I. APPLICANT INFORMATION

DSHP funds may only be allocated directly to the eligible categories of organizations listed below (which may, with approval, subcontract for approved activities from other organizations). Indicate below which eligible category best describes the applicant.

- Participating Institution of Higher Education (i.e., URI, RIC, or CCRI)
- Vital State Health Programs
  Specifically defined to include: Tuberculosis Clinic, Center for Acute Infectious Disease Epidemiology, Rhode Island Child Audiology Center at the RI School for the Deaf, Consumer Assistance Programs (Office of the Child Advocate and Commission on the Deaf and Hard of Hearing), Wavemaker Fellowship

II. ELIGIBLE HSTP EXPENDITURE CATEGORY

Permissible HSTP expenditures must be “attributable to the establishment of Accountable Entities.”1 In addition, they must fit within one of the two categories identified below.2 Please indicate below the specific eligible HSTP expenditure category(ies) for this proposal:

- Category 1: Healthcare Workforce Transformation (see Attachment R of the CMS Special Terms and Conditions)
- Category 2: Vital State Health Programs (see above definition)

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1 Permissible HSTP expenditures as defined in the CMS agreement also includes “One-time transitional funding to support hospitals & nursing facilities”; however, the agreement limits this program to be one-time only and to not exceed $20.5 M, paid on or before Dec 31, 2017. As such, no new projects shall be HSTP-eligible related to this specific use of funds.

2 In accordance with the CMS agreement as defined in the Special Terms and Conditions of RI Medicaid’s 1115 Waiver and attachment N, there are two additional categories of permissible expenditures that are “attributable to the establishment of Accountable Entities”: (1) Incentive based infrastructure funding provided to AEs via the state’s managed care contracts; and, (2) HSTP design, implementation and evaluation. These permissible HSTP expenditures are not applicable to this template.
Instructions: All applicants must complete Section 1 and 3 below. Section 2 must be completed if applicable.

1. Accountable Entities

All eligible HSTP expenditures (other than one-time transitional funding to support hospitals and nursing facilities) must be attributable to the establishment of Accountable Entities (AE). Indicate below the goal(s) and/or objective(s) of AEs that will be addressed by the proposed activity. (See the RI Medicaid Accountable Entity Roadmap for additional information.)

Goals

☐ Develop new business models and operational changes that facilitate the transition from fee for service to value based purchasing
☐ A focus on total cost of care and accountability of an attributed population, health and healthcare
☐ Build interdisciplinary care capacity that extends beyond traditional health care providers with a particular focus on integration of physical, behavioral health, and social determinants of health
☐ Deploy new forms of organization to support improved care coordination and delivery and create shared incentives across a common enterprise
☐ Apply emerging data capabilities to refine and enhance care management, pathways, coordination, and timely responsiveness to emergent needs

Objectives

☐ Improvements in the balance of long term care utilization and expenditures, away from institutional and into community-based care
☐ Decreases in readmission rates, preventable hospitalizations and preventable ED visits
☐ Increase in the provision of coordinated primary care and behavioral health services in the same setting
☐ Identifying social support needs of attributed population and establishing referral management to community partners
☐ Increased numbers of Medicaid members who choose or are assigned to a primary care practice that functions as a patient centered medical home (as recognized by EOHHS)

2. Alignment with healthcare workforce transformation priorities

HSTP funds may be used to support the Healthcare Workforce Transformation (HWT) priorities and strategies identified in Attachment R of the CMS Special Terms and Conditions and summarized below. See the EOHHS Healthcare Workforce Transformation Report for additional information. Please Indicate below the healthcare workforce transformation strategy(ies) that will be addressed by the proposed activity.

Priority 1: Healthcare Career Pathways

Prepare Rhode Islanders from culturally and linguistically diverse backgrounds for existing and emerging good jobs and careers in healthcare through expanded career awareness, job training and education, and advancement opportunities.

☐ Support the Entry-Level Workforce
☐ Increase Diversity and Cultural Competence
☐ Develop Youth Initiatives to Expand the Talent Pipeline
☐ Address Provider Shortages
Priority 2: Expand Home and Community-Based Care
Increase the capacity of community-based providers to offer culturally-competent care and services in the home and community and reduce unnecessary utilization of high-cost institutional or specialty care.

- Expand Community-based Health Professional Education
- Prepare Healthcare Support Occupations for New and Emerging Roles

Priority 3: Core Concepts of Health System and Practice Transformation
Increase the capacity of the current and future workforce to understand and apply core concepts of health system and practice transformation.

- Integrated, Team-Based Care
- Health System Transformation Concepts

3. Description of HSTP Eligibility
Please provide a summary of 250 words or less describing how this initiative (a) clearly supports the establishment of Accountable Entities and (b) where applicable, aligns with one or more healthcare workforce transformation strategy listed above.
I. PROJECT PLAN (75 points)

A. Executive Summary (5 points)
Provide an Executive Summary of 250 words or less to describe the proposal, including objectives, strategies, rationale, partner organizations, and anticipated outcomes

B. SMART Goals
For each proposed activity, describe the following “SMART” goals:

Specific: State specifically what you intend to accomplish (who, what, where, why) *(10 points)*

Measurable: Describe your evaluation plan, including the qualitative and quantitative measures you will use to demonstrate and evaluate the extent to which the goal has been met. Describe the methodology that you will use to evaluate the impact of the proposed activity. *(10 points)*

Achievable: Describe your organizational capacity (experience, expertise, resources, leadership, staff, partners, and other factors) to successfully accomplish the proposed activity *(10 points)*

Relevant: Describe in detail how the proposed activity is relevant to the establishment of Accountable Entities and, if applicable, to one or more healthcare workforce transformation strategy, as indicated in Tab 2 *(25 points)*

Time-Bound: Provide a Gantt Chart or other detailed timeline that includes benchmarks and deadlines for the proposed deliverables *(5 points)*

C. Partnerships / Leveraging (5 points)
Describe how the proposed activities:

i. builds or strengthens partnerships with other healthcare educators, providers, state agencies, or other stakeholders

ii. builds upon other healthcare workforce and/or system transformation efforts in Rhode Island

D. Sustainability (5 points)
Describe how the proposed activities will develop organizational capacity, partnerships, and/or new funding sources to sustain the activities beyond the funding period.

II. BUDGET & BUDGET NARRATIVE (20 points)

A. Budget: Complete Budget and Payment Request Template.

B. Budget Narrative

i. Provide a narrative substantiating the personnel and other expenses included in the budget.

ii. Explain of how the proposed expenditures are reasonably related to the proposed level of activity.

iii. Describe how the proposed funds will leverage other funds or resources

iv. Provide an attestation to the fact that the proposed funds are not duplicative of other state or federal funds
III. **DATA USE AGREEMENT**
Is a Data Use Agreement Required? Yes/No

IV. **CONFLICTS OF INTEREST**
Explain any Conflicts of Interest presented by this Initiative.