Request for Proposals
Health Care Access Design Challenge 2017
Information and Application Package

_____

General Information

➢ Do residents in your community face impediments connecting to preventive and primary health care, treatment for chronic health conditions, or post-hospitalization appointments?

➢ Has your region seen the creation of new health care facilities, or seen the consolidation of facilities away from your community, and not been able to ensure that safe, reliable, and affordable transportation is in place to get people to and from these essential destinations?

➢ When your community talks about improving health care outcomes, is transportation part of that discussion?

Has your community identified issues similar to these, and thought of innovative ways to address them, but not had the time, staff, funding, or support to plan, test, and prepare your solution? The National Center for Mobility Management (NCMM), with funding from the Federal Transit Administration, offers you the opportunity to now address health care access issues through this request for proposals to its Health Care Access Design Challenge 2017.

I. Goal of the Health Care Access Design Challenge 2017

The goals of the Health Care Access Design Challenge 2017 are to

- Support communities in designing ready-to-launch health care transportation solutions that improve access in each of the four challenge areas (identified below)

- Disseminate results of the communities' work to facilitate the implementation of solutions in part or in whole by other communities

These goals reflects NCMM's vision of a nation in which transportation is always the link, and never the barrier, to health, vitality, and well-being of individuals, families, and their communities. The ultimate aim of these projects is to improve health outcomes by helping communities plan more effective access to health care services in a way that aligns with transportation and health care sector goals. (Note: The funding through this opportunity is for design and planning purposes only; it is not for the implementation of services.)

II. Health Care Access Challenge Areas

Each team will indicate in its application which of the four following health care access challenges it will focus on:

1. Treatment for chronic diseases that require continual, frequent appointments (e.g., dialysis, chemotherapy)

2. Treatment for acute, immediate, or unpredictable health care needs (e.g., sick visits, hospital discharge, medical appointments with uncertain end time, emergencies that do not qualify for ambulance transport)

3. Ongoing treatment necessary for post-hospitalization recovery and to help people avoid re-hospitalization

4. Behavioral health treatment, including substance addiction treatment

III. About the Health Care Access Design Challenge 2017

The Health Care Access Design Challenge 2017 has been created to assist communities in designing impactful and sustainable solutions that address their health care transportation difficulties. The goal of this opportunity is to facilitate community teams in developing a plan to take promising health care transportation solutions from concept to the point of implementation. Once the work of this Challenge opportunity is completed, teams will have a solution that they are ready to launch with a high level of confidence in its effectiveness. Teams are expected to seek implementation funds from other sources, but should be well positioned to do so after completing the Challenge opportunity.

The goals of the Health Care Access Design Challenge 2017 are to

- Support communities in designing ready-to-launch health care transportation solutions that improve access in each of the four challenge areas (identified above)

- Disseminate results of the communities' work to facilitate the implementation of solutions in part or in whole by other communities

These goals reflects NCMM's vision of a nation in which transportation is always the link, and never the barrier, to health, vitality, and well-being of individuals, families, and their communities. To enable this outcome, selected community teams will receive funding of up to $30,000 and direct technical assistance to

- Develop and strengthen broad-based coalitions to better link health care and transportation access

- Engage community stakeholders in the design of solutions. Their participation will give each team confidence that its proposed solutions are responsive to the identified health care problem area in its community

- Prepare a business plan for implementing the solution, including a recommendation for the funding model that best promises sustainability, regardless of whether the model is a for-profit business or a nonprofit venture

- Prepare a business pitch (to be delivered by webinar)

1. <u>Applicant communities</u>. Seven communities will be competitively chosen to receive funding through the Health Care Access Design Challenge 2017. *Note:* For the purposes of this project, NCMM is open to what constitutes a community so long as it is defined in the application. Community may include, but is not limited to, a formal or informally defined region, tribal nation, multi-county region, single county, city/town, neighborhood, or corridor. In defining their community, applicants should take into consideration the feasibility of gathering representative primary data (interviews, observations) and defining how their solution would have a measurable impact in that community; for very large geographic areas, this may be more difficult.

   Eligible applicants are designated or direct recipients for funds under 49 U.S.C. 5307, 5310, or 5311, or an eligible subrecipient of these funds. Eligible subrecipients under FTA programs include state or local government authorities, nonprofit organizations, and operators of public transportation. The applicant must have the capacity to successfully execute the project, and its partners should have the capacity to execute their roles successfully. The applicant should have no outstanding legal, technical, or financial issues that would make this a high-risk project.

2. <u>Team membership</u>. Each community will be represented by a coalition of professionals from transportation, health care, mobility management, technology, and other fields, as the team determines is appropriate, as well as patients and caregivers. (Review the Team Application for more information about team composition.)

3. <u>Team focus area</u>. Each team will indicate in its application which of the four following health care access challenges it will focus on:

   1. Treatment for chronic diseases that require continual, frequent appointments (e.g., dialysis, chemotherapy)

   2. Treatment for acute, immediate, or unpredictable health care needs (e.g., sick visits, hospital discharge, medical appointments with uncertain end time, emergencies that do not qualify for ambulance transport)

   3. Ongoing treatment necessary for post-hospitalization recovery and to help people avoid re-hospitalization

   4. Behavioral health treatment, including substance addiction treatment

4. <u>Applying design thinking approach</u>. The teams will use several activities and tools from the [design thinking](#) approach to prepare a sustainable, customer-responsive solution. Design thinking is a human-centered, team-based approach to addressing challenges. Design thinking activities are grounded in an exploration of the problem from multiple customers' perspectives;

for the purposes of the Health Care Access Design Challenge 2017, customers might be patients, caregivers, community health care workers, social workers, medical center staff, drivers, etc. Design thinking values consideration of a wide range of innovative solutions, as well as testing and iterating those solutions. Design thinking can be divided into these phases:

> Phase 1: Examining the question and planning the research
> Phase 2: Conducting the research and uncovering insights
> Phase 3: Generating ideas and solution concepts
> Phase 4: Testing assumptions about the solution concepts
> Phase 5: Preparing a limited launch of the chosen solution

Applicants are encouraged to learn more about design thinking through the National Center for Mobility Management's free on-line "Creating Innovative Transportation Solutions" course (nc4mm.org/e-learning).

5. Pre-application work. During the pre-application period, NCMM expects proposing teams to complete Phase 1 work and the first half of Phase 2 work (conducting the research); the second half of Phase 2 work (uncovering insights) will be facilitated with successful applicants during the Design Challenge. The Phase 2 research should include primary research (e.g., interviews, observations, other original research) to gain a deep understanding of the experience of patients and others, including health care professionals and organizations, affected by health care access impediments within the chosen challenge area. This primary research will be supplemented by secondary research (e.g., using Census data, other existing data sources) the team has gathered. *NCMM will conduct a pre-application webinar on September 5, 2017, at 2:00 p.m. and will be available to applicants for direct technical assistance during the pre-application period to assist communities in conducting this research.* Again, the "uncovering insights" work of Phase 2 is not required to be completed in the pre-application period.

6. Funding support. Each of the seven teams will receive up to $30,000, paid to the lead applicant, that may cover the following:

   • Local team member travel for participatory design/co-design sessions with individuals, stakeholder meetings, and other post-application data-gathering activities

   • Personnel costs related to project activities

   • Expenses related to convening the team and larger groups of stakeholders

   • Development of communication materials and low-cost visual representations of concepts. This activity may include the cost of consultants and vendors.

   • Production of a final report on the outcomes of their work

7. Key activities before and during the grant period. Teams should expect to make a significant time contribution to this project. The payoff is that the teams will emerge with a "solution concept" to their identified challenge that has a high potential for success. The following are key milestones in the teams' projects:

- *Pre-application*: Applicants are encouraged, but not required, to complete at least Modules 1 and 2 of the "Creating Innovative Transportation Solutions" course at nc4mm.org/e-learning for an introduction to design thinking. There is no charge for the course.

- *Pre-application*: NCMM hosts webinar on September 5, 2017, to introduce teams to the Design Challenge opportunity and primary research techniques.

- *Pre-application*: Teams conduct primary research and gather relevant secondary data.

- Accepted teams assigned NCMM facilitator, who will conduct in-person activities (see next two bullet points, below) and host monthly phone calls with the team. NCMM will also host periodic webinars to introduce teams to the next phases of activities.

- NCMM facilitator conducts a one-day "sensemaking" session (in-person, at team's location), in which the team explores the data it gathered, discusses insights from the research phase, and develops criteria that a solution must meet to be successful ("design criteria").

- NCMM facilitator conducts a one-day "idea generation" session (in-person, at team's location; may or may not be done immediately after sensemaking session), culminating in the team's developing 2-3 solution concepts, and helps the team plan how it will test its assumptions embedded in those solution concepts.

- Team begins to vet each solution concept by identifying and testing the make-or-break assumptions it has about each concept in three areas: 1) customer desirability (i.e., whether customers will want to use the solution), 2) operational feasibility, and 3) financial viability.

- Based on findings in the assumption-testing phase, teams will modify their solution concepts and eventually narrow down to the most promising solution.

- Teams will develop a business plan for implementing the solution.

- Teams will participate in all-team webinars in which they will pitch their solution.

- After completing the Design Challenge, teams will be ready to test their solution in a time- and/or geography-limited launch to learn where their solution still needs to be strengthened.

III. NCMM's Support for Grantees

1. <u>Funding support</u>. NCMM will provide each of the seven communities teams with up to $30,000 to support their work. The funds can be used in conjunction with any of the design-thinking activities (e.g., team expenses, creating prototypes, expenses necessary to test assumptions about what will and won't work with solution concepts). Note that the funds cannot be used to fund a consultant to fully implement the work of the Design challenge project; there is no substitute for the knowledge, experience, and mutual support team members receive when they work together as a community team to solve issues of mutual importance. Consultants can be used for activities such as facilitating the group's work, conducting secondary research, and creating visual prototypes of potential solutions.

2. <u>Facilitator</u>. NCMM will provide a facilitator for each team, providing support through email/Skype/telephone meetings and at up to two in-person meetings, as outlined above. All expenses for the facilitators will be borne by NCMM.

3. <u>Webinars</u>. NCMM will conduct periodic webinars to introduce teams to design thinking techniques, discuss teams' progress, and showcase teams' work.

IV. Grantee Reporting Requirements and Performance Measurement

Applicants must commit to implementing, tracking, and reporting on their learning about their proposed solutions and progress in meeting overall performance measures.

1. <u>Monthly activities</u>. Teams will participate in monthly phone calls with their NCMM facilitator, as well as participate in periodic webinars hosted by NCMM.

2. <u>Written reports</u>. Teams will complete a short report to accompany their monthly reimbursement requests. They will also be required to submit two additional written reports over the course of the grant period: one interim and one final. Templates will be provided.

3. <u>Business plan</u>. In the final stages of the grant, teams will complete a business plan for their solution, which will help them as they seek sustainable funding for the project. A template will be provided.

4. <u>Baseline and outcome measures</u>. The ultimate aim of these projects is to improve health outcomes by helping the community plan more effective access to health care services in a way that aligns with transportation and health care sector goals. Secondary aims are to reduce health care costs and achieve more efficient utilization of public and private funding (return on investment). In the application, teams will 1) provide baseline data defining how the lack of transportation impacts the health care access of the target population in their project and 2) indicate how they will gather data to measure the outcomes once the project has been launched. With the business plan, each team will include expected outcomes for their solution once it is launched, tied to improvements in baseline data.

5. <u>Business pitch</u>. Each team will deliver a 7-minute presentation (via webinar) that describes its main challenge and solution concept, and explains how its solution meets these three criteria: customer desirability, operational feasibility, and financial viability.

V. Key Dates

Aug. 21   Request for proposal announced
Sept. 5   Webinar for potential applicants (2:00 p.m. ET)
Oct. 5   Applications due by 9:00 pm Eastern time
Oct. 24   NCMM submits recommendations for proposals to be accepted to FTA

Successful candidates will be notified of their selection once NCMM receives final approval from the FTA.

VI. Application Screening and Review Process

1. Screening. All applications received will be screened to determine that the minimum requirements noted in the application have been met. Only those applications that meet the minimum requirements will be forwarded for review.

2. Review Process. Awards will be made through a competitive process to qualified applicants. A review committee will evaluate the proposals based on the evaluation criteria specified below. NCMM will recommend those projects receiving the highest recommendations by its review committee. It looks to fund at least one project in each of the four challenge areas, and also strives to ensure geographic diversity among the grantees. FTA will make the final selection of successful applicants for this Design Challenge opportunity.

VII. Application Evaluation Criteria

Applicants must meet minimum requirements. All applications will be initially screened to determine if they meet these minimum requirements:

- Complete application must be received by email by the deadline.

- Total grant funds requested cannot exceed $30,000.

- An eligible applicant must submit the application

- The application must include all required team members as listed in Section II of the team application.

- All team members must indicate they are willing and able to participate in **all** activities.

Explanation of ratings:
Applications will be rated on the basis of highly recommended (HR), recommended (R), and not recommended (NR) in the following areas:

1. Team composition/stakeholder participation. The team members represent the key stakeholders related to the selected project area, and include at least one patient/caregiver representative.

2. Understanding of health care access challenge area.
    a. The application narrative demonstrates that the team has a solid understanding of the challenge area.
    b. The pre-application activities, as described in the application narrative, demonstrate that the team has engaged in primary research to the extent necessary to inform the team about the challenge area.
    c. The pre-application activities, as described in the application narrative, demonstrate that the team engaged in secondary research to the extent necessary to inform the team

about the challenge area.

3. Measuring Impact
    a. The proposed scope of the project (e.g., target audience, potential impact), as described in the application narrative, will address a significant health care access challenge in terms of the total numbers or percentage of the target audience that would be impacted by the implementation of the project.
    b. The team gives clear indications of how it will measure baseline conditions as part of this planning process.
    c. The team clearly describes the type and scope of outcomes it would expect from this project once it is implemented and how they would be measured.

4. Commitment of Core Team Members
    a. Each individual team member indicates a commitment to solving this health care access challenge.
    b. Individual team members articulate a role for themselves (e.g., bringing their network to the table, offering unique skills and experiences) in participating with this health care access project.

5. Organizational Capacity. The applicant provides evidence of the organization's capacity to undertake this project and complete all required deliverables within the grant period.

6. Budget.
    a. In applicant's budget, the projected costs and rationale for those costs are clearly explained.
    b. Projected budget is reasonable for the proposed scope of activities.

The review committee will make its recommendations based on the following guidelines:

- Applications rated as highly recommended (HR) will be those that receive "HR" in at least these categories—1, 2a, 2b, 2c, 3a, and 4a—and receive no "NR" ratings.
- Applications rated as recommended (R) will be those that receive "R" in at least these categories—1, 2a, 2b, 2c, 3a, and 4a—and receive no more than one "NR" rating.
- Applications rated as not recommended (NR) will be those that receive "NR" in 2 or more categories, or receive an "NR" rating in any of these categories: 1, 2a, 2b, 2c, 3a, and 4a.

For more information, contact Amy Conrick, conrick@ctaa.org, 202-415-9692

Application Instructions

I. General Instructions

1. <u>Deadline for receipt of application.</u> October 5, 2017, 9:00 p.m. Eastern time

2. <u>Directions for submitting application.</u> Email a Word or pdf file of your application to Alex King, king@ctaa.org, with a copy to Amy Conrick, Co-Director, National Center for Mobility Management, at conrick@ctaa.org. Only e-mailed applications will be accepted.

3. <u>Minimum requirements</u>. ALL of the requirements listed below must be met in order for an application to be forwarded to the Review Committee.

   • Complete application must be received by email by the deadline.

   • Total grant funds requested cannot exceed $30,000.

   • An eligible applicant must submit the application

   • The application must include all required team members as listed in Section II of the team application.

   • All team members must indicate they are willing and able to participate in **all** activities

II. Eligible Applicants and Team Composition

1. <u>Eligible applicants</u>. Eligible applicants are designated or direct recipients for funds under 49 U.S.C. 5307, 5310 or 5311, or an eligible subrecipient of these funds. Eligible subrecipients under FTA programs include state or local government authorities, nonprofit organizations, and operators of public transportation. The applicant must have the capacity to successfully execute the project, and its partners should have the capacity to execute their roles successfully. The applicant should have no outstanding legal, technical, or financial issues that would make this a high-risk project.

2. <u>Team leads</u>. Each team must have an identified *team leader* who will convene the team and maintain the team's momentum during the duration of the project. The team lead will be a staff member of the applicant organization. Having a co-lead from another member organization is also encouraged.

3. <u>Team membership</u>. Each team should have a minimum of five and a maximum of ten members. At least five of those members, including the team lead, should be drawn from the following sectors:

   • 1 or more people representing a patient perspective (e.g., actual patient, patient advocate, caregiver)

   • 2 or more mobility professionals (e.g., public or private transportation provider [of bus, van, vanpool, carpool, taxi, bike-sharing services], transportation management

association, volunteer transportation network, ridesharing coordinator, mobility manager, transportation planner)

- 2 or more local health care professionals relevant to the team's problem area (e.g., hospital, community-based clinic, treatment center, rehabilitation center). For example, applicants proposing to improve mobility access for cancer patients must include a representative from a local cancer treatment center; likewise, applicants proposing to improve mobility access for behavioral health patients must include a representative from a behavioral health center.

Additional team members may be drawn from the following:

- Case management services (e.g., social worker, care coordinator, discharge planner, community health worker)
- Ancillary health care providers (e.g., physical therapists, community-based care transition programs, home-health aides)
- Community-based organizations (e.g., those providing services to older adults, people with disabilities, people with limited income, patients with chronic diseases)
- Local healthy living advocates and practitioners
- Local elected or public agency officials
- City or county health department
- Health plans, insurance providers, managed care providers, accountable care organizations
- Naturally occurring retirement community (NORC)
- Technology sector
- Others who would round out team experience, networks, and skills

III. Elements of the Application Package

The application package includes three sections:

    A. Grant application proposal narrative

    B. Grant budget form and narrative

    C. Transmittal and commitment letter

A. Grant application proposal narrative

Team and team member information. Applicants who wish to have their proposal considered must follow the exact outline below and respond to all points.

    1. <u>Title</u>. Proposed project title

2. <u>Community.</u> Name of community represented by the team (e.g., northwest Florida, state of Minnesota, Johnson City)

3. <u>Team's proposed health care challenge area</u>. Please state your team's focus area for this project, taken from the list below. (*Note*: If teams are interested in applying for more than one challenge area, they may submit an additional application. However, each selected applicant will be funded to respond to only one challenge area.)

   • Treatment for chronic diseases that require continual, frequent appointments (e.g., dialysis, chemotherapy)

   • Treatment for acute, immediate, or unpredictable health care needs (e.g., sick visits, hospital discharge, medical appointments with uncertain end time, emergencies that do not qualify for ambulance transport)

   • Ongoing treatment necessary for post-hospitalization recovery and to help people avoid re-hospitalization

   • Behavioral health treatment, including substance addiction treatment

4. <u>Funds requested</u>. Total amount of NCMM project funds requested (maximum $30,000)

5. <u>Lead organization</u>. The official legal name, address, and telephone number of the organization that is submitting the application and would be contracting with the Community Transportation Association of America on behalf of the NCMM.

6. <u>Person submitting the application</u>. Name of the person legally authorized to submit the application, answer questions about the application, and negotiate for and contractually bind the organization. Include address, phone, and email.

7. <u>Service area </u>(150 words or less). Brief description of the service area that will constitute the "community" for the project, including the geographic characteristics of the area, such as urban, rural, suburban, tribal, and frontier. *Note*: Community may include, but is not limited to, a formal or informally defined region, tribal nation, multi-county region, single county, city/town, neighborhood, or corridor. In defining their community, applicants should take into consideration the feasibility of gathering representative primary data (interviews, observations) and defining how their solution would have a measurable impact in that community; for very large geographic areas, this may be more difficult.

8. <u>Target population </u>(150 words or less). Brief description of the target population for the project. As applicable, include information about age, disability, ethnicity, income, and prevalent medical needs, among other characteristics. Applicants are encouraged to be as specific as possible in defining their target population, and ensure that the proposed performance measures align with the target population.

9. <u>Team member information</u>. Please list team lead[s] first and designate them as such. For each team member, please include the following information:

   a. Name

    b. Title and organization

    c. City/State

    d. Telephone

    e. Email

    f. A statement indicating the member is committed to working with the team on its chosen health care access challenge for the **entire** planning grant process and participate in all activities, including team meetings, webinars, and the two one-day workshops on dates proposed by the team

    g. A brief statement (no more than 150 words each) from each team member that i) explains why the member wants to participate in the project; ii) describes the information, experience, and/or insights related to the team's chosen health care access challenge the member will bring to the team; iii) identifies the personal and professional strengths the member will bring to the team's project

10. Results of primary research (750 words or less). Before submitting its application, proposing teams will plan and implement research related to the challenge area by engaging with "customers" who have direct experience with the challenge area. Examples of customer types could be patients and caregivers, health care professionals, health care funders, insurers, and transportation providers and funders. This research involves conducting at least 10–12 interviews (total across the team) and/or observations with individuals in your community to learn about how they are affected by the challenge area, what their current workarounds are, and how they would address the problem, among other input. Teams are encouraged to use design thinking interviewing and research techniques to deeply understand different types of customers affected by health care access barriers. These interviewing and research techniques will be discussed in the pre-application webinar on September 5, 2017 at 2:00 pm.

In this section, the applicant will describe the knowledge the team members have gained through these conversations and observations by answering the following questions.

- What customers/potential customers did they meet with and/or observe, and what did they learn about their health care access needs, goals, and wants? What surprises or "aha" moments did they have about what would be most valuable for these customers?

- What other stakeholders did they meet with and/or observe, and what did they learn about their health care–related access needs, goals, and wants? What surprises or "aha" moments did they have about what would be most valuable for these stakeholders?

- What issues do team members experience related to health care access in the community? What would be most valuable for these stakeholders?

11. Results of secondary research (400 words or less). Narrative describing results of secondary research. In this section, describe the major findings that team members have gained through secondary research (from existing surveys, reports, studies, and other data sources).

12. Framing the Opportunity (50 words or less). Based on the responses to the above questions, what does the team see as opportunities to make the biggest impact in people's lives? What is worth pursuing?

B. Grant Budget Form and Narrative

1. Grant budget form. An overall project budget should be provided that gives, at a minimum, the breakdown of proposed expenses. Each budget item proposed must be described in an accompanying budget narrative. All applicants must use the format in the chart below. (Note: not all applicants will have expenses in each line item; simply enter a zero in items that will not be used.) All contracts entered into as a result of this solicitation will be required to comply with all standard federal accounting requirements.

Item	Grant Funds	In-kind Funds (optional)	Total Project Funds
1. Direct labor salaries or wages			
2. Fringe benefits			
3. Travel			
4. Contracted/consultant services			
5. Meeting costs			
6. Other direct costs			
7. Indirect costs			
8. Materials and supplies			
9. Miscellaneous (specify)			
10. **TOTAL GRANT BUDGET (requested funds not to exceed $30,000)**			

2. Grant budget narrative. Provide justification for each of the budget categories above. Please note the following:

- Consultant services may includes artistic/graphic illustration, video production and editing, design, secondary research, among other services.

- Other direct costs may include teleconference, telephone/fax, printing, office space, among other costs.

- Indirect costs. Please provide documentation regarding the indirect rate.

- If in-kind support will be provided by the applicant organization (e.g., supplementing project staff salaries) and/or key partners, please provide broad details on this type of suppport. In-kind support may include providing staff support, free meeting space, meeting refreshments, postage, etc. In-kind support is encouraged but not required.

- Grant funds are provided to support planning and development activities. Direct services may not be supported with grant funds. In addition, vehicles or equipment of any kind may not be purchased; however, leasing vehicles and equipment for the purposes of testing a service solution in the marketplace may be paid for with grant funds. Leasing permitted with prior approval only.

C. Transmittal and Commitment Letter

Please submit a one-page letter with your application on behalf of the lead organization, signed by an official or officer who is legally authorized to answer questions about the application, as well as negotiate for and contractually bind the organization. The purpose of this letter is to assure application reviewers that key staff will have adequate time to support the project and assure its success. The letter should briefly describe the applicant's organizational staffing plan for the project, including the name and title of the person who will have overall day-to-day responsibility for the project and for coordination and contact with the NCMM. The letter should also convey the organization's commitment to collecting and reporting data on the performance measures noted in the General Information section, and the person who will be responsible for the data collection and regular reporting. The letter must also state that the application is valid as submitted for a period of up to 180 days from the submittal due date.