

State of Michigan Michigan Developmental Disabilities Council



Todd A. Koopmans
Chairperson

January 31, 2005

Lewis Cass Building
Lansing, MI 48913

Vendela M. Collins
Executive Director

(517) 334-6123 Voice
(517) 334-7354 TDD
(517) 334-7353 FAX

Dear Colleague:

Attached is the DD Council's Request for Proposals (RFP) package for two grant projects:

2005B.1. Health Care Coordination Models

2005B.2. Evaluation of Care Coordination Models

Copies of the RFP, proposal forms and instructions, and *Supplemental Information and Tools for RFP Package 2005B* are available on the Council's web site, www.michigan.gov/ddcouncil. To get a hard copy, or to have the electronic files emailed to you, contact Mitzi Allen at (517) 334-7240 or ddcouncilgrants@michigan.gov.

Health Care Coordination Models are local projects, which require RICC review. The deadline for notifying your local RICC of your intent to submit a proposal is March 16, 2005. *Supplemental Information and Tools for RFP Package 2005B* includes contact information for all of the RICCs.

The deadline for receipt of all proposals *in the Council office* is 2:30 p.m. on March 30, 2005.

On March 1, 2005 beginning at 1:30 p.m., DD Council staff will conduct a Bidders' Conference for those interested in developing proposals for projects in this RFP package. It will be in the Conference Room at the Michigan Developmental Disabilities Council office, 1033 S. Washington Avenue, 3rd floor; Lansing, Michigan 48910 (A map is available on the web site or from the office).

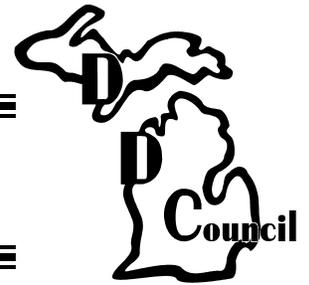
Section III.B.1. of the RFP package provides more detail on the Bidders' Conference. Attendance is optional, but those present can hear about, discuss, and ask questions about the Council's grant making practices and the specific requirements for these initiatives. Staff will also explain the technical assistance available to those preparing proposals and provide some consultation on proposal development (if requested).

If you have questions about this RFP or about the Bidders' Conference, contact Cheryl Trommater at (517) 334-7023 or Trommater@michigan.gov.

Sincerely,

Vendela M. Collins, Executive Director

Attachment



Requests for Proposals:

RFP Package 2005B:

Projects to carry out goals and objectives in the *Michigan 5-Year State Plan for Developmental Disabilities, October 1, 2001 to September 30, 2006* in accordance with federal P.L. 106-402, the *Developmental Disabilities Assistance and Bill of Rights Act of 2000*, as amended.

2005B.1. Health Care Coordination Models

2005B.2. Evaluation of Care Coordination Models

To develop a grant proposal, you will also need:

- Proposal Development Forms and Instructions, and
- *Supplemental Information and Tools for 2005B.*

This package, and all forms, instructions, and supplemental information for developing a proposal, are available on the DD Council's web site:

www.michigan.gov/ddcouncil

Information files are in Adobe Acrobat (pdf) format, and forms are in Microsoft Word.

Hard copy or electronic files are also available by contacting Mitzi Allen:

ddcouncilgrants@michigan.gov or (517) 334-7240. Ask for RFP Package 2005B.

Large-print versions of all documents and information are available on request.

The DD Council's designated state administering agency:

**Michigan Department
of Community Health**



Jennifer Granholm, Governor
Janet D. Olszewski, Director

MDCH is an equal opportunity employer, services and programs provider

Todd A. Koopmans, Chairperson • Vendella M. Collins, Executive Director
Lewis Cass Building • Lansing, Michigan 48913

Michigan Department of Community Health, Designated State Agency • Janet D. Olszewski, Director

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To develop a grant proposal in response to this RFP, you will need the following. All are available on the Council’s web site or directly from the DD Council office:

A. Proposal Development Forms and Instructions:

1. Forms for developing a DD Council grant proposal
2. Instructions for completing the forms

B. Supplemental Information and Tools for RFP Package 2005B: Material for use in developing a DD Council grant proposal

1. RICCs: Description, Contact Information, Notification and Review
 2. “About DD Council Grants”
 3. Checklists for general requirements and for checking sustainability
 4. “Vendor Registration with the State of Michigan
 5. Specific information that may be essential for proposal development for the project
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Section I. The DD Council and Its Grants.

A. Purpose of the Michigan DD Council's Grants Program.

- 1. Principles.** P.L. 106-402, the *Developmental Disabilities Assistance and Bill of Rights Act of 2000* (the DD Act) establishes state developmental disabilities councils and regulates their operations. The Michigan DD Council's *Five-Year Strategic State Plan* sets the Council's goals and objectives. The Michigan DD Council is a systems advocate and uses its grants program as one tool to promote systems change, to better support the aspirations of people with DD. In all of its work, the DD Council supports self-determination and community inclusion and participation for people with developmental disabilities and their families.

The DD Council's Mission is:

To support people with developmental disabilities to achieve life dreams.

2. Strategy. The DD Council has a small

budget with which to influence a complex system. In all of its work, it emphasizes strategies that:

- Use extensive collaboration to achieve systems level outcomes;
- Address changing policies and programs in ways that support self-determination and inclusion;
- Use DD Council resources to leverage funds from the community and the services system;
- Focus on concrete outcomes for people with DD, and for their families and communities; and
- Plan from the start for sustainable results.

DD Council grant projects support

- **Self-Determination; and**
- **Community Inclusion and Participation for people with DD and their families.**

Council-funded projects may **NOT** operate in segregated, "disability-only" settings

B. RICC Review.

1. Proposals for local projects,

including *Health Care Coordination Models*, must provide review copies to the Regional Interagency Coordinating Committee on Developmental Disabilities (RICC) in the area where the project would operate. For RICC review, applicants for local projects must:

- Notify their RICC, by March 16, 2005, that they intend to submit a proposal. (Otherwise, the RICC will not know that it needs to set up a review process.) A list of RICCs, with contact information, is in *Supplemental Information and Tools for RFP Package 2005B*. The form RICCs use for reviewing proposals is also in the supplemental package.
- Get the RICC chair's signature on the "RICC Acknowledgment of Notification." (In *Supplemental Information and Tools for RFP Package 2005B*);

- c. Include the signed acknowledgement form, prominently, on top of the proposals submitted to the DD Council office; and
- d. Submit five (5) copies of the proposals to the RICC, by the proposal deadline.

2. Proposals for state-level projects, including 2005B.2. *Evaluation of Care Coordination Models*, do **NOT** require RICC review.

C. The DD Council's Target Population.

The DD Act defines the term "developmental disability" as:

- “ A severe, chronic disability of a person 5 years of age or older which:
- A. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - B. Is manifested before the person attains age twenty-two;
 - C. Is likely to continue indefinitely;
 - D. Results in substantial functional limitations in three or more of the following areas of major life activity:
 - i. self-care; ii. receptive and expressive language; iii. learning; iv. mobility; v. self-direction;
 - vi. capacity for independent living; or vii. economic self-sufficiency; and
 - E. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated;

Except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided. ”

The Council may set more specific targets for particular projects. See Section II: Project Specifications

If your organization has never had a contract with the State of Michigan, you must register it as a vendor before the DD Council can issue a grant to it. See the *Supplemental Information and Tools for RFP Package «Package_»* for more information about registering.

D. Submitting Proposals.

1. Forms: Forms and instructions for writing a proposal are available on the Council's web site, www.michigan.gov/ddcouncil, or from the Council office.

2. Copies: Fifteen (15) copies of each completed proposal for projects in this package must **reach** the DD Council office by the response date given below.

3. Response Date: 2:30 p.m. on March 30, 2005.

4. Council Address: Mail or bring your proposals to the DD Council office::

Michigan Developmental Disabilities Council; 1033 S. Washington Ave.; Lansing, Michigan 48910.
For a map to the DD Council office, contact Mitzi Allen at ddcouncilgrants@michigan.gov.

Please Note: Some other Council items are mailed to the Lewis Cass Building, but grant proposals should be sent directly to the address above.

Do NOT send or bring a grant proposal to the Lewis Cass Building!

E. Incurring Costs.

The Michigan Developmental Disabilities Council and the Michigan Department of Community Health, its designated administering agency, are not liable for costs incurred before issuing a contract.

F. Rejection of Proposals.

The Michigan Developmental Disabilities Council reserves the right to reject proposals received because of this RFP, or to negotiate separately with any source. The State does not intend to award a grant solely based on this request or to pay for information solicited or obtained.

Section II. Project Specifications.**A. General Requirements:**

All DD Council grant projects must:

- 1. Assure participation** by people with disabilities and their families, including those in minority and culturally distinct populations, in

It is the Michigan Developmental Disabilities Council's policy to recognize and support the needs of minorities and culturally diverse populations in all goal activities.

A DD Council grant project must foster participation by people with developmental disabilities and their families in planning, doing and evaluating the project.

developing, operating and evaluating the project. All grant proposals must describe:

A. How people with DD and family members, including minority representatives, participated in developing the proposal;

B. How people with developmental disabilities and family members, including those in minority and culturally diverse populations, will take part in

planning, doing and evaluating the project;

- C. How the project will do minority outreach, to assure diversity among participants; and
- D. Plans for developing, executing and evaluating it with cultural sensitivity, to meet diverse needs.

2. Evaluate the project's activities and accomplishments. This includes assessing concrete outcomes in the lives of participants, an annual consumer satisfaction survey, and use of survey responses and other assessments to improve the project. Proposals must list outcome indicators and describe data collection planned for assessing the project's success in reaching the Council's targeted outcomes, (below under "Outcomes and Outcome Indicators.")

3. Provide for sustainability of project outcomes beyond the grant period. Proposals must describe how the project will assure that capacity developed under a grant project continues and how innovations, awareness, needed activities and other progress will be sustained after the end of the grant. The sustainability checklist in the *Supplemental Information and Tools for RFP Package 2005B* may help you think about this part of your proposal.

4. Develop Products. All DD Council grant projects must develop and submit:

Monthly: Financial status reports.

Quarterly: (every 3 months): Program progress reports reflecting progress indicators in the project plan, including data on the outcomes and indicators specified by this RFP.

By the end of Quarter 2 (6 months): Dissemination capacity appropriate to the size of the project, including ability to provide workshops at conferences about disability issues and/or the project's specific subject, to include:

- A. A tabletop poster display conveying the broad elements of what the project has done and learned. Projects that have been in operation for six months or more must have a poster display at the Council's annual dissemination conference, and capacity to provide poster displays at other conferences and seminars concerned with disability issues and/or the project's specific subject area.
- B. Capacity for a workshop presentation on what the project has learned, adaptable to specific venues. Include project customers as presenters wherever possible and appropriate. Several grant projects each year will (on request) present one-hour workshops at the Council's annual conference.

Annually by October 15 of each calendar year in which the project is active: A summary report of the project's achievements during the fiscal year, including:

- A. Description of how the project met the outcome indicators specified in the Council's state plan, in this Request for Proposals and in the grant contract.
- B. Description of data or information generated by the project that could be used to educate policymakers and others about the effectiveness of grant project activity.

At the end of the first project year (Quarter 4), and annually thereafter: A written report with:

- A. Summary of project activities, achievements, outcomes and products for the year and to-date, with:
 - 1. Information about changes in provision of services and supports achieved by the project, including:
 - a. Description of new approaches implemented, including successes, barriers and plans for overcoming barriers; and
 - b. Data on health care outcomes and the resulting change in health care of quality of life levels for people with developmental disabilities in the grantee community.

- c. Participant data on those involved with the project during the year, including demographics, with aggregation of data on outcomes and indicators for the year and project to date.
2. Evaluation of the project's progress toward achieving its objectives, including:
 - a. Assessment of project achievements in terms of its workplan and of the outcome indicators specified in this Request for Proposals and in the grant contract.
 - b. Cooperation with the cross-project evaluation funded through RFP 2005B.2.
 - c. Report on consumer satisfaction and any other assessment(s) specified.
3. A summary description of how people with disabilities and their families participate in planning, implementing and evaluating the project.
4. Summary of progress toward assuring the sustainability of the project beyond the grant period (See *Supplemental Information and Tools for 2005B* for a sustainability checklist.), including:
 - a. Description of progress toward developing capacity to continue project functions; and
 - b. A credible plan, updated annually, for continuing project functions beyond the grant period.
2. Copies of project products, including flyers, informational or advocacy documents, videos, or other products used by the project in carrying out its work.
3. Any additional products required in "Product-Specific Requirements," below.

5. Dissemination. Proposals must describe how the project will disseminate information and products developed by the project, in a variety of media and in alternative formats as appropriate, to assist others interested in addressing similar issues, to broaden the influence of project outcomes and to increase awareness among decision makers and community members about the effectiveness of grant project activity.

Use the "Summary of Assurances" in the *Proposal Package* (Attachment 1) to describe how your project would address each general requirement and to direct reviewers to the relevant parts of the project workplan.

B. Project-Specific Requirements:

Detail on projects to address objectives in the DD Council's 5-Year Strategic Plan.

RFP Package #2005B: Health Care Coordination Models and Cross-Project Evaluation

Problem. Michigan's long-term care system, like systems in many other states, is fragmented and complex. Elders and people with disabilities who need its support face a baffling array of systems and services. Too often, it confuses them and leads them into costly, unnecessary hospitalization or nursing home admission. People with several chronic conditions may get services from more than one system, often from multiple providers within each system. Their care may be fragmented, less effective and more costly than needed. Despite the need, and despite years of bi-partisan and public calls for change, Michigan's long-term care system still gives little attention to coordinating health care and other supports.

Over the past year, the Michigan Developmental Disabilities Council (DD Council) convened a Health Issues Work Group (HIWG). The HIWG's mission is to increase the quality, availability and range of health care supports and services for people with developmental disabilities and their families statewide. The group has identified three major areas of concern:

- A. Basic access to health care for people with disabilities;
- B. The quality of healthcare offered, even if access is possible; and
- C. The disparity between the health care coordination in the Community Mental Health (CMH) system and that provided for people with disabilities who are outside the CMH System.

The HIWG believes that a consistent model of coordination between the long-term care and CMH systems could address problems in these areas. The group has proposed a model (See section 5.A. in *Supplemental Information and Tools for RFP Package 2005B*) and recommended that the DD Council fund pilots and a cross-project evaluation. Project specifications for that initiative follow.

RFP #2005B.1. Health Care Coordination Models

Purpose. To pilot a model of care coordination that features shared decisions, improved access, quality of services and continuity of care across the life span for people with disabilities.

Michigan's managed care systems for people who need mental health and developmental disabilities services, and for children with special health care needs, stress the use of person-centered and family-oriented planning. They offer the setting of choice for demonstrating a better-coordinated and more cost-effective system of long-term care.

This initiative will fund three to four Michigan communities to pilot the proposed care coordination model (See section 5.A. in *Supplemental Information and Tools for RFP Package 2005B*) to address the problems identified in the problem statement, above. The pilot sites will be geographically distributed and represent both rural and urban settings and culturally diverse populations.

Target Population. The DD Council's primary target population is defined in Section I.C., above.

More specifically, the target populations for the *Health Care Coordination Models* are:

- A. A diverse group of people with developmental disabilities who are at risk of high health care utilization and who get services either within or outside of the CMH system.
- B. State and local policymakers and health care professionals statewide.
- C. Projects may also serve people with other disabilities, from geographically diverse populations, who have complex health care needs.

Project Activities: A proposal for *Health Care Coordination Models* must show how the proposed project would:

- A. Demonstrate the model of care coordination described in the *Supplemental Information and Tools for RFP Package 2005B*. Pilots may adapt details of the model to meet unique needs in individual communities.

- B. Use person centered planning to create and use an individual plan for each person receiving services that:
 - 1. Promotes self-determination and choice for the person receiving services;
 - 2. Uses a team that includes the person receiving services to:
 - a. Create and monitor an individual health care plan; and
 - b. Carry it out in accord with the wishes of the person receiving services.
 - 3. Includes “non-covered” services in its development and monitoring; and
 - 4. Focuses beyond specific health promotion to include the person’s overall goals for his or her life.
- C. Include, as project partners, consumers, public and private agencies that serve people with developmental disabilities, health care systems, and advocacy organizations.
- D. Develop written agreements that describe the roles of each partner in carrying out the model.
- E. Include the key aspects of effective long-term supports and care coordination, such as:
 - 1. A quality improvement structure;
 - 2. An effective system for collecting and analyzing data, including cost data, and using it to improve program performance.
 - 3. A core system component that develops community resources and linkages.
- F. Identify and serve a diverse group of at least 50 adults with developmental disabilities, including people of various ages and diverse ethnicity who:
 - 1. Need a wide array of health care and other supports and services;
 - 2. Need complex medical and long-term care services and supports; and
 - 3. Are at risk of high health care utilization.
- G. Assess the status of each consumer’s healthcare over the three-year grant period.
- H. Monitor the impact of care coordination, including access to preventive care, on costs and consumer health care outcomes.
- I. Agree to participate in the cross-project evaluation described in the cross-project evaluation described in RFP #2005B.2. This includes taking part in quarterly round-table meetings to provide for discussion and exchange of information among the project directors and to enable feedback and problem solving.
- J. Provide routine feedback to, and communication with, the DD Council’s Health Issues Work Group to provide the Work Group with information and opportunities to support the pilots.

Outcomes and Outcome Indicators. Proposals must show how the proposed projects would achieve the DD Council’s targeted outcomes and indicators and any additional outcomes planned for the specific project. See “Evaluation” under “General Requirements,” above, for more information on using outcomes and indicators. The DD Council’s targeted outcomes for this initiative are:

For people with developmental disabilities:

- A. Consumers’ increased knowledge about their own health care, as indicated by their increased participation in coordinating their own care, and in advocating for health services for people with developmental disabilities.

- B. Consumers' improved health status and quality of life, as indicated by:
 - 1. The number of people with developmental disabilities who receive improved health services;
 - 2. The decreased number of medical crises (including mental health crises) and lower emergency room costs for people who receive services from the project.
- C. Participants' improved quality of life, as indicated by their ability to live in the community and take part in employment and other community activities.

For the health care systems and the communities:

- A. Improved cost effectiveness of health care services, as indicated by comparing savings on health care with the cost of care coordination costs.
- B. Health care providers' expanded knowledge and understanding of self-determination and systems advocacy.
- C. Improved collaboration and increased number of partnerships between health systems and other agencies.
- D. Number of health care policies and programs created or improved for the benefit of people with DD.
- E. Dissemination of information about the pilot process and what was learned in the piloting process.

Products: In addition to products listed in "General Requirements," on page 3, proposals for *Health Care Coordination Models* must describe how the project would develop a handbook for communities interested in building on their project's work.

- A. The handbook will describe:
 - 1. The structure of the project's model;
 - 2. The populations they served, with information about variables that affected the model's effectiveness with different populations;
 - 3. The steps needed to establish a similar program; and
 - 4. Strategies for developing agency and community capacity to sustain project functions beyond the grant period.
- B. Projects will submit successive drafts of their handbooks:
 - 1. Year 1: Outline and table of contents;
 - 2. Year 2: Draft for review by DD Council staff, other projects, and interested others; and
 - 3. Year 3: Final product for dissemination.

Other: Oral reports on request to the Council, its workgroups and subcommittees.

Other Requirements: A proposal for *Health Care Coordination Models* must also include:

- A. A list of initial partner organizations and their anticipated roles in the project. Partners must include, at least, a public or private agency serving people with DD and a health care provider system.
- B. Letters of commitment that include concrete specifics about:
 - 1. The letter-writer's experience with the applicant's collaborative work, and
 - 2. What the organization or individual intends to do and/or provide to support the proposed project.

Eligible Applicants: Private non-profit organizations and government agencies supported by community coalitions that include, at minimum a public or private agency serving people with DD; and a health care provider system.

Applicants must be able to demonstrate:

- A. Access to the skills and experience needed to carry out the proposed project, including:
 1. Knowledge of health care management and health care coordination models.
 2. Knowledge of the public and private health care systems, including mental health, substance abuse, home health care, and other related systems such as education.
- B. Experience with, understanding of, and commitment to, person centered planning, self-determination and community inclusion for people with DD and their families;
- C. Experience with and expertise in providing the health care and community supports needed by people with DD in ways that support self-determination
- D. Substantial support from the people and organizations in their community whose help will be needed to assure the project's success.

Note: The DD Council encourages applications from health care provider organizations.

Project Period: Three (3) years starting 2005.

Project Budget: The Council anticipates providing:

Federal: \$400,000 shared among 3-4 projects the first year, declining each year thereafter, a total of three (3) years' funding.

Match: Each project must provide 25% of the total project budget (1/3 of the federal amount) in state, local or private match funds (cash or in-kind). (Per project: about \$33,333 to \$44,667 for the first year). See "Section IV: Matching Requirements."

Project Year	Total Federal \$\$ for 3-4 projects	Approximate federal DD \$\$ per project	Approximate amount of required match per project
1	\$400,000	\$100,000 to \$133,333	\$33,333 to \$44,444
2	\$300,000	\$75,000 to \$100,000	\$25,000 to \$33,333
3	\$200,000	\$50,000 to \$66,667	\$16,667 to \$22,222

Review Criteria: See table on next page.

Review Criteria:

Health Care Coordination Models

Professional and organizational capacity and commitment:

20	<p>Evidence of knowledge and understanding, and access to expertise about:</p> <ul style="list-style-type: none"> • Health care management and health care coordination model(s). • Public and private health care systems, including mental health, substance abuse, home health care, and other related systems such as education. • The values and principles of Person Centered Planning and Self-Determination, community inclusion and consumer direction and participation. <hr style="border-top: 1px dashed black;"/> <p>Y This proposal demonstrates ability to understand and work with coalitions in health care services, and to support and enhance self-determination and inclusion for people with DD.</p>
15	<p>Evidence of commitment to bring about substantial change in health care service delivery. Evidence of commitment to the principles of person centered planning, self-determination and full community participation and inclusion for people with DD, and for minority and culturally distinct populations.</p> <hr style="border-top: 1px dashed black;"/> <p>Y This organization intends to bring about positive change in health care services for people with disabilities and other disenfranchised groups, and believes in inclusion and self-determination.</p>
15	<p>Evidence that the applicant’s community is willing, and that the applicant has the ability, to bring about real change in the way community-based supports for health care are provided and administered in their community.</p> <hr style="border-top: 1px dashed black;"/> <p>Y This applicant has the understanding, capability and connections to make this project work. The proposal includes plans and letters of commitment that make that clear.</p>

Quality of the proposal and its responsiveness to this RFP.

17	<p>Quality of the workplan and evaluation. Clarity and concreteness of the outcomes and indicators that can fulfill RFP objectives. The proposal addresses requirements of the RFP competently and thoroughly, and assures the project’s sustainability.</p> <hr style="border-top: 1px dashed black;"/> <p>Y The steps proposed would accomplish what the RFP intends: This project will change the availability of health care services for people with disabilities and others in its community.</p> <p>Y The outcomes and indicators are clear and understandable and will measure project progress accurately. Achieving them will accomplish the Council’s intent for the initiative.</p>
18	<p>Evidence of understanding the problems the RFP addresses and of responsiveness to RFP requirements, including compatibility with the Council’s philosophy and values and a reasonable, practical and achievable budget.</p> <hr style="border-top: 1px dashed black;"/> <p>Y The proposal realistically confronts the problems posed by the RFP and meets the requirements. It shows that the project will serve the Council’s target population and achieve the targeted outcomes, including substantial improvement in health care for people with developmental disabilities.</p> <p>Y The budget shows clearly how the project would pay for proposed activities. Costs are reasonable, neither too high for the scope of the project nor too low to cover the work needed.</p>
15	<p>Evidence that people with disabilities and their families, including minorities and culturally distinct populations, helped develop the proposal and will help plan, carry out and evaluate the project.</p> <hr style="border-top: 1px dashed black;"/> <p>Y The proposal states directly that people with disabilities, family members and minorities participated in developing the proposal and describes their meaningful contributions.</p> <p>Y It explains clearly how they will participate in all aspects of running and evaluating the project in meaningful, substantial ways.</p> <p>Y Their participation is genuine and meaningful, not “tokenism,” perfunctory or disrespectful.</p>

100 Potential Score

RFP #2005B.2. Cross-Project Evaluation of Health Care Coordination Models

Purpose. To evaluate projects participating in *Health Care Coordination Models*, described under RFP #2005B.1., on page 5, by providing formative and summative evaluation, to assess outcomes for participants across the projects. The evaluation project will provide feedback and follow-up to the projects and to the DD Council, developing information that:

- A. Helps the projects to improve their operation;
- B. Allows the Council to compare the effects of different approaches in different communities, and
- C. Is suitable for dissemination to others interested in developing similar approaches to health care coordination.

Target Population. The DD Council's primary target population is defined in Section I.C. More specifically, target populations for this project include demonstration projects participating in *Health Care Coordination Models*, the DD Council, DD Council staff, policymakers, funding agencies and providers of health care and other supports for people with DD, and a diverse group of people with disabilities who are at-risk of high health care utilization.

Project Activities. A proposal for *Cross-Project Evaluation of Health Care Coordination Models* must show how the proposed project would evaluate the *Health Care Coordination Models*, described under RFP #2005B.1., above, using an evaluation design that includes:

- A. Assistance to the projects in improving their internal evaluation and workplan;
- B. A process for setting outcome indicators and developing common data elements, to enable aggregation of information across projects;
- C. Assessment of each pilot's implementation of the model described in *Supplemental Information and Tools for RFP Package 2005B*, including:
 - 1. Shared decisions, improved access, and emphasis on quality of services and continuity of care across the life span for people with disabilities;
 - 2. Use of person centered planning and a team approach;
 - 3. Promotion of self-determination and choice for the person receiving services;
 - 4. The degree to which the individual plans are focused on the person's goals for his or her life as well as on specific health promotion;
 - 5. Collaborative partnerships defined by written agreements;
 - 6. Use of key aspects of effective long-term supports and care coordination, as described in RFP #2005B.1.;
 - 7. Service to a target group meeting the requirements set in RFP #2005B.1.;
 - 8. Assessment of the status of each consumer's healthcare over the three-year grant period; and

9. Monitoring of the project's impact on costs and consumer health care outcomes.
- D. Assessment of each pilot's results, including:
1. Changes in the quality of health care services and supports;
 2. Development of community resources and linkages;
 3. The impact of care coordination on costs and consumer health care outcomes, including access to preventative care;
 4. Changes in the health of the target population; and
 5. Level of participant satisfaction with health and long-term care supports and services.
- E. Comparison of project designs and methods, and their relationships with outcomes and participant satisfaction, including:
1. The effects of consumer choice, self-determination, and person-centered planning on services, including "non-covered" services; and
 2. The factors associated with positive changes in health care and quality of life indicators, including community-specific factors.
- F. Formative feedback to projects to improve model development and participant outcomes;
- G. Quarterly round-table meetings of the pilots' project directors, planned and carried out by the evaluation project. The meetings should:
1. Provide for discussion and exchange of information among the project directors; and
 2. Enable the evaluation and grants management staff to meet with each project for feedback and problem solving.
- H. Reports to the Council, including:
1. Data analysis and recommendations on:
 - a. Project activities,
 - b. Future Council planning efforts, and
 - c. Implications for positive systems change in the health care arena.
 2. Reports suitable for dissemination that can be used by:
 - a. Participating projects,
 - b. Other communities interested in improving health services, health outcomes and satisfaction with health care for people with developmental disabilities in their areas, and
 - c. The Council in planning its future health care efforts.
- I. Routine feedback to, and communication with, the Health Issues Work Group, to provide the Work Group with information and opportunities to support the pilots and evaluation.

Outcomes and Outcome Indicators. Proposals must show how the proposed projects would achieve:

- A. Pilots' improved ability to support and achieve the desired outcomes for people receiving services;

- B. The DD Council's increased understanding of how to support and advocate for:
 - 1. Improved health care services for people with developmental disabilities; and
 - 2. Consumers' increased knowledge about their own health care and increased participation in coordinating their own care.
- C. Documentation of the positive outcomes of coordination of health care services, including:

For people with developmental disabilities:

- 1. Consumers' increased knowledge about their own health care, as described in the "Outcomes" section of RFP #2005B.1., above.
- 2. Consumers' improved health status and quality of life, as described in the "Outcomes" section of RFP #2005B.1., above.

For the health care systems and the pilot communities:

- 1. Improved cost effectiveness of health care services, as indicated by comparing savings on health care with the cost of care coordination costs.
 - 2. Number of health care policies, programs and practices created or improved for the benefit of people with DD, including providers' expanded knowledge and understanding of self-determination and systems advocacy; improved collaboration and increased partnerships.
- D. Dissemination of information about the pilot process and what was learned in the piloting process.
 - E. Recommendations that can be used by participating projects and the council in future planning, and by others interested in developing similar programs.
 - F. Dissemination of information regarding the comparative successes of the pilots and about what was learned in the evaluation process.

Products: In addition to products described in "General Requirements," on page 3 above, the evaluation project will provide:

- A. Quarterly, feedback to the model projects and reports to the grants manager on the pilots' status on timelines, targets and outcomes.
- B. Successive drafts of a report on the overall impact of the pilots and outcomes for people with developmental disabilities, health care agencies and communities, including:
 - 1. At the end of Year 1, description of the pilots' methods and approaches, with
 - a. Comparison of pilots' initial outcomes across models, and
 - b. Analysis of how differences in the pilots' methods and approaches, and differences in their communities, relate to their achievement of their targeted outcomes;
 - 2. At the end of Year 2, a more detailed report including model comparison, impact of the models on consumers' outcomes, and recommendations for the projects' focus in their final year; and
 - 3. Final report on the comparative impacts of the pilots on people receiving services and their families, participating health care agencies, and communities, including:
 - a. Recommendations for pilot communities, for sustaining what the projects accomplished, and

- b. Recommendations for the Council's future activities, including advocacy activities in the health care arena and future health care-related grant projects.
- C. Oral reports on request to the Council, its workgroups and subcommittees.

Other Requirements: A proposal for *Cross-Project Evaluation of Health Care Coordination Models* must also include:

- A. Letters of support that include concrete specifics about the letter-writer's experience with the applicant's collaborative and evaluation work; and
- B. Examples of the applicant's products from similar projects. Examples should be brief ones, e.g., executive summaries, extracts, etc.

Eligible Applicants: Private non-profit organizations and government agencies who have:

- A. Access to the skills and experience needed to carry out the proposed project, including:
 - 1. Experience and expertise in formative and summative evaluation, including:
 - a. Evaluation in health care systems; and
 - b. Comparative analysis of projects demonstrating similar models in different communities;
 - 2. Understanding of community-based services and supports for people with DD; and
 - 3. Understanding of the dynamics of building and working with community coalitions.
- B. Experience with, understanding of, and commitment to, person-centered planning, self-determination and community inclusion for people with DD and their families.

Project Period: Three (3) years starting in 2005.

Project Budget: The Council anticipates having:

Federal: Up to \$50,000 per year for three (3) years for one project.

Match: This project will not be required to provide match in the first year of the project, but may need to do so in the second and third years, depending on the Council's ability to identify match elsewhere. See "Section IV: Matching Requirements."

Review Criteria: See table on next page.

Review Criteria Evaluation of Care Coordination Models

Professional and organizational capacity and commitment:

15	<p>Evidence of policy and program knowledge, understanding, and expertise about: Formative and summative evaluation methods, and using them to help improve project performance and to inform program and policy advocacy;</p> <ul style="list-style-type: none"> o Public and private health care systems, including mental health, substance abuse, home health care, and related systems; o Health care management and health care coordination model(s); o Community coalitions and systems change efforts; o Person centered planning, self-determination and community participation and inclusion. <p>-----</p> <p>This proposal shows understanding of the DD Council’s values, ability to carry out effective evaluation, and knowledge of the agencies and systems involved.</p>
12	<p>Capacity to collect, compile, analyze and present data and to develop useful recommendations for systems change strategies and products that make information and advocacy available to others.</p> <p>-----</p> <p>This group can do the study needed for this project, turn out data and reports that are true and useful, and use them to work out good ideas for improving the system.</p>
8	<p>Evidence of access to the communication skills needed to convey complex technical data to consumers and families, service providers, advocates and policymakers in ways that are sensitive to the needs of people with disabilities, including those who have the highest support needs, and of minorities and other special populations.</p> <p>-----</p> <p>This proposal shows the ability to develop the products needed. It includes examples and letters of support that make that clear.</p>

Quality of the proposal and its responsiveness to this RFP.

17	<p>Quality of the workplan and evaluation. Clarity and concreteness of the outcomes, and indicators that can fulfill RFP objectives. The proposal addresses requirements of the RFP competently and thoroughly.</p> <p>-----</p> <p>Y The steps proposed would accomplish what the RFP intends: This project will provide effective evaluation and provide the reports and other products needed.</p> <p>Y The outcomes and indicators are clear and understandable and will measure progress well. Achieving them will attain the Council’s intent for this project.</p>
18	<p>Evidence of understanding the problems the RFP addresses and of responsiveness to RFP requirements, including compatibility with the Council’s philosophy and values and a reasonable, practical and achievable budget.</p> <p>-----</p> <p>Y The proposal confronts the problems posed by the RFP and meets the requirements. The project would achieve the targeted outcomes and provide useful products.</p> <p>Y The budget shows clearly how the project would pay for proposed activities. Costs are reasonable, neither too high for the scope of the project nor too low to cover the work needed.</p>
15	<p>Evidence that people with disabilities and their families, including minorities and culturally distinct populations, helped develop the proposal and will help plan, carry out and evaluate the project.</p> <p>-----</p> <p>Y The proposal states directly that people with disabilities, family members and minorities participated in developing the proposal, and it describes their meaningful contributions.</p> <p>Y It explains clearly how they will participate in all aspects of running and evaluating the project in meaningful, substantial ways.</p> <p>Y Their participation is genuine and meaningful, not “tokenism,” perfunctory or disrespectful.</p>

100 Potential Score

Section III. Proposal Review Process

A. Proposal Review.

The Developmental Disabilities Council's Executive Director or designee appoints a panel of reviewers for each RFP initiative. Reviewers include people with disabilities, family members and other experts in the area to be addressed. Attention is also given to representation from various parts of Michigan and from minority and culturally diverse populations. The panel reviews and ranks proposals according to the criteria listed in Section II. Project Specifications using the Review Criteria for the relevant RFP (See *Section II*, above), and makes recommendations for the Council's award decisions.

B. Assistance and Information for Potential Bidders.

1. The Bidders' Conference will be March 1, 2005 starting at 1:30 p.m. in the DD Council Conference Room, 1033 S. Washington, 3rd floor; Lansing (a map is available on request):

- o 1:30 p.m. Health Care Coordination Models.
- o 2:30 p.m. Evaluation of Care Coordination Models.

Staff will review each RFP, the Council's intent in issuing it, requirements, and proposal forms and procedures. A question and answer session will be held after each discussion. Bidders are not required to attend, and the basic information and handout material can be requested from staff via telephone or e-mail request. However, we do not record bidders' conferences and cannot guarantee that all points raised by participants will be covered in any other presentation or format.

2. Further technical assistance is available by telephone or in person at the Council office. Call (517) 334-7241 or (517) 334-7023 to talk to grants staff or to make an appointment to come in. On request, **as time permits**, staff will review drafts of workplans and budgets, consult on proposal focus and Council intent and advise on most aspects of proposal development.

C. Calendar.

The schedule and deadlines for these RFPs are in the table on the next page. Dates are for information only and may change for a variety of reasons.

Calendar for RFP Package 2005B. Includes:

- 2005B.1. Health Care Coordination Models; and
- 2005B.2. Evaluation of Care Coordination Models

March 1, 2005	Bidders' Conference for both projects. (See III.B.1, above for specifics.)
March 16, 2005	Deadline for notifying your local RICC of your intent to develop a proposal for <i>Health Care Coordination Models</i> . (RICC Review is not required for <i>Evaluation of Care Coordination Models</i> proposals.)
March 30, 2005	Deadline for getting all proposals at Council office by 2:30 p.m.
March 30, 2005	Deadline for getting proposals to RICCs for <i>Health Care Coordination Models</i> .
April 11, 2005	Deadline for RICCs to get their reviews to the Council office.
Usually 30 - 60 days	Review and ranking of Proposals.
	Award decision and Contract development.
July, 2005	Estimated project start-up for winning proposals.
Within 30 - 60 days of startup	Grantee Orientation in Lansing to introduce the purpose and context of the Council's grants program; and to explain reporting, payment, financial requirements, monitoring and evaluation, program and budget revisions.

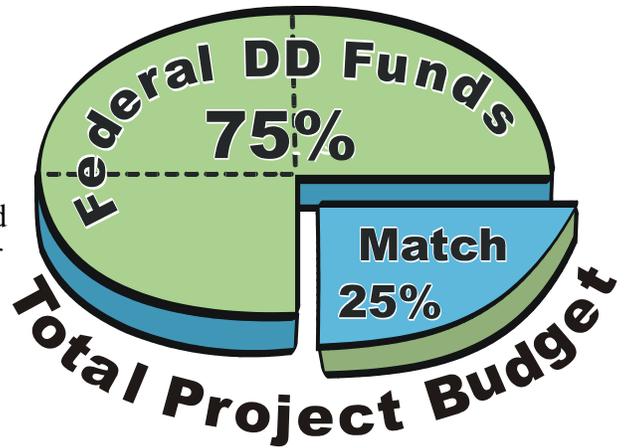
Section IV. Match Requirements

A. Funds from other federal programs.

Funds from other federal programs may provide part of the support for a project; but they may **NOT** be used to match federal developmental disabilities funds.

B. State-Level Projects.

The DD Council does not currently require match from *state-level* projects. Proposed Year 1 budgets for current state-level initiatives need not specify match. Bidders should understand, however, that the DD Council may, in the later years of multi-year projects, find it necessary to require that all projects identify match, depending on the Council's ability to continue to identify state-level match for its federal DD grant funds.



C. Local Projects.

Most local projects may receive up to 75% of project funding from federal Developmental Disabilities funds. In that case, the project must provide 25% of the total project budget ($\frac{1}{3}$ as much as the federal share) as match from non-Federal resources. This formula is for maximum funding. The Council encourages applicants to secure more than the required match in order to reduce the amount of federal funding needed.

D. Cash and In-Kind Match.

Matching funds for all proposals may be in-kind or cash. In-kind match can include the cash value of local donated resources such as volunteer time, donated office space, use value of equipment, and other similar resources needed by the proposed grant project.

Match Formula for Local Projects	
75%	DD Council grant funds
+ 25%	Match funds
= 100% Total Project Budget	

Section V. Duration of Funding

DD Council grant projects vary in duration. Section II of the Request for Proposal package sets duration for each specific project or set of projects. Developmental Disabilities funds will not be available to support an activity beyond the period set. Where the project period is greater than one year, the Developmental Disabilities Council will contract for an initial funding period not exceeding one year. Renewal for later years depends on availability of funds and:

- A. **The project's success** in achieving objectives of the funded period,
- B. **The agency's plan** for the next funding period, and
- C. **Continued support** of the goal, objective, and project by the Michigan DD Council.