Opportunity Details

Opportunity Information

Public Link
https://il.amplifund.com/Public/Opportunities/Details/25595216-6cc7-40f0-9aa5-0b550dddc17c

Question Submission Information

Question Submission Open Date
10/01/2021 12:00 AM

Question Submission Close Date
10/15/2021 11:59 PM

Question Submission Email Address
HFS.Transformation@illinois.gov

Question Submission Additional Information

1. CONSIDER THE HTC INSTRUCTIONS GUIDE REQUIRED READING FOR HOW TO COMPLETE THE HTC APPLICATION.

Please read the HTC Application Instructions guide thoroughly, from beginning to end, before beginning your application. These instructions clear up many potential sources of confusion and provide instructions that are essential for submitting a complete and viable HTC application.

In this resource, we provide videos and slides for navigating the HTC application in Amplifund and instructions for completing specific sections of the application. (e.g., how to fill out a budget).

We also provide additional information about the content of the application to help you understand what HFS is looking for in an effective application.

The HTC Application Instructions Guide can be found at this address:
https://www2.illinois.gov/hfs/HealthcareTransformation/Documents/HTCApplicationInstructionsGuide.pdf

For a brief checklist to keep your application on track, navigate to https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx and find a link.

2. QUESTIONS ABOUT HTC AND THE SUBSTANCE OF THE APPLICATION ARE DUE BETWEEN OCTOBER 1 AND OCTOBER 15.

Questions seeking clarity on the HTC program and the substance of the application (as opposed to technical questions) should be sent to HFS.Transformation@illinois.gov. Questions are due before 11:59 pm on October 15, 2021. Answers will be published on the FAQ Page of the HTC website (https://www2.illinois.gov/hfs/Pages/htcfaqs.aspx).

HFS will answer questions as soon as possible. Interested parties should regularly check for new questions and answers at the FAQ web address listed above.

For more information about HTC and the application, you may also consult the September 30 informational webinar video and slide presentation, as well as the many resources available to support you in your application. All of these resources are located at the HTC Application Information page (https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx).

3. AMPLIFUND WILL RESPOND WITHIN 2 HOURS TO ALL TECHNICAL SUPPORT QUESTIONS.

If you are having technical difficulties with Amplifund, you may email your question to support@il-amplifund.zendesk.com or call 216-377-5500, though callers to this number will likely be directed to the online system. Amplifund guarantees

responses to support requests within two hours of questions submitted during business hours.

You may also consult the Amplifund customer support website at https://il-amplifund.zendesk.com. At this site, you may submit support tickets and access instructional content. Access to this site requires registration of a new account specifically with the Amplifund Zendesk site.

For a general overview of how to submit an application using Amplifund, you may access a tutorial video provided by Amplifund here: https://il-amplifund.zendesk.com/hc/en-us/articles/360053747153-Introduction-to-the-Applicant-Portal

Additional Information

Additional Information URL

https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx

Additional Information URL Description

Please refer to the Application Information page of the Healthcare Transformation Collaboratives website for all information related to the application process.

For information about the program, visit htc.illinois.gov.

Project Information

Application Information

Application Name

Award Requested

Cash Match Requirement
$0.00

Cash Match Contributions
$0.00

In-Kind Match Requirement
$0.00

In-Kind Match Contributions
$0.00

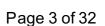Other Funding Contributions
$0.00

Total Award Budget
$0.00

Primary Contact Information

Name

Email Address

Address

Phone Number

Project Description

0. Start Here - Eligibility Screen

HELP AND SUPPORT INFORMATION

If you need help or have a question:

- *For guidance on this form,* consult the *HTC Application Instructions resource*.
- *If you have a question about the subject matter of the application,* email HFS.Transformation@illinois.gov *before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund,* email support@il-amplifund.zendesk.com *with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund:* Visit the vendor's *support website* for user *guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Eligibility Screen

Note that applications cannot qualify for funding which:

1. **fail to include multiple external entities within their collaborative (i.e. entities not within the same organization); or,**
2. **fail to include one Medicaid-eligible biller.**

Does your collaboration include multiple, external, entities?

○ Yes
○ No

STOP! Based on your response above, your application is NOT eligible and cannot be advanced for funding. Applications must propose a collaborative between multiple external entities in order to be considered for funding. Please refer to the HFS Guide to Collaborations, the Application Instructions Guide, and the FAQs for more information on eligibility requirements and the formation of collaboratives.

If your organization is seeking collaborators, you may consult our HFS networking resource, HTC Connections.

Can any of the entities in your collaboration bill Medicaid?

○ Yes
○ No

STOP! Based on your response above, your application is NOT eligible and cannot be advanced for funding. Collaboratives must include at least one entity that can bill Medicaid to be considered for funding. Please refer to the FAQs for more information on this eligibility requirement.

Based on your responses to the two questions above, your application meets basic eligibility criteria. You may proceed to complete the remainder of the application.

When you're finished answering the questions on this page, click <u>Mark as Complete</u>. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **<u>Save</u>** or **<u>Save & Continue</u>** to fill out the missing information at a later time.

1. Participating Entities

HELP AND SUPPORT INFORMATION

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the HTC Application Instructions resource.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's support website for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Contact Information for Collaborating Entities

1. What is the name of the lead entity of your collaborative?

2. Please provide primary contact information, secondary contact information, and the Tax ID # of each entity in your collaborative. Please list the lead entity in the top row.

Entity Name	Tax ID # (xx-xxxxxxx)	Primary Contact	Position	Email	Office Phone	Mobile Phone	Secondary Contact	Secondary Contact Position	Secondary Contact Email

3. Please confirm that you have entered the required information for each entity in the table above, including secondary contact information and Tax ID #.

○ I confirm

4. Please upload the most recent IRS Form 990 (including Schedule H, if applicable) for all participants in the collaboration. (Note: These 990s will all have to be compiled into a single PDF file.)

Participating Entities

Note on the centrality of collaborations to HTC:

We believe that to truly transform health, patients' physical health, behavioral health and social needs must be addressed in a coordinated way within their community. Given this, we are looking for collaborations that represent a broad and meaningful spectrum of the healthcare, behavioral health and social determinants of health delivery system at the community-level.

Glossary of Key Terms - Download Here
Form 1 Glossary of Key Terms.pdf

Please answer the following questions regarding the various entities that would comprise your collaborative. If you are unfamiliar with any key terms on this form, consult the glossary linked below.

1. Are there any primary or preventative care providers in your collaborative?

○ Yes
○ No

1A. Please enter the names of entities that provide primary or preventative care in your collaborative.

2. Are there any specialty care providers in your collaborative?

○ Yes
○ No

2A. Please enter the names of entities that provide specialty care in your collaborative.

3. Are there any hospital services providers in your collaborative?

○ Yes
○ No

Note: HFS is seeking to know in which MCO networks each hospital in your collaborative participates.

3A. Please enter the name of the first entity that provides hospital services in your collaborative.

3B. Which MCO networks does this hospital participate in?
☐ YouthCare
☐ Blue Cross Blue Shield Community Health Plan
☐ CountyCare Health Plan (Cook County only)
☐ IlliniCare Health
☐ Meridian Health Plan (Former Youth in Care Only)
☐ Molina Healthcare

3C. Are there any other hospital providers in your collaborative?

○ Yes
○ No

3D. Please give the name of your second hospital provider here.

3E. Which MCO networks does this hospital participate in?
☐ YouthCare
☐ Blue Cross Blue Shield Community Health Plan
☐ CountyCare Health Plan (Cook County only)
☐ IlliniCare Health
☐ Meridian Health Plan (Former Youth in Care Only)
☐ Molina Healthcare

3F. Are there any other hospital providers in your collaborative?

○ Yes
○ No

3G. Please give the name of your third hospital provider here.

3H. Which MCO networks does this hospital participate in?

☐ YouthCare
☐ Blue Cross Blue Shield Community Health Plan
☐ CountyCare Health Plan (Cook County only)
☐ IlliniCare Health
☐ Meridian Health Plan (Former Youth in Care Only)
☐ Molina Healthcare

3I. Are there any other hospital providers in your collaborative?

○ Yes
○ No

3J. Please give the name of your fourth hospital provider here.

3K. Which MCO networks does this hospital participate in?
☐ YouthCare
☐ Blue Cross Blue Shield Community Health Plan
☐ CountyCare Health Plan (Cook County only)
☐ IlliniCare Health
☐ Meridian Health Plan (Former Youth in Care Only)
☐ Molina Healthcare

3L. Are there any other hospital providers in your collaborative?

○ Yes
○ No

3M. Please give the name of your fifth hospital provider here.

3N. Which MCO networks does this hospital participate in?
☐ YouthCare
☐ Blue Cross Blue Shield Community Health Plan
☐ CountyCare Health Plan (Cook County only)
☐ IlliniCare Health
☐ Meridian Health Plan (Former Youth in Care Only)
☐ Molina Healthcare

3O. If there are any other hospitals in your collaborative, please list them all here, together with a list of MCO networks which each participates in.

4. Are there any mental health providers in your collaborative?

○ Yes
○ No

4A. Please enter the names of entities that provide mental health services in your collaborative.

5. Are there any substance use disorder services providers in your collaborative?

○ Yes
○ No

5A. Please enter the names of entities that provide substance abuse disorder services in your collaborative.

6. Are there any social determinants of health services providers in your collaborative?

○ Yes
○ No

6A. Please enter the names of entities that provide social determinants of health services in your collaborative.

7. Are there any safety net or critical access hospitals in your collaborative?

○ Yes
○ No

7A. Please list the names of the safety net and/or critical access hospitals in your collaborative.

8. Are there any entities in your collaborative that are either certified by the Illinois Business Enterprise Program (BEP) or not-for-profit entities that that are majorly controlled and managed by minorities?

○ Yes
○ No

8A. Please list the names of the entities in your collaborative that are either certified by the Illinois Business Enterprise Program (BEP) or not-for-profit entities that that are majorly controlled and managed by minorities.

9. Please list the Medicaid-eligible billers (firms that can bill Medicaid for services) in your collaborative, and the Medicaid ID for each.

10. Below are high-level descriptions of project types that appeared in the Transformation funding statute. Check any that apply to your project; if none apply, please provide a brief description of what kind of entities comprise your collaboration. (This question is informational only and will not affect your eligibility).

☐ Safety Net Hospital Partnerships to Address Health Disparities
☐ Safety Net plus Larger Hospital Partnerships to Increase Specialty Care
☐ Hospital plus Other Provider Partnerships in Distressed Areas to Address Health Disparities (led By Critical Area Hospitals, Safety Net Hospitals or other hospitals in distressed communities)
☐ Critical Access Hospital Partnerships (anchored by Critical Area Hospitals, or with Critical Area Hospitals as significant partners)
☐ Cross-Provider Care Partnerships Led By Minority Providers, Vendors, or Not-For-Profit Organizations
☐ Workforce Development and Diversity Inclusion Collaborations
☐ Other

10A. If you checked, "Other," provide additional explanation here.

[10A. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.

2. Project Description

HELP AND SUPPORT INFORMATION

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the HTC Application Instructions resource.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's support website for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Brief Project Description

1. Provide an official name for your collaboration. NOTE: Please ensure that this name matches the name given in the "Application Name" field in the Project Information form at the beginning of the application.

2. Provide a one to two sentence summary of your collaboration's overall goals.

Detailed Project Description

Provide a narrative description of your overall project, explaining what makes it transformational.

Specify your service area, identify the healthcare challenges it faces, and articulate your goals in addressing these challenges; explain your strategy and how it addresses the causes of these challenges, and lay out the expected timeframe for the project.

Describe any capital improvements, new interventions, delivery redesign, etc. Your narrative should explain the need for each significant item in your budget, clarifying how each connects to the overall goals and operations of the collaboration.

Provide your narrative here:

[Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.

3. Governance Structure

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the HTC Application Instructions resource and the HFS Guide to Collaborations.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's support website for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Note on the significance of governance structure:

We recommend you consult the HFS Guide to Collaborations for your reference as you develop your governance structure.

The governance section should reflect serious thought regarding the execution, management, accountability, and inter-reliance of the participating members of your collaboration. It should be clear how the structure and governance will bind the various participating organizations into an interrelated enterprise to accomplish the scope of work and the promised outcomes of the proposal. A well-developed governance process is the engine that will drive the effective implementation of the project. Absent quality governance, great ideas and good intentions often fall short or fail altogether

Structure and Processes

1. Please describe in detail the governance structure of your collaboration and explain how authority and responsibility will be distributed and shared. How will policies be formulated and priorities set?

[1. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Accountability

2. How will collaborating entities be made accountable for achieving desired outcomes? How will the collaboration be made accountable for acting prudently, ethically, legally, and with extensive participation from each participating entity? What methods will be used to enforce policy and procedure adherence?

[2. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

New Legal Entity

3. Will a new umbrella legal entity be created as a result of your collaboration?

○ Yes
○ No

3A. Please give details on the new entity's Board of Directors, including its racial and ethnic make-up.

[3A. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Payments and Administration of Funds

> **Note: It is likely that transformation funds for proposals will come in the form of utilization-based Directed Payments to a healthcare provider(s) or behavioral health provider(s) in the collaboration. These entities will receive a report earmarking these payments as transformation funds. These funds must then be distributed among the collaborating entities.**

4. How will you ensure direct payments to providers within your collaboration are utilized for your proposed program's intended purpose? If the plan is to use a fiscal intermediary, please specify.

[4. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.

4. Racial Equity

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, we especially recommend reviewing the recording of the 9/30/21 Informational Webinar (accessed via the HTC Application Information page) in which the racial equity section received extended explanation. You may also consult the HTC Application Instructions resource and HFS' Racial Equity Impact Assessment Help Guide posted on the HTC website.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's support website for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Background on HTC and racial equity:

This form contains a racial equity impact assessment, or REIA. An REIA is a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision. REIAs are used to minimize unanticipated adverse consequences in a variety of contexts, including the analysis of proposed policies, institutional practices, programs, plans and budgetary decisions. The REIA can be a vital tool for preventing institutional racism and for identifying new options to remedy long-standing inequities. (Source: Race Forward - "Racial Equity Impact Assessment")

High-Level Narrative

A fundamental focus of healthcare transformation is racial equity. Please provide a high level description of how the design of your proposal incorporates racial equity. (Greater detail will be requested in the questions below.)

[High Level Narrative - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Racial Equity Impact Assessment Questions

1. Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal?

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. Have stakeholders from different racial/ethnic groups — especially those most adversely affected or from vulnerable communities — been informed, meaningfully involved and authentically represented in the development of this proposal? Who's missing and how can they be engaged?

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed?

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

4. What factors may be producing and perpetuating racial inequities associated with this issue? How did the inequities arise? Are they expanding or narrowing? Does the proposal address root causes? If not, how could it?

[4 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

5. What does the proposal seek to accomplish? Will it reduce disparities or discrimination?

[5 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

6. What are negative or unforeseen consequences and positive impacts/opportunities for equity as a result of this proposal? Which racial/ethnic groups could be harmed or could benefit? How could adverse impacts be prevented/minimized and equitable opportunities be maximized?

[6 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

7. Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

[7 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

8. Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and enforcement? Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?

[8 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

9. What are the success indicators and progress benchmarks? How will impacts be documented and evaluated? How will the level, diversity and quality of ongoing stakeholder engagement be assessed?

[9 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.

5. Community Input

HELP AND SUPPORT INFORMATION

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the HTC Application Instructions resource.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's support website for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Service Area of the Proposed Intervention

1. Identify your service area in general terms (e.g., "West Chicago", "East St. Louis Metro Area", "Southeastern Illinois").

2. Please select all Illinois counties that are in your service area. (NOTE: Selecting a county does not mean that your intervention must service the entire county.)
(Hold CTRL+click on a PC or command+click on a Mac to select multiple counties).

Select counties:

3. Please list all zip codes in your service area, separated by commas.

Community Input

Note on the importance of community input:

For collaborations to meet the real-world needs of the community members they intend to serve, it's imperative that projects be designed with community member input. We are looking for projects that engaged community members in the design of the intervention being proposed. Methods of community participatory research are encouraged.

1. Describe the process you have followed to seek input from your community and what community needs it highlighted.

2. Please upload any documentation of your community input process or findings here. (Note: if you wish to include multiple files, you must combine them into a single document.)

Input from Elected Officials

1. Did your collaborative consult elected officials as you developed your proposal?
○ Yes
○ No

1A. If you consulted Illinois federal or state legislators, please select all legislators whom you consulted.
(Hold CTRL+click on a PC or command+click on a Mac to select multiple legislators).

Select legislators:

1B. If you consulted local officials, please list their names and titles here.

[Input from Elected Officials - Optional] Please upload any documentation of support from or consultation with elected officials. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.

6. Data Support

HELP AND SUPPORT INFORMATION

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the HTC Application Instructions resource.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's support website for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Note on the importance of data in proposal design:

It is imperative that applicants use data to design the proposed work. HFS is seeking applications that are "data-first." This means that applicants used data to determine health needs and designed and targeted the proposed work to meet those needs.

Examples of relevant data include, but are not limited to, data from the community data reports produced by UIC, data analysis of healthcare utilization data, qualitative and quantitative surveys, literary reviews, etc.

1. Describe the data used to design your proposal and the methodology of collection.

2. Attach the results of the data analyses used to design the project and any other relevant documentation. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.

7. Health Equity and Outcomes

HELP AND SUPPORT INFORMATION

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the [HTC Application Instructions resource](#).*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the [HTC FAQs page](#), which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's [support website](#) for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

1. Name the specific healthcare disparities you are targeting in your service area, including by race and ethnicity. Describe the causes of these disparities that your project specifically seeks to address and explain why you have chosen to address these causes.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Why will the activities you propose lead to the impact you intend to have?

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.

8. Access to Care

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the HTC Application Instructions resource.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's support website for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

1. Name the specific obstacles or barriers to healthcare access you are targeting in your service area. Describe the causes of these obstacles that your project specifically seeks to address and explain why you have chosen to address these causes.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Why will the activities you propose lead to the impact you intend to have?

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.

9. Social Determinants of Health

HELP AND SUPPORT INFORMATION

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the <u>HTC Application Instructions resource</u>.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the <u>HTC FAQs page</u>, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's <u>support website</u> for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Note on the significance of social determinants of health:

A full 50% of a person's health outcomes can be attributed to social determinants of health (that is, factors such as education, economic stability, housing, access to healthy food, access to transportation, social support and environment). Given this, we are looking for collaborations that meaningfully address social determinants of health in coordination with physical and behavioral health.

1. Name the specific social determinants of health you are targeting in your service area. Describe the causes of these social determinants that your project specifically seeks to address and explain why you have chosen to address these causes.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Why will the activities you propose lead to the impact you intend to have?

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **<u>Save</u>** or **Save & Continue** to fill out the missing information at a later time.

10. Care Integration and Coordination

HELP AND SUPPORT INFORMATION

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the HTC Application Instructions resource.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's support website for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

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

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. Do you plan to hire community health workers or care coordinators as part of your intervention?

○ Yes
○ No

2A. Please submit care coordination caseload numbers and cost per caseload (stratified by risk, if applicable).

[2A - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Are there any managed care organizations in your collaborative?

○ Yes
○ No

3A. Please list the names of the managed care organizations in your collaborative.

3A. If no, do you plan to integrate and work with managed care organizations?

○ Yes
○ No

3B. Please describe your collaborative's plans to work with managed care organizations.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.

Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.

11. Minority Participation

1. 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.

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

Resource to help you search for/identify BEP-certified vendors in Illinois:
If you are seeking BEP-certified entities to partner/collaborate with, you may consult our resource guide linked below on How to Look Up BEP-Certified Vendors in the State of Illinois.

Download resource:
How to Look Up BEP-Certified Vendors in the State of Illinois.pdf

List entities here:

2. Please describe the respective role of each of the entities listed above, and specify whether they will have a role only during the implementation of your proposal or if they will have a role in the ongoing operation of your transformed delivery system.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Note for those wishing to apply for BEP certification:

We recognize that some individuals encountering this application may wish to gain BEP certification. Follow this [link to the state's Business Enterprise Program webpage](#) to begin the application process.

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be

submitted until all pages are marked as complete.

Not finished with this page yet? Click **<u>Save</u>** or **Save & Continue** to fill out the missing information at a later time.

12. Jobs

HELP AND SUPPORT INFORMATION

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the HTC Application Instructions resource.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's support website for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Existing Employees

1. For collaborating providers, please provide data on the number of existing employees delineated by job category, including the zip codes of the employees' residence and benchmarks for the continued maintenance and improvement of these job levels.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

New Employment Opportunities

2. Please estimate the number of new employees that will be hired over the duration of your proposal.
0

3. Describe any new employment opportunities in the future alignment of your proposal and how those opportunities reflect the community you serve.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

4. Please describe any planned activities for workforce development in the project.

[4 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.

13. Quality Metrics

HELP AND SUPPORT INFORMATION

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form*, consult the *HTC Application Instructions resource.*
- *If you have a question about the subject matter of the application*, email HFS.Transformation@illinois.gov *before October 15. Questions will not be taken after that date. Check for answers at the* HTC FAQs page, *which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund*, email support@il-amplifund.zendesk.com *with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's* support website *for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Alignment with HFS Quality Pillars

In order to complete this section, you will need to reference the HFS Quality Strategy document linked below.

HFS Quality Strategy:
https://www.illinois.gov/hfs/SiteCollectionDocuments/IL20212024ComprehensiveMedicalProgramsQualityStrategyD1.pdf

1. Tell us how your proposal aligns with the pillars and the overall vision for improvement in the Department's Quality Strategy.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. Does your proposal align with any of the following Pillars of Improvement?

2A. Maternal and Child Health?
○ Yes
○ No

Maternal and Child Health: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

[Maternal and Child Heath - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2B. Adult Behavioral Health?
○ Yes
○ No

Adult Behavioral Health: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

[Adult Behavioral Health - Optional] Please upload any documentation or visuals you wish to submit in support of your

response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2C. Child Behavioral Health?

○ Yes
○ No

Child Behavioral Health: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

[Child Behavioral Health - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2D. Equity?

○ Yes
○ No

Equity: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

[Equity - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2E. Community-Based Services and Supports?

○ Yes
○ No

Community-Based Services and Supports: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

[Community-Based Services and Supports - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Will you be using any metrics not found in the quality strategy?

○ Yes
○ No

3A. Please propose metrics you'll be accountable for improving and a method for tracking these metrics.

[3A - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Note: Once metrics are agreed upon in the negotiated funding agreement, HFS will proceed to establish a baseline for the service community, a tracking process, and negotiated improvement targets.

When you're finished answering the questions on this page, click <u>Mark as Complete</u>. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **<u>Save</u>** or **<u>Save & Continue</u>** to fill out the missing information at a later time.

14. Milestones

HELP AND SUPPORT INFORMATION

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the HTC Application Instructions resource.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's support website for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

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.

[Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.

15. Budget

HELP AND SUPPORT INFORMATION

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the HTC Application Instructions resource. HFS has also prepared technical video instructions on how to fill out and submit a budget.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's support website for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

1. Annual Budgets across the Proposal

In order to fill out budgets correctly, please view these technical video instructions for completing a budget.

Use the Excel template below to list the line items of your budget. Working within one single Excel file, fill out sheets for each year that you are requesting funds.

Please check that all totals are correctly calculated, especially if you have added new rows to the spreadsheet. Applicants are responsible for submitting accurate totals. *Note: This spreadsheet has been locked, but not password protected.*

Some aspects of your budget request may be funded out of state capital dollars and not transformation funds. HFS will make decisions on funding source. Include all expenses for which you seek reimbursement in your budget regardless of funding source

NOTE: Your budget should demonstrate a clear ramp down of reliance on Transformation funding and a ramp up of reimbursements for services and other funding sources that show sustainability over time.

HTC Annual Budgets Template
HTC Budget Template.xlsx

When completed, please upload your spreadsheet here.

[Budget - Optional] Please upload here any additional documentation or narrative you would like to provide around your budget. Include any documentation regarding budget items in the Construction category (drawings and estimates, formal bids, etc.) (Note: if you wish to include multiple files, you must combine them into a single document.)

2. Number of Individuals Served

Please project the number of individuals that will be served in each year of funding.

Year 1 Individuals Served

0

Year 2 Individuals Served
0

Year 3 Individuals Served
0

Year 4 Individuals Served
0

Year 5 Individuals Served
0

Year 6 Individuals Served
0

3. Alternative Payment Methodologies

Outline any alternative payment methodologies that your proposal might utilize for receiving reimbursement for services from MCOs.

[Alternative Payment Methodologies - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.

16. Sustainability

HELP AND SUPPORT INFORMATION

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the HTC Application Instructions resource.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's support website for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Include a narrative that describes how your budget will decrease reliance on Transformation funding over time and how reimbursements for services and other funding sources will increase and establish sustainability over time. (i.e. how will your project continue to operate without HTC funding?)

In particular, include how services that address social determinants of health will be funded on an ongoing basis (for example, through existing payment models, alternative payment methodologies for Medicaid services, or through other funding sources).

In your narrative, highlight any key assumptions that are critical to making your project sustainable.

Provide your narrative here:

[Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.