Request for Applications (RFA):
Action Learning Collaborative (ALC) for State Teams: Using the National Standards for Systems of Care for CYSHCN to Strengthen State Health Systems

REQUEST FOR APPLICATIONS RELEASED: July 30, 2014
REQUEST FOR APPLICATIONS DEADLINE: August 29, 2014
PROJECT TIMELINE: September 2014 - September 2015 (12 months)

This request for applications (RFA) includes the following components:

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For questions about this RFA, please contact Treeby Brown at tbrown@amchp.org.
Project Description

The Association of Maternal and Child Health Programs (AMCHP), with support from the Lucile Packard Foundation for Children’s Health (LPFCH), is providing peer-to-peer technical assistance (TA) to states interested in using the recently developed National Standards for Systems of Care for Children and Youth with Special Health Care Needs (herein referred to as the National Standards) to improve their state system of care for this population of children.

To promote shared practices and collaboration, AMCHP will provide targeted TA for up to 6 – 8 state teams comprised of state Title V CYSHCN directors and their key partners (e.g., Medicaid, CHIP, health plans, families/consumers, provider groups, community services). Participants will join an Action Learning Collaborative (ALC) focused on strengthening the system of care for CYSHCN in an era of health reform and the Affordable Care Act (ACA), by using or adapting the National Standards.

The ALC will formally start in September 2014 with a kick-off webinar. AMCHP will convene an in-person ALC meeting in Washington, DC in early November 2014. Please note that this is a one-year TA opportunity consisting of a face-to-face meeting in the fall of 2014 in Washington, DC and ongoing, follow-up technical assistance calls through the remaining time. States participating in the ALC will receive support toward travel expenses for up to three state team members for the in-person meeting in Washington, DC.

Background

Leaders working with children with special needs and their families know how important it is to have a high-quality, coordinated system of care designed to meet their needs. Until now, it has been easier to identify what is lacking, but much more difficult to describe what a comprehensive health care system would look like.

In March 2014, AMCHP, with support from the Lucile Packard Foundation for Children’s Health, released a groundbreaking set of [standards and a companion background white paper](#) designed to help communities, states, and the nation build and improve systems of care for CYSHCN. The standards address the core components of the structure and process of an effective system of care for this population of children. They were derived from a comprehensive review of the literature, guidance from more than 30 key informants, case studies of standards currently in use within selected sites, and input and guidance from a national work group comprised of national and state leaders representing the Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, state Title V CYSHCN programs, state Medicaid
agencies, pediatric providers, health plans, children’s hospitals, families/consumers, health services researchers, and others. They are intended for use or adaptation by a wide range of stakeholders at the national, state and local levels. Since the release of the national standards in March 2014, many key stakeholders, including the Maternal and Child Health Bureau, Health Resources and Services Administration (MCHB/HRSA) have communicated and promoted these system standards with their national networks.

The system standards are organized into the 10 core domain areas outlined below:
1. Screening, Assessment and Referral
2. Eligibility and Enrollment
3. Access to Care
4. Medical Home, including:
   • Pediatric Preventive and Primary Care
   • Care Coordination
   • Pediatric Specialty Care
5. Community-based Services and Supports, including:
   • Respite Care
   • Palliative and Hospice Care
   • Home-based Services
6. Family Professional Partnerships
7. Transition to Adulthood
8. Health Information Technology
9. Quality Assurance and Improvement
10. Insurance and Financing

Project Focus: What Are Appropriate Projects for Consideration?
This TA opportunity is designed to assist states in using or adapting the standards or a specific core domain(s) of the standards to strengthen systems of care for CYSHCN and ensure that the unique needs of this population are considered in health system transformation. This includes system changes as a result of state health reforms (e.g., Medicaid reform) and the Affordable Care Act (ACA).

AMCHP encourages innovative implementation projects that focus on cross-agency and cross-system statewide collaboration in meeting the unique needs of CYSHCN. As such, interagency, multidisciplinary teams are a requirement of this ALC. States that have participated in other related AMCHP TA activities including the ALC for CYSHCN and Medicaid Managed Care and the MCH Workforce Development Center are especially encouraged to apply.

Proposed projects must incorporate use or adaptation of the National Standards for Systems of Care for CYSHCN in strengthening systems of care for CYSHCN. Appropriate projects for consideration and areas that this ALC could assist states with include, but are not limited to:
• Assuring that the unique needs of CYSHCN are considered and met in transitions to managed care arrangements.
• Identifying gaps in the system of care for CYSHCN and interagency, collaborative approaches for closing those gaps.
• Developing comprehensive strategies for addressing specific standard domain areas that currently represent system weaknesses (e.g., addressing access to care and medical home).
• Assessing, measuring, and analyzing specific domain areas to promote ongoing quality improvement.
• Strengthening statewide care coordination efforts and care coordination for CYSHCN among multiple agencies (e.g., public health, Medicaid, mental health).
• Projects that complement the grant opportunity, State Implementation Grants for Enhancing the System of Services for Children and Youth with Special Health Care Needs through Systems Integration, recently released by the MCHB/HRSA.

Project Timeline
Program activities include a pre-meeting call in September 2014, a day-long meeting in Washington, DC in October 2014, and a series of bi-monthly webinars of participating states through August 2015. As part of the ALC, states teams will complete a CYSHCN State Systems of Care Assessment using a tool designed to assist states in examining all or a component of their systems of care for CYSHCN by the ten domain areas of the standards.

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>July 30, 2014</td>
<td>RFA Released</td>
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<tr>
<td>August 29, 2014</td>
<td>RFA Due</td>
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<tr>
<td>By September 15, 2014</td>
<td>Selected State Teams Notified</td>
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<tr>
<td>October 2014</td>
<td>ALC Kick-Off Webinar</td>
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<tr>
<td>Early November 2014</td>
<td>In-Person ALC Meeting in Washington, DC</td>
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<tr>
<td>January - September 2015</td>
<td>Bi-monthly TA Webinars/Calls</td>
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What is Action Learning Collaboration (ALC)?
AMCHP has used the Action Learning Collaborative (ALC), since 1996 to help state Maternal and Child Health (MCH) programs and their partners (e.g., Medicaid, CHIP, provider groups, families/consumers) make organizational improvements and health system change.

Action learning offers learning-by-doing, experiential learning, reflecting on practice, collaborating, learning in the workplace, among other goals. It involves teams of committed people learning from and with each other and applying the learning to problem solving. Action learning is a change process and is especially useful when no one knows the solution to a shared problem and/or no one knows the way forward in a complex situation.
The ALC model brings together multi-disciplinary teams for a limited period to analyze a problem in MCH, identify resources, learn how to apply problem-solving techniques, review evidence-based approaches to that issue (if any exist) along with promising approaches from other teams, create, implement and evaluate action plans, and reflect on the process. Because it is team-based, ALCs strengthen partnerships and promote collaboration.

Application Guidance

- **Who is Eligible to Apply?**
  All states are eligible to apply. Applicants must apply in “state teams” and designate a state team lead. More information about teams’ composition can be found on page six. AMCHP recognizes that every state is different, particularly with respect to its leadership, organizational structure, and political environment. This ALC will focus on establishing appropriate solutions guided by each state’s unique circumstances.

  States that have participated in other related AMCHP TA activities including the ALC for CYSHCN and Medicaid Managed Care, and the national MCH Workforce Development Center are welcome to apply.

- **How Do I Apply?**
  Please complete the attached RFA form (Pages 6-12). The proposal is due by close of business (5pm ET) on **Friday, August 29, 2014**.

- **Who Should Apply? What is the Value?**
  This ALC will be valuable to states wanting to improve systems of care for CYSHCN. By providing a platform for states to share lessons learned, states will have the opportunity to strategically address system improvement and learn from other states’ past experiences.

- **How Should the Application be Submitted?**
  Please send applications electronically to Maria Murillo at mmurri@amchp.org. Please direct any questions about the RFA to Treeby Brown at tbrown@amchp.org.
Request for Applications (RFA) Form

Instructions: Please complete Sections 1-8 and attach relevant documentation. Note that sections 1-6 can be answered in approximately 200-300 words, but Section 7 should be comprehensive as this section outlines your team’s proposed project and associated TA needs.

Section 1: State Teams

Each state team should be comprised of three to five members. Note that state teams MUST have a representative from the three of the required sectors indicated below. Additional team members are encouraged.

1. Title V CYSHCN Representative (*Required)
2. Medicaid Representative (*Required)
3. Health Plan Representative (*Required)
4. A Family Member/Consumer (*Strongly Recommended)
5. Pediatrician or Representative from State AAP Chapter
6. Other (Please Specific Below)

*Please note that AMCHP can only cover the cost of travel for three state team members. State will be responsible for covering travel beyond the three required team members.

Each team must also have a designated team leader. AMCHP recognizes that teams may not be fully formed at by the RFA due date, but states must have at least the required three team members (Title V, Medicaid, and Health Plan) identified by the RFA Closing Date (August 29, 2014). If optional team members are not yet determined, please leave that section blank and indicate your intention to recruit additional team members. States will have until September 30th, 2014 to finalize and complete their teams.
Please complete the following information for each team member.

**Team Member #1 : Title V/CYSHCN Representative (REQUIRED)**

Name: ______________________________
Title: ________________________________
Agency: ______________________________
Email: _______________________________
Phone: _______________________________

Team Leader?  ____Yes ____No (Only one team member)

**Team Member #2 : Medicaid Representative (REQUIRED)**

Name: ______________________________
Title: ________________________________
Agency: ______________________________
Email: _______________________________
Phone: _______________________________

Team Leader?  ____Yes ____No (Only one team member)

**Team Member #3 : Health Plan Representative (REQUIRED)**

Name: ______________________________
Title: ________________________________
Agency: ______________________________
Email: _______________________________
Phone: _______________________________

Team Leader?  ____Yes ____No (Only one team member)

**Team Member #4 : Family/Consumer Representative (STRONGLY RECOMMENDED)**

Name: ______________________________
Title: ________________________________
Agency: ______________________________
Section 2: Overview of the Service Delivery System for CYSHCN in My State

Please describe your state’s service delivery system for CYSHCN by answering the following questions:

- How are CYSHCN being served in your state and through what type of health care delivery model (e.g., capitated managed care)?
- Where are the most prominent gaps in the system, particularly gaps that might be served by use of the National Standards for Systems of Care for CYSHCN?
- How are key partners (e.g., Title V CYSHCN, Medicaid, CHIP, health plans, provider groups, families/consumers) already working together to improve systems of care for CYSHCN in your state?
Section 3: CYSHCN and Health Reforms
Please describe how the unique needs of CYSHCN are being addressed as part of state health reforms (e.g., Medicaid reform, the Affordable Care Act, financing reforms) in your state. What are the key opportunities and challenges in your state for improving systems of care for CYSHCN?

Section 4: Building a Statewide System of Care for CYSHCN
Please use this space to briefly describe existing efforts of your state’s Title V CYSHCN program and key partners (Medicaid, health plans, provider groups, etc.) as it relates to building a more comprehensive statewide system of care. What are 2-3 key efforts of your state’s Title V CYSHCN program and its key partners (e.g., Medicaid, CHIP, health plans, families/consumers) in improving systems of care for CYSHCN? What barriers do you think need to be overcome to building a system of care (e.g., reaching consensus on the broader definition of CYSHCN; obtaining buy-in by Medicaid, CHIP, and health plans to insert priority standards in health plan
contracts; impediments to implementation due to proposed rate increases if standards are used)?

Section 5: Future of the Statewide System of Care for CYSHCN
Considering the future, how do you envision an ideal, statewide system of care for CYSHCN? In other words, what does an effective system of care for CYSHCN look like and how are the needs of CYSHCN and their families effectively met? What are the roles and functions of Title V, Medicaid, health plans, and other key stakeholders?

Section 6: ALC Interest and Expectations
Please use this space to briefly describe why and how your state team would benefit from participating in the ALC. What do you hope to accomplish through participation in this ALC?
How could these efforts be amplified or enhanced through use of the National Standards for Systems of Care for CYSHCN? What are your expectations?

Section 7: Proposed Project
Please use this space to outline your proposed project for using or adapting the National Standards for Systems of Care for CYSHCN to strengthen systems of care for CYSHCN. Please include the following: project goal, project objectives, general 12-month timeline, activities (if applicable), and TA needs.

Project Goal:

Objectives:

Activities:

Tentative 12-month Timeline:
TA Needs:

How will this project improve the system of care for CYSHCN?
Section 8: Commitment to Participate

Commitment: If selected, my state team will agree to:

⇒ Designate a team leader
⇒ Participate in the in-person ALC meeting in Washington, DC
⇒ Actively participate in the pre-meeting conference call
⇒ Actively participate in the development of action steps to take home to your state
⇒ Participate in evaluation of the ALC
⇒ Be an active participant in follow-up conference calls

___Yes, I have read the application and understand the requirements for participation.
(Please “X”)

Please sign and date below.

____________________________________
Signature

____________________________________
Printed Name

____________________________________
Date

**The application packet submitted electronically to: Maria Murillo at mmurillo@amchp.org**