure should be based on the following framework:
 - It should reflect the value of physician and non-physician staff patient-centered care management work that falls outside of the face-to-face visit.
 - It should pay for services associated with coordination of care both within a given practice and between consultants, ancillary providers, and community resources.
 - It should support adoption and use of health information technology for quality improvement;

- It should support provision of enhanced communication access such as secure e-mail and telephone consultation;
- It should recognize the value of physician work associated with remote monitoring of clinical data using technology.
- It should allow for separate fee-for-service payments for face-to-face visits. (Payments for care management services that fall outside of the face-to-face visit, as described above, should not result in a reduction in the payments for face-to-face visits).
- It should recognize case mix differences in the patient population being treated within the practice.
- It should allow physicians to share in savings from reduced hospitalizations associated with physician-guided care management in the office setting.
- It should allow for additional payments for achieving measurable and continuous quality improvements.

Why is the Patient-Centered Medical Home Important?

A medical home is like an old-style family doctor's office, but with a whole team of professionals. Together, they make the most of modern knowledge and technology—including e-mail and electronic medical records—to give patients excellent care and reach out to help them stay healthy. The medical home approach is a way that is expected to improve health outcomes, control costs, and help deal with the growing shortage of primary care physicians.

The medical home approach values and supports families in their role as primary caregiver and expert on their child. Primary health care providers bring their experience with many children and conditions and use their medical expertise to help families understand and integrate recommendations from a variety of sources.

The physician should be known to the child and family and should be able to develop a partnership of mutual responsibility and trust with them. These characteristics define the "medical home." In contrast to care provided in a medical home, care provided through emergency departments, walk-in clinics, and other urgent-care facilities, though sometimes necessary, is more costly and often less effective.

Benefits of a Medical Home

Promotes Health through Prevention

- Preventive services such as annual physical exams, developmental screening, health education, immunizations, well-child care, and other medical and community-based services help maintain optimal health.
- Women who have a regular source of health care are more likely to access prenatal care.
- Regardless of age, sex, race, or socioeconomic status—all people can receive an array of acute, chronic, and preventive medical care services through a medical home.

Healthier Children and Families

- Among children with special health care needs (CSHCN), children with a medical home have less delayed care, less problems getting care, fewer unmet health needs, and fewer unmet needs for family support services.
- In a study of medical home among CSHCN, parents reported improved care delivery, a decrease in the number of missed work days, and a decrease in hospitalizations.

Reduce Health Care Costs

- Children who receive care in a medical home are half as likely to visit an emergency room or be hospitalized.
- Having health care access through health insurance is not enough to avoid acute care and treatment costs – other issues such as quality of care and the relationship with a primary care provider also influence the use and cost of health care services.

Benefits of this project to Title V Child Health Agencies:

- Funding for up to eight months, if available, to develop effective strategies and relationships with primary care providers, community-based agencies, and referral sources that support the development of a patient centered medical home for children birth to five.
- The opportunity to participate in a pilot to understand what is needed to create a patient centered medical home for children birth to five by working with other community providers as serving as the community utility. The community utility will provide information and support needed to coordinate prevention, treatment and referral services for all children served by the practice ages 0 to 5.
- Technical assistance through IDPH inclusive of training sessions, analysis of program options and design, onsite visits, conference calls and written materials describing best practices and other relevant programs and research.

Benefits of this project to participating primary care practice:

- Funding for up to eight months, if available, to develop effective strategies and relationships with primary care providers, community-based agencies, and referral sources that support the development of a patient centered medical home for children birth to five.
- The opportunity to participate in a pilot to understand what is needed to create a patient centered medical home for children birth to five by working with the local Title V Agency as a community utility. The Title V Agency will provide information and support needed to coordinate prevention, treatment and referral services for all children served by the practice ages 0 to 5.
- Technical assistance through IDPH inclusive of training sessions, analysis of program options and design, onsite visits, conference calls and written materials describing best practices and other relevant programs and research.
- The opportunity to redesign practice and change strategies that support the provision of care at the level of a medical home and strive to meet outlined medical home joint principles.

2.01 Description of Work and Services

Scope of Work

Overall Project Goal

To partner with a (pediatric) primary care practice to develop effective strategies and relationships that support the development of a patient centered medical home for children birth to five.

The selected Title V agency will partner with a (pediatric) primary care practice to work through the joint principles of a patient centered medicinal home for children. Strategies will be identified as to how best to serve children and their families through this model. Information will be gathered about the financial impact for service delivery for both the (pediatric) primary care practice and community partners.

The provision of a high standard of care coordination both within the (pediatric) physician practice and through the community utility will be central to this project.

Components of Care Coordination (Commonwealth Fund)

- Family-Centered and Community-based
- Proactive, Providing Planned, Comprehensive Care
- Promotes the Development of Self management Skills (Care Partnership Support) with Children, Youth and Families.
- Facilitates Cross- Organizational Linkages and Relationships

Care Coordination Functions (Children's Hospital of Boston)

- Provides separate visits and care coordination interactions
- Manages continuous communications
- Completes/analyzes assessments
- Develops care plans with families
- Manages/tracks tests, referrals, and outcomes
- Coaches families
- Integrates critical care information
- Supports/facilitates care transitions
- Facilitates team meetings
- Uses health information technology

2.02 Objectives

To be eligible for funding, applicants must describe their plan to respond to the following objective:

Demonstrate best practices of the model, develop a system for care coordination and professional competencies needed and improve child health outcomes and family satisfaction.

The four key concepts (borrowed from Community Care of North Carolina) the pilot would be based on to build an optimum health care system for children would be:

- The importance of local control and physician leadership in building sustained community care systems;
- A primary focus on improving quality of care through population management;
- The necessity of creating a true public/private partnership that brings together all the key local health care and social service providers;
- A shared state/local responsibility to develop tools needed to manage well child/child health services including a system of new incentives that better align state and community goals with desired outcomes.

Performance Measures:

of care coordination encounters

Unduplicated (per child)

Duplicated (total)

Projection for others to apply to practice (total involved in project compared to population of children birth to five served)

of care plans created

Family engagement and satisfaction data

Registry use data

Qualitative report that documents changes needed in practice needed to meet the joint principles of Medical Home.

Evaluation

Participation in an evaluation designed by the department is required. Applicants are allowed to propose one (1) additional evaluation activity in their proposal. This activity must be justified in the budget and the budget narrative.

2.03 Staffing or Personnel Requirements

Title V Child Health Agency Staff must be an RN or have a 4year degree in a health related field.

Care Coordination activities at the primary care practice must be conducted by licensed professional staff. Note: LPN's do not qualify because the expectation of tasks falls outside of their scope of practice.

2.04 Budget

It is expected that budget would reflect a significant portion of the funding (no less than 55% of total budget) to be allocated to staff time with in the partnering (pediatric) primary care practice.

2.05 Required Reporting

Report guidance will be designed by IDPH. Completed reports must be submitted to IDPH within specified timeframes. Reporting requirements may include:

REPORT	SPECIFICATIONS	DUE DATE
Progress Report	Provide progress update for contract activities from February 1st through April 15 th on work plan	May 15, 2010
Final Report	Provide summary of project accomplishment and report on completion of work plan	October 15, 2010

IDPH reserves the right to modify, change or add reports at any time.

SECTION 3 -- PROPOSAL FORMAT AND CONTENT

These instructions prescribe the format and content of the proposal and are designed to facilitate the submission of a proposal that is easy to understand, review, and evaluate. Failure to adhere to these requirements and proposal content may result in disqualification of the proposal.

3.01 Technical Requirements

- A. Proposals must be typewritten and follow the format delineated herein. Cover page and Minority Impact Statement Forms may be handwritten. Photocopies or exact computer-generated replicas are permissible.

Aspect	Requirement
Length	There is no page limit for the narrative sections.
Font size	Proposal must be in a minimum of 12 points. A smaller font may be used for tables, figures or maps.
Margins	Must be a minimum of one inch on all sides.
Spacing	May be single- or double-spaced.
Header or Footer and Pagination	Insert a header or footer that identifies the applicant name, page number and the RFP number. All pages are to be sequentially numbered (1, 2, 3...) at the bottom or top of each page, including the cover page, maps, charts, budget pages, tables, and appendices or attachments; and beginning with the cover page as number one.
Copies	Submit one (1) original proposal, signed with non-black ink, and five (5) photocopies.
Cover Page & Minority Impact Statement	The cover page & minority impact statement must be complete and contain original signatures in non-black ink to easily distinguish the original proposal.
Binding	Clip or staple each proposal copy. Do not use specially prepared binders, dividers, or face sheets. Binder clips are permitted.

- B. Do not submit promotional materials. Promotional materials or items other than required by this RFP will not be considered during the review process.
- C. Any information or materials submitted separately from the proposal will not be considered in the review process.

3.02 Proposal Content

A. Cover Page: Identifies the applicant's legal name, federal identification number, and key contact information for the project. Complete required form-**Attachment A** following these instructions:

- Applicant - Provide the legal name of the applicant entity. This must be the entity associated with the Federal Identification (ID) number per the Internal Revenue Service (IRS). If the entity operates under another name as a "d/b/a" (doing business as), please include that in the legal name.
- IRS # - Provide the applicants federal identification number.
- Applicant Address, Telephone and FAX – Provide the information as requested.
- Executive Director Name– Provide the name of the person who has overall responsibility and authority for administering the program in which the entity is applying for the funds.
- Executive Director Email- Provide the email address of the executive director.
- Program Director Name – Provide the name of the individual with direct day-to-day responsibility for this program and the person that the department can contact concerning the proposal.
- Program Director Email – Provide the email address of the program director.
- Program Director Telephone – Provide the telephone number of the program director.
- Total Funds Requested – Indicate the total amount of funds requested, not to exceed the amounts outlined in section 1.04.
- Conditions/Signature – The person authorized to obligate the entity must sign and date in non-black ink to certify that the applicant is in agreement with the conditions listed.

B. Minority Impact Statement: Identifies the applicant's potential impact of the project's proposed programs or policies on minority groups. Complete required form – **Attachment B** following these instructions:

- Applicants must independently complete the "Minority Impact Statement" form by checking the box that most accurately reflects the proposed project programs or policies impact on minority persons.
- Describe the rationale or evidence for your choice in a brief narrative, as well as identifying the specific minority groups in which there is a positive or negative impact (if applicable) on the checklist.
- Sign the form and return it with the proposal or application.

C. Project Narrative, Work Plan & Data Collection

Narrative

Applicants must demonstrate their capacity and capability to achieve the desired objectives listed in the Scope of Work. Applicants must also demonstrate understanding of the Patient Centered Medical Home model of practice and the provision of a high standard of care coordination both within the (pediatric) physician practice and through the community utility. In narrative form, the applicant must fully address the scope of this project including project objectives, activities, staffing or personnel requirements, and required reporting. In addition to the items listed above, project narrative must include the following:

- Intent to provide recommendation to policy makers and Medical Home Advisory Council to advise on lessons learned and best practices
- Assurance that assigned staff from both the Title V agency and (pediatric) primary care practice personnel have adequate time designated to meet the project objectives.

Work Plan

The applicant must include a work plan that addresses how the applicant will achieve the project objectives, including data collection and staffing. The activities described in the work plan shall demonstrate thoughtful planning for successful strategies in supporting implementation of the project. Applicant will develop their own work plan (there is no standard form).

When developing a work plan, the following considerations should be made:

Title V Child Health Agency

- Plan for staffing- and in compliance with section 2.03 of this RFP, describe the person(s) responsible, including their credentials.
- Patient tracking and registry functions(data system, population management, reminders for follow up)
- Referral Follow up
- The development of a family care plan

Primary care practice

- Plan for identification of pilot participants (specific doctors or all in the practice, populations of children...preemies, medically complex, those who need specialist referrals, etc)
- Plan for staffing- and in compliance with section 2.03 of this RFP, describe the person(s) responsible, including their credentials.
- Plan to notify participating patients of participation in project
- Screening procedures (use of evidence based tools, preferably the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire Social Emotional (ASQ:SE) for developmental monitoring, M-CHAT for Autism, Domestic Violence, maternal depression, etc. and appropriate screening schedule)
- Patient tracking and registry functions(data system, population management, reminders for follow up)
- Test tracking
- Referral Follow up
- The development of a family care plan

Work plan and narrative should address the exploration of implementation for successful strategies in the following areas:

- The promotion of a **personal physician** for each patient served.
- The promotion of a **physician directed service delivery model**.
- The promotion of **whole person orientation service delivery** where the personal physician is responsible for providing for addressing all the patient's health care needs.
- The development of a **plan for coordinated care** that is integrated across all elements of the complex health care system (e.g., subspecialty care, hospitals, home health agencies) and the patient's community (e.g., family, public and private community-based services).
 - This plan should address the concepts of registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.
- Assurance of quality and safety through appropriate **use of electronic medical records and technology** that provide decision-support for evidence-based treatments and patient, family, physician and practice involvement in continuous quality improvement.
- The promotion of **expanded access to care** through the exploration of systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician, and practice staff.
- The identification of a **proposed payment structure** for this change of service delivery that appropriately recognizes the added value provided to patients who have a patient-centered medical home.

D. Letter of Commitment

The applicant must include a letter of commitment from the (pediatric) primary care practice in the service delivery area who has committed to participating as the pilot site. The letter must be submitted with the proposal. Any information received by IDPH separate from the proposal will not be considered in the evaluation process.

3.03 Budget

A budget must be included in the proposal detailing the costs of the project. A budget narrative shall describe how the budget was calculated and justify the expenses detailed. Applicants will develop their own line item budget (there is no form).

The applicant will submit a line item budget of anticipated direct project costs for the period of March 1, 2010- September 30, 2010. The maximum budget request is \$75,000. At least 55% of total budget must be allocated to staff time within the partnering (pediatric) primary care practice.

The budget shall include only the line item categories listed below:

- Salary/Fringe
- Contractual/subcontracts
- Other
- Administrative or Indirect Costs

1. Salary/Benefits:

List all staff directly funded, wholly or partially with these funds. Employee's name (if current staff), credentials, and position title must be listed. Justification must include the total annual salary and fringe benefits paid to the employee, as well as the total annual salary and fringe benefits charged to this project.

2. Contractual/subcontracts:

The applicant is permitted to subcontract for the performance of certain services. Refer to Section 1.16 of this RFP and Section 5 of the IDPH General Conditions for subcontract provisions and requirements. If services performed for any activities outlined in this RFP are to be subcontracted, the applicant must include a description of subcontractor, scope of work to be performed by each subcontractor, subcontractor qualifications, and estimated dollar amount of each subcontract.

NOTE: Expenses to be paid to a subcontractor must be outlined in an agreement, contract or MOU/MOA. If the contract will be >\$2000, it must be reviewed and approved by IDPH prior to execution.

3. Other:

All other anticipated expenses using funds must be listed on the line item budget and justified. This category includes: office supplies, educational supplies, project supplies, incentives, communication, rent and utilities, training, information technology-related expense, travel, etc. This will include any equipment costs not meeting the above definition for equipment.

Travel

IDPH will not reimburse travel amounts in excess of limits established by Iowa Department of Administrative Services, State Accounting Enterprise. Current in-state maximum allowable amounts are:

Food- \$8.00/breakfast, \$12.00/lunch, \$23.00/dinner

Lodging- Maximum \$75 plus taxes per night

Mileage- Maximum of \$0.39 per mile.

4. Administrative Costs or Federally Approved Indirect Rate

If the applicant plans to charge administrative or indirect costs, this must be identified in the proposal. If the applicant charges indirect costs, a copy of the current, signed federally approved indirect cost rate agreement must be submitted with the proposal. Applicants may charge an Indirect Rate in accordance with their federally approved Indirect Cost Rate Agreement. IDPH reserves the right to negotiate the application of the Indirect Rate per individual contract.

In the absence of a federally approved Indirect Cost Rate Agreement, the applicant may charge an Administrative Cost not to exceed a maximum rate of 15% of the total contractual amount.

Administrative costs are those that are incurred for common or joint objectives, and therefore cannot be identified readily and specifically with a sponsored program, but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation and administrative salaries are generally treated as indirect costs.

The contractor shall maintain documentation to support the administrative cost allocation. IDPH reserves the right to request the documentation at any time.

3.04 Proposal Checklist

Applicant is not required to submit a checklist with the proposal.

List of items which must be included in the proposal:

- ✓ **Cover Page**
- ✓ **Minority Impact Statement**
- ✓ **Project Narrative**
- ✓ **Work Plan**
- ✓ **Budget**
- ✓ **Letter of Commitment**
- ✓ **Business Organization Appendix**

3.05 Business Organization

Attach the information required in this section as a Business Organization Appendix to the proposal.

- A. Identify the legal structure of the applicant and the state of incorporation or registration, if applicable. Provide evidence of an Iowa business license and any necessary applicable professional licenses required by law.
- B. Identify and specify the location(s) of the applicant's offices or other facilities involved in provision of services under this proposal.
- C. Describe the history of the organization and the organization mission and vision statements.
- D. Include a table of organization. Describe the executive, management, technical, and professional staff who would perform duties related to this project. Include the number of staff, their roles, and their expertise and experience in providing these types of services.
- E. Identify any established partnership relationships with the community.
- F. Identify other projects in which the applicant is currently providing or has provided services similar to the services described in this RFP.
- G. Describe other similar contracts or projects currently undertaken by the applicant.
- H. Disclose if, during the preceding three (3)-year period, the applicant or any subcontractor identified in the proposal has defaulted on a contract. List all such contracts, contact persons and telephone numbers for the other parties and provide a brief description of each incident.

I. Disclose if, during the preceding three (3)-year period, the applicant or any subcontractor identified in the proposal has terminated a contract prior to its stated term or has had a contract terminated by the other party prior to its stated term. List all such contracts, contact persons and telephone numbers for the other parties and provide a brief description of each incident.

J. Provide an audited financial statement for the preceding three (3)-year period. Nonprofit corporations whose previous funding level has not required an audited financial statement shall submit a year end operating statement and balance sheet for the preceding three (3) year period and a current operating statement in lieu thereof. Any applicant agency that currently holds a contract with the department and has previously submitted audit reports need not submit a copy with this proposal. Please specify in the proposal that audits are on file with the department

3.06 Litigation or Investigation

The applicant shall list and summarize pending or threatened litigation, administrative, or regulatory proceedings or similar matters which could affect the ability of the applicant to perform the required services. Failure to disclose such matters may result in rejection of the proposal or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of a proposal must be disclosed in a timely manner in a written statement to the IDPH.

SECTION 4 – PROPOSAL REVIEW PROCESS AND CRITERIA

4.01 Overview of Review Process

Review/evaluation of proposals submitted under this RFP will be conducted in three phases.

Phase I -- Technical Review: The first phase will involve a preliminary review by the IDPH staff of an applicant's compliance with the mandatory requirements for submitted proposals. Proposals which fail to satisfy technical requirements may be eliminated from the proposal review. These proposals will be returned to the applicant via United States Postal Service, first class mail. The IDPH reserves the right to waive minor variances at the sole discretion of the IDPH.

Phase II – Review Committee: Proposals determined to be compliant with technical requirements will be accepted for the second phase of evaluation, which shall be completed by a review committee or committees established by the IDPH. The membership of the review committee(s) shall be determined by the bureau chief with input and oversight from the respective division director. The review committee(s) shall evaluate proposals in accordance with a point system. Each committee member will review the proposals and the evaluation criteria outlined in this chapter and assign a point total for each criteria. If an applicant is requested to make an oral presentation of the proposal pursuant to RFP Section 1.13, the committee members may consider the oral presentation of the applicant in determining the points awarded.

The total score awarded by each committee member will be averaged to arrive at the final score (rounded to the nearest whole number) for each proposal and the proposals will then be ranked based on the average of the evaluation scores. IDPH staff may solicit additional input and recommendations from the review committee(s).

In the event competitive proposals receive an equal number of points, two division directors and the respective bureau chief administering the program may conduct a second review utilizing the same scoring process.

Phase III -- IDPH Review and Award: The third phase will be a final review. The IDPH will consider the submitted proposals and the review committee's scores and recommendations.

The IDPH may also consider geographical distribution, budget information, any information received pursuant to Sections 1.17 - 1.21 of the RFP, and any other information received pursuant to the procurement process. IDPH reserves the right not to award the contract to the applicant with the highest point average.

4.02 Scoring of Proposals

A maximum of 105 points may be awarded to each proposal. A minimum average score of **63** or greater is required for the proposal to be considered for funding.

Accepted proposals will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the RFP objectives.
- D. The overall ability of the applicant, as judged by the evaluation committee, to successfully complete the project within the proposed schedule. This judgment will be based upon factors such as budget, work plan and availability of staff.

Points will be assigned for each item listed as follows:

- 5 Applicant's proposal or capability is exceptional and exceeds expectations for this criterion.
- 4 Applicant's proposal or capability is superior and slightly exceeds expectations for this criterion.
- 3 Applicant's proposal or capability is satisfactory and meets expectations for this criterion.
- 2 Applicant's proposal or capability is unsatisfactory and contains numerous deficiencies for this criterion.
- 1 Applicant's proposal or capability is not acceptable or applicable for this criterion.

The maximum points to be awarded for each proposal section are as follows:

PROPOSAL COMPONENT SCORE	WEIGHT	POTENTIAL MAXIMUM POINTS
Business Related Elements All required forms are completed and correct. All signatures and dates are in place.	1	5
Project Narrative & Work Plan	12	60
Data Collection The work plan & project narrative addresses the collection of required data	2	10
Partner Commitment (score of 5 if letter included in proposal; score of 1 if it is missing)	2	10
Staffing or Personnel Requirements Title V Child Health Agency Staff must be an RN or have a 4 year degree in a health related field. AND Care Coordination activities at the primary care practice must be conducted by licensed professional staff. Note: LPN's do not qualify because the expectation of tasks falls outside of their scope of practice (score of 5 if both requirements met; 1 if either not met)	1	5
Budget The Budget clarifies and justifies the proposed costs The budget reflects a significant portion of the funding (no less than 55% of total budget) allocated to staff time with in the partnering (pediatric) primary care practice. Program funds requested are consistent, reasonable and justified on the budget forms.	3	15
Total Potential Maximum:	<u>21</u>	<u>105</u>

SECTION 5 – CONTRACT

5.01 Conditions

Any contract awarded by the IDPH shall include specific contract provisions and the IDPH General Conditions effective October 1, 2009 as posted on the IDPH Web page www.idph.state.ia.us under *Grants, Bids and Proposals link*. The contract terms contained in the general conditions are not intended to be a complete listing of all contract terms, but are provided only to enable applicants to better evaluate the costs associated with the RFP and the potential resulting contract. Applicants should plan to include such terms in any contract awarded as a result of the RFP. All costs associated with complying with these requirements should be included in the proposal. If the contract exceeds \$ 500,000, or if the contract together with other contracts awarded to the Contractor by the IDPH exceed \$ 500,000 in the aggregate, the Contractor shall be required to comply with the provisions of Iowa Code chapter 8F.

IDPH requires Contractors to link with the local board of health when providing services supported by IDPH funding. In particular, Contractors are expected to assist the local board of health in carrying out the three core functions of public health as defined in 641 IAC 77.3 (137): assessment, policy development and assurance. Examples of linking with the board of health include, but are not limited to:

- Provide environmental and/or health data to the local board of health for the purposes of, and provide assistance in, assessing and analyzing the health status of the community.
- Submit reports to the local board of health on the effectiveness, accessibility, and quality of services provided.
- Include the local board of health in establishing policies and plans associated with the services provided. This can be accomplished by establishing a liaison between the contractor and the board of health or by attending regular meetings of the board of health.
- Educate the local board of health about the services provided and work with the board to identify target populations in need of the services provided.
- Be active in the Community Health Needs Assessment and Health Improvement Plan process.
- Provide the board of health expert input on the services provided and how those services relate to; the health priorities of the community, and health improvement plans to address those priorities.

The contractor is expected to provide documentation of linkage efforts if requested by IDPH.

Results of the review process or changes in federal or state law may require additions or changes in final contract conditions requirements.

5.02 Incorporation of Documents

The RFP, any amendments and written responses to applicant questions, and the proposal submitted in response to the RFP form a part of the contract. The parties are obligated to perform all services described in the RFP and proposal unless the contract specifically directs otherwise.

5.03 Order of Priority

In the event of a conflict between the contract, the RFP and the proposal, the conflict shall be resolved according to the following priorities, ranked in descending order:

1. the Contract;
2. the RFP;
3. the Proposal.

5.04 Contractual Payments

The IDPH provides contractual payments on the basis of reimbursement of expenses in accordance with Iowa Code 8A.514. In the event the contractor lacks sufficient working capital to provide the services of the contract, an advance not to exceed one month's value of the contractual amount may be provided by the IDPH. One-third (1/3) of this advance will be deducted from eligible reimbursement of expenses for the 4th and 5th months of service.

SECTION 6 – ATTACHMENTS

Attachments are posted in a separate file on the IDPH web page under *Grants, Bids and Proposals*: www.idph.state.ia.us. Applicants must download these forms and include them in the proposal as outlined in Section 3 of this RFP. List your attachments bulleted here:

- Attachment A Cover Page (Word)
- Attachment B Minority Impact Statement (Word)
- Attachment C Medical Home Advisory Council Ecological model illustration (PDF)
- Attachment D Antonelli Article on Care Coordination (PDF)