

REQUEST FOR APPLICATIONS (RFA)

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF FAMILY HEALTH SERVICES

MOBILE HEALTH CENTER PILOT PROGRAM

General Information/Statement of Purpose

Governor Jon Corzine and the Legislature have made increasing access to affordable health care for the underserved populations of New Jersey a priority. In response, the New Jersey Department of Health and Senior Services (DHSS), Division of Family Health Services, Primary Care Office is announcing a competitive initiative to increase access to preventive and primary health care for the State's underserved and uninsured populations through the use of mobile health centers.

The goal of this pilot project is to establish mobile health centers in each of the north, central and southern regions of the State to increase access points for the delivery of quality comprehensive primary care services to uninsured and underinsured New Jersey residents.

The objectives of the initiative are to:

- Ensure access to preventive and primary health care to low income uninsured, underinsured, or Medicaid beneficiaries;
- Improve the population's health status and to decrease health disparities among sub-groups of the population;
- To decrease reliance on hospital emergency department services for non-emergent conditions; and
- Decrease hospitalizations for ambulatory sensitive admissions.

I. Background

Over 1.3 million New Jersey residents are uninsured or underinsured. Many of these individuals have difficulty accessing primary and preventive health care. In this fiscal climate, primary medical services to medically underserved populations will become more problematic, particularly in areas of the State where public health services are limited.

Emphasis will be placed on expanding services through three regional mobile health vans serving in an area designated by the federal Bureau of Primary Care as a Medically Underserved Area or Population, or as identified on the New Jersey Medically Underserved Index at www.nj.gov/health/fhs/professional/documents/njmmu99.pdf.

II. Program Policies and Requirements

A. Applicant Eligibility - Who can apply?

New Jersey based and licensed health care facility including hospitals or ambulatory care facilities.

B. Target Community and Populations

One each in northern, central, and southern New Jersey, defined as follows:

counties/municipalities that are federally designated Medically Underserved Areas/Populations or are identified on the New Jersey Medically Underserved Index.

The applicant shall clearly define the geographic area of the target communities. The mobile health center must service at least one medically underserved area or population.

The applicant shall clearly delineate the population to be served through the new mobile health center. The applicant must demonstrate how a mobile health center will increase health care delivery to the target populations/communities.

C. General Requirements

All grantees awarded funding through this initiative must:

1. Demonstrate that all persons will have ready access to the full range of required primary, preventive, enabling and supplemental health services, including general medical, pediatrics, obstetrics/gynecology, oral/dental health care, mental health care and substance abuse services, either directly on-site or through established arrangements without regard to the patients' ability to pay;
2. Apply for or be licensed by the New Jersey Department of Health and Senior Services as an Ambulatory Care Facility or hospital satellite;
3. Demonstrate how grant funds will expand services and increase the number of people served through the establishment of this new service delivery method;
4. Demonstrate how the center will ensure participation of diverse cultures in their community, including persons with limited English-speaking ability;
5. Demonstrate how the proposed clinical staffing pattern will be appropriate for the level and mix of services the center will provide;
6. Demonstrate adequate progress toward the center being licensed and operational within nine (9) months of a grant award;
7. Demonstrate how grant funds will augment and not supplant already available funds and in-kind resources to provide primary health care service through the mobile health center; and
8. Present a reasonable and accurate budget based on the proposed activities in the pilot project plan. It is expected that the budget presented for the mobile health center will be reasonable and appropriate based on the scope of the services to be provided and the number of persons to be served.

D. Funding Information

The State Fiscal Year 2008 budget includes \$900,000 for the establishment of three regional mobile health centers. Up to \$300,000 may be awarded for each of the three regional pilots mobile health centers.

The project period for support of the pilot mobile health centers will terminate on June 30, 2008.

The applicant must include information on how the mobile health center will sustain services after the end of the funding period, June 30, 2008.

III. Application Process

A. Health Service Grant Application and Attachments

The DHSS Health Service Grant Application is available on the Department's Internet site. The address for the application is:

<http://www.state.nj.us/health/mgmt/mgmt&adm.htm#financial>.

Click on "Grant Application Forms". All items in the "Grant Application Package" must be completed and submitted by the deadline unless otherwise specified.

Health Service Grant Application:

1. Please note that page 1 of 6 of the "Application for Grant Funds" must include an original signature by the Chief Executive Officer or Director of the applicant agency.
2. Do not use grant pages 3 and 4. See item 4 below, Project Narrative requirements.
3. Accurately complete a line item budget in the application.
 - a. The line item budget must show the allocation of grant funds;
 - b. The line item budget must show, in separate columns, the total amount of funds requested from the DHSS and the amount of funds from other sources that are being allocated to support this proposal;
 - c. Although there is no minimum matching fund requirement for these grants, the applicant must demonstrate that sufficient resources are committed to the project to ensure success; and
 - d. Other funds must be shown in the "Funds and Program Income from Other Sources Related to this Application", page 6 of 6 pages.
4. Health Service Grant Application Narrative: Do not use pages 3 and 4 of the health service grant application package, use separate sheets for the project narrative. The narrative of the application should not exceed 20 pages. Attachments or appendices are acceptable.

The Project Narrative should be as follows:

Section 1 – Background/Organizational Capacity

- a. Identify the location of the applicant organization;
- b. Describe the organizational structure of the applicant and how the mobile health center will function as part of the organization;
- c. Describe the experience of the applicant organization in providing quality preventive and primary care, and community services;
- d. Describe the major linkages with community (public and private) organizations (e.g., other health care programs, human service agencies, health professional education programs, integrated service networks, school systems, housing programs, etc.); and
- e. Identify unique characteristics and significant accomplishments of the organization including past or current services to underserved communities.

Section 2 – Needs Assessment:

- a. Identify the proposed target population and service area;
- b. Identify issues creating a high need for primary health services for the target population including any significant or unique barriers to care, include as appropriate:
 - i. Geographic barriers, travel time/distance;
 - ii. Waiting time for service;
 - iii. Cultural and linguistic appropriateness;
 - iv. Primary care physician shortage;
 - v. Describe unique characteristics of the community/target population and health indicators (e.g., employment status, ethnicity/culture, languages, etc.); and
 - vi. Describe the major and unique health care needs of the target population.
- c. Identify other licensed hospitals or ambulatory primary care providers in the service area;
- d. Describe all health care services to be provided by the mobile health center;
- e. Describe referral practices and access to specialty care for patients served by the mobile health center;
- f. Describe any other available health care resources in the area and any proposed partnerships; and
- g. Describe the applicant's readiness to receive funding including the agencies ability and capacity to be licensed, operational, and with health care practitioners upon delivery of the mobile health center.

Section 3 – Project Plan for Service Delivery

- a. Describe the organization's general approach to meeting community/target population health care needs;
- b. Describe the proposed service delivery model and the services to be provided;
- c. Describe the proposed staffing and facility readiness of the mobile health center;
- d. Identify if the facility is licensed as a hospital or Ambulatory Care Facility;
- e. Identify where the mobile health center will be located (licensed address);
- f. Identify the locations where the mobile center is expected to deliver health services including weekly or monthly operating schedule;
- g. Describe how the pilot mobile health center will be responsive to the identified community health care needs (i.e., the applicant provides a service delivery plan of services and staffing that addresses the priority health and social problems of the target population for all the major life cycles);
- h. Describes how the pilot mobile health center is a cost-effective approach to meeting the primary care needs of the target population given the health care needs of the target population and the level of health care resources currently available in the community.;
- i. Describe how the mobile health center model will assure that all persons will have ready access to all of the required primary, preventive and supplemental health care services without regard to ability to pay;
- j. Describe, in cases where a mobile health center is already operational, how grant funds will augment/supplement existing services, resources and providers to expand accessibility and availability of primary health care services to underserved populations;
- k. Indicate how many people will be served and the number of encounters provided

incrementally over a two year period when the program should be at full operational capacity. (Note for this item a chart or table can demonstrate capacity); and,

Example:

Projected date of center beginning operation	Number of users after 180 days	Number of encounters after 180 days	Number of users after 365 days	Number of Encounters After 365 days	Number of users after 1 ½ yrs (565 days)	Number of Encounters After 1 ½ yrs (565 days)	Number of users after 2 yrs (730 days)	Number of encounters after 2 yrs (730 days)

- i. Include a time specific project plan that demonstrates that the agency/organization will be licensed and operational within nine (9) months of receipt of grant award. Project plan should be submitted in a table format.

Sample

Major objective	Action steps	Evaluation of outcome	Time line for implementation
Hire medical staff	Advertise Interview Hire	Qualified licensed medical staff hired.	100 days from award
Secure facility	None	Facility under lease or purchase agreement	Completed (this is for agencies that already have a facility that is appropriate for delivering primary health care.

Section 4 – Budget and Justification

- a. The budget should be developed based on the estimated funding needs to accomplish the proposed project. Health Service Grant Application Schedule A, B, and C must be completed, as applicable (attach additional pages as needed);
- b. Identify the number of full time equivalents regardless of funding source who will be providing services through the mobile health center, use Form 1 attached or other similar chart. This should include any personnel that are employed by or under contract with the center that will be providing services at the center location;
- c. The budget **must include a projection of revenue based on payor mix** (Medicaid, Medicare, commercial insurance, other governmental, self pay, uninsured etc) of the anticipated population to be served;
- d. Pages 5 and 6 of the grant application must be completed and identify funding from other sources including any revenue, grants, in-kind etc, that will be used to support the project;
- e. The **budget should be accompanied by a complete and comprehensive Budget justification that provides an explanation for each budget line item;**
- f. The budget should be reasonable and appropriate based on the scope of the services to be provided and the number and type of individuals to be served; and
- g. **The applicant must include information on how the center will sustain services after the end of the funding period, June 30, 2008.**

IV. Technical Assistance

Technical assistance to provide potential applicants an opportunity to ask any and all pertinent questions regarding this RFA will be held on September 7, 2007 **at the Department of Health and Senior Services, 25 Scotch Road, Ewing, NJ the technical assistance session will begin at 10:00 AM and should end at approximately 12 noon. Directions are available upon request.**

Attendance is not required but is highly recommended. Those planning to attend should **RSVP by September 3, 2007** to Tashea Dowling at 609-292-1495. If leaving a message, please include the name of person(s) attending (maximum of 3 persons), agency affiliation, mailing address, telephone number and e-mail address. In addition, please advise if special accommodations for someone with a physical impairment will be required. Please note that no further scheduled technical assistance on the RFA will be provided after this meeting.

V. Grant Submission Information

Eligible agencies interested in applying for these funds must submit one original signed Health Service Grant Application and five (5) copies. This is a competitive grant application process. Therefore, the application must be received by the Division of Family Health Services, Primary Care Office **no later than 4:00 PM, September 28, 2007. No extensions will be granted.**

Proposals must be delivered by courier or via overnight mail to:

NJ Department of Health and Senior Services
Division of Family Health Services
Attention: Maureen Spittlehouse
Capital Center, 6th Floor
50 East State Street
Trenton, NJ 08625-0364

VI. Review Process

- A. Application received by the deadline will be reviewed for compliance with mandatory requirements specified in Section V of this RFA by Division of Family Health Services staff.
- B. Applications meeting mandatory requirements will then be evaluated and ranked by a Review Panel.
- C. Applicants that do not meet the mandatory requirements set forth in Section V of this RFA will be notified that the application is rejected.
- D. Applicants that receive the highest score will be invited to a conference with Department staff to respond to any questions, recommendations or required actions, and to negotiate a final budget.
- E. Upon final approval and negotiated budget agreement, an agency will receive notification of grant award.
- F. The grant period will be from October 1, 2007 – June 30, 2008.

VII. Review Criteria (100 points)

Criteria	Points
Applicants are expected to demonstrate in the application that the proposed project will increase access to primary health care services, reduce health disparities, and reduce reliance on hospital emergency departments for ambulatory sensitive conditions in the communities/population to be served.	20
Applicants are expected to demonstrate the extent to which the receipt of the State funding support will increase access to care in terms of the number of people to be served and the number of primary care providers to be made available to the population	20
Applicants are expected to detail the current level of service available to the community and their plan of how, with the additional State support, their organization proposes to develop a system of care which increases access to care, services and available primary care providers to the target population.	10
Applicant are expected to demonstrate appropriate collaborations and partnerships in the service area to assure a seamless continuum of care and access to appropriate specialty care for the target population (e.g., signed Memorandum of Understanding, contracts, referral agreements, etc.)	10
Applicant is expected to demonstrate the extent to which the proposed service delivery model will increase access to primary health care services and reduce health disparities for the medically underserved in the community/target population	15
Applicants are expected to present a reasonable and accurate budget based on the activities proposed in the project plan	10
Applicants are expected to demonstrate that all persons will have ready access to the full range of required primary, preventive, enabling and supplemental health services, including oral health care, mental health care and substance abuse services, either directly on-site or through established arrangements without regard to ability to pay	10
Applicants are expected to demonstrate how State funds will augment already available funds and in-kind resources to expand existing primary health care capacity to currently underserved populations	5
Applicants must assure and demonstrate the means by which services developed and initiated under this initiative will continue to be provided after the grant terminates on June 30, 2008	Mandatory

Form 1 – Personnel by Category (see note at bottom)

PERSONNEL BY CATEGORY	TOTAL FTEs PROPOSED { a }		ANNUAL SALARY OF POSITION { b }	TOTAL SALARY { a * b }
	NEW STARTS (All sites included in Exhibit B-2)	SATELLITES (New site(s) ONLY)		
ADMINISTRATION				
Executive Director				
Finance Director				
Chief Operating Officer				
Administrative Support Staff				
MEDICAL STAFF				
Medical Director				
Family Practitioners				
General Practitioners				
Internists				
OB/GYNs				
Pediatricians				
Psychiatrists				
Other Specialty Physicians (attach list by type)				
Physician Assistants/Nurse Practitioners				
Certified Nurse Midwives				
Nurses (RNs)				
Pharmacist				
Other Medical Personnel (attach list by type)				
Laboratory Personnel				
X-ray Personnel				
Clinical Support Staff				
DENTAL STAFF				
Dentists				
Dental Hygienists				
Dental Assistants, Aides, Technicians				
MENTAL HEALTH STAFF				
Mental Health Specialists				

Substance Abuse Specialists				
Case Managers				
Other Professional Personnel				
OTHER STAFF				
Patient Education Specialist				
Homemaker/Aide				
Outreach				
Other Enabling				
Other staff				

Please note: Form 1 is a sample and not an inclusive list of personnel used to deliver primary care. The form may be edited or altered depending on the staffing of the applicant agency or the applicant agency's organizational structure.