

Request for Proposal:

Designing a
**Healthy
Opportunities**

PILOT PROGRAM EVALUATION

Issued by:



Date Issued:

Thursday, June 2nd, 2022

Submission Due Date:

Friday, June 24th, no later than 5:00 p.m. E.S.T

To:

Hannah Erickson at h.erickson@impacthealth.org

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Healthy Opportunities Pilot Overview`

The Healthy Opportunities Pilot (HOP) is the nation's first comprehensive program to test evidence-based, non-medical interventions, which are designed to improve the health of Medicaid beneficiaries while reducing costs. These interventions include healthy meals and nutrition classes, transportation to grocery stores or job interviews, mold remediation and housing safety inspections, parenting curriculum and home visiting services, and linkages to legal support. The Healthy Opportunities Pilot operates under an 1115 Medicaid Waiver, which specifically permits the expansion of services that are billable to Medicaid.

Impact Health, a dynamic start-up entity created by Dogwood Health Trust, leads Western North Carolina's (WNC) participation in North Carolina's Healthy Opportunities Pilot program for Medicaid. As the Network Lead, Impact Health serves as a connection between the North Carolina Department of Health & Human Services, private health plans, and the human service organizations (HSOs) participating in the pilot. The Human Service Organizations offer interventions in five domains: housing, food, transportation, interpersonal violence and toxic stress, and cross-domain services. We support the WNC HSO network with capacity building, training, technical assistance and convenings; review HSO invoices and forward them to the correct private health plan; and collect and report data to inform the state's evaluation efforts.

While contracts were awarded to Lead Entities in 2021, the official launch of the pilot began on March 15, 2022. With the launch of the food domain, North Carolina's Medicaid system began reimbursing HSOs for qualifying services provided to Managed Care recipients. Beginning on May 1, 2022, housing and transportation service domains came online; the toxic stress domain will launch on June 15, 2022, and the interpersonal violence (IPV) domain will launch later this year. The pilot is scheduled to run through the end of 2024, although there is a possibility that the program may be extended.

Program Evaluation Overview

The major program evaluation work is taking place through the University of North Carolina Chapel Hill's SHEP Center. The first phase of their evaluation will assess whether the allowable services are delivered in an efficient manner. The second phase will evaluate the relative value of those services on health outcomes, and will assess the burden of cost on the healthcare system.

As a Network Lead, Impact Health is primarily responsible for maintaining a network that is adequate to ensure all Healthy Opportunity Pilot clients have access to each of the services in the Pilot. The State requires Impact Health to regularly report on the health of our network. Traditional definitions of service are measured in participant access to all services, in all counties. The service standards to which we are beholden are measured in indicators like wait times for referrals and service turnarounds. However, Impact Health is also responsible for collecting, analyzing, and applying the findings pertaining to smaller-scale indicators of both program quality and access.

Background and Need

Beyond what is required by the State, as detailed above, what we measure and how we measure it is entirely up to us to create.

Here's what we're looking to capture:

Program Quality

Impact Health is deeply invested in ensuring our programming goes above and beyond traditional measures to provide high-quality services to HOP participants, under community-derived, contextually relevant definitions of “quality.”

We believe our HOP participants’ experience of services—their quality and ease of access—are of central importance in our work. Their firsthand accounts will provide critical insight not only to ground-level indicators of network adequacy, but will also allow us to empower our HSO partners with feedback about how people feel about their programs.

Program Access

We believe that community assets and relationship capital are essential to ensuring that HOP-eligible participants are enrolled in HOP.

While some initial enrollments in HOP may in fact come from Care Management entities, we are also aware of the fact that those initial touch points may not be effective catchment systems for community members. Instead, by increasing the awareness and utility of existing community assets, we may empower community health workers, important community figures, and HSO workers to advocate and ensure that the HOP-eligible Medicaid clients get connected to the Care Manager. Such community stakeholders might include churches, community members with deep relationship capital, community health workers, or community centers targeting specific populations (i.e. the elderly).

Similarly, we understand that just because a program exists and people have access to it does not mean they’ll use it. We recognize the importance of embedding an ethos of community care in the messaging and delivery channels for HOP enrollment. It is important that the messaging and encouragement is welcomed and is offered by someone both familiar and safe to potential HOP participants.

Finally, to ensure reasonable access to the 29 allowable services once enrolled in HOP, Impact Health must fill some remaining service gaps, particularly in hard-to-reach places. We believe that community assets may become valuable mechanisms for HOP programming delivery, as they are already known to—and accepted by—community members. Examples of these assets might include community centers, schools, and churches, as well as local coalitions.

Use of existing assets and drawing on natural community coalitions may also assist in reducing the cost of service provision to the HSOs. It will be of critical importance to ensure each of the services are economical for the HSOs and accessible to HOP participants, while also ensuring we do not compromise on service quality.

BACKGROUND AND NEED (CONT'D)

Sustainability

Creating economic models of service is critical to the sustainability of our HSO network because our HSO network will, at some point, no longer receive financial assistance in the form of capacity building funds. When this happens, HSOs will continue to be reimbursed for the HOP services they provide under the allowable fee structure at a fixed rate per service. Creating economic models of service leaves sufficient room in the reimbursement schedule to reimburse HSOs for their staff, administrative, and operational costs.

Pursuant to that is the notion that a higher volume of HOP participants seeking services may become necessary in order to create economies of scale for our HSOs in service provision.

Finally, the sustainability of what we build to capture and analyze the above content matters to Impact Health's internal operations: Impact Health has internal financial capacity to hire a Quality Improvement and Evaluation Specialist, and we endeavor to build the systems mentioned here with that hand-off in mind.

Capturing the Story

The services provided through the HOP program are grounded in the idea of whole-person wellness. Community assets, community relationships, and community values are the heartbeat of each member's wellness. Impact Health acknowledges that we have the unique opportunity not only to be a part of Medicaid transformation in the United States, but to empower our HSOs to facilitate meaningful, positive transactions for everyone who receives a service through HOP.

The ways that we ensure program quality, program access, and sustainability are innovative and deeply rooted in the distinctive capabilities of each community. We want to capture the story of this innovation as it's happening, and we want to tell that story with data. The data will be coupled with efforts to curate stories about the program and its participants via our Communications Manager, the press, and social media.

Scope of Work

1. **Compiling readily available data** in friendly, easy-to-manipulate dashboards / data snapshots for use in presentations. We need to know more—and be able to say more—about whom we are serving. The data we'd like to have is as follows:
 - a. Social issues (publicly available)
 - b. Demographic information (publicly available)
 - c. Medicaid enrollment; clusters, attrition, contact with Care Manager (pending request from the State)
 - d. Human Service Organizations in WNC (Impact Health has)
 - e. HOP service offerings (Impact Health has)
 - f. Service areas (Impact Health has)

SCOPE OF WORK (CONT'D)

2. **Capturing innovation during our Community Voice Workshops (service quality, access, innovation, and enrollment)**
 - a. Series of on-site forums for community stakeholders—could even be a Design Thinking Workshop. County by county, or by region.
 - b. Defining quality (products we feel good about and people want)
 - c. Ensuring the application of access standards
 - d. Framing service gaps and finding innovative solutions; solving for economy, viability, feasibility, and quality
 - e. Targeted enrollment for HOP eligible participants; identifying alternative enrollment streams via community assets
3. **Building our data intake systems**
 - a. On a continual basis, we plan to solicit first-hand feedback from HOP participants via phone calls and text messages, so their experience of the services may be turned into actionable feedback for our HSO partners. This will include their experience of service quality, but also their ease of access. We need to create tenable models of data collection that do not place a high administrative burden on our HSOs, as well as ensure client privacy.
 - i. On-site intake
 - ii. On-site direct eligibility screen
 - iii. Client follow-up via phone calls
 - iv. Catching clients whose needs fall through the cracks (via Care Managers)
 - b. Tracking the results of targeted enrollment efforts
 - c. Determining how we will track service quality and access
 - d. Determining how we will track / report on innovation as it's happening—the results
 - e. Leveraging existing technology platforms and data streams to support the work
4. **Cleaning data and conducting analyses**
 - a. Impact Health plans to consistently triangulate the data that is readily available to us through the technological platform employed by the HOP program (NCCARE360) with the qualitative data from our program participants.
 - b. Process for transforming qualitative accounts of service quality / experience into data, cleaning / coding
 - c. Determining which analyses we should perform—if any—on correlation
5. **Operationalizing data intake / analysis / presentation for hand-off to Impact Health Team**

Submission Details and Timeline

Submission Instructions

Any and all questions related to this RFP are due to Hannah Erickson at h.erickson@impacthealth.org no later than **5:00 p.m. E.S.T on June 10th, 2022.**

Submissions must be in PDF format and should not exceed ten (10) pages.

Proposals must be submitted via email to Hannah Erickson at h.erickson@impacthealth.org no later than **5:00 p.m. E.S.T on June 24th, 2022.**

Content Requirements

Each submission should include the components outlined below. Each component may be relatively succinct as long as the key information is conveyed. Submissions should not be longer than 20 pages, not including required forms or addenda.

1. Cover Letter

- The cover letter should serve as the introduction to your proposal and to your operation.
- Describe what makes you qualified to draft this analysis and recommendations and why you would like to take on this project.

2. Experience and Qualifications of Applicants

- Describe the skills and experience of you and your project team (if applicable) as well as what best qualifies you or your firm to work on this project. Please provide resumes and relevant experience for the key project team members.
- Describe any education or specialized training that you or your team have received relative to this opportunity.
- Describe any past projects that are relevant to the scope of this RFP.
- Provide references for previous projects of a similar scope.
- Demonstrate your track record of success.

3. Project Understanding and Approach

- Describe your understanding of the scope of work and how you plan to achieve the objectives.
- Summarize and outline your timeline for the project.

4. Costs

- Outline all expected costs.

Interviews

Representatives from Impact Health will evaluate proposals. Proposals best fitting the criteria may be selected for interviews and proposers should be prepared to schedule interviews the week of June 27th, 2022.

SUBMISSION DETAILS AND TIMELINE (CONT'D)

Timeline

| <i>Activity</i> | <i>Date</i> | <i>Time</i> |
|---|-------------------------|---------------|
| Request for Proposals issued by Impact Health | June 1st, 2022 | - |
| Deadline for questions | June 10th, 2022 | 5:00 p.m. EST |
| Answers to questions posted | June 14th, 2022 | 5:00 p.m. EST |
| Deadline for submissions | June 24th, 2022 | 5:00 p.m. EST |
| Interviews, as needed | Week of June 27th, 2022 | - |
| Contract Award (tentative) | July 6th, 2022 | 5:00 p.m. EST |
| Contract work begins | July 11th, 2022 | - |

Submission Disclaimer

Impact Health may, at its sole discretion, request that proposers supplement their qualifications with additional information following initial submittal. Impact Health reserves the right to reject any or all proposals submitted, to cancel this RFP, and/or to modify and reissue the RFP at any time.

Confidentiality

Contractor may have access to, during the course of the contractual relationship with Impact Health, Impact Health's sensitive, proprietary, or confidential information. Contractor shall not, without prior written consent of Impact Health (1) disclose any information obtained as a result of this contractual relationship to any third party OR (2) make any public statement or comment on the subject matter(s) with regard to which the Contractor is or was contracted with or retained by Impact Health. Contractor may be required, as a condition of this contractual relationship, to enter into a Non-Disclosure Agreement prior to providing any services or receiving any Impact Health information under this contractual relationship.

Requirements

The organization awarded this RFP will be required to execute an agreement with Impact Health, which includes without limitation the following State mandated provisions:

DHHS Terms

1. Contractor agrees that North Carolina state Department of Health and Human Services (the “Department”) is an intended third-party beneficiary of the Services Agreement; Contractor has no contract with the Department; and that the Department shall be indemnified by Impact Health (“Impact Health”) for any claim presented by Contractor.
2. Contractor agrees that the State of North Carolina, the DHHS Inspector General, the Comptroller General, or their designees have the right to audit, evaluate, and inspect its premises, any books, records, contracts, computer or other electronic systems of the Contractor relating to Impact Health’s Medicaid enrollees, that pertain to any aspect of services and activities performed, or determination of amounts payable under Impact Health’s contract with the State. Contractor agrees that the right to audit by the State of North Carolina, the DHHS Inspector General, the Comptroller General or their designees, will exist through ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later and that if the State, or the DHHS Inspector General determine that there is a reasonable possibility of fraud or similar risk, the State, or the DHHS Inspector General may inspect, evaluate, and audit Contractor at any time.
3. Impact Health will perform a formal performance review of Contractor annually.
4. Contractor agrees to comply with all laws, rules, regulations, and licensing requirements applicable to Contractor’s performance under this Services Agreement, including but not limited to the applicable provisions of (a) Title XIX of the Social Security Act and Titles 42 and 45 of the Code of Federal Regulations; and (b) those laws, rules, or regulations of federal and State agencies having jurisdiction over the Health Opportunities pilot program, whether in effect when this Services Agreement is signed, or becoming effective during the term of this Services Agreement.
5. Contractor represents that it and its officers, directors or key personnel, who may provide services under this Services Agreement, have never been convicted of a felony, or a crime involving moral turpitude, including, but not limited to fraud, misappropriation, or deception. Impact Health may terminate this Services Agreement immediately if any personnel providing services under this Services Agreement has been convicted of any of the crimes listed in Section 1.5. Contractor shall promptly notify Impact Health of any criminal litigation, investigations or proceeding involving it or its officers, directors or key personnel that arise during the term of this Services Agreement.
6. Contractor shall notify Impact Health of any civil litigation, regulatory finding or penalty, arbitration, proceeding, or judgments against it during the three (3) years preceding the effective date of this Services Agreement, or which may occur during the term of this Services Agreement that involves (1) services or related goods similar to those provided pursuant to any contract and that involve a claim that may affect the viability or financial stability of the Contractor; and (2) a claim or written allegation of fraud by the Contractor, arising out of its business activities; and (3) a claim or written allegation that the Contractor violated any federal, state or local statute, regulation or ordinance. Multiple lawsuits and or judgments against the Contractor shall be disclosed to Impact Health to the extent they affect the financial solvency and integrity of the Contractor.
7. Impact Health and the Department reserve the right to request a criminal background check on any of the Contractor’s employees providing services under this Services Agreement.
8. Contractor represents that its officers, directors or key personnel, who may provide services under this Services Agreement, are not excluded persons or entities who are ineligible to receive payments from federal funds listed in various federal and state databases (“Exclusion Lists”) maintained by the following: U.S. Department of the Treasury’s Office of Foreign Assets Control (OFAC) Sanction Lists; Social Security Administration Death Master File (SSADMF); System of Award Management (SAM); U.S. Department of Health and Human Services, Office of Inspector General’s (HHS-OIG) List of Excluded Individuals and Entities (LEIE); and North Carolina Medicaid Exclusion List. Contractor agrees to provide Impact Health any information required to run monthly checks against the Exclusion Lists. Impact Health may terminate this Services Agreement immediately if any personnel providing services under this Services Agreement is placed on an Exclusion List.
9. To complete on an annual basis, certain certifications, the form for which is attached to the Services Agreement.

In addition,

Contractor must possess and/or will obtain the following insurances (Contractor will furnish certificates of insurance verifying such coverage to IH upon request of IH):

- a. Comprehensive General Liability Insurance of not less than \$1 million per occurrence;
- b. Motor Vehicle Insurance of not less than \$1 million per accident for bodily injury and property damage;
- c. Workers’ Compensation Insurance coverage as required by law; and
- d. Cybersecurity Insurance at the appropriate level for the Contractor’s business.