

**Minnesota Department of Health
Community Care Teams RFP Q&A**

Date	Question	Answer
4/18/11	Could you please tell me if the lead applicant for the Community Care Team grants has to be located in Minnesota?	The applicant organization could be from another State; however the Community Care Team members and the Certified Health Care Homes must be located in Minnesota and serve primarily Minnesotans.
4/18/11	When do clinics need to become certified?	Clinics should identify their level of readiness for HCH certification and when they anticipate that they will be ready for certification in their proposal. They must be certified during the grant period.
4/18/11	What is the population?	The applicant should describe their population that the community care team will serve. This population can be a clinic population, community, town, region and can consist of more than one primary care clinic, community and public organizations, hospital's, and faith based organizations etc. The goal is to establish a team of services that works together in a committed structure to provide services to a population of patient's receiving primary care through the HCH.
4/18/11	Can the proposal be for special medical populations only such as diabetics?	While there are important populations within a broader community such as seniors, children with special health needs, culturally specific populations, the community care team supports the broader services of the population. The applicant may chose to identify strategies related to membership of the community care team and special populations as part of the broader population description.
4/18/11	Is this a planning or implementation grant?	The application process requires the applicant to address both strategies for planning and to implement the community care team. The applicant will develop dissemination strategies as the community care team is implemented and will develop a sustainability plan for the community care team.
4/19/11	Can the Health Care Home partner identified in the proposal be <i>in the process</i> of certification, or does certification need to be <i>completed</i> ?	Yes the clinic partner or partners can be in the process of certification. We will look for the proposed certification timeline in the RFP.
4/21/11	In our application do we have to describe all the elements of the dissemination & sustainability plan in the application?	The applicant is required to describe in the application the approach to dissemination and sustainability that they will use. These plans will be developed more fully during the grant period and are considered outcomes.
4/21/11	What types of social service organizations would be included in the proposal?	The community care teams determine membership. This is based on how they define their population and strategies and which services should join as community care team partners. Examples include mental health, faith based organization, domestic violence group, home visiting group, culturally specific organizations.

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		We will also look for you to tell us why you've selected the organizations to participate.
4/21/11	Can we focus services on a specific population; for example those needing behavioral health services?	The applicant is required to evaluate their population and identify the services their population needs. One of those services could be behavioral health.
4/21/11	Is there a place for primary preventions in the health care home and the Community Care Teams? Could groups like the YMCA and other services that provide primary prevention participate?	The health care home is population based systems redesign. Certified health care homes are required to provide the full scope of primary care which includes prevention, first point of contact for acute care and chronic care. While the payment methodology focuses on payments for care coordination for those patients with chronic and complex conditions, HCH's are expected to manage their entire population which includes primary prevention for patients with and without chronic conditions. Members of the community care team could indeed include members focused on primary prevention.
4/24/11	Could you use 10 or 11 font in a table, it works out better for figures.	Yes
5/2/11	Do you have any limits on the size of the community for this grant? We are a very rural, sparsely populated county	We welcome applications that consider all types of populations. Understanding dissemination is part of our goal of the grant to learn more about implementation methods in a variety of populations. Please describe your population as outlined in the RFP.
5/2/11	Do we need to hire an external expert to complete the evaluation activities on form B. Is this a formal evaluation?	The 10% budget for the evaluation activities are those activities that ensure that goals /objectives are implemented as describe in the implementation plan. There is no requirement that this is a separate formal project evaluation. Please see the description of the dissemination plan and sustainability plan on page 8, these are the key evaluation outcomes of the grant.
5/2/11	What about the CV for the project lead when we have not hired a project lead but are proposing a project lead as part of our proposal.	Please describe the qualifications / job functions that you are proposing and include the CV of the person who is responsible for hiring / supervising the overall project.
5/2/11	It seems like form B is duplication of the project proposal.	The description for the project proposal in the narrative is outlined on pages 8-10. Form B is for the detailed implementation plan activities. Form B is considered an attachment.
5/3/11	The narrative can be 15 pages total - I assume those are single spaced pages.	Yes
5/3/11	Are the forms required in the RFP available in a word format?	Yes they are, I'll see about getting those posted, this is a good idea.
5/3/11	In terms of measuring progress toward objectives on the Implementation	Yes you can do that or in your narrative which ever works best for you.

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	Plan, should we put our process measures in the Tracking Methods space on the Table?	
5/3/11	It looks like the Implementation Plan should reflect at least one goal and objective for each item listed in the project plan section. Are you looking for one goal and objective for each section A, B, C, D, etc. or one also for each sub-heading such as the membership and infrastructure, staffing and administrative structure, oversight structure, etc.	This will be based on how you establish your implementation plan. Section B is the detailed implementation or work plan, you can structure this how it works best for you.
5/3/11	We also measure several health outcomes in our Health Care Home. Would this be best placed in Section B: Description of Priority Issues, the Implementation Table, or elsewhere?	We are flexible on that.
5/8/11	<p>1. In item E (Goals, Objectives and Implementation Plan), is "each component of the project plan listed above" referring to item B - Priority Issues? If not, what does "each component" refer to?</p> <p>2. Is Form B to be used for item E?</p>	The project plan starts on page 9 with A, the proposed community through D. For each component of the project plan provide at least one goal and objective. E4 refers to the implementation plan in form B. This is the detailed implementation plan (sometimes referred to as a work plan) and those items are described in number 4 as major tasks, deliverables, project milestones and timelines. You can put those details on form B. The rest, E2, E3, should be outlined in your proposal narrative.