



Application for Funding  
**Healthcare Transformation Collaboratives**

March 2021

# Application for Funding

## Healthcare Transformation Collaboratives

### Introduction

The Department is soliciting applications from collaborations seeking to transform the healthcare delivery system for Medicaid beneficiaries in distressed communities. The Department is authorized to make awards totaling up to \$150 million in the current state fiscal year in accordance with the Public Act Public Acts 101-650 and SB 1510 passed in January 2021. and the provisions of the Public Aid Code at 305 ILCS 5/14-12 (D-5). Therefore, the Department is inviting interested parties to complete this Application for Transformation Funding. Pursuant to the Public Act, applications will be posted on the Department's website for a two-week public comment period. Public comments will be considered in the Department's evaluation of proposals. Individual funding agreements will be negotiated with collaborations that win awards.

### General Instructions

Your proposal should include narrative descriptions addressing the criteria set forth below. In addition, supporting documentation such as spreadsheets, charts, résumés, maps, or any other materials that provide a greater understanding of your proposal should be attached. You are encouraged to provide as much detail as possible.

Questions seeking clarity on this application should be sent to [HFS.Transformation@illinois.gov](mailto:HFS.Transformation@illinois.gov). Questions are due by March 17, 2021. Answers will be published on the Transformation Page of the Department's website. HFS will answer questions as soon as possible so interested parties should regularly check for new questions and answers.

### Due Date

Proposals wishing to be eligible for funding from the state fiscal year 2021 appropriation should be submitted by April 9, 2021 at 5:00 p.m. This is just the first of several opportunities for requesting transformation funding.

### Process for submittal

Proposals and all supporting documentation should be emailed to [HFS.Transformation@illinois.gov](mailto:HFS.Transformation@illinois.gov).

### Participating Entities

Using the attached template cover sheet, please list all entities that are collaborating in your proposal along with contact information. Preferably, your collaboration should include at least two providers of preventative care, primary care, specialty care, hospital services, mental health, and substance abuse services, as well as one or more community-based entities or BEP vendors (minority controlled entities)

that address the social determinants of health. Please submit the most recent IRS Form 990 (including Schedule H, if applicable) for all participants in the collaboration.

## Executive Summary

Please provide a narrative description of your overall project, including participation of collaborators, goals of the collaboration, community service area, strategy and expected timeframe for the project, capital improvements, new interventions, delivery redesign, etc.

## Community Input

Identify the community service area by zip code or county of your collaborative and the process you have followed or intend to follow to establish the needs of your community including the process for direct community input. Also describe how you have included elected officials at all relevant levels of government in your service area in discussions as you developed your proposal.

## Data

Describe the data used to design/plan your proposal, methodology of collection, and submit the results of the analysis.

## Health Equity and Outcomes

Describe how the revised delivery system in your proposal is designed to improve health outcomes and reduce healthcare disparities. Discuss the specific disparities and outcomes you are targeting, including by race and ethnicity.

## Quality Metrics

Tell us how your proposal aligns with the pillars in the Department's Quality Strategy found [here](#) [pdf]. Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy for each of the pillars you identified. Once metrics are agreed upon in the negotiated funding agreement, HFS will proceed to establish a baseline for the service community and a tracking process as well as negotiated improvement targets. For metrics currently not tracked, propose a method for tracking.

## Care integration and Coordination

Describe how your proposal improves the integration, efficiency, and coordination of care across provider types and levels of care.

## Access to care

Describe how your proposal will increase access to preventive, primary or specialty care in your community.

## Social Determinants of Health

Describe how your proposal addresses specific social determinants of health and how you propose to measure your proposal's impact on those social determinants.

## Budget

Please provide a detailed budget for your proposal that shows all costs associated with implementing the proposal along with a monthly timeline for when the costs will be incurred in the first year of funding and annual amounts needed in future years. The timeline should be in months from award. Specify the dollar amount of transformation or capital funds you are requesting from the state and the source of all other funds that will cover the costs of your proposal. An Excel budget form is available online at [HFS.illinois.gov/Transformation](https://HFS.illinois.gov/Transformation). However, Proposers should amend or alter the form in a way that best sets forth their budget. If a budget has been prepared in another format it may be submitted in that format. Some aspects of your proposal may be better suited for funding from available capital dollars. Your budget should distinguish your request from transformation dollars as opposed to capital dollars.

The appropriations for Healthcare Transformation Collaboratives and for the Healthcare Capital Program are both limited. Not every proposal received in a particular fiscal year may be funded. For projects that the Department decides to fund, funding may not be at the full level requested.

## Milestones

For all activities described in your proposal, please provide a calendar of milestones to show progress (e.g., when IT will be purchased, when IT will be operative, when construction projects will begin and end, when people will be hired, etc.) The timeline should be in months from award.

## Racial Equity

A major focus of transformation is racial equity. Please describe how your partnership/collaboration will incorporate racial equity in the project. In addition, please complete the attached Racial Equity Questionnaire and return it with your application.

## Minority Participation

Please provide a list of entities that will be a part of your collaboration/partnership that are certified by the Illinois Business Enterprise Program (BEP) and/or not-for-profit entities majorly controlled and managed by minorities that will be used on the project, as subcontractors or equity partners, and describe how they will be used. Indicate whether their role is only during the implementation of your proposal (e.g., construction, consulting, etc.) or if they will have a role in the ongoing operation of your transformed delivery system.

To the extent one of the members of your collaboration already contracts with a BEP certified firm, only include the services of the BEP firm that will be used on the project. To be included, these services must increase the volume of work of the BEP certified firm or not-for-profit entity that is majorly controlled and managed by minorities above the services provided to the collaborating member.

## Jobs

For collaborating providers, please provide data on the number of existing employees delineated by job category and including the zip codes of the employees' residence and benchmarks for the continued maintenance and improvement of these levels. Please describe any new employment opportunities in the future alignment of your proposal and how those opportunities reflect the community you serve. The proposal should also describe any retraining, innovative ideas or other workforce development planned for the new project.

## Sustainability

For any new or increased services, include an explanation of how those services will be sustainable in the future without subsidization by transformation funds. Include how, through alternative payment methodologies for Medicaid services or other sources, services that address social determinants of health will be funded on an ongoing basis.

## Governance structure

Please describe the governance structure of your collaboration. How are decisions made and how do you intend to monitor and enforce adherence to the policies and practices you put in place.

If a new umbrella legal entity is created please give details on the Board of Directors, including its racial and ethnic make-up.

It is likely that transformation funds for proposals will come in the form of utilization based Directed Payments to the various providers in your collaboration. Collaborations will receive a report of payments going to each provider. Explain how you will ensure that the funds are used for your proposed program's intended purpose.

## Application for Transformation

### Funding Cover Sheet

**Primary Contact for Collaboration**

Entity Name \_\_\_\_\_

Primary contact \_\_\_\_\_

Position \_\_\_\_\_

Email \_\_\_\_\_

Office Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Address \_\_\_\_\_

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**List of entities participating in the collaboration:**

Entity Name \_\_\_\_\_

Primary contact \_\_\_\_\_

Position \_\_\_\_\_

Email \_\_\_\_\_

Office Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Address \_\_\_\_\_

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Add more pages as necessary.