



# Minnesota Health Information Exchange Grant Program

GRANT REQUEST FOR PROPOSAL (RFP) FOR FY2019

Minnesota Department of Health  
Office of Health Information Technology  
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<http://www.health.state.mn.us/e-health/funding/hiegrantprogram.html>

June 26, 2018

To obtain this information in a different format, call: 651-201-5979 Printed on recycled paper.

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## RFP Part 1: Overview

### 1.1 General Information

- **Announcement Title:** Minnesota Department of Health- Minnesota Health Information Exchange Grant Program
- **Minnesota Department of Health (MDH) Grant Program Website:** <http://www.health.state.mn.us/e-health/funding/hiegrantprogram.html>
- Applicants MUST submit a letter of intent by 4:00 p.m. Central Time on Friday, July 20, 2018. Applicants must submit the letter electronically to [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us).
- **Application Deadline:** Applicants must submit all required forms and additional documentation electronically to [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us) by 4:00 p.m. Central Time on Friday, August 24, 2018.

### 1.2 Program Description

This Request for Proposals (RFP) provides the instructions and information needed to apply to the MDH Minnesota Health Information Exchange Grant Program. Please read all instructions before starting the application form and other documents.

**Goal:** To support and accelerate efforts to effectively use health information exchange to improve the coordination of health care services and service quality to help reduce medical errors, health disparities, and chronic disease as well as improve overall population health.

**Purpose:** Provide financial assistance to Minnesota health and health care providers to support implementation of health information exchange (HIE) transactions, specifically event alerting/notifications and care summary document exchange and to support care coordination.

For this RFP, HIE refers to the implementation of specific transaction(s) through a State-Certified Health Information Organization (HIO)

- Event alerting/notification- (e.g., admission, discharge and transfer alerts<sup>1</sup>),
- Care summary document exchange (e.g., consolidated care document (CCD)<sup>2</sup>)

### 1.3 Funding and Grant Period Dates

Approximately \$500,000 in funds is available for these grants. It is estimated that 5 - 25 grants may be awarded. The grant awards will provide funding for up to one year. The grant period is estimated to be from November 1, 2018, through October 31, 2019.

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<sup>1</sup> Definition of Admission Discharge and Transfer alerts for this RFP are automatic electronic notifications of admissions, discharges and transfers sent to the HIO and to the patient's primary care physician, care manager, or other key healthcare provider (such as a long-term care facility). Source: *Improving Hospital Transitions and Care Coordination Using Automated Admission, Discharge and Transfer (ADT) Alerts* [https://www.healthit.gov/sites/default/files/executivesummary\\_lg1\\_adtalerts.pdf](https://www.healthit.gov/sites/default/files/executivesummary_lg1_adtalerts.pdf)

<sup>2</sup> Definition of CCD is a core data set of the most relevant administrative, demographic, and clinical information facts about a patient's healthcare, covering one or more healthcare encounters. Source: *Implementing Consolidated-Clinical Document Architecture (C-CDA) for Meaningful Use Stage 2* [https://www.healthit.gov/sites/default/files/c-cda\\_and\\_meaningfulusecertification.pdf](https://www.healthit.gov/sites/default/files/c-cda_and_meaningfulusecertification.pdf)

Funding will be allocated through a competitive review process.

If selected, the grantee may only incur eligible expenditures when the grant agreement is fully executed and the grant has reached its effective date.

Additional funding in future years is anticipated.

Funding	Estimate
Estimated Amount to Grant	\$500,000
Estimated Number of Awards	5-25
Estimated Award Maximum	\$100,000
Estimated Award Minimum	\$10,000

### Match Requirement

There is no match requirement for this grant program.

### Project Dates

RFP posted: Tuesday, June 26, 2018

Required Letter of Intent due to MDH: Friday, July 20, 2018, 4:00 p.m. Central Time

Grant Applications due to MDH: Friday, August 24, 2018, 4:00 p.m. Central Time

Estimated notice of awards: Friday, September 21, 2018

Estimated grant period: November 1, 2018 – October 31, 2019

## 1.4 Eligible Applicants

Applicants for this round of funding include, but are not limited to, individual organizations or multi-organization groups of the following:

- Clinics (e.g., primary care, specialty care, behavioral health)
- Dental clinics or practices
- Emergency medical services providers
- Home care agencies (Includes hospital/health system-based, independent Medicare-certified home health agencies and home care agencies)
- Hospital(s) or hospital/health care systems
- Long-term and post-acute care facilities (Includes skilled nursing facilities and assisted living settings that provide health or medical services)
- Surgical centers (Includes hospital/health system-based and independent)
- Other settings such as local public health or social services

### Multi-organization collaboration

Group purchasing or coordination of implementation services among two or more organizations is welcomed and encouraged, but not required. Organizations may contact a state certified HIO to discuss such arrangements as these arrangements may be more efficient and less costly than an individual organization.

Minnesota Statute [62J.495 Electronic Health Record Technology](#) describes provider or health care provider Subd. 8. Provider or health care provider. "Provider" or "health care provider" means a person or organization other than a nursing home that provides health care or medical care services within Minnesota for a fee and is eligible for reimbursement under the medical assistance program under chapter 256B. For this grant, a nursing home **can be** an applicant.

**As required by Minnesota Statutes, Section 62J.495, Subd. 4, paragraph b, MDH is required to notify potential applicants that Minnesota Statutes, Section 62J. 495, Subd. 1 states individual health care providers in private practice with no other providers and health care providers that do not accept reimbursement from a group purchaser, as defined in section 62J.03, subdivision 6, are excluded from the requirements of this section, and therefore not subject to the requirements of the Minnesota EHR interoperability mandate.**

All applicants are advised that if they accept state dollars, they will be required to comply with all state laws, executive orders, regulations, and policies governing these funds.

## 1.5 Questions and Answers

All questions regarding this RFP must be submitted by e-mail to [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us) by no later than 4:00 p.m. Central Time on Friday, July 27, 2018. Responses to all questions will be posted at <http://www.health.state.mn.us/e-health/funding/hiegrantprogram.html> by Friday, August 3, 2018.

Other MDH personnel are NOT authorized to discuss this request for proposal with responders before the proposal submission deadline. To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

## RFP Part 2: Program Details

### 2.1 Priorities

#### Health Equity Priorities

An overarching goal of MDH is to achieve health equity. Achieving health equity means creating the conditions in which all people have the opportunity to attain their highest possible level of health. Find more information on health equity here:

<http://www.health.state.mn.us/divs/che/index.html>.

It is the policy of the State of Minnesota to ensure fairness, precision, equity and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. [The Policy on Rating Criteria for Competitive Grant Review](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

Providers often have challenges with implementing health information exchange transactions in rural or underserved population areas, in communities experiencing disparities, or for patients who have complex health needs or are uninsured. This grant program will provide funding to implement specific HIE transaction(s) listed below using a State-Certified Health Information Organization (HIO):

- Event alerting/notification (e.g., admission, discharge transfer (ADT) messages)
- Care summary document exchange (e.g., consolidated care document (CCD))

### 2.2 Eligible Activities

Eligible applicants must focus on implementing event alerting/notifications and/or care summary document exchange through a [State-Certified Health Information Organization \(HIO\)](#).

See a list of provider organization sites currently participating with an HIO

<http://www.health.state.mn.us/e-health/hie/certified/hioconnections.html>

1. Develop and provide an implementation plan that identifies and describes the phases and tasks, including all HIO connections and testing, and any other tasks needed to fully use the HIE transaction(s) information (e.g., work flow modifications).
2. Applicant will provide a brief use case narrative that explains the value proposition of care summary document exchange, event alerting/notifications or both for the organization(s). Include a brief narrative and simple diagram to capture the HIO and organization(s) workflow(s). The applicant will be expected provide monthly reports on transactions to MDH.

## Eligible Expenses

Funds may be used to pay for costs associated with implementing the exchange transactions among providers through a State-Certified Health Information Organization connection based on the HIO quote and for up to one year's subscription costs.

## Ineligible Expenses

Ineligible expenses include, but are not limited to:

- Indirect costs, salaries, wages, fringe, consultant costs, supplies, and travel
- EHR hardware, software or interfaces not related to an HIO connection
- Broadband infrastructure or service costs
- Telehealth equipment or services

## 2.3 Grant Management Responsibilities

### Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including the implementation plan and reporting requirements. Once the grant agreement is signed, the grantee is expected to read and comply with all conditions of the grant agreement. **No work on grant activities can begin until a fully executed grant agreement is in place.**

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

### Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all of the terms in the grant agreement have been met. For the purposes of these grant agreements, the reporting schedule will be:

The reporting schedule will be:

- Provide the State with monthly progress reports in the format provided by State for the entire grant period.
- By November 30, 2019, provide MDH with final narrative and financial reports in the format provided by MDH for the entire grant period.
- Participate in evaluation with MDH staff or evaluation partners.
- Participate in MDH hosted meetings, technical assistance, and grant monitoring.
- Present findings related to grant participation at a conference, webinar or meeting. Recipients of HIE grants should consider presenting at the Minnesota e-Health Summit.

## Grant Monitoring

Minn. Stat. §16B.97 and the MDH Policy on Grant Monitoring require the following:

- One monitoring visit during the grant period on all grants over \$50,000
- Annual monitoring visits during the grant period on all grants over \$250,000
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000.

For monitoring purposes, all projects with awards over \$50,000 will have at least one monitoring visit and financial reconciliation by August 15, 2019.

## Grant Payments

Per [State Policy on Grant Payments](#), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

Grantees will submit monthly, or other mutually agreed upon schedule, invoices for payment. Invoices for expenses should be submitted by the end of the following month (for example, the invoice for October 2018 expenses is due by November 30, 2018). Review of the invoice for payment will occur within five business days of receipt of invoice.

## 2.4 Grant Provisions

### Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per [Minn. Stat. §16B.98](#) and [Conflict of Interest Policy for State Grant-Making](#).

**Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work contemplated by this RFP.** The list must provide the name of the entity, the relationship, and a discussion of the conflict. Submit the list as an attachment to the application. If an applicant does not submit a list of conflicts of interest, MDH will assume that no conflicts of interest exist for that applicant.

Organizational conflicts of interest occur when:

- a grantee or applicant is unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties
- a grantee's or applicant's objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties

In cases where a conflict of interest is suspected, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

### **Public Data and Trade Secret Materials**

All applications submitted in response to this RFP will become property of the State. In accordance with Minnesota Statute Section 13.599, all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in Minn. Stat. § 13.37, Subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. (Minn. Stat. § 13.599, subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minnesota Statute Section 13.37, the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act (Minnesota Statutes chapter 13) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

## **Audits**

Per [Minn. Stat. §16B.98](#) Subdivision 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

## **Affirmative Action and Non-Discrimination Requirements for all Grantees**

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. [Minn. Stat. §363A.02](#). The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minnesota Rules, part [5000.3500](#)

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.

## **2.5 Review and Selection Process**

### **Review Process**

Funding will be allocated through a competitive process. The review committee will evaluate all eligible, complete applications received by the deadline. Reviewers may include MDH staff, other state agency staff, e-Health Advisory Committee members, HIE workgroup members, social service providers, and subject matter experts. Reviewers will be required to identify any conflicts of interest and will not review an application if a conflict is identified.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Awarded applicants that are not current vendors in the State's SWIFT system will need to become vendors before a grant agreement can be created. Instructions on how to do that will be sent to awarded applicants after the awards are announced.

A grant agreement will then be executed with the applicant agency being awarded the funds. The effective date of the agreement is estimated to be November 1, 2018, or the date on which all signatures for the agreement are obtained, whichever is later. The grant agreement will be in effect until October 31, 2019. There may be negotiations to finalize the work plan, grantee's duties, and/or budget before a grant agreement can be fully executed. If the grant agreement is not fully executed in a timely manner, the award may be pro-rated to reflect the actual timeframe the grant is in effect.

### **Selection Criteria and Weight**

The review committee will review each applicant based on a 100 point scale. A standardized score sheet will be used to determine the extent to which the applicant meets selection criteria.

The scoring factors and weight that applications will be judged on are based on a 100 point scale (see Attachment E -Grant Application Score Sheet) categorized as follows:

- Organizational Capacity (30 points)
- Use Case and Workflow (25 points)
- Budget points (10 points)
- Diversity (10 points)
- Implementation Plan (25 points)

The Commissioner may also take into account other relevant factors.

### **Grantee Past Performance and Due Diligence Review Process**

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.

- State policy requires states to conduct a financial review prior to a grant award made of \$25,000 and higher to a nonprofit organization, in order to comply with [Policy on the Financial Review of Nongovernmental Organizations](#)

### **Notification**

All applicants, successful and non-successful, will be notified by email as to the status of their application by Friday, September 21, 2018. Funded applicants will start work on or before November 1, 2018.

## RFP Part 3: Application and Submission Instructions

### LETTER OF INTENT -Required

Applicants **MUST** submit a Letter of Intent by Friday, July 20, 2018. If the Letter of Intent is not received by the deadline, then any application in response to this RFP will **NOT** be accepted and considered. Submitting a Letter of Intent does not obligate the sender to submit an application to this RFP. Please submit the letter of intent as an email attachment to [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us). Letter of intent template may be found at: <http://www.health.state.mn.us/e-health/funding/hiegrantprogram.html>

### 3.1 Application Deadline

**All applications must be received by MDH no later than 4:00 p.m. Central Time, on Friday, August 24, 2018** to electronic submission e-mail: [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us).

**Late applications will not be accepted.** It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer or technology problems. The applicant will incur all costs incurred in applying to this RFP. **Applications received after the deadline will be disqualified from consideration.**

### 3.2 Application Submission Instructions

Please submit the all documents as non-pdf attachments to [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us)

### 3.3 Application Instructions

You must submit all of the following for an application to be considered complete:

- 1) Letter of Intent (*due by July 20, 2018*)

#### **Application**

- 2) Application Form
- 3) HIO quote- Detailed quote from an HIO stating the connectivity and subscription costs.
- 4) Due Diligence Form (for Nonprofit Applicants Only). Include and attach appropriate documents separately with the submission email.

All forms are available in word or excel format on the [Minnesota HIE Grant Program webpage](http://www.health.state.mn.us/e-health/funding/hiegrantprogram.html) (<http://www.health.state.mn.us/e-health/funding/hiegrantprogram.html>)

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be

considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

**All costs incurred in responding to this RFP will be borne by the applicant.**

### **Additional Instructions for Multi-Organizations Applicants**

If submitting as a group or collaboration the following is required:

- Submit a single application on behalf of all partners; list all partners in the application.
- Designate a lead organization to serve as the fiscal and contractual agent.
- Provide one the following as part of the application:
  - Lead organization provides a formalized written agreement among all organizations or;
  - Each partner organization provides a letter affirming agreement with the implementation plan and grant activities.

## **RFP Part 4: Attachments -Required Forms**

Attachment A: Letter of Intent Template Form

Attachment B: Example Application Form

Attachment C: Due Diligence Form

Attachment D: Sample Application Evaluation Score Sheet

## Attachment A: Letter of Intent Template Form

***Print letter on organization letterhead***

(date)

This is written notification of the intent to submit an application to the Minnesota Department of Health for funding under the Minnesota Health Information Exchange Grant Program. We understand that the application deadline for our proposal is due by 4:00 p.m. Central Time on **Friday, July 20, 2018.**

This letter of intent is for:

- Individual provider or organization**
- Group of organizations -List potential partners if known at this time:**

**Applicant (or lead applicant if a group) organization name:**

**Fiscal agent (organization) name, if different from applicant organization:**

**Applicant contact person:**

**Applicant contact person e-mail:**

**Applicant contact person phone number:**

**Applying for funding to connect to a certified HIO for:**

- Event alerting only**
- Care summary document exchange only**
- Both event alerting and care summary document exchange**

**Signature:**

## Attachment B: Example Minnesota HIE Grant Program Application Form

(Application form in word format is available at:  
<http://www.health.state.mn.us/e-health/funding/hiegrantprogram.html> )

To apply for the Health Information Exchange Grant, submit this document containing all of the items below and attachments. Read the entire request for proposals (RFP) before completing this application. Incomplete applications **will not** be evaluated. **All applications must be submitted by email to [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us) and be received by MDH by 4:00 p.m. Central Time on Friday, August 24, 2018.**

### Contact Information

#### General Applicant Information

Applicant Legal Name (do not use a doing business as" name):

Business Address (street, city, state, zip):

Minnesota Tax Identification Number:

Federal Tax Identification Number:

SWIFT Vendor ID Numbers (if you have one):

DUNS Number:

#### Director of Applicant Agency Information

Name:

Phone Numbers:

Email:

#### Financial Contact for this Application (if different from Director)

Name:

Phone Numbers:

Email:

#### Contact Person for this Application (if different from Director or Financial Contact)

Name:

Phone Numbers:

Email:

#### Budget and Requested Funding

Total Amount Requested \$

Funds will pay for costs associated with establishing connection with a State Certified Health Information Organization to exchange health information between

organization(s) and up to one year's subscription costs.

I certify that the information contained above is true and accurate to the best of my knowledge; that I have informed this agency's governing board of the agency's intent to apply for this grant; and, that I have received approval from the governing board to submit this application on behalf of the applicant.

Signature of Authorized Agent for Applicant:

Date of Signature:

## Application Narrative

### 1. Organizational Capacity

- a. Briefly summarize organization's history, structure, services and clientele/patients.
- b. Discuss the organizations leadership commitment to the implementation grant,
- c. What is the business case for obtaining the grant?
- d. What are the barriers and strengths to implement the grant?
- e. What is the link to organization(s) privacy and security process?
- f. Briefly explain what, if any, internal readiness surveys were conducted?
- g. What are the current workflow challenges? What do you anticipate being resolved?

### 2. Use Case and Workflow

- a. Clearly define how receiving grant funding to establish an HIO connection will support and accelerate efforts to effectively use health information technology for one or more of the following: improve the quality and coordination of health care and the continuity of patient care among health care providers, to reduce medical errors, to improve population health, to reduce health disparities, and to reduce chronic disease.
- b. Describe the value proposition of either or both event alerting/notifications or care summary document exchange for their organizations. The use case will include a brief narrative and simple diagram to capture the HIO and organization(s) workflow(s). The applicant will implement the use case and provide monthly feedback to MDH.
- c. Describe current in-house training and education for employees on HIE and workflow. Discuss what in-house training and education employees will receive to understand benefits and new workflow of due to implementation grant.

### 3. Budget

Expected budget period is November 1, 2018 through October 31, 2019. Funds will pay for costs associated with establishing connection with a State-Certified HIO to exchange health information between organizations and up to one year's subscription costs (e.g. HIO Implementation specialist, travel for HIO staff, set-up, EHR capabilities, evaluation of

workflow changes, education, training and follow-up on technical assistance, phone inquiries for issues with technology, and notification).

Attach a detailed quote from the HIO clearly identifying all costs related to the connection and subscription. Budget should be consistent with the proposed implementation plan.

## 4. Diversity

Providers often have significant challenges with implementing secure health information exchange in serve rural areas, communities experiencing disparities, patients with complex health needs and uninsured individuals or other underserved populations.

- a. Applicant will provide a clear description of the service area or who will be served (rural areas, communities experiencing disparities, patients with complex health needs and uninsured individuals or other underserved populations).
- b. Applicant will described how the populations were selected and what data source(s) were used.
- c. Applicant described any follow-up or continuing activities that will occur after project completion to address unmet needs and advance equity?

## 5. Implementation Plan

Implementation plan includes a realistic timeframe (with specific dates) for meeting project phases and tasks.

- a. Review the implementation plan supplied by the HIO.
- b. Develop and provide a draft implementation plan that identifies and describes the transactions, implementation phases, tasks, by whom, and timelines, in consultation with the HIO. The illustration (Gantt chart below) shows an example of displaying these various components:

**Timeline** start and end times identified.

- i. **Implementation Phase** is illustrated by a long bar over the related tasks. Phase represents the overarching step followed by the tasks.
- ii. **Tasks** are elements in each phase such as “Review general implementation plan.” Task intervals may range from a few minutes to months.
- iii. **Planned duration of phase** is illustrated by the length of the bar.
- iv. **Progress on task** is illustrated by a line shown either through the duration bar or immediately below it.
- v. **Resources** are the people (individual, team, or organizations) The Gantt chart enables your organization(s) to track when a task is starting too late, when it is taking too much time, or when another task is in jeopardy of not being completed before a task that depends on it needs to start. Use the tool to track progress.

MINNESOTA HEALTH INFORMATION EXCHANGE GRANT PROGRAM RFP

A Gantt chart enables your organization(s) to track when a task is starting too late, when it is taking too much time, or when another task is in jeopardy of not being completed before a task that depends on it needs to start. Use the tool to track progress.

Example Implementation Plan

1	A	B	C	D	E	F	G	H	I
1	<b>SAMPLE: EHR Implementation Plan</b>								
2	Ref #	Phase and Tasks	Resources (individual, team, or organization)	Complete	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5, etc.
3	Phase	HIO Contract and Implementation Plan	Person name						
4		Meet and discuss details to include in the implementation plan and contract -Contract - Responsibilities, goals, timeline and metrics,Address privacy, security and data		Yes					
5	Task	Review and gain approval of implementation plan and contract with internal staff and external organization(s) if in a collaboration	Team	Yes					
6		Review, approve and implement communication plan	Team	Yes					
7		Identify workflow:	Person name	No					
8		map and process improvements							
9		Review sequencing of tasks and impact on staff and plan for changes							
10		Training (from Organization-web, videos, facilitator, in-person Organization							
11		Implementation Role Out Start to Finish	Team						
12		Install							
13		Testing							
14		Problem Resolution Process (staffing conflicts, software problems, product functionality,etc)							
15		Support							
16		Training(from HIO)-web, videos, facilitator, in-person							
17		Upgrade or Enhance Process							
18		MDH Reporting and Invoicing							

## Application Checklist

- Download, complete and electronically send the signed application form
- Download, complete and electronically send the Due Diligence Review Form including any additional required supporting documentation, as noted on due diligence form.
- Attach a detailed quote from an HIO stating the costs for establishing a connection, testing and up to one year’s subscription.
- Instructions for multi-organizations applicants
  - Submit a single application on behalf of all partners; list all partners in the application.
  - Designate a lead organization to serve as the fiscal and contractual agent.
  - Provide one the following as part of the application:
    - Lead organization provides a formalized written agreement among all organizations or;
    - Each partner organization provides a letter affirming agreement with the implementation plan and grant activities.
- Instructions:** Please submit all documents as email attachments to [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us)

## Attachment C: Due Diligence Review Form

The Minnesota Department of Health (MDH) conducts pre-award assessments of all grant recipients prior to award of funds in accordance with federal, state and agency policies. **The Due Diligence Review is an important part of this assessment.**

These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

Organization	Information
Organization Name:	
Organization Address:	
If the organization has an Employer Identification Number (EIN), please provide EIN here:	
If the organization has done business under any other name(s) in the past five years, please list here:	
If the organization has received grant(s) from MDH within the past five years, please list here:	

### Section 1: To be completed by all organization types

Section 1: Organization Structure	Points
1. How many years has your organization been in existence? <input type="checkbox"/> Less than 5 years (5 points) <input type="checkbox"/> 5 or more years (0 points)	
2. How many paid employees does your organization have (part-time and full-time)? <input type="checkbox"/> 1 (5 points) <input type="checkbox"/> 2-4 (2 points) <input type="checkbox"/> 5 or more (0 points)	
3. Does your organization have a paid bookkeeper? <input type="checkbox"/> No (3 points) <input type="checkbox"/> Yes, an internal staff member (0 points) <input type="checkbox"/> Yes, a contracted third party (0 points)	
<b>SECTION 1 POINT TOTAL</b>	

**Section 2: To be completed by all organization types**

Section 2: Systems and Oversight	Points
<p>4. Does your organization have internal controls in place that require approval before funds can be expended?</p> <p><input type="checkbox"/> No (6 points)</p> <p><input type="checkbox"/> Yes (0 points)</p>	
<p>5. Does your organization have written policies and procedures for the following processes?</p> <ul style="list-style-type: none"> <li>• Accounting</li> <li>• Purchasing</li> <li>• Payroll</li> </ul> <p><input type="checkbox"/> No (3 points)</p> <p><input type="checkbox"/> Yes, for one or two of the processes listed, but not all (2 points)</p> <p><input type="checkbox"/> Yes, for all of the processes listed (0 points)</p>	
<p>6. Is your organization’s accounting system new within the past twelve months?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (1 point)</p>	
<p>7. Can your organization’s accounting system identify and track grant program-related income and expense separate from all other income and expense?</p> <p><input type="checkbox"/> No (3 points)</p> <p><input type="checkbox"/> Yes (0 points)</p>	
<p>8. Does your organization track the time of employees who receive funding from multiple sources?</p> <p><input type="checkbox"/> No (1 point)</p> <p><input type="checkbox"/> Yes (0 points)</p>	
<b>SECTION 2 POINT TOTAL</b>	

**Section 3: To be completed by all organization types**

Section 3: Financial Health	Points
<p>9. If required, has your organization had an audit conducted by an independent Certified Public Accountant (CPA) within the past twelve months?</p> <p><input type="checkbox"/> Not Applicable (N/A) (0 points) – if N/A, skip to question 10</p> <p><input type="checkbox"/> No (5 points) – if no, skip to question 10</p> <p><input type="checkbox"/> Yes (0 points) – if yes, answer question 9A</p>	
<p>9A. Are there any unresolved findings or exceptions?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (1 point) – if yes, attach a copy of the management letter and a written explanation to include the finding(s) and why they are unresolved.</p>	
<p>10. Have there been any instances of misuse or fraud in the past three years?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (5 points) – if yes, attach a written explanation of the issue(s), how they were resolved and what safeguards are now in place.</p>	
<p>11. Are there any current or pending lawsuits against the organization?</p> <p><input type="checkbox"/> No (0 points) – If no, skip to question 12</p> <p><input type="checkbox"/> Yes (3 points) – If yes, answer question 11A</p>	
<p>11A. Could there be an impact on the organization’s financial status or stability?</p> <p><input type="checkbox"/> No (0 points) – if no, attach a written explanation of the lawsuit(s), and why they would not impact the organization’s financial status or stability. <input type="checkbox"/> Yes (3 points) – if yes, attach a written explanation of the lawsuit(s), and how they might impact the organization’s financial status or stability.</p>	
<p>12. From how many different funding sources does total revenue come from?</p> <p><input type="checkbox"/> 1-2 (4 points)</p> <p><input type="checkbox"/> 3-5 (2 points)</p> <p><input type="checkbox"/> 6+ (0 points)</p>	
<b>SECTION 3 POINT TOTAL</b>	

**Section 4: To be completed by nonprofit organizations with potential to receive award over \$25,000 (excluding formula grants)**

Office of Grants Management Policy 08-06 requires state agencies to assess a recent financial statement from nonprofit organizations before awarding a grant of over \$25,000 (excluding formula grants).

Section 4: Nonprofit Financial Review	Points
13. Does your nonprofit have tax-exempt status from the IRS? <input type="checkbox"/> No - If no, go to question 14 <input type="checkbox"/> Yes – If yes, answer question 13A	Unscored
13A. What is your nonprofit’s IRS designation? <input type="checkbox"/> 501(c)3 <input type="checkbox"/> Other, please list:	Unscored
14. What was your nonprofit’s total revenue (income, including grant funds) in the most recent twelve-month accounting period?  <b>Enter total revenue here:</b>	Unscored
15. What financial documentation will you be attaching to this form? <input type="checkbox"/> If your answer to question 14 is less than \$50,000, then attach your most recent Board-approved financial statement <input type="checkbox"/> If your answer to question 14 is \$50,000 - \$750,000, then attach your most recent IRS form 990 <input type="checkbox"/> If your answer to question 14 is more than \$750,000, then attach your most recent certified financial audit	Unscored

**Signature**

I certify that the information provided is true, complete and current to the best of my knowledge.

- **SIGNATURE:**
- **NAME & TITLE:**
- **PHONE NUMBER:**
- **EMAIL ADDRESS:**

## MDH Staff Use Only

### Section 4A: Nonprofit Financial Review Summary

Complete Section 4A for nonprofit organizations with the potential to receive an award over \$25,000 (with the exception of formula grants). Skip Section 4A and move to Section 5 for all other grantee types.

1. Were there significant operating and/or unrestricted net asset deficits?
  - Yes – if yes, answer questions 3 and 4
  - No – if no, skip questions 3 and 4 and answer questions 5 and 6
2. Were there any other concerns about the nonprofit organization’s financial stability?
  - Yes – if yes, answer questions 3 and 4
  - No – if no, skip questions 3 and 4 and answer questions 5 and 6
3. Please describe the deficit(s) and/or other concerns about the nonprofit organization’s financial stability:
4. Please describe how the grant applicant organization addressed deficit(s) and/or other concerns about the nonprofit organization’s financial stability:
5. Granting Decision:
6. Rationale for grant decision:

### Section 5: Total Points

<b>Section 1</b>	+	<b>Section 2</b>	+	<b>Section 3</b>	=	<b>Total Points</b>
	+		+		=	

### Section 6: Program Information

MDH Grant Program	Information
Applicant Project Name	
MDH Grant Program Name	
Division/Section	
Date Nonprofit Review Completed	
Review conducted by	

Minnesota Department of Health  
 PO Box 64975  
 St. Paul, MN 55164-0975  
 651-201-5796  
[health.grantmanagers@state.mn.us](mailto:health.grantmanagers@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

*Revised 2/2018.*

*To obtain this information in a different format, call: 651-201-5796. Printed on recycled paper.*

## Attachment D: Sample Score Sheet

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

Applicants are encouraged to score their own application using the evaluation score-sheet before submitting their application. This step is not required, but may help ensure applications address the criteria evaluators will use to score applications.

## Grant Application Score Sheet Guide

### Rating Table

Rating or Score	Description
Excellent or 5	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses
Very Good or 4	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; good probability of success; no significant weaknesses.
Good or 3	Generally meets minimum requirements; probability of success; significant weaknesses, but correctable.
Marginal or 2	Lack of essential information; low probability for success; significant weaknesses, but correctable.
Unsatisfactory or 1	Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.

## Scoring Section

### Section 1 – Organizational Capacity – This section must be scored

Examples of criteria that might fall under Section 1 – Organizational Capacity	Score (1-5)
1) Applicant briefly summarized organization’s history, structure, services and clientele/patients?	
2) Applicant discussed the organizations leadership commitment to the implementation grant?	
3) Applicant described the business case for requesting a grant?	
4) Applicant described barriers/ strengths to organization’s ability to implement HIE?	
5) Applicant described how it is linked to organization(s) privacy and security policies?	
6) Applicant described any applicable HIE readiness surveys?	
<b>Total- Section 1 (maximum 30 points)</b>	

### Section 2 –Use Case and Workflow-This section must be scored

Examples of criteria that might fall under Section 2 – Work Plan/Project Narrative	Score (1-5)
1) Applicant clearly defined how receiving grant funding to establish connection to an HIO will support and accelerate efforts to effectively use health information technology?	
2) Applicant provided a brief use case narrative that explains the value proposition of either or both event alerting/notifications or care summary exchange for their organization(s)?	
3) Applicant provided a simple diagram to capture the HIO and organization(s) workflow(s)?	
4) Applicant described current workflow challenges and plans for mitigating them?	
5) Applicant briefly discussed the current in-house training and education for employees on HIE and workflow?	
<b>Total- Section 1 (maximum 25 points)</b>	

**Section 3 – Budget– This section must be scored**

<b>Examples of criteria that might fall under Section 3 – Budget and Budget Justification</b>	<b>Score (1-5)</b>
1) Applicant attached a detailed quote from an HIO stating the amount for connectivity and subscription price?	
2) Applicant budget is consistent with the proposed implementation plan?	
<b>Total- Section 1 (maximum 10 points)</b>	

**Section 4 – Diversity– This section must be scored**

<b>Criteria that might fall under Section 4 – Diversity in Grant Making</b>	<b>Score (1-5)</b>
1) Applicant will provided a clear description of the service area or who will be served (rural areas, communities experiencing disparities, patients with complex health needs and uninsured individuals or other underserved populations)?	
2) Applicant described any follow-up or continuing activities that will occur after project completion to address unmet needs and advance equity?	
<b>Total- Section 1 (maximum 10 points)</b>	

**Section 5 – Implementation Plan**

<b>Applicant provided the implementation plan for the organization(s) that included:</b>	<b>Score (1-5)</b>
1) Applicant provided a realistic timeline indicated by a start and end times?	
2) Applicant provided a phased approach in the implementation plan? Phases are described as overarching step followed by realistic tasks.	
3) Applicant illustrated the planned duration of the phases?	
4) Applicant listed realistic tasks for the implementation plan?	
5) Applicant included resources: staff (individual, team, or organizations) associated with the phase and/or task?	
<b>Total- Section 1 (maximum 25 points)</b>	