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**Call for Applications:**

**Implementation and Evaluation of an Integrated Behavioral Health (IBH)**

**Model in Primary Care**

**Care Transformation Collaborative of Rhode Island (CTC-RI), with funding from UnitedHealthcare*,* is pleased to offer up to ten (10) CTC adult/family primary care practices the opportunity to apply for funding for the Integrated Behavioral Health Program. Outlined below is the IBH “Call for Applications” from Care Transformation Collaborative (CTC) for adult/family primary care practices.**

**CTC VISION**

Rhode Islanders enjoy excellent health and quality of life. They are engaged in an affordable, integrated healthcare system that promotes active participation, wellness, and delivers high quality comprehensive health care.

**CTC MISSION**

To lead the transformation of primary care in Rhode Island in the context of an integrated health care system; and to improve the quality of care, the patient experience of care, the affordability of care, and the health of the populations we serve.

**CTC STRATEGIC GOAL**

To develop, implement and evaluate a sustainable IBH model serving adult patients within primary care settings.

**CTC COMMITTEE OVERSIGHT**

The IBH Committee, which includes medical and behavioral health providers, health plans, state agencies and key stakeholders, developed a clinical and financial IBH business model that has been tested through previous IBH pilots and shown to reduce costs, improve quality of care and positively mitigate outcomes associated with reduced inappropriate emergency room utilization and connecting chronic medical disease with behavioral health symptom management.

**CTC Sustainable IBH Objectives:**

* To assist PCMHs with recruiting and hiring an IBH provider for the primary care practice;
* To increase the identification of patients with behavioral health and substance use disorders (SUD) through universal screening for depression, anxiety and SUD;
* To increase ready access to brief behavioral health intervention for patients with mild to moderate depression, anxiety, SUD and co-occurring chronic conditions;
* To provide referral and care coordination for patients needing specialty mental health or substance use services;
* To provide care coordination and intervention for patients with health-related social needs and/or high emergency department (ED) utilization;

**CTC IBH Funding Details:**

CTC seeks to establish a one-year funding opportunity that provides IBH practice facilitation and practice infrastructure support for a total of 10 primary care practices (family or adult) over a one-year time period. There will be one IBH program cohort with ten (10) practices that will be eligible for one year of funding that has been provided by UnitedHealthcare to support IBH efforts.

Cohort 1: Feb 28, 2019 to February 28, 2020 (Active Phase with March-May 2019 as ramp-up preparation)

Funding over the course of Year 1 is designed to support IBH practice facilitation and practice and system of care time and efforts for implementing integrated behavioral health within primary care. CTC practices (past and present and non-CTC practices are eligible to apply for this funding opportunity; priority may be given to practices that have been part of the CTC initiative.

**Benefits to the Selected Practices:**

Selected practices would have access to and participate in on-site IBH practice facilitation consultation and webinar training (as needed) to assist them with implementing an IBH program geared towards providing holistic patient centered primary care services. Selected practices will be eligible for a total of $10,000 of financial support. Practices and systems of care will have access to and be expected to participate in monthly meetings with a trained IBH practice facilitator. Practices will be expected to participate in quarterly learning collaboratives and monthly IBH meetings. Practices/systems of care will be eligible to receive $3,500 after provider champion/team attendance at the first quarterly learning meeting and submission of 1st PDSA for universal screening of depression, anxiety and substance use disorder, $3,500 for infrastructure needs (i.e. hiring and on-boarding behavioral health clinician, EHR adaptations for capturing screening information, billing and coding, clinician templates), $3,000 for provider leadership in assisting team with meeting service deliverables including 2nd PDSA for screening of health related social needs and meeting universal behavioral health screening benchmarks.

Primary care patients and practices would benefit from having ready access to on-site behavioral health services and a coordinated referral system to specialty behavioral health services when patient severity requires higher levels of care and coordination. Practices that assist with testing the IBH business model will contribute to create a sustainable primary care program that provides patients with ready access to behavioral health care and assists systems of care with managing risk-based contracts.

**Assumptions:**

* Primary care practices, through the IBH model, will be able to provide on-site behavioral health treatment for twenty to thirty percent of the patient population that is seen each year in the PCP setting;
* Primary care practices will pre-schedule monthly on-site IBH consultation with system of care (SOC) representation (based on area of focus: i.e. billing, IT enhancements, hiring and credentialing) during the first three months of “ramp up”; With change in circumstances, practices would be expected to re-schedule monthly meetings in order to maintain focus on meeting program objectives, within the same month;
* Systems of care will provide practices with IT support needed to effectively capture and report behavioral health and health related social determinant of health screening and interventions, coding and behavioral health information to successfully bill for behavioral health services in primary care and human resources support to hire and credential behavioral health provider.

**Practice Requirements:**

**IBH Start-Up (1-6 months):**

All Phase 1 requirements will be implemented within a 1 to 6-month timeframe.

* Hire behavioral health (BH) staff, if not already in place, with a staffing ratio of 1 FTE for every 5,000 patient lives and with staff ready to see patients within 4 (four) months of award notification;
* Provide work space for the BH clinician within the primary care setting within four (4) months of award notification;
* Implement a staffing plan for patients to be able to access BH assessment/treatment with same day to 72-hour access (within one (1) month of start date of IBH clinician or award notification, if IBH clinician already hired);
* Establish billing systems that will allow for the billing of BH services and/or establish supervision of BH interns (within two (2) months of start date of IBH clinician or award notification, if IBH clinician already hired);
* Implement program identified, evidence based, screening tools for depression, anxiety, and SUD within six (6) months of award notification; practices may request option with of using screening tools different from the PHQ-9 (depression), GAD (anxiety), or CAGE-AID (alcohol and drugs) with justification;
* Select and implement an evidence-based health related social determinant of health screening tool that includes at least three (3) domains (recommended domains: housing insecurity, food insecurity, safety and domestic violence within nine (9) months;
* Commit to and host monthly on-site IBH consultation with membership to include practice leadership, physician/clinical champion, nurse care manager, and system of care leader (within 30 days of award notification);
* Commit to and have practice team participate in quarterly participation in quarterly webinar/live learning events;
* Commit to and establish IBH workflows including weekly review of high-risk patients (inclusive of patients with high emergency department usage) with BH conditions and monthly review of patients who have BH issues that interfere with management of chronic conditions with practice team (within six (6) months of award notification);
* Establish a BH compact including coordination and coordination tracking expectations to meet the needs of patients with severe depression, anxiety and SUD within three (3) months of award notification;
* Establish a Memorandum of Agreement with community health team for meeting health related social determinant of health needs or with a community agency within 9 months of award notification;
* Complete [Maine Health Access Evaluation Tool](https://www.ctc-ri.org/sites/default/files/uploads/MEHAF.pdf) at baseline (prior to beginning of the funding) and then at completion of the one year.

**By February 2020 achieve the following screening results:**

|  |  |
| --- | --- |
| Measure | Screening Incentive Threshold |
| Depression | 85% |
| Anxiety | 60% |
| Substance Use Disorder | 60% |
| Health Related Social Needs | AIM statement and reporting on 3 domains: recommend housing insecurity, food insecurity and safety and domestic violence |

**Application requirements**

* [Letter of support from system of care](https://www.ctc-ri.org/sites/default/files/uploads/SOC%20letter%20of%20support%20IBH.docx) if a practice is part of a system of care;
* [Letter of participation agreement](https://www.ctc-ri.org/sites/default/files/uploads/Sample%202019%20IBH%20practice%20letter%20of%20support.docx) from provider champion and practice team;
* Team completion and submission of [Maine Health Access Evaluation Tool](https://www.ctc-ri.org/sites/default/files/uploads/MEHAF.pdf) with application and at completion of funding opportunity;
* EHR system that can support a shared BH documentation, care plan and billing
* Current NCQA Patient Centered Medical Home (PCMH) recognition

**Timeline for Selection Process:**

|  |  |  |
| --- | --- | --- |
| **Step** | **Activity** | **Date** |
| 1 | Conference call with interested parties to answer any questions. \*Call-in number: 508-856-8222 code: 4614# | January 9th 12:30 and January 11th at 12:00 noon |
| 2 | Submit [practice team participation letter](https://www.ctc-ri.org/sites/default/files/uploads/Sample%202019%20IBH%20practice%20letter%20of%20support.docx) together with identified provider champion and team members to apply electronically to: CTC-ri@ctc-ri.org | January 18, 2019 at 5pm |
| **3.** | **Submit** [**system of care letter of support**](https://www.ctc-ri.org/sites/default/files/uploads/SOC%20letter%20of%20support%20IBH.docx) **with identified areas of practice support electronically to:** CTC-ri@ctc-ri.org | **January 18th, 2019 at 5pm** |
| **4** | **Practices submit completed application package- electronically to:** CTC-ri@ctc-ri.org  **Please include application checklist.** | **January 18th, 2019 at 5pm** |
| 5 | A Selection Committee, will meet to review submitted applications. | January 21-24th, 2019 |
| 6 | Final recommendations to CTC Board of Directors for review and approval | January 25th, 2019 |
| 7 | Notification will be sent to practices that have been chosen | January 25th, 2019 |
| 8 | Orientation for newly selected practices | February 28th, 2019, 7:30-9:00am, at RIQI |

**For questions contact:**

Carolyn Karner, Project Coordinator

([ckarner@ctc-ri.org](mailto:ckarner@ctc-ri.org))

T: 508-856-5497

**Application Package Submission Checklist**

**IBH application: practices submit application by 1/18/19;**

|  |  |
| --- | --- |
| **Check if complete** | **Item** |
| Final Package for Submission | |
|  | Submit [practice participation letter](https://www.ctc-ri.org/sites/default/files/uploads/Sample%202019%20IBH%20practice%20letter%20of%20support.docx) to apply electronically to: CTC-ri@ctc-ri.org  Letter to include: practice name, practice address, physician champion, practice leadership person, application key contact name of person responsible for project implementation, email address, and phone. If a multi-site practice, indicate physician champion at each site. Letter is to be signed by all members of the IBH implementation team ([sample participation letter](https://www.ctc-ri.org/sites/default/files/uploads/Sample%202019%20IBH%20practice%20letter%20of%20support.docx)) |
|  | *Prerequisite # 1:* Copy of current NCQA Recognition |
|  | *Prerequisite # 2:* Copy of team completion of [Maine Health Access Tool](https://www.ctc-ri.org/sites/default/files/uploads/MEHAF.pdf) **(only one per site needed).** |
|  | Application Form filled out completely |
|  | Written response to \_2\_ essay questions |
|  | Completed Application Package Checklist |

**Completed application packages – including completed checklist - should be received by 5:00 PM on 1/18/19**

**Email application package to: CTC-ri@ctc-ri.org.**

**For questions, contact:**

Carolyn Karner [CKarner@ctc-ri.org](mailto:CKarner@ctc-ri.org)

CTC Project Coordinator

Telephone: 508 528 3275

**Application for IBH Program**

**Practice Information**

Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Zip \_\_\_\_\_\_

Phone: \_\_\_-\_\_\_-\_\_\_\_

Practice Tax ID Number (TIN): \_\_\_\_\_\_\_\_\_

Type of Practice (e.g. Adult, Family, FQHC, Hospital-Based Clinic) \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

System of Care (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Champion Contact

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Leader who will be responsible for project implementation:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_-\_\_\_\_-\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if practice site is applying as a single site\_\_\_\_ or multi-site \_\_\_

If practice is part of a multi-site organization, indicate other practice sites that are applying:

If other practice sites are applying, please include above information for each of the practice sites:

|  |  |  |  |
| --- | --- | --- | --- |
| **List name and NPI number for all Practitioners (MDs, DOs, NPs and PAs):** | | | |
| Name | NPI# | Name | NPI# |
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| **Practice Payer Mix:** | | | | | |
| Payer | Number of Pts | % of Total Practice | Payer | Number of Pts | % of Total Practice |
| Medicare Adv |  |  | NHP-RI |  |  |
| Medicare FFS |  |  | Tufts Medicaid |  |  |
| United Commercial |  |  | United Medicaid |  |  |
| BCBS |  |  | Uninsured |  |  |
| Tufts Commercial |  |  | Other: |  |  |
| Total patients |  |  | Total Patients |  |  |

**Application**

**Prerequisites:**

1. Does your practice currently have PCMH NCQA recognition? Yes/no

Year \_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_ please provide copy with application;

2. Has the practice team completed the [Maine Health Access Evaluation Tool](https://www.ctc-ri.org/sites/default/files/uploads/MEHAF.pdf) for your practice? Yes/No

Total Score: \_\_\_\_\_\_\_\_\_ please provide self-assessment with application;

3. Does the EHR system have the capacity to bill for BH services? Yes/No

If no, indicate plan for offsetting BH costs or billing for BH services.

Electronic Health Record: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Indicate plans if your practice is anticipating changing electronic health systems within the next year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a copy of a sample standardized report for population health management, preferably screening patient population for depression, anxiety or substance use disorder.

Total patient panel size: \_\_\_\_\_\_\_\_\_; It is generally recommended that practice have 1 behavioral health clinician for patient panel of 5,000 patients; if your patient panel is less than 5,000 patients, indicate your IBH staffing plan so that patients could be seen within 72 hours for positive screen:

|  |  |  |
| --- | --- | --- |
| **Practice** | **Location** | **Patient lives** |
|  |  |  |
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|  |  |  |

**Application**

**Additional Application Information**

1. Does your practice currently employ a BH staff member(s)? Yes/No\_\_\_\_\_\_\_

If yes, please complete chart below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | # of people | Hours per week | Contract or employee | Co-located or integrated |
| Psychologist |  |  |  |  |
| LICSW |  |  |  |  |
| Licensed Social Worker |  |  |  |  |
| Licensed Family Marriage Therapist |  |  |  |  |
| Nurse Practitioner (Psychiatric) |  |  |  |  |
| Psychiatrist |  |  |  |  |
| Other |  |  |  |  |

2. Does your practice presently have a compact for community BH? Yes/No\_\_\_\_\_

If yes, indicate compact information:

Name of organization/person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate behavioral health conditions that are covered in the compact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3a. Which Social determinant of health screening tool does your practice presently use or N/A if not presently in use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3b. Which health related social needs is your practice screening patients for or N/A if not presently done? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3c. Indicate if your practice presently has a Memorandum of Agreement with a community health team for meeting health related social needs or a compact with a community organization(s) for meeting health related social needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Has your practice previously participated in an IBH training program? Yes/No\_\_\_\_\_

If yes, please describe the program and results:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Comment** |
| If your practice does not have IBH clinician in place with a staffing ratio of 1 FTE for patient panel of 5,000 lives (or 0.5FTE for 2,500 attributed lives) can you hire IBH staff within 4 months of award notification? |  |  |  |  |
| Can you provide workspace for the IBH clinician central to primary care? |  |  |  |  |
| Can you implement an IBH staffing plan for patients to be able to access IBH services with same day to no later than 72-hour access from original referral? |  |  |  |  |
| Can you establish billing systems for billing of IBH services? |  |  |  |  |
| If planning to hire non-independently licensed IBH providers, can you establish supervision of these individuals? |  |  |  |  |
| Can evidence-based screening tools for depression, anxiety and substance use be in place for all patients annually within 3 months of award notification? |  |  |  |  |
|  |  |  |  |  |
| For the evidence-based screening tools, can the PHQ9 (depression), GAD7 (anxiety) and CAGE-AID (alcohol and drugs) be primary tools used? *If no, please justify rationale for using other screening tools in the essay section.* |  |  |  |  |
| Can baseline reports be provided on screening rates for depression, anxiety and substance use within 3 month of award notification? |  |  |  |  |
| Can monthly practice registry reports on screening results (initial and follow-up as indicated by score on initial) occur within 4 months of award notification? |  |  |  |  |
| Can patients be re-screened within 6 months of initial screening if score on any screening is in moderate-severe range? |  |  |  |  |
| Can the practice agree to monthly on-site IBH consultation over 1 year with a minimum of physician/clinical IBH champion, nurse care manager, IBH provider, administrative/operational liaison, and IT professional present (Note SOC liaison would be expected to attend based on area of focus during the on-site meeting)? |  |  |  |  |
| Can the practice commit to monthly team meetings separate from the IBH consultation meetings to follow through with recommendations made by consultant and engage all team members? |  |  |  |  |
| Can weekly NCM/IBH clinician meetings occur to provide case consultation on shared patients and review of high-risk/high-utilizer patients? |  |  |  |  |
| Does site have a workflow in place for management of high-risk/high-utilizer patients with behavioral health conditions or chronic health conditions and behavioral health? |  |  |  |  |
| If the site does not have a workflow in place for management of high-risk/high-utilizers patients with behavioral health conditions or chronic health conditions and behavioral health, is there a commitment to creating one? |  |  |  |  |
| If there are no compacts in place with specialty mental health, is there a commitment to obtain at least one within 3 months of award notification? |  |  |  |  |
| Can the practice track and coordinate care of referrals to specialty mental health to report whether first appointment occurred? If not, can practice assist in identifying barriers to specialty mental health referral and track? |  |  |  |  |
| Can the practice create a population health approach targeted towards a chronic disease and behavioral health condition that are connected in the performance year? |  |  |  |  |
| Can evidence based screening tools for health-related social needs be in place for all patients annually within 9 months of award notification? If not, please justify in the comment section |  |  |  |  |
| Does site have a workflow in place for management of health-related social needs including Memorandum of Agreement with community health team or compact with community resource? |  |  |  |  |

**Essay Questions:**

**Please provide a response to each question (limit responses to a maximum of 500 words per question)**

1. Organizational Support and Commitment for Integrated Behavioral Health Patient Centered Care Delivery Model: Use of Enhanced Accountable Payments:

The goal of CTC –RI IBH Program is to help practices transform into PCMHs with a strong IBH infrastructure

* 1. How do you intend to use the IBH funds to transform your practice? (Examples may include staffing plan and use of funds to support care delivery model: (training staff, improving EHR, hiring IBH staff, etc.);
  2. How will the organization ensure that financial support is provided at the practice level?
  3. How will the organization embrace a culture of change and improvement and devote resources for practice team to be involved with team meetings and performance improvement activities?
  4. How will you assist your staff with participating in CTC-RI IBH transformation activities such as meeting with practice facilitators, IBH team meeting, attending learning collaborative?

1. Clinical Support and Quality Improvement for Practice Transformation

One of the qualities of successful practices in the PCMH model is strong provider leadership with commitment to practice transformation and broad support from all providers in the practice and engage in quality improvement activities.

Please describe:

* 1. the provider leadership commitment to PCMH transformation in your practice;
  2. Who will serve as the champion for practice transformation (can by physician or non-physician staff)?
  3. How has this individual demonstrated success in leading change initiatives?
  4. How is this individual in a position to influence practice change?
  5. Is there broad support from all providers, and nurse care manager, behavioral health clinician (if applicable) in the practice?
  6. a specific quality improvement initiative you have undertaken in your practice and how you have used Plan/Do/Study/Act (PDSA) within the team to improve care: clinical quality, customer experience or reducing utilization. Include measurable outcomes.

**CTC-RI Selection Committee Policy and Procedure (2019)**

We anticipate that we may have more applications than available slots, therefore it is critical that applications for participation in CTC-RI IBH Project be reviewed and scored in an objective, fair, and transparent manner.

**Review Criteria:**   
All reviewers will read and score each application independently using the scoring form and criteria established by the CTC Selection Committee. Reviewers will submit essay scores to CTC Management in January 2019.

Essay Questions: A total of 30 points is possible; for each essay question. 2 points if question answered; an additional 2-3 points if response demonstrated organizational interest/commitment and moderate degree of readiness; additional 4-5 points for above average response suggesting that the practice has high degree of readiness, has begun transformation work and is making progress towards IBH transformation.

Management will compile all scores into one table per application.

In the event of a tie, the following criteria will be used:

1. Completion of application-submitted on time and complete;
2. Number of Medicaid members-we desire a balance in population served;
3. Diversity in patient demographics; and/or
4. Previous experience with IBH model-practice can serve as a mentor
5. Representation from a variety of systems of care.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Requirements | | | | Essay Questions | |  |  |
| App # | Practice Letter of participation | SOC Letter | Maine Assessment | NCQA PCMH recognition | Essay #1 | Essay #2 | Comments | **Total** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
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