

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

MEDICARE COMMUNITY- BASED CARE TRANSITIONS PROGRAM APPLICATION



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COMMUNITY-BASED CARE TRANSITIONS PROGRAM APPLICANT DATA SHEET

Applicant Legal Name	Date Submitted
Address	Date Received by CMS
City County	State Zip Code
Name, Telephone number and Address of Person to be Contacted on Matters Involving the Application	
Descriptive Title of Applicant's Project	
Project Duration (<i>mm/dd/yyyy</i>) From _____ To _____	
Proposed Project	
Type of Applicant <input type="checkbox"/> Academic Institution <input type="checkbox"/> Individual <input type="checkbox"/> Profit Organization <input type="checkbox"/> Not for Profit Organization <input type="checkbox"/> Other, please specify _____	
Areas Affected by Project (cities, counties, states)	
Applicant's Medicare Provider Number(s) if applicable	Applicant's Employer Identification Number
Is the Applicant a Medicare Provider/Organization in Good Standing? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" attach an explanation	
To the best of my knowledge and belief, all data in this application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the terms and conditions of the award and applicable Federal requirements if awarded.	
Type Name and Title of Authorized Representative	Telephone Number (include area code)
Signature of Authorized Representative	Date Signed (<i>mm/dd/yyyy</i>)

COMMUNITY BASED CARE TRANSITIONS PROGRAM APPLICATION

This application provides an opportunity for eligible organizations to apply to participate in the Community-based Care Transitions Program (CCTP) sponsored by the Centers for Medicare & Medicaid Services (CMS).

Section 3026 of the Affordable Care Act directs the Secretary to establish a 5-year community-based care transitions program for eligible entities beginning January 1, 2011. CMS will conduct this program to test models for improving care transitions for high risk Medicare beneficiaries. The goals of the CCTP are to improve transitions of beneficiaries from the inpatient hospital setting to other care settings, to improve quality of care, to reduce readmissions for high risk beneficiaries, and to document measureable savings to the Medicare program.

Eligible entities for this program are statutorily defined under section 3026 of Pub. Law 111-148 (hereinafter referred to as the "Affordable Care Act") as subsection (d) hospitals with high readmission rates that partner with community-based organizations (CBOs) or CBOs that provide care transition services. CBOs are defined as community-based organizations that provide care transition services across the continuum of care through arrangements with subsection (d) hospitals and whose governing bodies include sufficient representation of multiple health care stakeholders, including consumers.

BUDGET NEUTRALITY

Budget neutrality means that the expected costs of the program cannot be more than the expected costs were the program not to occur. Budget neutrality is not required under the CCTP; however, applicants must supply information and assumptions to justify their blended rate and not-to-exceed rate for participation in the program. Applicants are expected to reduce Medicare expenditures through the provision of care transition services. These reductions would primarily be achieved through the reduction of avoidable hospital readmissions. Applicants must explicitly state their assumptions regarding overall participation rates, rationale and projections of the readmissions to be avoided, and overall reduction in readmission rates achievable. Applicants must justify their blended rate by comparing it with their anticipated savings. Applicants whose not-to-exceed rate is greater than the total savings anticipated based on proposed volume will not be evaluated favorably.

DUE DATE

Applications will be accepted and reviewed on a rolling basis beginning April 12, 2011. Acceptable applicants will be awarded on a first come, first serve basis as funding permits.

APPLICATION SUBMISSION

Proposals may not exceed 30 double-spaced pages with a minimum font size of 12. Please follow guidance in this solicitation for elements to include in the application, specifically those elements outlined in the selection criteria. Applicants may, but are not required, submit a total of 10 copies to assure that each reviewer receives an application in the manner intended by the applicant (for example, collated, tabulated, color copies). Hard copies and electronic copies must be identical. Applicants must designate one copy as the official proposal. Please provide two hard copies and one electronic copy or CD-ROM of the full application. A budgeting worksheet is available on our webpage for assistance in developing the required blended rate.

The original and all copies, including the electronic copy, of the APPLICATION should be MAILED to the following address:

Centers for Medicare & Medicaid Services

Attention: Juliana Tionson
7500 Security Boulevard
Mail Stop C4-14-15
Baltimore, Maryland 21244

Please note we are not able to accept applications by facsimile (FAX) transmission or by e-mail. Applicants will receive acknowledgement of receipt of their application.

FOR FURTHER INFORMATION

Please contact Juliana Tionson at (410) 786-0342 or by e-mail at CareTransitions@cms.hhs.gov and/or visit the CMS website at the following address:

<http://www.cms.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1239313>

Additional information about the program, for example, fact sheets, design reports, solicitations, application materials, press releases, and question and answer documents will be periodically posted on the website. Be sure to check the website frequently if applying for the program to be sure you have the most current information available.

APPLICATION CONTENTS OUTLINE

To facilitate the review process, applications should be arranged in the following order:

1. Cover Letter
2. Community-Based Care Transitions Program Applicant Data Sheet
3. Executive Summary
4. Strategy and Implementation Plan
5. Organizational Structure & Capabilities
6. Previous Experience
7. Budget Proposal
8. Supplemental Materials

APPLICATION REQUIREMENTS

We will use all the information you submit in the application review process. For specific details regarding the CCTP program, please refer to the solicitation. Your application must include the following information.

Cover Letter: Please be sure to identify the program, indicate the target population and geographic location of the program (for example, urban or rural), the CMS provider numbers assigned to the applicant (if applicable), contact person, and contact information.

CCTP Program Applicant Data Sheet: Complete, sign, date, and return the CCTP Program Applicant Data Sheet found at the beginning of this application.

Executive Summary: Provide a 4 page summary of the key elements of the proposal (for example, Sections 4, 5, 6, and 7 under “Application Contents Outline”).

Strategy and Implementation Plan: Describe the root cause analysis performed and the results of that analysis. Describe how the results informed the selection of the proposed intervention and target population. Describe the process for notifying beneficiaries about participation in the program and provide copies of informed consent, and beneficiary notification and communication materials to be

used. Describe your implementation strategy, including tasks, resources, and timeline to implement the program. Identify internal system and process modifications required to implement the program. Describe your recruitment strategy and contingency plans for achieving beneficiary participation thresholds. Identify the individuals and staff responsible for implementing the program and attach biographies. Please refer to the selection criteria for this section in the CCTP solicitation for additional required elements.

Organizational Structure & Capabilities: Describe your governance structure, and management and clinical teams, and their prior success in implementing the proposed/similar intervention. Provide an organizational chart that describes the functional and reporting lines of major departments and/or entities. Demonstrate that infrastructure exists to implement and carry out the program. Provide copies of reports from clinical, financial, and management information systems and describe how they will be used to support implementation.

Provide documentation of your organization's financial viability that will enable it to participate actively and successfully in the program; for example, a formal audit opinion from the past 3 years or the balance sheet from the past 3 years with a summary description. If there are any financial concerns, explain how your organization has resolved or will address these problems. Please refer to the selection criteria under this section in the CCTP solicitation for additional required elements.

Previous Experience: Describe your experience providing care transition management services. Describe your experience reducing avoidable hospital readmissions. Please refer to the selection criteria under this section in the CCTP solicitation for additional required elements.

Budget Proposal: Demonstrate that the proposed intervention will reduce Medicare expenditures through reduced hospital readmissions. Include all supporting evidence and assumptions used for the calculations. Please refer to the selection criteria under this section in the CCTP solicitation for additional required elements.

Supplemental Materials: Include in this section copies of supporting materials requested or referenced throughout the application.

EVALUATION PROCESS

We will convene technical review panels that may include outside experts, in addition to our staff to review all of the applications. Panelists will receive a copy of the application along with a technical summary. Panelists will be asked to numerically rate and rank the application using evaluation criteria contained in the program solicitation.

Applicants should review the program solicitation for the specific evaluation criteria to be used by panelists to assess proposals, as well as additional information on the evaluation process and selection of awardees.