



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

REQUEST FOR APPLICATIONS (RFA)
ADVANCED MEDICAL HOME PROGRAM

The State Innovation Model (SIM) Program Management Office is releasing this Request for Applications (RFA) for the Advanced Medical Home (AMH) Program. Eligible applicants are Advanced Networks with primary care practices that are not currently recognized under an existing national medical home standard. Independent primary care practices are also eligible to apply, pending available capacity.

Selected applicants will receive free technical assistance to enable them to achieve AMH designation, which includes National Committee on Quality Assurance (NCQA) Person-Centered Medical Home (PCMH) Recognition with additional emphasis on person-centered care and health equity. Practices will receive state funded practice transformation support for up to 12 months, as well as discounted 2017 NCQA PCMH application fees. NCQA PCMH recognition will prepare practices to participate in new payment and care delivery reforms, including Medicaid's Shared Savings Program ("PCMH+"). The transformation support will also be tailored to ensure practices are ready to succeed in Medicare's Quality Payment Program.

The PMO seeks to recruit 150 practices into the AMH Program by December 20, 2016. We encourage applicants to submit an application as soon as possible. The SIM Office may close the application process early if it reaches its recruitment target. This Request for Applications, any subsequent addendums, and all application forms are available in electronic format on the DAS State Contracting Portal at:

http://www.biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=41500

Applicable Dates:

RFA Release Date

11/14/16

Application Due Date:

12/20/16, 3 p.m. Eastern Time

Anticipated Notification

On or before 1/2/17

Anticipated Period of Support:

1/1/17 – 3/31/18

Table of Contents

- I. EXECUTIVE SUMMARY 3**

- II. BACKGROUND 4**

- III. ADVANCED MEDICAL HOME PROGRAM 4**
 - A. BENEFITS OF PARTICIPATION 4
 - B. ELIGIBLE APPLICANTS..... 5
 - C. ADVANCED MEDICAL HOME COMPONENTS 6
 - D. PROGRAM GUIDELINES..... 7
 - E. PROGRAM PHASES..... 8

- IV. APPLICATION INFORMATION 8**
 - A. APPLICATION CONTENTS 8
 - B. SUBMITTAL OF APPLICATIONS..... 9
 - C. APPLICATION DEADLINE 9
 - D. ANTICIPATED PERIOD OF THE PROGRAM..... 9
 - E. OFFICIAL CONTACT 10
 - F. APPLICANTS’ QUESTIONS..... 10
 - G. EVALUATION AND SELECTION 10

- V. GENERAL PROVISIONS 11**
 - A. STANDARD CONTRACT..... 11
 - B. OTHER TERMS AND CONDITIONS 11
 - C. STATUTORY AND REGULATORY COMPLIANCE 11

ATTACHMENT A – CONNECTICUT ADVANCED MEDICAL HOME STANDARDS – MUST PASS AND CRITICAL FACTORS, AND AREAS OF EMPHASIS

ATTACHMENT C: PLANETREE RECOGNITION – DESCRIPTION

ATTACHMENT D: ACRONYMS

I. EXECUTIVE SUMMARY

The Advanced Medical Home (AMH) Program is designed to support practices in transforming the way they delivery care to become a patient-centered medical home. A transformation vendor(s) will work with Advanced Networks and their primary care practices to achieve this transformation. Support will consist of on-site visits, webinars, resources, peer-to-peer learning, and more.

Any questions related to this program should be directed to:

Shiu-Yu Schiller: Shiu-Yu.Schiller@ct.gov

Application forms can be found on the DAS CT Contracting Portal. Applications must be submitted electronically on or before December 20, 2016 at 3pm to

Shiu-Yu.Schiller@ct.gov

RFA Name	Advanced Medical Home Program
RFA Release Date	November 8, 2016
Electronic Location of RFA and Application Forms	http://www.biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=41500
Application Due Date	December 20, 2016, 3:00pm
Anticipated Decision	On or before 1/2/17. Applications will be accepted and approved on a rolling basis
Anticipated Period of Program:	1/1/17 - 3/31/18 NCQA PCMH Submission target date: 11/1/2017 We encourage applicants to apply as soon as possible. Early application may permit start in advance of 1/1/17. Length of program may vary, see Section IV. D.
Anticipated Number of Awardees	150 practices

II. BACKGROUND

Today's health care environment presents enormous challenges to primary care practices. Payers are migrating rapidly to models of payment that place greater responsibility for managing quality and costs on practices. At the same time, practices are confronted with ever increasing demands for adoption and use of electronic health records and administrative requirements such as ICD-10. Many physicians recognize the need to advance in order to participate successful in new care delivery and payment models, yet the burden of undertaking advancement is often too great to do without assistance.

Connecticut received a \$45M State Innovation Model (SIM) Test Grant from the Center for Medicare & Medicaid Innovation (CMMI) to implement a number of initiatives to promote healthier people, better care, smarter spending, and health equity. Connecticut's SIM initiative emphasizes the importance of investing in primary care transformation and has created the Advanced Medical Home Program to support the advancement of primary care practices statewide. The SIM website is located here: <http://www.healthreform.ct.gov>.

III. ADVANCED MEDICAL HOME PROGRAM

The AMH model is based on the NCQA patient-centered medical home model, which has been shown to improve healthcare coordination and quality. In a medical home, a primary care provider works closely with a team to coordinate care for their patients. The approach also emphasizes the holistic assessment of patient needs, shared decision making, and continuous quality improvement. The goal of the AMH Program is to ease the burden of transformation while improving the primary care experience for patients and members of the primary care team.

A. BENEFITS OF PARTICIPATION

Participating primary care practices will:

- Achieve Connecticut AMH designation, which includes NCQA PCMH 2017 recognition;
- Potentially become eligible for enhanced Medicaid fees while participating in the program;
- Be better positioned for new care delivery and payment models, such as shared savings programs and other value-based payment initiatives, including Medicare's Quality Payment Program (MIPS). PCMH designation gives a practice 100% of the possible points in the practice improvement component of MIPS;
- Meet Medicaid's shared savings program (PCMH+) eligibility requirement that primary care practices in Advanced Networks have NCQA PCMH recognition;
- Receive free practice-specific technical support and assistance from local and national experts in mastering evidence-based processes to improve clinical outcomes, empower healthcare consumers and reduce healthcare disparities;

- Enhance clinician and staff satisfaction with care delivery by building and maintaining a supportive and team-based workplace culture;
- Learn with and from peers with similar goals and challenges;
- Differentiate themselves as leaders in Connecticut and in the nation.

B. ELIGIBLE APPLICANTS

Eligible applicants are Advanced Networks with primary care practices or Federally Qualified Health Centers (FQHCs) that meet the below qualifications. Advanced Networks are defined as independent practice associations, large medical groups, clinically integrated networks, and integrated delivery system organizations that have entered into shared savings plan (SSP) arrangements with at least one payer. This definition includes entities designated as Accountable Care Organizations for the purpose of participating in Medicare’s SSP. ANs whose only involvement in shared savings is through a Bundled Payments for Care program would not qualify. Organizations participating in commercial insurance program arrangements would qualify if the shared savings component is based on total cost of care. A subset of practices and/or practice locations under a TIN can apply to participate.

Advanced Networks participating in or planning to participate in the CMMI Practice Transformation Network grants are not precluded from applying to this RFA.

Applicants that are independent primary care practices, with no affiliation to an Advanced Network, are also eligible to apply and may be accepted pending available capacity.

Eligible **practice sites** for the AMH Program:

- a) Internal medicine, family medicine, pediatrics, geriatrics, hospital outpatient clinics,
- b) School-based health centers (provided if they close for part of the year the group sees their patients at another site with access to the medical records), and
- c) Medical specialty practices that can demonstrate the provision of whole person care and meet the other elements of the NCQA joint principles for most of its patients (at least 75 percent) can be eligible for PCMH recognition by NCQA even if it is not a traditional primary care practice.

Eligible **practitioners** for the AMH Program:

- Physicians (MDs and DOs), APRNs, Physician Assistants (provided they manage their own panel),
- Medical specialists (e.g., Ob-Gyns, Cardiologists, Endocrinologists), on the condition that they meet c) from above, and
- Medical residents and preceptors (the resident will not be listed and preceptor must be physically at the practice site).

In addition to the commitment and support of the Advanced Network(s), we will base individual practice eligibility for the program on the following criteria:

1. Not currently recognized under an existing national medical home standard including NCQA 2011 or 2014. Practices that have NCQA 2008 are permitted to apply;¹
2. Have an identified lead physician or APRN²;
3. Have an established ONC Certified electronic health record (EHR), which they have utilized for at least 6 months³;
4. Commitment to complete and/or apply for:
 - a. NCQA 2017 medical home recognition;
 - b. CT Advanced Medical Home must pass and critical factors; and
 - c. Bronze Recognition for Achievement in Patient Centered Care (optional);
5. Commitment to participate in all transformation activities, including webinars, quality improvement activities and peer-to-peer learning;
6. Not currently receiving direct transformation support services from the Department of Social Services (DSS) or Community Health Network of Connecticut as part of the Medicaid PCMH program.

C. ADVANCED MEDICAL HOME COMPONENTS

Practices will receive state funded practice transformation support for up to 12 months, including virtual and in-office technical assistance. In addition, the PMO will arrange for discounted application fees with NCQA. Practices will not otherwise receive direct funding for their participation.

The program supports achievement of **Advanced Medical Home Standards**. The AMH Program is based on the PCMH NCQA 2017 standards. The transformation process will help providers meet the new NCQA standards, while tuning the approach to ensure the achievement of capabilities that are consistent with SIM. *See Attachment A for a high-level description of the standards.*

There is flexibility in methods used to allow for tailoring and innovation. The program will emphasize methods that hold promise in reducing physician “burn out” such as by promoting greater efficiency, a more meaningful clinician experience, and methods to address the administrative burden on primary care providers. We also emphasize:

- Patient care experience, engagement and shared decision making,
- Health equity,

¹ Exceptions may be made for practices that have recently applied to NCQA 2011 or NCQA 2014

² The lead physician or APRN should be at the practice level

³ Exceptions may be considered; please contact the PMO if you wish to seek an exception. The PMO will consider enrolling practices who have recently transitioned or plan to transition to a different EHR on a timeframe that is unlikely to present a barrier to successful completion of the program or practices that have recently affiliated with an organization that has an established ONC certified EHR that the practice will transition to on a timeframe that is unlikely to present a barrier to successful completion of the program.

- Integrated oral health,
- Prevention and
- Integrated behavioral health.

The transformation vendor(s) will also work with the Advanced Network and practices around requirements and capabilities needed for Medicare’s new Quality Payment Program (known as MIPS or MACRA). Webinars will include strategies that will help practices succeed in the Quality Payment Program.

Practices will also participate in an interactive learning collaborative and in a variety of evidence-based Quality Improvement (QI) interventions. Additionally, practices will have the opportunity to receive support to achieve Planetree’s Patient-Centered Bronze Recognition, focused on patient and staff satisfaction. *See Attachment B for more information about this recognition.*

Lastly, practices that participate in the AMH Program may be eligible for the enhanced fees available to practices that are enrolled in the Department of Social Service’s Medicaid PCMH program, while pursuing NCQA recognition and once such recognition is achieved. Such practices will be expected to formally enroll and actively participate in the Medicaid PCMH and must follow all associated program rules. The transformation vendor will provide support in assisting practices with the application process. Information about this program can be found here http://www.huskyhealthct.org/pathways_pcmh/pcmh_postings/PB%202011-84%20New%20Person-Centered%20Medical%20Home%20Initiative.pdf and http://www.huskyhealthct.org/pathways_pcmh/pcmh_postings/PCMH_Reimbursement_Summary.pdf. More information will be provided regarding this process when the successful applicant is selected.

D. PROGRAM GUIDELINES

The Successful Applicant will be expected to commit to all aspects of the AMH Program including the following:

1. Agreement to complete an in-person office Needs Assessment with the assistance of the transformation vendor and completion of a Patient-Centered Medical Home-Assessment (PCMH-A);
2. Collaborate with the transformation vendor in the creation of an office-specific Transformation Plan that addresses PCMH Standards, and AMH must pass and critical factors. The plan will include specific action steps with a timeline, milestones, and designated clinical, patient and practice satisfaction and procedural measures. This plan will include a schedule of planned interactions with the transformation vendor.
3. Agreement to participate in learning activities and in the interactive Learning Collaborative.
4. Commitment of an inter-professional office team to work on the project. The team shall consist of a designated lead physician and the office manager or other designated staff and potentially other staff members as part of the team with a commitment to spending four to

five hours per week (total time) throughout the 12-month Transformation Phase and to interact with the transformation vendor on an agreed-upon schedule;

5. Agreement to participate in all evaluation activities, including an on-site validation assessment at the conclusion of the Transformation Phase, and;
6. Commitment to apply for and to meet the AMH Must Pass and Critical Factors requirements. Practices will also be required to apply for and obtain NCQA recognition according to the 2017 standards. The transformation vendor will provide support to the practice to ensure an efficient process for meeting the administrative requirements of the application process. The practice will be responsible for the associated PCMH application and survey tool fees from NCQA at the state’s discounted rate.

E. PROGRAM PHASES

The below table displays the projected phases of the program. For more information see **Section IV.D. Anticipated Period of the Program.**

Phase	Activities
Onboarding (months 1-3)	<ul style="list-style-type: none"> • Office identification, screening, obtaining commitments • Needs assessment, and creation of office-specific transformation plans • Baseline staff engagement survey
Transformation (months 4-12)	<ul style="list-style-type: none"> • Interactive learning collaborative, webinars, practice facilitation visits, “in-office” technical assistance, and implementation of QI interventions in practices • Formative evaluation of interventions and practice implementation of QI interventions • Submission of NCQA PCMH/AMH Recognition application
Evaluation (months 13-15)	<ul style="list-style-type: none"> • On-site validation observation • Summative evaluation of program

IV. APPLICATION INFORMATION

A. APPLICATION CONTENTS

The application forms can be found on the DAS CT Contracting Portal: <http://das.ct.gov/cr1.aspx?page=12>. Select “Current Solicitations,” then select “Search Solicitations.” Input the following organization name: “State Innovation Model Program Management Office,” and press “Search.” The solicitation is entitled, “AMH Program Request for Applications.”

If the applicant is an Advanced Network with primary care practices, or FQHCs, the application consists of three separate documents (Part 1, Part 2, and Part 3). Part 1 is a PDF form containing questions about the Advanced Network. Part 2 is an Excel document where

summary information about the primary practice sites should be input. Both of these documents should be completed by the Advanced Network representative. Part 3 is a PDF form containing information about the primary care practice sites and must be completed by each primary care practice that is being proposed to be part of the program. These should be compiled as a complete package. **Do not complete the “Independent Primary Practice” application form.**

Note that the number of physicians in primary care should be based on whether they practice in that field at least 50% of the time, and not solely by credential. Number of physicians and APRNs in the practice should be based on the anticipated staffing of these positions before or during the first six month’s participation in the program.

If the applicant is an independent primary care practice, with no affiliation to an Advanced Network, the applicant must submit the “Independent Primary Practice” PDF form. Do not complete Part 1, Part 2 or Part 3. Consideration for independent practices will be given depending on capacity.

B. SUBMITTAL OF APPLICATIONS

All three parts of the application, including all compiled Part 3 applications, must be submitted as a complete package electronically to the attention of Shiu-Yu Schiller, at email address Shiu-Yu.Schiller@ct.gov. The email subject line should say “SIM Advanced Medical Home Program Application” and must be submitted by the deadline.

The submission must be complete, properly formatted and outlined, legible, and ready for review by the Program Management Office (PMO). If, for some reason, the electronic signature for Part 1 does not work, this page may be scanned and submitted with the application. Part 2 must be submitted as an Excel spreadsheet.

C. APPLICATION DEADLINE

Application deadline information is listed in the Executive Summary of this document. The PMO will review completed applications as they are received. The application period may close sooner than the application deadline if the target number of applications is received. We encourage applicants to submit their applications as soon as possible to allow for the maximum amount of time to prepare for the NCQA PCMH submission.

D. ANTICIPATED PERIOD OF THE PROGRAM

The period of the program will last for up to 15 months and includes the onboarding, transformation, and evaluation phases, as described in **Section 3. E. Program Phases**. The start date may vary depending on when the application is submitted and approved, and may begin before the date stated in the Executive Summary.

Those participating in the program will be encouraged to submit their application for NCQA PCMH recognition by 11/1/2017. Participants in the program with multiple sites will be encouraged to submit their corporate survey tool in the summer of 2017.

E. OFFICIAL CONTACT

The PMO has designated the individual below as the Official Contact for purposes of this RFA.

Name: Shiu-Yu Schiller
Address: P.O. Box 1543
Hartford, CT 06144
E-Mail: Shiu-Yu.Schiller@ct.gov

F. APPLICANTS' QUESTIONS

Interested Advanced Networks or their associated practices are invited to contact the SIM Program Management Office (860-331-2460 or by e-mail at Shiu-Yu.Schiller@ct.gov), or our transformation vendor if you have additional questions or would like to schedule a meeting to discuss this opportunity. The PMO will continue to post responses to formal question submissions, but will not otherwise post information related to individual meetings.

G. EVALUATION AND SELECTION

Applications will be reviewed for completeness before they are approved. The final selection of any application (s) is at the sole discretion of the Director of the PMO.

1. **Evaluation Process:** It is the intent of the PMO to conduct a comprehensive, fair, and impartial review of applications received.
2. **Minimum Submission Requirements.** Only applications found to be responsive (that is, in compliance with all instructions and requirements) will be reviewed and considered. At its discretion, the PMO may allow applicants to correct applications in order to ensure minimum submission requirements are met.
3. **Evaluation Criteria.** The PMO will review applications for completeness. Applicants will be reviewed for:
 - a. The date and time the application was submitted
 - b. Completeness and quality of the application including:
 - i. All parts of the application completed and questions answered in full;
 - ii. Responses sufficient to allow the PMO to determine whether the applicant has met the established eligibility and criteria.
4. **Notification by the PMO.** Applicants will be notified by the PMO as to the status of their applications. Any selected applicant notified by the PMO for an award will be required to sign a Transformation Services Agreement (TSA) with the PMO in order to be eligible for services. A sample copy of the agreement can be found at:
http://www.healthreform.ct.gov/ohri/lib/ohri/sim/tsa_amh_vanguard_02232016.doc
5. Agreements shall not become final until fully executed by both parties.

V. GENERAL PROVISIONS

A. STANDARD CONTRACT

1. **Awardee Contract Term.** Once the successful applicants are selected, the PMO, or another state agency selected by the PMO, will seek to execute a Transformation Services Agreement with the successful applicant. The program is expected to last up to 15 months.

B. OTHER TERMS AND CONDITIONS

By submitting Applications in response to this RFA, a Respondent implicitly agrees to comply with the following terms and conditions:

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Response Date and Time:** To be considered for selection a Response must be received by the PMO by the date and time stated in the Executive Summary of this RFA. Respondents should not interpret or otherwise construe receipt of a Response after the closing date and time as acceptance of the Response, since the actual receipt of the document is a clerical function. The PMO suggests the Respondent e-mail the proposal with receipt confirmation. Respondents must address all RFA communications to the PMO.
3. **Preparation Expenses.** The PMO assumes no liability for payment of expenses incurred by Respondents in preparing and submitting Responses in response to this RFA. The PMO is not liable for any cost incurred by the Respondent prior to the effective date of a contract.
4. **Contract Breach:** If the PMO or its vendor believes that the Contractor has not performed according to the Contract, the Agency may: temporarily discontinue all or part of the Services to be provided under the Contract; permanently discontinue part of the Services to be provided under the Contract; take such other actions of any nature whatsoever as may be deemed appropriate for the best interests of the State or the program(s) provided under this Contract or both; or any combination of the above actions.

C. STATUTORY AND REGULATORY COMPLIANCE

By submitting Applications in response to this RFA, the Respondent implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) requires the disclosure of documents in the possession of the State upon request of any

citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). The proposer shall indicate if it believes that certain documents or a portion(s) of documents, as required by this RFP is confidential, proprietary or trade secret by clearly marking such in its response to this RFP. The state will make an independent determination as to the validity under FOIA of the proposer's marking of documents or portions of documents it believes should be exempt from disclosure. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies §46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
3. **Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a Respondent is offered an opportunity to negotiate a contract, the Respondent must provide the PMO with written representation or documentation that certifies the Respondent complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at OPM: Nondiscrimination Certification (http://www.ct.gov/opm/fin/nondiscrim_forms)

IMPORTANT NOTE: The selected Respondent(s) must upload the Nondiscrimination Certification through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division prior to contract execution, and the Department of Rehabilitation Services can review said document online. The DAS guide to uploading affidavits and nondiscrimination forms online is embedded in this section as a hyperlink.

4. **Certification Regarding Lobbying,**(embedded as a hyperlink)- To submit a responsive submission, the Respondent must provide a signed statement to the effect that no funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress or an employee of a member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

ATTACHMENT A

Connecticut Advanced Medical Home Standards

The standards for the AMH Program are the NCQA 2017 PCMH standards. A few of the optional elements and factors have been established as mandatory standards for the AMH designation. The AMH transformation process also prioritizes a subset of “core” areas of emphasis that will be included in the core curriculum as well as “elective” areas of emphasis that the practice may include at its option.

AMH Must Pass Elements and Critical Factors

Additional Must-Pass elements necessary for CT AMH designation are underlined below:

- **Standard 1: Patient-Centered Access**
 - Element A: Patient-centered Appointment Access
 - Element B: 24/7 Access to Clinical Advice
 - Element C: Electronic Access
- **Standard 2: Team-based Care**
 - Element A: Continuity
 - Element B: Medical Home Responsibilities
 - Element C: Cultural and Linguistic Appropriate Services
 - Element D: The Practice Team
- **Standard 3: Population Health Management**
 - Element A: Patient Information
 - Element B: Clinical Data
 - Element C: Comprehensive Health Assessment
 - Element D: Use Data for Population Health Management
 - Element E: Implement Evidence-Based Decision Support
- **Standard 4: Care Management and Support**
 - Element A: Identify Patients for Care Management
 - Element B: Care Planning and Self-Care Support
 - Element C: Medication Management
 - Element D: Use Electronic Prescribing
 - Element E: Support Self-Care and Shared Decision Making
- **Standard 5: Care Coordination and Care Transitions**
 - Element A: Test Tracking and Follow-Up
 - Element B: Referral Tracking and Follow Up
 - Element C: Coordinate Care Transitions
- **Standard 6: Performance Measurement and Quality Improvement**
 - Element A: Measure Clinical Quality Performance

- Element B: Measure Resource Use and Care Coordination
- Element C: Measure Patient/Family Experience
- Element D: Implement Continuous Quality Improvement
- Element E: Demonstrate Continuous Quality Improvement
- Element F: Report Performance
- Element G: Use Certified EHR Technology

NCQA factors that have been deemed **critical factors** necessary for CT AMH designation are identified below:

- **Standard 1: Patient-Centered Access**
 - No AMH Critical Factors
- **Standard 2: Team-Based Care**
 - Element A: Continuity
 4. Collaborating with the patient/family to develop/implement a written care plan for transitioning from pediatric care to adult care. (NEW CRITICAL)
- **Standard 3: Population Health Management**
 - Element C: Comprehensive Health Assessment
 7. Mental health/substance use history of patient and family. (NEW CRITICAL)
 8. Developmental screening using a standardized tool (NA for practices with no pediatric patients). (NEW CRITICAL)
 9. Depression screening for adults and adolescents using a standardized tool. (NEW CRITICAL)
- **Standard 4: Care Management and Support**
 - Element A: Identify Patients for Care Management
 1. Behavioral health conditions. (NEW CRITICAL)
 - Element B: Care Planning and Self-Care Support (MUST-PASS)
 1. Incorporates patient preferences and functional/lifestyle goals. (NEW CRITICAL)
 - Element C: Medication Management
 5. Assesses response to medications and barriers to adherence for more than 50 percent of patients, and dates the assessment. (NEW CRITICAL)
- **Standard 5: Care Coordination and Care Transitions**
 - No AMH Critical Factors
- **Standard 6: Performance Measurement and Quality Improvement**
 - Element A: Measure Clinical Quality Performance
 4. Performance data stratified for vulnerable populations (to assess disparities in care). (NEW CRITICAL)

- Element C: Measure Patient/Family Experience (NEW MUST-PASS)
 3. The practice obtains feedback on experiences of vulnerable patient groups. (NEW CRITICAL)

CONNECTICUT ADVANCED MEDICAL HOME STANDARDS

AREAS OF EMPHASIS

1) The following “core” areas of emphasis are required elements of the CT AMH transformation curriculum:

- **Standard 2: Element C**
 - The practice should be knowledgeable about culturally appropriate services in the practice’s catchment area and health disparities among patient populations served by the practice
- **Standard 3: Element C: Factor 2, 6 & 10**
 - Provide practices with training and support for evaluation and assessment of family/social/cultural characteristics, behavioral health risk factors, and health literacy. Train practices to use this information to identify patients for care management and provide more individualized care incorporating a patients cultural norms, needs, and beliefs.
- **Standard 3: Element C**
 - Instruct practices in the provision of age appropriate oral health risk and disease screening. The practice should be advised how to implement age appropriate oral health risk and disease assessment, Including assessments for caries, periodontal disease and oral cancer.
 - Instruct practices how to better understand the health risks and information needs of patients/families and train practices to perform an accurate, patient-centered, culturally and linguistically appropriate comprehensive health assessment.
- **Standard 4: Element A-E**
 - Focus on empathetic care and communication between practitioners and patient/families. Provide training for techniques and best practices to support patients and improve care experience.
- **Standard 4: Element A**
 - Criteria for identifying patients for care management are developed from a profile of patient assessments and may include a combination of the following: A diagnosis of

an oral health issue (e.g. oral health risk and disease assessment to include caries, periodontal disease and cancer detection); A positive diagnosis by a dentist of an oral disease condition or risk of the disease.

- **Standard 4: Element E**
 - Focus on shared decision making communications between patient and practitioner (taking into account patient preferences) giving the patient the support they need to make the best individualized care decisions.
- **Standard 5: Element C**
 - Proactively identifies patients with unplanned hospital admissions and emergency department visits.
 - Shares clinical information with admitting hospitals and emergency departments.
- **Standard 6: Element D**
 - Set goals and address at least one identified disparity in care/service for identified vulnerable population.

2) The following “elective” areas of emphasis are optional elements of the CT AMH transformation curriculum:

- **Standard 2: Element D and Standard 6: Element C**
 - Implementation of Patient-Family Advisory Panels at the practice for quarterly feedback and continuous quality improvement. Patient-Family Advisory Panels will help to inform the practice team on how to provide better patient-centered care and improve patient satisfaction.
- **Standard 4: Element A**
 - Identify patients for care management that include 95% empanelment, with 75% risk stratification, and 80% of care management for high risk patients
- **Standard 4: Element E**
 - Improve educational materials and resources available to patients.
 - Identify two target health conditions for self-care and shared decision-making for the practice’s population
- **Standard 5: Element B**
 - Focus on the development of collaborative agreements with at least 2 groups of high-volume specialties to improve care transitions

- Focus on enabling the practice to track the percentage of patients with ED visits who receive follow-up
- **Standard 5: Element C**
 - Practice responsible to contact 75% of patients who were hospitalized within 72 hours
 - Obtains proper consent for release of information and has a process for secure exchange of information and for coordination of care with community partners with guardian or custodial relationship
- **CT AMH Specific (not in NCQA 2014)**
 - Track primary care team satisfaction pre- and post- AMH program

ATTACHMENT B:

PLANETREE RECOGNITION

Developed and operated by Planetree, the Patient-Centered Designation Program[®]— which includes intermediate Bronze and Silver levels of recognition—distills patient-centered care down to actionable criteria that address not only the patient experience, but also the staff experience and organizational culture. The program is recognized by The Joint Commission as a merit badge on its Quality Check website. The impact of the Planetree approach, and specifically the Designation[®] framework, is supported by evidence. Based on results documented on CMS' Hospital Compare website, sites that have been recognized through the Patient-Centered Designation[®] Program are performing 23% better than non-Designated[®] sites on nationally standardized CAHPS patient experience measures. Leadership at Designated[®] sites validate that this success is driven less by specific interventions, and by an overarching culture of patient-centeredness. This shift toward integrating a shared mental model of patient-centered care within an organization and the intrinsic rewards that it offers to staff contributes to increases in employee retention rates and a high level of employee satisfaction when compared with similar healthcare organizations.

Developed and operated by Planetree, Inc., the International Patient-Centered Designation Program[®] is the only program of its kind to formally recognize excellence in patient-centered care across the continuum of care. Organized around eleven core dimensions of patient-centered care, including structures and functions necessary for culture change; human interactions; promoting patient education, choice and responsibility; family involvement; dining, food and nutrition; healing environment; healthy communities; and measurement, the criteria uniquely capture the depth and scope of what it takes to implement and maintain a patient-centered culture. The criteria focus on the patient experience, as well as the experiences of family member, practice staff and care teams.

Recognition is conferred based on a variety of factors, including performance on traditional quality indicators, review of policy documents and, most importantly, how patients, their loved ones, and staff assess the organization's patient-centered culture. Fundamental to the recognition assessment process are focus groups or interviews with patients and family members, as well as staff. The function of these focus groups and interviews is to give these key stakeholders a voice in assessing the organization's patient-centered culture. Other components of the assessment process include observation, and review of submitted documentation and outcomes data.

Planetree fully integrates patient centered care into the transformation process promises to provide a unique approach within the Connecticut Advanced Medical Home program that aligns with our state aim to be whole person centered, and to improve the satisfaction of the primary care team.

For the purposes of the CT SIM Program, achievement of PCMH recognition through NCQA and recognition as an Advanced Medical Home through the program will serve as proxy validation for 29 of the 35 criteria required for Bronze recognition. In order to minimize redundancy, no additional documentation or validation will be required to substantiate fulfillment of those overlapping Bronze recognition criteria.

The costs associated with applying for Bronze recognition include an application fee and an on-site validation visit. The application fee is being waived for offices participating in the CT SIM Program. The cost of the required validation visit for Bronze is built into the on-site practice visit at the end of the pilot, which is already covered by the SIM funding.

ATTACHMENT C:

ABBREVIATIONS/ ACRONYMS

AMH	Advanced Medical Home
CMMI	Center for Medicare and Medicaid Innovation
CT	Connecticut
DAS	Department of Administrative Services (CT)
EEO	Equal Employment Opportunity
EST	Eastern Standard Time
FOIA	Freedom of Information Act (CT)
HIT	Health Information Technology
NCQA	National Committee for Quality Assurance
NQF	National Quality Forum
PMO	Program Management Office
RFA	Request for Applications
SIM	State Innovation Model