STRENGTHENING YOUR SYSTEM OF CARE FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS: ACTION LEARNING COLLABORATIVE

REQUEST FOR APPLICATIONS
Strengthening Your System of Care for CYSHCN: Using and Adopting the National Standards for Systems of Care for CYSHCN

REQUEST FOR APPLICATIONS RELEASED: December 20, 2016
REQUEST FOR APPLICATIONS DEADLINE: January 23, 2017
PROJECT TIMELINE: February 2017—September 2017 (8 months)

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

Contents
Project Description .............................................................................................................. 2
Background .............................................................................................................................. 2
Project Focus: What Are Appropriate Projects for Consideration? ........................................ 3
Project Timeline ..................................................................................................................... 4
What is Action Learning Collaboration (ALC)? ..................................................................... 5
Application Guidance ......................................................................................................... 5
Request for Applications (RFA) Form .................................................................................. 6
Section 1: State Teams ......................................................................................................... 6
Section 2: Overview of the Service Delivery System for CYSHCN in My State .................. 9
Section 3: CYSHCN and Health Reforms .......................................................................... 9
Section 4: Building a Statewide System of Care for CYSHCN .......................................... 10
Section 5: Future of the Statewide System of Care for CYSHCN ........................................ 10
Section 6: ALC Interest and Expectations .......................................................................... 11
Section 7: Proposed Project ............................................................................................... 12
Section 8: Commitment to Participate .............................................................................. 13

For questions about this RFA, please contact Kate Taft at ktaft@amchp.org.
Project Description
The Association of Maternal and Child Health Programs (AMCHP), in partnership with the National Academy for State Health Policy (NASHP) and with support from the Lucile Packard Foundation for Children’s Health, is providing peer-to-peer technical assistance (TA) to states interested in adopting the National Standards for Systems of Care for Children and Youth with Special Health Care Needs (the 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 five state teams comprised of state Title V CYSHCN directors and key partners including Medicaid/CHIP, health plans, families/consumers, provider groups and community service organizations. Participants will join an Action Learning Collaborative (ALC) focused on strengthening their state system of care for CYSHCN by using or adapting the National Standards.

Please note that this is an eight-month TA opportunity beginning in February 2017 with a kickoff webinar and consisting of a face-to-face meeting in spring 2017 in Washington, D.C. and ongoing technical assistance calls through the remaining months. States participating in the ALC will receive support toward travel expenses for up to four state team members for the in-person meeting in Washington, DC.

Background
What are the National Standards for Systems of Care for CYSHCN?
In March 2014, AMCHP, with support from the Lucile Packard Foundation for Children’s Health, released a groundbreaking set of standards 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. The Standards are intended for use or adaptation by a wide range of stakeholders at the national, state and local levels.
The 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

How are states using the Standards?
Since the development and dissemination of the Standards, states are seizing the opportunity to use them to make improvements in their health care service delivery systems serving CYSHCN. The landscape in which CYSHCN are served has shifted. Health care delivery systems and new payment models have changed the environment, creating new opportunities for child-serving systems to collaborate and partner to improve the quality of care for CYSHCN. Specifically, states are using the Standards to:

- Build strategic partnerships with interdisciplinary stakeholders
- Develop strategic plans and state action plans
- Promote Title V and Medicaid collaboration on changes in Medicaid Managed Care contracts to create requirements for health care practices to identify CYSHCN, provide care coordination and ultimately improve family-centered care
- As an educational and empowerment tool as part of parent-to-parent trainings to help parents advocate for system changes at the provider, program and policy levels
- Implement a mapping process to identify strengths, duplication, needs and gaps in providing care coordination to CYSHCN and their families
- Identify action steps to influence policy and practice
- Improve the quality of care across systems serving CYSHCN

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.
AMCHP encourages innovative 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. 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 include, but are not limited to, the following:

- 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 challenges and medical home implementation)
- Assessing, measuring and analyzing specific domain areas to promote ongoing quality improvement
- Engaging, educating and partnering with families and consumers about the system in which they are served
- Strengthening statewide care coordination for CYSHCN among multiple agencies (e.g., public health, Medicaid, mental health)
- Projects that complement ongoing grant opportunities and initiatives, e.g., State Implementation Grants for Enhancing the System of Services for Children and Youth with Special Health Care Needs through Systems Integration, etc.

**Project Timeline and Activities**

Program activities include a kickoff call in February 2017, an optional meet and greet reception during the AMCHP 2017 Conference in Kansas City, Mo., a day-long meeting in Washington, D.C. in April/May 2017 and a series of bi-monthly webinars of participating states through September 2017. As part of the ALC, state teams will pilot several tools, including a Partnership Assessment and Relationship Profile and a Systems Improvement Alignment Tool. Both tools will be used to assist state teams in identifying strengths and areas of growth within their system of care, including key partnerships. Additionally, state teams will be given the opportunity to further assess their systems and components of the system using organizational assessment tools and a streamlined version of the Standards document (or “Standards 2.0”).

**ALC Cohort 2 Project Timeline**

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
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<tbody>
<tr>
<td>December 20, 2016</td>
<td>RFA Released</td>
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<tr>
<td>January 23, 2017</td>
<td>RFA Due</td>
</tr>
<tr>
<td>February 6, 2017</td>
<td>Selected State Teams Notified</td>
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<tr>
<td>February 2017</td>
<td>ALC Kickoff Webinar</td>
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<tr>
<td>March 2017</td>
<td>Meet and Greet at AMCHP 2017 Conference, Kansas City, Mo. <em>(optional)</em></td>
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<tr>
<td>April/May 2017</td>
<td>In-Person ALC Meeting in Washington, D.C.</td>
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<tr>
<td>February — September 2017</td>
<td>Bi-monthly TA Webinars/Calls</td>
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**What is the 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 and learning in the workplace. 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 multidisciplinary 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 team 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.

- **How Do I Apply?**
  
  Please complete the attached RFA form (pages 6-13). The proposal is due by midnight, 12:00 AM Eastern, Monday, January 23, 2017.

- **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 Cori Floyd at cfloyd@amchp.org. Please direct any questions about the RFA to Kate Taft at ktaft@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. 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 four 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 (*Required)
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 four state team members. State will be responsible for covering travel beyond the four required team members.

Each team must also have a designated team leader. AMCHP recognizes that teams may not be fully formed by the RFA due date, but states must have at least the required four team members (Title V, Medicaid, Health Plan and Family Member/Consumer) identified by the RFA Closing Date (January 23, 2017). 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 late February 2017 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 (REQUIRED)**

Name: ______________________________
Title: ______________________________
Agency: ____________________________
Email: _______________________________

Phone: _______________________________

Team Leader? ___Yes ___No (Only one team member)

**Team Member #5: Pediatrician or AAP Representative**

Name: _______________________________

Title: _______________________________

Agency: ______________________________

Email: _______________________________

Phone: _______________________________

Team Leader? ___Yes ___No (Only one team member)

**Team Member #6: Other (Please Indicate: _______________)**

Name: _______________________________

Title: _______________________________

Agency: ______________________________

Email: _______________________________

Phone: _______________________________

Team Leader? ___Yes ___No (Only one team member)

*Please feel free to add additional pages as necessary.*
**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 two to three 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 8-month timeline, activities (if applicable) and TA needs.

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<th>How will this project improve the system of care for CYSHCN?</th>
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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 my 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 sign and date below.

________________________________________
Signature

________________________________________
Printed Name

________________________________________
Date

**The application packet must be submitted electronically by Jan. 23, 2017 to: Cori Floyd at cfloyd@amchp.org **