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# INNOVATION AWARD PROGRAM PROGRAM APPLICATION

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January 29, 2018

# Innovation Award Program Overview

During the first half of the New York State DSRIP program, OneCity Health worked with partners to develop an Integrated Delivery System and implement targeted programs to meet DSRIP goals. As part of the evolution towards a value-based payment environment, OneCity Health is launching the \$5 million Innovation Award program. This program will support PPS partners in designing and implementing innovative programs to improve the health of the patients and clients we serve and reduce avoidable use of the health care system.

In the spirit of the DSRIP program, OneCity Health strongly encourages collaboration among partners and focusing on the social determinants of health.

This document outlines program details. OneCity Health looks forward to reviewing your application.

## Program Objectives

- Spark and support novel ideas that could make a significant, positive impact on the patients, clients, and communities OneCity Health serves\*
- Promote collaboration among partners, including addressing social determinants of health
- Support and align with OneCity Health achieving DSRIP program goals
- Test and refine programs with potential for significant long term and measurable impact on improving health and reducing avoidable costs

### **NOTE ON INNOVATION**

There are many types of innovation. For purposes of this program, OneCity Health is planning to fund projects that include one or more of the following: novel interventions to address needs; partnerships between different types of organizations; creative use of workforce or workflows; focus on target populations to address their multiple needs; use of technology; improved, quantifiable measurement approaches.

\* This includes people with Medicaid (or dual) coverage and uninsured.

# Application Information

## **ELIGIBLE LEAD APPLICANTS**

- All OneCity Health PPS partners\* (with a signed Master Services Agreement, as of January 1, 2018)
- Each organization may submit one application
- Collaboration and joint applications among OneCity Health PPS partners or other organizations are encouraged (A joint application will be considered the sole submission for each organization involved)
- Joint applications must designate one lead applicant and include a description of the roles and responsibilities of each organization involved

## **AWARD INFORMATION**

- Awards are expected to be in the range of \$250,000 - \$1,000,000 per selected application
- OneCity Health expects to fund up to 10 awards in total
- Size of awards will be based on implementation costs relative to the scope of expected impact, with 10% to be paid after contracting
- Duration of project: 5/1/2018 – 4/30/2019

\*All PPS partner types, including (but not limited to): CBOs, hospitals, physician practices, pharmacies, behavioral health practitioners, etc.

# Selection Criteria and Weighting

Selection Criteria	Weighting
<b>Quality of proposal:</b> Thoroughness of planning; clarity of writing; appropriateness of budget; all required sections included and addressed	<b>15%</b>
<b>Fit with Innovation Award objectives and potential impact on DSRIP measures:</b> Alignment with objectives; expected impact on specific DSRIP measures; focus on quantification	<b>25%</b>
<b>Innovation*:</b> Degree of innovation; description of how program can affect critical drivers of health and outcomes, including social determinants of health	<b>20%</b>
<b>Likelihood of success:</b> Demonstrated capabilities and results of the people and organizations involved, evidence of past partnerships (as appropriate)	<b>20%</b>
<b>Potential long term impact:</b> Scope of impact on patients and clients (across region OneCity Health serves); opportunity to expand program if positive; measurement plan to document quantitative results; and measurement expertise	<b>20%</b>

\* OneCity Health is planning to fund projects that include one or more of the following: novel interventions to address needs; partnerships between different types of organizations; creative use of workforce or workflows; focus on target populations to address their multiple needs; use of technology; improved, quantifiable measurement approaches.

# How to Apply

## APPLICATION PROCESS

- Complete the application form and submit by March 2, 2018 according to directions on application
- Adhere to the following:
  - » Maximum length 10 pages, double-spaced, font-size 10
  - » Brief, direct responses are preferred
- Submit any questions in writing to the OneCity Health Support Desk with the Subject Line: **Innovation Award Question** by February 2, 2018. This will be the communication channel for all questions related to the Innovation Award Program
- Participate on the Innovation Award Partner webinar (date to be announced)

## SELECTION PROCESS

- Decisions will be made by selection committee comprised of OneCity Health and selected external expert(s)
- Selection will be made according to criteria and weighting outlined above
- Any organization represented on the selection committee cannot apply for an Innovation Award
- OneCity Health reserves the right to reject any proposal and to decide whether a proposal does or does not substantially comply with the requirements of this program
- OneCity Health reserves the right to modify the selection criteria or process based on changes to OneCity Health policies or guidance from New York State Department of Health (NYS DOH)

## AWARDEE RESPONSIBILITIES

- After the selection committee makes decisions, OneCity Health will develop contracts, schedules, or other documents for awardee organizations' signatures
- Details for awardee responsibilities will be described in contracts after selection. For planning purposes, organizations should assume their responsibilities will include:
  - » Written status reports at 45 and 180 days after contract start and within 60 days of contract end
  - » Periodic meetings and/or conference calls
  - » A final written report that includes measurement of results and lessons learned
  - » Presentation and participation at a OneCity Health conference, upon request

## AWARDEE RESPONSIBILITIES

Milestone	Date
Distribute Application	January 29, 2018
Applicants can submit questions to OneCity Health Support Desk	By February 2, 2018
Innovation Award Partner Workshop/ Webinar	Week of February 5, 2018
Applications Due to OneCity Health	March 2, 2018
Follow up Discussions with Finalists (as needed)	Week of March 12, 2018
Announcement of Innovation Awards	Week of March 26, 2018 (estimated)

# Application Form

## **INSTRUCTIONS**

- Please complete each section of the application; incomplete applications will not be considered
- Maximum length of 10 pages, double-spaced, font size 10. Pages beyond this maximum will not be considered part of the application. Brief, direct responses are preferred
- Submit any questions to the OneCity Health Support Desk by February 2, 2018, 5 PM with the Subject Line Innovation Award Question
- OneCity Health will provide an email address for organizations to submit their applications
- Applications must be received by March 2, 2018, 11:59 PM. Applications submitted after this time will not be considered for funding

I. **Organizational Information** (if this is a joint proposal, include the information below for all organizations, indicating the lead organization)

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Authorized Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**II. Description of Target Population** (e.g., number and description of target population, identification of needs served by proposed initiative)

**III. Description of Proposed Project** (e.g., goals, worksteps, operational requirements).  
If submitting a joint application, describe the responsibilities of each organization (and identify the lead organization)

#### **IV. Linkage to Innovation Award Program objectives and identification of NYS DOH metrics impacted**

V. **Evaluation Approach** (e.g., identification of intended impact, baseline, how impact will be quantified, what expertise would support measurement and evaluation\*). Evaluation is required. Funding for evaluation should be included in application budget.

\*Expertise is expected to include research design, data collection methodology, statistical validation, etc. OneCity Health will not serve as the data source for Innovation Award projects.

## VI. Key Personnel to be Involved

Name (or title, if not identified)	Role (for proposed project)	Percent Dedication (to proposed project)

VII. **Summary of Relevant Experience/Achievements.** Please list experiences and expertise that demonstrate ability to implement this project successfully (including experience with partnerships, if applicable)

VIII. **Proposed Budget.** Funding and other resource requirements for May 1, 2018 – April 30, 2019. Expenses incurred in the preparation of this application are the applicant’s sole responsibility and are not to be included in this budget.

Category	Budget by Quarter (\$s)			
	4/1 - 6/30/18	7/1 - 9/30/18	10/1/ - 12/31/18	1/1 - 3/30/19
<b>Personnel Costs</b>				
Direct service provision				
Administrative/indirect				
<b>Non Personnel Costs</b>				
Contracted Services				
Equipment and Supplies				
Space/Property & Utilities				
Other Expenses (specify)				
<b>TOTAL</b>				

Explanation/rationale for budget relative to scope of impact:

Planned fund distribution to co-applicants (name and amount), if applicable:

IX. **Other Funding for Proposed Project.** If you have applied for, or received, funding from another source to support this project, please explain.