



Green & Healthy Homes Initiative®

Request for Proposals

Reimbursement Support for Asthma Programs with
Comprehensive Environmental Health Services

Issued: October 1, 2018

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1. Overview

Purpose

As a proud recipient of funding from the Environmental Protection Agency (EPA), Green & Healthy Homes Initiative (GHHI) is pleased to announce that it is offering **pro bono technical assistance** to help advance asthma programs that feature elements of comprehensive environmental health services, including environmental assessment and remediation of asthma triggers. The objective of this Reimbursement Support Request for Proposals (Reimbursement RFP) is to build upon existing asthma programs and partnerships between service providers and local healthcare entities—such as Medicaid managed care organizations, hospitals, and health systems – to achieve reimbursement for those comprehensive services.

The overall goal is to work together to 1) increase the number of home visiting programs providing comprehensive (including environmental remediation of asthma triggers) asthma interventions, 2) while simultaneously working to increase the number of health plans serving Medicaid populations and/or state Medicaid programs that reimburse for these services.

- The Reimbursement RFP will be an open call for proposals designed to select four projects in 2018-19 and provide up to 12 months of technical assistance.
- GHHI will host a [webinar](#) to explain more about the Reimbursement RFP on Tuesday, October 9, 2018 from 2:00 – 3:00 pm ET.
- **The submission of proposals begins October 1.**

In total, GHHI will select up to 10 projects for Reimbursement support from 2018 to 2020.

Cohort Timeline			
Technical Assistance Area	2018	2019	2020
Reimbursement Support	2 projects	4 projects	4 projects

Background

GHHI is a nonprofit organization whose mission is to break the link between unhealthy housing and unhealthy families. GHHI has 30 years of experience in fundraising, delivering high-quality evidence-based services, working with governments in jurisdictions around the country, and forming innovative cross-sector partnerships. The organization’s headquarters are in Baltimore, Maryland where GHHI provides an array of evidenced-based direct services to increase the stock of healthy, safe, and energy efficient homes for low-income families. GHHI’s direct service program has won numerous best practice awards, including EPA’s National Environmental Leadership Award in 2015, and serves as a national model for cities and states across the country. GHHI has established partnerships to replicate its model in over 25 cities throughout the US. Additionally, it provides technical assistance to government agencies, nonprofit organizations, and foundations. GHHI’s office in Washington, DC focuses on policy, innovation, and social impact financing strategies.

As a direct service provider in Baltimore, Maryland, GHHI began exploring innovative financing models for its asthma program in 2014 in partnership with Johns Hopkins Health System in Baltimore. In 2016, with funding from the White House Social Innovation Fund, we completed Pay for Success (PFS) feasibility studies for a cohort of five asthma-focused projects across the country, three of which are now actively transitioning to the transaction structuring phase. The PFS model combines private investment with Medicaid payment

mechanisms that allow service providers to perform comprehensive asthma programs that include services that are typically not reimbursable. We worked with nonprofits, health plans, hospital systems, and local agencies to develop or refine asthma programs that feature home visiting and comprehensive environmental assessment and remediation.

GHHI currently leads a second cohort of five asthma-focused PFS feasibility studies with funding from the Robert Wood Johnson Foundation, with an additional asthma project funded by Episcopal Health Foundation. In total, GHHI has a portfolio of 12 asthma PFS projects with government, healthcare, and service provider partners in different jurisdictions across the country.

GHHI has also researched and presented on the applicability of innovative financing and reimbursement models at national conferences and convenings. In November 2016, GHHI launched the Coalition to Support Pay for Success in Public Health to engage and organize leaders across sectors to advance outcomes-based financing models in public health in the best way possible.

GHHI is eager to leverage the knowledge, tools, and network it has developed thus far to help asthma programs advance toward scaling and implementing evidence-based interventions to benefit communities that need them most. In our experience, we have witnessed too often the detrimental effects of underfunding services that address the root causes of asthma. With this opportunity, we seek to strengthen asthma programs across the country by providing reimbursement support in key areas further described below.

GHHI's key partner, the Center for Health Care Strategies (CHCS), will provide policy expertise in the state's where we are working to inform analysis and selection of the best method for reimbursement. Founded in 1995, CHCS is a nonprofit policy center dedicated to improving the health of low-income Americans.

2. Eligibility Criteria and Requirements

Applicant must:

- If selected, enter into a Memorandum of Understanding with GHHI for technical assistance services.
- Have two partner entities willing to participate as project leaders: a health care entity partner and a service provider partner.
- Have existing partnership with a health care entity willing to explore reimbursement for program services and willing to provide a letter of support for this opportunity.
- Have an existing asthma program providing environmental health services that is not in need of the technical assistance activities provided as part of the business development support (see Business Development RFP).
- If selected, agree to contribute in-kind hours, estimated at 15-25 hours per month from each partner, to support the technical assistance GHHI will provide.
- If selected, participate in knowledge-sharing activities and be willing to make publicly available all non-confidential documents and tools developed during the agreement period.

While GHHI will provide the necessary guidance and tools for Reimbursement Support, we expect that the awarded organization and its partners dedicate time and effort to advance the project, including completion of key deliverables and tasks between project meetings. During the up to twelve-month project, we estimate the required **monthly** time commitment to be as follows:

- Health care entity:
 - 10-15 project-level hours
 - 5-10 executive sponsor hours
- Service provider entity:
 - 10-15 project-level hours
 - 5-10 executive sponsor hours

3. Service Offerings

Award Period for Technical Assistance

Award period for up to 12 months begins once applicant is selected and accepts award.

Service Offerings

Upon selection of awardees, GHHI will perform an in-depth needs assessment and, from that, create a project development plan that includes the needs assessment, overview of services/deliverables to be provided, and a customized work plan. Below is an overview of the types of services that are available to projects. GHHI and partners may be willing and able to provide related services that are not listed below, if other needs are identified.

Reimbursement Structuring Support

Policy analysis

- Analysis of political and regulatory issues
- Support navigating and removing potential barriers

Data support

- Creation and execution of appropriate business associate agreements and data use agreements
- Assistance with Institutional Review Board (IRB) applications

Economic analysis

- Cost-benefit analysis
- Economic modeling
- Budget analysis and recommendations
- Risk analysis and mitigation recommendations

Payment model support

- Analysis and selection of the best method for reimbursement
- Healthcare payer or reimbursement entity engagement and support
- Support contracting and finalizing terms with payers

4. Application and Selection Process

Application Deadline

The application can be submitted starting on Monday, October 1, 2018.

Lead Organization

Partnerships are required to designate a lead organization to be the official applicant on the partnership's behalf. This organization will be the primary point of contact throughout the award period, if selected.

GHHI Assistance for Application Process

GHHI will provide each applicant the opportunity to have a telephone call of no more than a total of 30 minutes with GHHI staff to answer questions about the competition. Additionally, we will offer one webinar that will be recorded for interested parties. On the webinar, we will provide an overview of the opportunity as well as considerations for applicants. All webinar slides and recordings will be made available on our website. Please send any other questions to RFP@ghhi.org.

Communications

Please direct all questions regarding the RFP or application and selection process to RFP@ghhi.org or contact Brendan Brown, Senior Research Associate and Asthma Impact Officer for the project, directly at (443) 842-6345.

Important dates

- October 1, 2018: Reimbursement Support Request for Proposals (RE-RFP) re-released
- October 9, 2018 (2:00-3:00 pm EST): Reimbursement RFP webinar ([register here](#))
- Reimbursement Support has an open request for proposals that can be submitted to rfp@ghhi.org
- One month after submission GHHI will select and notify awardees (embargoed until public announcement)
- Public announcement of awards will follow within 30-60 days after selection of awardees.

Proposal review team

The proposal review team will be comprised of applicable content experts in the fields of public health, asthma reduction and health care finance. All reviewers will be required to sign a conflict of interest form and will operate under GHHI's standards of transparency and ethics.

Due diligence and clarification process

The application review team will conduct due diligence and ask clarifying questions to applicants to ensure their ability to execute the project and to inform award recommendations. A request for clarification does not guarantee selection. If an organization does not respond by the deadline to a request for clarification, the GHHI team will remove the application from consideration. This process is in addition to the evaluation of the applicant's eligibility and the quality of its application, and results from this process will inform selection.

Submission process

Please submit your application materials to RFP@ghhi.org. Please submit the cover sheet and Proposal Narrative as one document in .pdf format. Attachments may be included as separate documents.

Please direct all questions regarding the RFP or application and selection process to Brendan Brown, GHHI's Senior Research Associate and project lead, directly at RFP@ghhi.org or call (443) 842-6345.

5. Application Materials and Selection Criteria

The RFP, Application Guide, and all materials are available online at <https://www.greenandhealthyhomes.org/services/national-initiative-for-asthma-reimbursement/>

Application materials

The application for funding and technical assistance for business development support must include the following materials:

- **Application cover sheet:** Please complete the provided cover sheet template and include it with your application.
- **Proposal Narrative:** Please respond to the selection criteria outlined in the next section. The proposal narrative shall have a maximum length of 12-15 pages, numbered and double-spaced with 12-point Times New Roman font and one-inch margins. Cover sheet, table of contents, and any supplementary materials do not count toward the page limit.
- Most recent A-133 audit, if applicable.
- Most recent financial statement.
- **Letters of commitment from partnering organizations' leadership:** Please provide letter demonstrating commitment of health care entity willing to explore reimbursement for program services.
- **Additional project-related documents, such as a program evaluation report (optional, but recommended):** This will not factor into initial application scoring but will be helpful during the due diligence and clarification process and may factor into final selection.

Proposal Narrative and selection criteria

In the Proposal Narrative, please address the sections outlined below. Applications will be scored according to the points indicated for each section, totaling 100 points for the Proposal Narrative. The Proposal Narrative shall have a maximum length of 12-15 pages, numbered and double-spaced with 12-point Times New Roman font and one-inch margins. Other materials, such as the cover sheet will not count toward the page limit.

For fairness and consistency, applications will be scored only on what is presented in the Proposal Narrative.

A. Project Goals and Impact (20 points)

- a. Describe clearly the project's goals and theory of change. Priority will be given to projects that have clear goals for meaningful impact, directly with the target population and/or indirectly through a broader influence. (10 points)
- b. Demonstrate scale of local asthma burden. (10 points)

B. Capacity and Commitment of Project Partners (20 points)

- a. Describe the ability of project leadership and management team to advance the project. Provide plans for sustaining project if there is staff turnover during the project period. (10 points)
- b. Describe the partners' ability to meet or exceed the estimated time commitments laid out in section 2 of this RFP, including key staff who will drive the project forward. (10 points)

C. Reimbursement Feasibility (30 points)

Please describe the project's feasibility in each of the six categories below:

- a. **Technical:** An assessment of the intervention's evidence base, including pertinent data and outcomes from partners' programs and/or from external sources, and ability to achieve desired outcomes with a scale, population, and setting similar to those in project plans to date. (5 points)
- b. **Economic:** An assessment of the ability of the intervention to achieve outcomes that the proposed payer values. Include any cost-benefit analysis performed to date. (5 points)
- c. **Operational:** An assessment of the ability of the project team to effectively work together to implement and manage performance of the intervention with a scale, population, and setting similar to those in project plans. (5 points)
- d. **Sociopolitical feasibility:** An assessment of the ability to launch and implement the project with support from relevant internal and external stakeholder groups. (5 points)
- e. **Payment mechanism feasibility:** An assessment of the ability and willingness of the proposed payor to pay for health outcomes as well as how it would do so. Include any identified legislation or regulatory mechanisms in place already or that must be enacted. (5 points)
- f. **Capital availability:** An assessment of the project's ability to secure or deploy required capital, if needed, to provide all the intervention services at the proposed project scale (e.g. hiring, training, expanding the program) (5 points)

D. Program Assessment (30 points)

- a. Describe the project's technical assistance needs for which the applicant is requesting reimbursement development support. (15 points)
- b. Describe any potential barriers to securing reimbursement for your comprehensive asthma care management program that includes environmental health services and the strategy for overcoming any barriers identified. (15 points)

6. Acknowledgements

About the EPA National Indoor Air Program

Environmental Protection Agency, Office of Radiation and Indoor Air (ORIA), Indoor Environments Division

ORIA's mission is to protect the public and the environment from the risks of radiation and indoor air pollution. The office coordinates across the Agency and with other federal, state, tribal, and non-governmental organizations to carry out its mission. ORIA develops criteria, standards, guidance, policies, and programs to limit unnecessary radiation exposure and control exposure to indoor air pollutants, including asthma triggers.