

VHCIP Grant Program Frequently Asked Questions

For questions submitted 8/11/14

This Grant Program is offered as a Sub-Award to VHCIP's federal State Innovation Models Grant and all applicants are reminded that all awards must comply with HHS' Grant Policy Statement, which is provided in Appendix A to this FAQ. All applicants are also encouraged to review the State of Vermont's Operational Plan and the Federal Funding Opportunity Announcement found here:

http://gmcboard.vermont.gov/sites/gmcboard/files/Vermont_SIM_Operational_Plan_FINAL_for_distribution_10.2013.pdf, and here: http://innovation.cms.gov/Files/x/StateInnovation_FOA.pdf.

General Information:

- 1) The application submission deadline has been modified. Applications are now due September 12, 2014 at 2:00 pm.
- 2) Grant submission requirements are outlined on pages 3 and 4 of the application instructions. The grant narrative formatting is very specific, and limited to 12 pages. Documents such as budget and budget narrative do not count against the grant narrative page limit.
- 3) This grant program is part of a federal cooperative agreement which imparts particular restrictions around funding. Funding for food and out of state travel are not allowable costs. In addition this grant program cannot fund other programs that receive funding from other federal programs (such as Medicare and/or Medicaid), even if it is partial funding.
- 4) The scoring sheet will be reviewed and voted on by the Core Team on Wednesday August 13th. Once approved, the score sheet will be posted to the VHCIP website.
- 5) Applicants are encouraged to review all hyperlinks in the application instructions for more information on the VHCIP program progress.
- 6) The maximum length of the award is for 24 months and funds are anticipated to be released by late November 2014.
- 7) Until awards are granted, application information is considered proprietary. Once awards have been made, applications are subject to public records requests. Any information deemed proprietary must be labeled and we ask that the applicant submit a redacted version of the application along with a justification. Once submitted the request must be approved by the Attorney General's office. If the request is denied, the information will be deemed public record.
- 8) If an applicant submitted a proposal in Round One and was not funded can they submit their application in Round Two?

Yes. Applicants are encouraged to resubmit their proposals in Round Two and should review the application to ensure it meets the objectives described.

Criteria Related Questions:

- 1) How important is “size” of project in the evaluation process? If we will only affect a smaller % of the population should we even try?
 - a) My main question is that the grant application appears to be structured for larger organizations and health systems. We are a small, independent, highly functional innovative practice. We believe we have a tremendous amount to offer not only our own patients but also the state as a model practice. We just need the support.
 - b) Do you intend to fund small practices (assuming we can also demonstrate an intention and means to disseminate our results)?

The grant program is intended to support providers who are engaged in health care innovation that promotes higher value health care for Vermonters. All providers engaged in activities that meet the Grant Program criteria are encouraged to apply. There are no specific requirements regarding size of the project.

- 2) How many organizations are “multiple”?

The grant program encourages collaboration among providers engaged in health care innovation. There are no specific requirements regarding number of collaborators. Applicants are encouraged to develop relationships that provide high value, coordinated care for Vermonters.

- 3) Must there be public/private collaboration?

Public/private collaboration is encouraged, but not required.

- 4) Will the projects require GMCB approval before or after submission since they will emphasize payment reform?

The VHCIP Core Team is reviewing all applications and will determine awardees. The GMCB will not be reviewing applications in addition to this review.

- 5) Will evaluation scores be available?

Application scores will not be available as this is a confidential application process and resubmissions are allowed if awardees are not granted funding in the first round.

- 6) If we do not submit anything in the first cycle does our likelihood of funding in the second cycle significantly decrease?

No.

- 7) Will projects that focus on the dual-eligible population have priority?

All applications will be evaluated based on how they meet grant program criteria. The VHCIP Core Team has not prioritized any one population of Vermonters over any others for this program.

- 8) On page 2, section 2; you use the word ‘Development’ to describe infrastructure development activities. Do you mean project and program development, or actual development of a new product (such as software)?

Development refers to project and program development, not to software development.

- 9) We are excited to have an opportunity to apply for a grant and would like to approach our application from a population health standpoint focusing on collaborative community health initiatives across a broad spectrum of activities with the goal being to generate a scope of impact that would span multiple sectors of the continuum of health care service delivery and is easily replicated. We are seeking any guidance you might be able to provide with regards to how a program such as this might fit into the key focus areas for the grant listed in the application package. Where might you see such a program fitting into either the payment model spectrum or the infrastructure development focus of the grant?

All applicants should review the VHCIP Operations Plan and Grant Program criteria for guidelines regarding potential projects. Proposed projects should address these criteria explicitly.

- 10) Who will review this grant application? Who is the “VHCIP/SIM Core Team”?

These sub-grants are issued under the auspices of the Vermont Health Care Innovation Project.

- What role will the members of the Board play in reviewing the applications and overseeing the activities of the successful applicants?

The VHCIP/SIM Core Team is the leadership body within the VHCIP structure as described in the VHCIP Operations Plan. The current members of this body are: Anya Rader Wallack, Chair; Paul Bengtson, CEO, Northeastern Vermont Regional Hospital; Al Gobeille, Chair, Green Mountain Care Board; Mark Larson, Commissioner of the Department of Vermont Health Access; Robin Lunge, Director of Health Care Reform; Harry Chen, Acting Secretary of the Agency of Human Services; Susan Wehry, Commissioner of the Department of Aging and Independent Living; and Steve Voigt.

The Green Mountain Care Board will not be reviewing these applications as they are not the entity releasing this grant opportunity.

- 11) What entities or individuals are considered eligible to apply for funding through the VHCIP SIM Grant Program? Can a Department of the State Government partner with other entities as an applicant? Can some of these monies flow to a Department within the State Government?

This program is intended to support provider innovation and integration. It is possible for a state agency to partner with other entities as an applicant, but the support must be for provider innovation and integration and address all of the criteria in the grant application.

- 12) The GMCB includes a “State Innovation Model (SIM) Steering Committee”. What role will the members of the Steering Committee play in reviewing these SIM Grant applications? Are members of the Steering Committee eligible to apply for these funds?

This grant program is released by the VHCIP/SIM, not the GMCB. The VHCIP/SIM Steering Committee will not be reviewing these applications due to conflict of interest challenges. Members of the VHCIP/SIM Steering Committee are eligible to apply for these funds.

- 13) These funds are federal money, sourced from CMS. Should the focus of the application be on Medicaid recipients as opposed to other clients?

As explained in the VHCIP Operations Plan, the federal award is for multi-payer initiatives and not specific to any one payer.

- 14) There is an expectation to demonstrate a savings in health care costs. Will savings realized through early disease detection and reduced morbidity and mortality be credited as valid?

These will be considered as valid; however they do need to be measurable.

- 15) Will the VHCIP Core Team use the same criteria and scoring as in the federal FOA?

No.

- 16) Where are the grant program criteria?

They are on p. 2 of the grant program application.

- 17) Does an applicant have to apply for both categories on the top of page 2:

“Activities that directly enhance provider capacity to test one or more of the three alternative payment models approved in Vermont’s SIM grant application:

- a) Shared Savings Accountable Care Organization (ACO) models;*
- b) Episode-Based or Bundled payment models; and*
- c) Pay-for-Performance models.*

Infrastructure development that is consistent with development of a statewide high-performing health care system, including:

- a) Development and implementation of innovative technology that supports advances in sharing clinical or other critical service information across different types of provider organizations;*
- b) Development and implementation of innovative systems for sharing clinical or other core services across different types of provider organizations;*
- c) Development of management systems to track costs and/or quality across different types of providers in innovative ways.”*

May a single grant application incorporate both “activities that directly enhance provider capacity” and “infrastructure development”? Or must separate applications be submitted for each eligible category?

Applicants can choose to apply for either broad category or both, but they are not required to apply for both. Applicants are requested to submit one application covering all funding requests that relate to a specific project.

18) Will you fund proposals for entities not located in Vermont?

This grant program is intended to result in benefits for Vermonters. If an entity is located outside of Vermont, but can develop a proposal that benefits Vermonters and supports provider innovation and integration it will be reviewed.

19) What is available from successful applications?

Information about the first round awardees is available on the VHCIP website.

20) Can projects have phases?

Yes, projects can be phased.

21) May grant funds be sub-granted to parent entities to be expended on behalf of the ACO?

Yes.

Budget-Related Questions:

22) Can grant funds be used to purchase technology (e.g., telemonitors, telemedicine carts, etc.)?

Grant funds can be used to purchase technology. The VHCIP also has separate funding available for telemedicine. The VHCIP HIE/HIT Work Group has responsibility for making recommendations about how to spend this telemedicine-specific funding.

23) Are LLCs eligible grantees for this funding opportunity?

Yes.

24) Our organization is an LLC that has a Management Services Agreement in place for all staffing. Will contractual expenses related to this MSA to increase staffing at the organization that has the MSA be an eligible expense?

The federal sub-award restricts indirect to 10% of the total sub-award. Contractual expenses of the nature described above are considered indirect costs.

25) Under Appendix B, CMMI Funding Restrictions – p. 13, there is a statement about indirect costs having a 10% cap. Is this 10% of the overall proposed budget?

- The amount listed is specified as “available for direct funding”. What level of institutional overhead, or “indirect funding”, will be allowed?

This is 10% of the personnel budget, not the overall proposed budget. Indirect only applies to personnel, fringe, etc. Applicants are encouraged to review the federal guidelines regarding the budget.

Direct funding in this instance refers to funding made available through the grant program directly to providers engaged in health care innovation and integration. The Budget Narrative should include costs broken down by category including the financial categories of direct and indirect.

- 26) If we can appropriately identify facility costs to the project, can these be listed as direct costs? Both CMS and HRSA have allowed this.

Yes, pending explicit CMMI approval. This grant program is funded through the Affordable Care Act and has some different restrictions than traditional HRSA or CMS funding opportunities.

- 27) Section H., p. 17 says one must have an indirect cost rate from the cognizant federal agency. We do not have one. Can we just do direct and indirect costs?

Yes, you can just do direct and indirect noting the 10% indirect cap.

- 28) There is no mention in the application about any specific expectation for matching funds, either direct or in-kind, to be provided for by the applicant. Is there some expectation regarding a percentage range that might be desirable or advantageous?

Section III Grant Submission Requirements indicates: "A description of any available matching support, whether financial or in-kind". There is no expectation for a percentage range that might be desirable.

- 29) Is it appropriate to budget small amounts of money for quality improvement projects to improve the program?

Yes.

- 30) Is it OK that we spend grant money on staff and affiliate providers who will deliver these prevention/early intervention resource counseling? I saw nothing in the RFP that precluded that but wanted to be sure.

Grant funds cannot be used to pay for existing, reimbursable health care services per federal requirements. Applicants should review these federal guidelines carefully to ensure proposals are in compliance.

- 31) Is there a required ratio for staffing versus contractual in the budget?

No.

- 32) Can this grant program pay for direct services to patients?

Federal restricts payment to only those direct services that are not already being reimbursed for by a payer. For example, if Medicaid pays for a service with certain providers, these funds cannot be used to pay for that same service at a different provider.

33) How should the ROI be calculated? Must it be only a financial return on investment?

Applicants should describe the return on investment in terms of both clinical and health quality returns and financial returns to the best of their ability.

34) Can programs such as Patient Centered Medical Homes and Blueprint for Health submit applications?

As explained above, programs already receiving federal funds are not eligible for this grant program.

35) Are private sector vendors eligible to apply?

No, private sector vendors are not eligible to apply.

36) Is this program limited to provider participants?

No.

37) Does the infrastructure development in section 2 on page 2 encompass training?

Yes, training is an allowable cost under the grant.

38) Please differentiate between the Supplies and Equipment budget categories. Are there funding limits for these categories?

There are no funding limits for these categories. Applicants can use their judgment when classifying items as equipment or supplies. Example: a photocopy machine would be considered Equipment, the paper and toner are considered Supplies.

39) Can an organization include partial funding in the budget for an individual who is currently funded by Medicaid for enhanced duties under the SIM project that fall outside of Medicaid?

We have received approval for this type of request in the past so it is possible. Applicants should provide a clear and detailed justification in their budget narrative. The request will also need to be officially approved by CMMI.

40) Would the cost of a structured quality improvement component fall under direct or indirect costs? Does this fall under the Technical Assistance category?

The cost should be budgeted under direct costs. Indirect is intended to support a portion of Human Resources or IT overhead, etc.

Technical assistance is a separate request made by the applicant to the State for data analytics, actuarial support, program development etc. After the award is made, the State connects the

grantee with a pre-approved vendor to provide the Technical Assistance. The vendor will assist the grantee to develop a more detailed scope of work which is then approved by the State. Vermont claims data will be available to the grantees at no cost to them (the cost does not need to be built into the grant program budget but needs to be included in the Technical Assistance request). De-identified data exists in the VHCUREs database and can be generated on a quarterly basis.

41) Is there a budget limit?

No, the Core Team has not specified a limit per application or range.

42) If the Core Team is interested in funding part of a project, would they negotiate the final totals?

Once applications are reviewed the Core Team anticipates addressing financial and/or program questions during applicant phone calls. We do not anticipate any in-person meetings.

Technical Assistance-Related Questions:

43) As part of the technical assistance, can VHCIP obtain payment waivers from CMS (e.g., allow billing to Medicare in non-rural areas for telemedicine)?

VHCIP could pursue waivers from CMS billing rules; however this would be done through activities separate from this grant program.

44) We want to evaluate both health outcomes and expenditures before and after intervention and compare this same data between population groups. What is reasonable to ask for technical assistance in terms of evaluation? Would it be better if we partnered with a university or research firm to do the evaluation component?

Applicants must develop a plan for evaluating whether their proposed project is successful. They can request technical assistance or direct funding to support this activity.

45) Please provide more information regarding the technical assistance around: "Supervision to ensure compliance with federal antitrust provisions".

Act 48 of the Acts of 2011 provides statutory authority to the Green Mountain Care Board and the Department of Vermont Health Access to allow them to use the state action doctrine to support collaboration and work with providers to ensure compliance with federal law. Applicants can request the state develop a plan for this as part of their technical assistance request.

46) Information Regarding Data Requests and Analysis:

Applicants can submit Technical Assistance requests for data runs and analysis. In your request, please provide as much detail as possible and specify the types of data.

47) Can you confirm if the State will be able to provide claims data to grantees for Medicaid and Medicare claims?

The State is able to provide de-identified for Commercial and Medicaid claims. For Medicare claims, the State must run the data analyses for the grantee. If a grantee has partnered with an organization that has access to the Medicare claims data they can share the information and must be sure to follow their data-use protocol.

Application Format-Related Questions:

48) Will there be a standard format for the MOU for all projects or does each applicant prepare separately?

a) Are Letters of Support necessary?

There is no standard format for the MOUs for projects. Letters of Support are not necessarily required. Applicants should provide whatever documents are deemed appropriate to demonstrate collaboration.

49) On page 2 there is a statement that the grant narrative is 12 pages, double spaced. Is there an overall page limit for the application, to include appendices and budget?

No.

50) Should applications be submitted in hard copy and electronic copy?

Yes. State contracting law requires hard copy submission of applications. We are also requiring electronic copies be submitted to Georgia.maheras@state.vt.us.

51) The grant application package states we are limited to 12 pages for the narrative and budget documents. Does this include the cover page and any supporting documents such as partnership agreements, letters of support/need, etc.? If not, what are your expectations or limitations regarding supporting documents?

a) Under the grant submission requirements on page 3 of the RFP, the project plan, staffing structure, deliverable and timeline are listed separate from the 12-page narrative. Just confirming that we can describe these aspects of project after (above and beyond) the 12-page narrative?

The 12 page limit is for the project narrative only. There are no limitations for the additional application components.

52) The application cover page asks for the organization name that is applying and contact person's information. We have a community coalition with a large group of individuals from various fields that has been meeting regularly. Could we have the coalition itself listed as the applicant with one main contact person listed or perhaps have two of its major participants apply for the grant jointly with both listed as contacts? We would of course have a longtime, well established 501c3 non-

profit that participates heavily in the coalition serve as the fiscal manager. Or are you looking for the applicant to be a specific entity with specific registrations/recognitions such as a 501c3?

The applicant should be an entity that can receive and manage funds. The cover letter and/or application should describe any collaborators in the project. The applicant does not have to be a 501(c) (3) non-profit.

- 53) There is no signature line on the cover sheet. Should the applicant provide a letter or support to actually document their commitment with a signature or should they just sign the cover page at the bottom?

The applicant can sign the cover page at the bottom.

- 54) Do work plan charts and other charts need to be in 12 pt. font?

No. These can be in 10 pt. font.

- 55) Does this need to look like a Federal research grant application?

No.

- 56) Do applicants need to submit biographies of each participant?

Applicants may submit biographies if it is helpful to explain how the work of the proposal will get done. Applicants can also provide information about organizational capacity in other formats.

- 57) Are there specific templates required for the management plan and time line?

No specific format is required.

Notification and Grant Period-Related Questions:

- 58) When would we expect to receive a draft contract?

- In order to build a timeline it would be helpful to know when the grant funds will be available. When do you anticipate you will be able to make funds available to those applicants that are selected and will the funds be based on a reimbursement system or made available via some other means?

- When will grant funds actually be available to start a demonstration project and when do you expect proposed projects to begin?

Draft grant awards will be drafted between March 25th and April 25th. Funds will be available as soon as grant agreements are signed between March 25th and May 25th. Proposed projects should begin as soon as grant agreements are signed.

59) What are the reporting requirements?

Programmatic and financial reports are described in Section V of the Grant Program Application. Successful awardees will also be required to submit a final report 30-90 days after the end of the sub-award period.

APPENDIX A

HHS Grant Policy Statement – Sub-Awards (pg. II-78)

The recipient is accountable to the OPDIV for the performance of the project, the appropriate expenditure of grant funds by all parties, and all other obligations of the recipient, as specified in the HHS GPS. In general, the requirements that apply to the recipient, including the intellectual property and program income requirements of the award, also apply to sub-recipients. The recipient is responsible for including the applicable requirements of the HHS GPS in its sub-award agreements.

The recipient must enter into a formal written agreement with each sub recipient that addresses the arrangements for meeting the programmatic, administrative, financial, and reporting requirements of the grant, including those necessary to ensure compliance with all applicable Federal regulations and policies. **At a minimum, the sub-award agreement must include the following:**

- Identification of the PI/PD and individuals responsible for the programmatic activity at the sub-recipient organization along with their roles and responsibilities.
- Procedures for directing and monitoring the programmatic effort.
- Procedures to be followed in providing funding to the sub-recipient, including dollar ceiling, method and schedule of payment, type of supporting documentation required, and procedures for review and approval of expenditures of grant funds.
- If different from those of the recipient, a determination of policies to be followed in such areas as travel reimbursement and salaries and fringe benefits (the policies of the sub-recipient may be used as long as they meet HHS requirements).
- Incorporation of applicable public policy requirements and provisions indicating the intent of the sub-recipient to comply, including submission of applicable assurances and certifications.

For research sub-awards, inclusion of the following:

- Statement specifying whether the financial conflict of interest requirements of the collaborating organization or those of the recipient apply.
- Provision addressing ownership and disposition of data produced under the agreement.
- Provision making the sharing of data and research tools and the inventions and patent policy applicable to the sub-recipient and its employees in order to ensure that the rights of the parties to the agreement are protected and that the recipient can fulfill its responsibilities to the OPDIV. This provision must include a requirement to report inventions to the recipient and specify that the recipient has the right to request and receive data from the sub-recipient on demand.
- Provisions regarding property (other than intellectual property), program income, publications, reporting, record retention, and audit necessary for the recipient to fulfill its obligations to the OPDIV.

Federal Funding Accountability and Transparency Act (FFATA) Sub-Award Reporting Requirement:

New awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006

(Pub. L. 109–282), as amended by section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170.

Grant and cooperative agreement recipients must report information for each first-tier sub-award of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and sub-recipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at www.fsrs.gov).