

**STATE OF CONNECTICUT
OFFICE OF THE HEALTHCARE ADVOCATE
STATE INNOVATION MODEL PROGRAM MANAGEMENT OFFICE**

REQUEST FOR PROPOSAL (RFP) FOR CCIP TRANSFORMATION AWARDS

FIRST Addendum

RELEASE DATE – 07-01-2016 – CORRECTED 4pm

The SIM PMO's official responses to questions submitted as of noon, June 30, 2016 are as follows:

1. **Question:** I am assuming that FQHCs are not eligible if they are participating in a CMS PTN project through their state association? In appendix C of the MQISSP RFP, respondents OTHER than those participating in the CMMI Practice Transformation Network grant program are asked to fill out the CCIP Form.

Response: FQHCs that are participating in the CMMI PTN initiative are **not** eligible to apply for CCIP Transformation Awards as part of this RFA.

2. **Question:** What are the Letters of Intent information expectations?

Response: Section V.2 states that Applicants are required to submit non-binding Letters of Intent (LOI) to apply. There are no minimum information or format requirements for the LOI. A short description of the organization, including identifying characteristics such as name, location, and number of practices would be appreciated. LOIs should be submitted via email to faina.dookh@ct.gov by July 11, 2016.

3. **Question:** About how many CCIP awards does CT DSS expect to make for 2017?

Response: The SIM PMO anticipates issuing approximately 3-6 transformation awards for 2017.

4. **Question:** Do you anticipate having future CCIP funding opportunities if state funding is available?

Response: We anticipate future federal funding opportunities will be available for participants in the second wave of the Medicaid Quality Improvement & Shared Savings Program, subject to availability of SIM grant funds.

5. **Question:** Can an MQISSP Track 2 participant apply for a CCIP transformation award for a subset of its MQISSP Advanced Network partners? We know that social determinants of health are all about community engagement and have to be addressed in a community setting. We were thinking it might make sense to focus CCIP funds on a smaller set of our planned Advanced Network of PCMHs for up to 12 months and then use that experience to bring other partners in our Advanced Network up to CCIP standards in the following year.

Response: The SIM PMO intends to partner with CCIP Participating Entities to ensure that CCIP objectives are met in a manner that considers the needs, strengths, and priorities of Participating Entities. The SIM PMO is open to strategies that include a staged approach, similar to the PDSA methodology. We encourage applicants to propose strategies that

would lead to the achievement of CCIP standards and objectives across their network over a 15-month period and that align with their unique circumstances.

6. **Question: If this approach is not acceptable, would you consider a different phased approach in which we begin working on meeting CCIP standards in earnest in one of the two major communities in our Advanced Network for up to 8 months and then use the remaining 7 months to focus intensively on the other major community - to get the benefit of concentrated effort and learning lessons in one location we can then apply to another location without diluting efforts by trying to work on all practices within the Advanced Network at once?**

Response: Please see response to question 5.

7. **Question: Can CCIP money be spent on PCMHs who are part of the MQISSP Advanced Network but are not yet certified but will be either (a) by the start of the CCIP funding period or (b) by some point in time during the CCIP funding period?**

Response: CCIP standards and funding are intended to encompass and support all practices that are part of the Advanced Network, regardless of level of transformation, and all beneficiaries they see, regardless of payer.

8. **Question: Does CCIP funding cover specialist practices as well as primary care practices? Does the answer change if specialists are part of a primary care practice and not separate practices?**

Response: The SIM PMO recognizes the integral role that specialty practices play in the support of patients attributed to primary care partners, and in situations where the patients are attributed to the specialists directly. This is the case whether specialists are part of or separate from their primary care counterparts. The PMO is receptive to applicants that include funding for specialty practices if the applicant can make the case that such support will better enable the Participating Entity to achieve the standards and corresponding capabilities.