



The National HCH Council is pursuing a three-year Cooperative Agreement offered by the Centers for Medicaid and Medicare on innovative health practices known as the Health Care Innovation Challenge (grants.gov funding opportunity number [CMS-1C1-12-001](#)).

ABOUT THE HEALTH CARE INNOVATION CHALLENGE

The Affordable Care Act authorizes CMS to test innovative health care payment and service delivery models that have the potential to lower Medicare, Medicaid, and CHIP spending while maintaining or improving the quality of beneficiaries' care. Under this authority, CMS created the Health Care Innovation Challenge, making available \$1 billion to support innovative health care initiatives that lead to better health care, better health, and reduced costs.

The Health Care Innovation Challenge has three objectives:

1. Engage a broad set of innovation partners to identify and test new care delivery and payment models that originate in the field and improve quality while lowering the total cost of care.
2. Support innovators that can rapidly deploy care improvement models within six months of the award through new ventures or expansion of existing efforts.
3. Identify new models of workforce development, training and deployment that support new models either directly or through new infrastructure activities.

We believe that this initiative is an ideal opportunity to support and grow medical respite programs in the United States while shaping program infrastructure in a way that is replicable and reimbursable under the federal Medicaid program.

INFORMATION ABOUT THE NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL'S REQUEST FOR PARTNERSHIP

The National HCH Council is submitting a grant application to test a health care payment and service delivery model across multiple medical respite programs. The National HCH Council in applying for this grant will act as the lead agency; all participating agencies (medical respite programs) would act as partnering agencies. As the lead agency, the National HCH Council would be responsible for overseeing the initiative, distributing funds to partner agencies, serving as the primary contact with CMS, and collecting program reports on process, quality, and outcomes. Additionally, the National HCH Council will provide trainings and technical assistance to help program implement a standardized health care payment and service delivery model across a number of programs.

Participating medical respite programs should be able to implement the following:

Program Design

→ Receive annual grants based on projected capitated payments

Programs will be expected to use trends to project the number of people served and average length of stay each year during the project period. The National HCH Council is proposing to provide annual grants to cover the daily capitated rate per patient receiving medical respite services for up to 14 days. We anticipate a cap of \$200,000 each year for the project period.

Under the Health Care Innovation Challenge, payment can only support services that are not currently reimbursed under the federal Medicaid program. The capitated rate will be negotiated with programs during the Request for Proposal process should the National HCH Council be awarded the Cooperative Agreement with CMS. Payments will take into account additional costs related to implementation of this initiative including increased staffing and data collection. Uninsured patients as well as Medicaid and Medicare beneficiaries are eligible for payment.

→ Provide person-centered care

Employ a person-centered approach to care using and documenting self-management goal setting and individualized treatment plans.

→ Emphasize care coordination and care transition

Work closely with referring hospitals to assure appropriate care transition to the medical respite program. Work closely with program participants to describe a full array of providers and services available to them to help meet long-term goals, maintain health and wellbeing, and reduce future hospitalizations. Ensure availability and proper utilization of such services before making a care transition from the medical respite program.

→ Increase intensity of services

Medical respite programs participating in this partnership should provide robust services. Intensity of services will take into account time spent with patients providing direct care as well as time spent coordinating and planning services (i.e. meetings of health teams). Programs must be able to demonstrate quantity and quality of time spent providing care and services. Some programs are already offering an intense level of care and services; these programs would receive support for the additional time or staffing needed to document and evaluate this work.

→ Provide team-based care

Medical respite program participants should utilize a health care team, which can be made up of on-site and off-site staff. Teams should meet weekly to discuss patient care. Negotiated payments will support additional staff if needed. Composition of teams will be described in the Request for Proposals should the National HCH Council be awarded a Cooperative Agreement.

Organizational Capacity

Programs partnering with the National HCH Council should be able to demonstrate a history of operational success and realistic plans for implementation. Programs not in operation by March 20, 2012 are not eligible to participate.

Workforce

The negotiated payments will take into account workforce development, including hiring of new staff. All staff will be asked to participate in trainings in order to accomplish the objectives of this partnership and to ensure proper documentation.

Medical respite programs will be asked to describe opportunities for staff to build on current skill sets through participation in learning opportunities and events. Learning opportunities and events include webinars, online trainings, symposiums, and conferences. The total award amount will include funds to support at least one staff person per project site to attend the National HCH Conference (and Medical Respite Pre-conference Institute) during each grant year.

Sustainability and Finance

Programs will be asked to describe plans for sustainability after the grant period, which runs from September 3, 2012 through March 29, 2015. Medicaid expansion in 2014 will factor into sustainability plans.

The Health Care Innovation Challenge supports systemic change. As such each project must include a broad set of partners and must demonstrate cost savings. To this end, partnering programs must be able to access hospital admissions and cost data for patients referred to the medical respite program. Where needed, grant funding will support the hiring and training of a data intermediary for information sharing between hospitals and the medical respite program.

Evaluation

Partnering programs must agree to implement specific standardized program evaluation measures relating to better health and better health care. Preference will be given to programs already using health IT such as certified electronic health records.

CMS requires regularly submitted standardized reports. The National HCH Council will require partnering programs to submit evaluation reports on a quarterly basis unless CMS requests more frequent reporting. Additional staff time associated with data collection will be accounted for in the capitated rate.

TIMELINE

December 15, 2011 – deadline for medical respite programs to submit a letter of interest to the National HCH Council

December 19, 2011 – the National HCH Council will submit a letter of interest to CMS

January 27, 2012 – the National HCH Council will submit the grant application to CMS

March 30, 2012 – CMS notice of awards expected to go out to successful applicants

April 30, 2012 – CMS will notify unsuccessful applicants

ANTICIPATED TIMELINE IF AWARDED A COOPERATIVE AGREEMENT

April 16, 2012 – National HCH Council releases a Request for Proposals

May 18, 2012 – Deadline for Proposals

June 11, 2012 – National HCH Council sends out notice of awards

June – August 2012 – Trainings for partnering programs to implement health care delivery and payment model

September 3, 2012 – First day of full program implementation

INSTRUCTIONS

Programs interested in partnering with the National HCH Council should complete and submit the attached letter of interest and send any attachments to Sabrina Edgington at sedgington@nhchc.org by 4pm Eastern time on **Thursday, December 15**.

Please attach the following along with your letter of interest:

Updated program description if your program profile is out of date or incomplete in the [2011 Medical Respite Program Directory](#). Please see the attached program form to determine whether any information is missing from your program profile. Any updated information provided to us may be used to update your profile in the 2012 Medical Respite Program Directory.

National HCH Council contact person:

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**LETTER OF INTEREST
HEALTH CARE INNOVATION CHALLENGE – MEDICAL RESPITE PROGRAM PARTNERSHIP**

Our agency, _____, is interested in partnering with the National Health Care for the Homeless Council as part of the Health Care Innovation Challenge. I have read through the informational letter and agree that our program is capable of meeting the expectations described.

Contact Information

Program contact name:
Title:
Agency:
Address:
Phone number:
Email:

Please check one:

- My program profile is updated in the 2011 Medical Respite Program Directory.
- My updated program profile is attached.

Name of Medical Respite Program Director (please print)

Signature (Medical Respite Program Director)

Date

Name of Agency Executive Director (please print)

Signature (Agency Executive Director)

Date

Please submit and send any attachments to Sabrina Edgington at sedgington@nhchc.org by 4pm Eastern time on **Thursday, December 15.**