

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

California Health Access Model Program of 2012

Process for Reviewing Letters of Interest

Information item – March 28, 2013

Agenda Item # 8

At the last board meeting, staff agreed to provide all members with a draft of the proposed process to be employed during the review of any Letters of Interest submitted by interested parties for the new grant program, the California Health Access Model Program (CHAMP).

Staff now attaches drafts of the proposed Review Checklists for your consideration. Staff plans to discuss these checklists in more detail during the Authority meeting and will entertain all questions and suggestions as may then occur.

As a reminder, CHAMP is designed to support innovative methods of delivery health care services more effectively, and to improve access and health outcomes for vulnerable populations and communities by bringing services, including preventive services, to individuals where they live or congregate.

CHAMP regulations were approved by the Office of Administrative Law and rendered effective February 7, 2013. On February 14, 2013, staff electronically notified no less than 902 possible interested parties of the Letter of Interest opportunity to participate in the initial phase of CHAMP which intends to fund one or more demonstration projects, up to a combined total of \$1.5 million. The deadline to submit a Letter of Interest is April 15, 2013. The Authority's deadline to identify those who will be invited to submit an application is June 14, 2013 and applicants will then have 60 days to submit an application. Staff held an information webinar on March 7, 2013 and therein discussed both the process and substantive expectations for the Letter of Interest phase.

**California Health Access Model Program (CHAMP)
REVIEW CHECKLISTS**

Applicant(s) _____

Amount Requested \$ _____

Reviewer's Name _____ **Review Date:** _____

CHAMP REVIEW: INITIAL SCAN OF LETTER OF INTEREST

ACCEPT	<input type="checkbox"/>
DECLINE	<input type="checkbox"/>

Secondary review recommended: **Yes** **No**

Received by deadline	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Limited to 10 pages	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Includes some information that addresses the following required information (Note: This is not a qualitative evaluation)	Acceptable
1. Amount of grant funds requested.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Description of how grant funds are proposed to be used.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Description of the Demonstration Project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Description of phases and projected timeline for the Demonstration Project including, at a minimum, current status, milestones for evaluation of the success of the model, and timing of the completion of the Demonstration Project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Information that describes how the Interested Party meets the Eligible Applicant requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Information that describes how the proposed Demonstration Project meets the minimum requirements for an Eligible Demonstration Project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. A statement signed by an individual authorized to commit the Applicant and Partnership attesting to the accuracy of the information contained in the Letter of Interest and the Applicant and Partnership's intent to comply with the Authority's requirements if awarded a Demonstration Project grant.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Secondary Review: INITIAL SCAN OF LETTER OF INTEREST

Notes:

Review Results:

Manager Initials:	Date:
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CHAMP REVIEW: REVIEW OF APPLICANT ELIGIBILITY

ELIGIBLE	<input type="checkbox"/>
NOT ELIGIBLE	<input type="checkbox"/>

Secondary review recommended: **Yes** **No**

1) Are any of the applicants:	
a. A nonprofit or public health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. An association that represents nonprofit health care facilities or providers of Health Care Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. A health care advocacy organization that represents underserved or medically Vulnerable Populations or Communities? or	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. A nonprofit or public institution of higher education or other nonprofit or public research entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. None of the above	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Are any of the following entities an applicant?	
a. For profit entities and associations or organizations that represent them.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. National and out-of-state entities, unless such entities have an established and significant presence within California, as determined by the Authority, and further only if such entities can demonstrate that the Demonstration Project is located in California and that all grant funds will be expended in California.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. A health facility that has had tax-exempt bonds issued by the Authority on its behalf, unless such health facility qualifies as a "small and rural hospital" pursuant to section 124840 of the Health and Safety Code.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Has the Applicant demonstrated the following?	
a. It complies with subdivisions (a) and (b) of CHAMP Regulation Section 7102? [Questions 1 and 2]	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. It has a track record of success in coordinating and managing grant-funded projects? and	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain	

CHAMP REVIEW: **REVIEW OF APPLICANT ELIGIBILITY** (Continued)

c. It or a partner participating with the Applicant on the Demonstration Project has an established track record of successful projects and partnerships designed to change systems and policies to improve health care delivery.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain	

CHAMP - Secondary Review Results: REVIEW OF APPLICANT ELIGIBILITY

Notes:

Review Results:

Initials:	Date:
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CHAMP REVIEW: DEMONSTRATION PROJECT ELIGIBILITY

ELIGIBLE

NOT ELIGIBLE

Secondary review recommended: Yes No

(a)	Does the proposed Demonstration Project include the following elements:	
	(1) an innovative model of Health Care Service delivery it is currently demonstrating and evaluating;	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain	
	(2) community or institutional settings in which the Health Care Service will be demonstrated;	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain	
	(3) specific, Vulnerable Populations or Communities which the Health Care Service is designed to benefit;	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain	
	(4) evidence that the Demonstration Project is underway to the extent that demonstration sites are currently delivering care and collecting data under the model being demonstrated, and that goals for the Demonstration Project can be substantially achieved within eighteen months after a grant is awarded;	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain	
	(5) a focus on prevention and early intervention within a continuum of quality health care that includes disease management;	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain	

CHAMP REVIEW: **DEMONSTRATION PROJECT ELIGIBILITY** (Continued)

<p>(6) a strong evaluation and/or research plan to measure improved access and/or health outcomes and to assess the cost-effectiveness of the model;</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Explain</p>	
<p>(7) financial support that, in addition to a grant that may be awarded by the Authority, will be sufficient to complete an evaluation that analyzes the results of the Demonstration Project and reaches conclusions regarding the replication of the Health Care Service delivery model;</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Explain</p>	
<p>(8) potential opportunities to replicate the model in multiple communities in California and to leverage additional funding to support replication and sustainability of the model if the outcomes of the Demonstration Project warrant expansion; and</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Explain</p>	
<p>(9) a Partnership that collectively has the capacity to develop, implement, and evaluate the Demonstration Project, and promote and assist with the replication of the model. The Partnership may include, but need not be limited to:</p> <ul style="list-style-type: none"> (A) nonprofit and/or public health facilities to provide services at demonstration locations; (B) institutions of higher education or other research institutions to provide or guide research and/or evaluation; or (C) organizations that address public policy issues to assist in affecting policy changes needed for the sustainability and replication of the Demonstration Project model. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Explain</p>	

CHAMP – Secondary Review Results: DEMONSTRATION PROJECT ELIGIBILITY

Notes:

Review Results:

Initials:	Date:
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