

2010-11 Low Income Pool (LIP) Project Application

The 2010 Legislature appropriated Low Income Pool (LIP) funds to support projects designed to enhance access to primary care. \$34 million has been provided by the legislature to fund these projects. This appropriation is based on the September 14, 2010 Legislative Budget Commission (LBC) budget modifications.

Each new project award representing a combined total of state share and federal matching dollars will be determined via a competitive solicitation will be based on each applicant's ability to provide Primary Care Access Programs as defined in the General Appropriations Act:

"...Increased access to primary care services... programs most capable of reducing health spending and improving the health status of uninsured and underinsured persons in their community... By reducing the unnecessary emergency room visits and preventable hospitalization by providing disease management; improving patient compliance and coordinating services..."

The maximum awarded per project is anticipated to be \$1.5 million. The projects will be selected based the program's capability to achieve the following program goals:

- Reduce potentially avoidable emergency room visits by developing initiatives to identify persons inappropriately using hospital emergency rooms or other emergency care services and provide care coordination and referral to primary care providers.
- Reduce potentially avoidable hospitalizations for ambulatory care sensitive conditions, which involve admissions that evidence suggests could have been avoided.
- Expansion of primary care infrastructure to provide additional people with a medical home, thereby supporting meaningful emergency room diversion efforts while also improving overall health care in the community.
- Expansion of Primary care through expanded service hours (e.g., evening or weekend hours).
- Initiatives to increase self-management and adherence to treatment plans and self-management goals through the availability of disease management services for persons with ambulatory care sensitive conditions such as diabetes, asthma, hypertension, COPD, and high cholesterol.

Projects will be required to report qualitative and quantitative data relating to the various initiatives. Initiatives can include any or all of the following services. Some examples:

- Hospital Emergency Room (ER) and In Patient (IP) diversion initiatives:
 - Number of people diverted from a hospital emergency room to a clinic prior to receiving services at the emergency room;
 - Number of people referred from a hospital emergency room for follow-up care after being treated in the ER;
 - Number of people referred from a hospital emergency room to a primary care provider;
 - Number and percent of ER admissions without a subsequent admission with a follow-up appointment with a provider within 14 days of the ER event date;
 - Number of hospital inpatients referred for follow-up care or referred to a primary care provider upon discharge from the hospital;

- Clinic services expansion initiatives:
 - Number of additional persons by payer source (uninsured, Medicaid etc.) seen and visits as a result of the LIP grant;
 - Additional hours of operation funded by the LIP grant;
 - Determination of what treatment choice a person would have made if the LIP-funded clinic or service was not available – for example, would the patient have accessed an emergency room, accessed another primary care clinic, or foregone care.
 - Summary of services rendered

- Disease management initiatives:
 - Number of people participating (enrolled and engaged) persons by payer source (uninsured, Medicaid etc.) in each DM program funded by the LIP project;
 - Data showing the relative adherence of DM program participants with established clinical practice guidelines (e.g., HbA1c testing, LDL-C screening, etc) and self-management activities (e.g., daily weights of CHF)
 - Information showing the impact on hospital inpatient and outpatient utilization by DM program participants
 - Ensure that DM program activities do not duplicate existing Medicaid DM program services for Medicaid recipients.

The LIP grant award recipient will also be expected to provide quarterly deliverables that will include financial accounting of how project funds have been expended and progress on implementing all aspects of the applications.

Since this funding source will be new to some provider entities, an illustration of a project funding scenario will facilitate understanding of a project's funding needs. For the sake of this example, assume that a proposed project requests \$1 million in funding. With the blended enhanced federal funding of 64.83% for State Fiscal Year 2010-11, \$648,300 of project funding would be derived from federal sources

and \$351,700 would be derived from state share funding. Of this state share funding requirement, \$130,481 would be General Revenue and \$221,219 would be needed from local government sources as intergovernmental transfer (IGT) funds.

The template below is intended to capture information on proposed uses of 2010-11 LIP enhanced Primary Care funds. The information reported by the applicant will be used to evaluate each project request.

Please provide feedback in response to the questions below. You may provide as much information as you choose for each question. Please return the completed template by 5:00 pm October 25, 2010 to Lecia Behenna at lecia.behenna@ahca.myflorida.com.

Applicant:

Description of the delivery system and affiliations with other health care service providers:

Service Area

Service Area characteristics (including demographics or population served and distribution of current population served by funding source, e.g., Medicaid, Medicare, Uninsured, Commercial insurance, etc.)

Organizational Chart and point of contact

Proposed budget for funding detailing request

1. Provide a brief summary of your proposed project.
2. Describe plan for identification of participants for inclusion in the population to be included in the project.
3. Compliance with Agency evaluation criteria.
4. Describe the proposed emergency room and avoidable hospitalization diversion plan.
5. Describe how you will be notified of ER and/or Inpatient admissions
6. Describe how your referral process will function.
7. What methods for follow-up after the ER and/or Inpatient admission will be implemented?
8. Describe formal and informal relationships already established or to be established with area hospitals and other community based providers.
9. Provide the staffing plan to implement the ER and avoidable hospitalization diversion plan
10. How will access to primary care access system services be enhanced by this project?
11. Does the enhancement include hours of operation after 5:00 pm and/or on weekends at existing sites, or the establishment of a new clinic site?
12. Describe the method used to determine the need for the additional primary care services and/or access expansion.
13. Describe the proposed disease management program.

14. What specific conditions are you proposing to include in your DM program?
15. Describe how your disease management patients will be identified,
16. Describe outreach processes and how enrollees will be recruited and enrolled in the DM program
17. What methods and frequency of contact will be utilized to engage and intervene with DM participants?
18. Describe the number and qualifications of staff who will supervise and provide DM interventions
19. Describe information management system capabilities to document interventions and progress
20. Identify providers other than the applicant who will participate or partner in this project, and explain how each will contribute to the success of the project.
21. Explain how patients will obtain needed diagnostic and laboratory services not provided directly by the applicant including access to specialists.
22. Describe care coordination capability to provide members with support and assistance with obtaining needed care and services from specialists, community agencies and other services as needed.
23. Describe the staffing plan to implement disease management and care coordination activities.
24. How will patients obtain needed pharmaceuticals on regular bases if chronic conditions require ongoing medications?
25. Describe your capability to serve minority and culturally diverse populations and service members with non-English languages and other communication barriers
26. Describe how you will identify and address health care diversity issues as well as health care literacy barriers.
27. Describe methods for tracking, documenting and reporting on participant activities, service events, interventions and outcomes.
28. Describe measures and data sources that you will use to evaluate the effectiveness of each initiative comprising your project in the following areas:
 - a. Decreasing avoidable ER and IP admissions (e.g., increased number visits to a clinic by population that would otherwise have been treated in the emergency room)
 - b. Coordinating Services
 - c. Improving patient adherence with self care measures
 - d. Improving adherence with clinical practice guidelines
 - e. Member Experience and Satisfaction
29. Describe data collection and reporting capabilities including systems and staffing resources
30. Identify the source of your local match. Provide a letter of commitment from the local match fund source. Local match has historically come from Counties, Taxing Districts and other State Agencies, other sources such as monies from foundations or donations for the purpose of serving as the state share are subject to CFR 433.50 – 433.74 and must be

approved by Centers for Medicare and Medicaid prior to execution of a Letter of Agreement between the entity and the Agency. This approval process may result in a delay of project implementation.

Please attach an itemized budget for your project. Keep in mind that if you are awarded a project grant, your financial reporting will be compared to this budget during the year.

Evaluation criteria

	Point Weighting	
Proposed plan and ER and IP Diversion Initiatives		
Proposed plan for DM Program		
Primary Care Capability and Experience		
Service Access including hours of operation and ease of access		
Data collection and reporting capability		
Staffing Plan and Experience		
Community (facility and specialist) involvement		
Ability to address diversity and minority populations		
Local funding		
Experience providing care to uninsured population		
Innovations		
Describe sustainability of program: In kind contributions, other services, volunteer time to support initiative (<i>not considered local match</i>)		

Selected entities will be required to complete required documentation needed for identification and payment processes for the Florida Medicaid Management Information System (FMMIS) if not a Medicaid provider at the time of selection.