



**Request for Proposals:
Developing Rural Palliative Care Access in California – Planning Grants**

Submissions Due: November 30, 2016
Award Notifications: December 16, 2016
Grant Amount: Up to \$30,000
Grant Period: January 1 – April 30, 2017

About the California Health Care Foundation

The California Health Care Foundation (CHCF) is an independent philanthropy committed to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. CHCF is dedicated to ensuring that people have access to the care they need, when they need it, at a price they can afford. CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with change makers to create a more responsive, patient-centered health care system. Through our Ensuring High-Value Care goal, CHCF promotes care toward the end of life that is consistent with patients' wishes. For more information, visit www.chcf.org.

Background

Palliative care — with its whole-person approach to enhancing quality of life for patients with serious illnesses — has become increasingly available in California. Most large hospitals offer palliative care consultation services, and many community providers, such as hospices and medical groups, are offering or considering offering palliative care. Payers are also engaged in supporting palliative care; participants in CHCF's Payer-Provider Initiative include Blue Shield, Health Net, Anthem Blue Cross, and the Partnership Health Plan of California ([see online for more information](#)).

However, most rural communities, which are often medically underserved, offer limited or no palliative care. A 2014 CHCF survey ([Uneven Terrain: Mapping Palliative Care Need and Supply](#)

in California) found that, of California's 58 counties, 22 counties (17 of which are rural) had no community-based palliative care (CBPC) services. Even though a small proportion of deaths (19,000, or approximately 8%) occur in rural areas each year, any number of poorly managed health crises at the end of life take a great physical and emotional toll on individuals and their families. Understanding patients' health wishes and managing pain and other symptoms in their community might also be the less costly option in some cases, as compared to airlifting seriously ill individuals to tertiary care centers.

In July 2016, CHCF published [Country Road: Bringing Palliative Care to Rural California](#), an environmental scan that examines barriers and opportunities for increasing integration of CBPC into rural health care. The report highlights the unique challenges that rural areas face — particularly that such areas have significantly greater numbers of old, sick, and poor residents than urban and suburban regions. Rural areas also contend with high rates of substance abuse and addiction, complicating efforts to manage pain and symptoms. These characteristics present a patient profile that is markedly different from the group of elders with chronic physical illness and decline who are the typical palliative care population.

Experts interviewed for the report stressed that efforts to increase access to palliative care in rural California would require three principal elements to be successful: (1) time to develop programs and relationships with the community, (2) funding for program planning, and (3) evidence that such programs lead to improvements in clinical and fiscal outcomes.

Project Objectives

The objectives of this project are to:

- Foster partnerships among payers and palliative care providers in California rural settings
- Catalyze the development of initiatives that increase rural area access to palliative care through health insurance programs and products
- Test different approaches to providing and funding community-based palliative care
- Identify models that could be scaled and spread throughout California

These objectives will be pursued through this planning grant phase and potentially an implementation grant phase. This request for proposal (RFP) addresses the planning grant phase. *Future CHCF investments to implement these plans will be considered in 2017, based on the success of the planning grants.*

Project Description

Through an RFP process, CHCF will fund six to eight rural-focused stakeholder teams to develop a vision and plan for increasing rural palliative care access. Teams will include, at minimum, a health care provider organization (such as a hospice, medical group or health system) and a payer (such as a health plan) — *applications that include a community group with knowledge of the needs and resources of the area in the planning team will be prioritized in the RFP assessment process*. Plans can focus on enhancing access in an entire rural county, a portion of a county, or in an area that crosses county lines. The only requirements are that the intended service area includes at least one of California’s Rural Expansion Counties (see table on page eight), and that the defined service area experience at least 200 deaths per year. Teams are expected to submit a joint application, detailing how they will work together and engage the community to achieve their goal. Planning grants will range from \$20,000 to \$30,000 to support a four-month planning process (January – April 2017). Applications with multiple partners and a broader service area will be prioritized for the upper funding range.

The grants are intended to support the planning efforts of the stakeholder organizations. Organizations may be for-profit or nonprofit. For example, one partnership might consist of a hospice organization, a regional health plan, and a local faith-based community organization that together develops a plan for delivering pre-hospice palliative care to dual-eligible patients with advanced illness. Another partnership might consist of a large health plan, a telephonic palliative care program, and a local Federally Qualified Health Center that develops a plan for delivering virtual home-based palliative care to cancer patients on a fee-for-service basis, with clinic back-up on an as-needed basis.

Additional project elements will include:

- **Project awareness:** CHCF will publicize this opportunity among the Medi-Cal managed care plans operating in the rural managed care expansion counties, organizations focused on reducing rural health disparities, and palliative care providers and educators.
- **Advisors:** An advisory group consisting of rural health and palliative care experts will provide project guidance. The advisory group will develop educational programs and grantee meeting agendas, evaluate the success of the planning process, and shape the decision to continue with implementation support.
- **Grantee support:** During the four-month planning process grantees will have access to technical assistance on targeting patients, service delivery options, financing options, and metrics to assess impact. Grantees will also participate in brief monthly check-in calls with the project team

- **Convening:** Grantees and other stakeholders will meet on January 31, 2017, to explore the challenges and opportunities related to increasing access to rural palliative care. The convening will also highlight successful rural palliative care models in California and other states, with state and national experts as faculty.
- **Future funding:** Based on the partnerships developed through the planning grants and the potential for impact, CHCF will consider additional funding support for implementation in June 2017.

Eligibility Criteria

- Must focus work in California rural areas (see page eight for a list of eligible counties).
- The community or region to be served should experience at least 200 deaths annually. This stipulation is intended to ensure that services will have an adequate pool of patients to support a sustainable program.
- Each partnership must include at least one health care organization and one payer (or other organization that bears risk). Priority will be given to proposals that also include a local community health or social services organization familiar with area resources and known by the community.

Grantee Requirements

- The partnership must identify a lead organization to be the primary contact for CHCF, receive the grant funding from CHCF, and be responsible for managing the funds within the partnership.
- Grantees will develop a detailed plan that addresses rural palliative care service delivery, eligibility criteria, community outreach and awareness to increase acceptance, reimbursement mechanisms, and other considerations.
- Representatives of the partnership organizations will attend a meeting on January 31, 2017, in Sacramento, California.

Project Deliverables and Timeline

Grantees will develop a detailed operational and financial plan for delivering palliative care services to beneficiaries with serious illness in rural settings. The plan will, at minimum, address these areas:

- Partnership description
- Palliative care model (setting, staffing, target patients, etc.)
- Workforce capacity and development needs/plans

- Pricing and payment mechanisms
- Potential challenges
- Monitoring and success metrics

Grantees will be required to attend an in-person convening on January 31, 2017, and to participate in a check-in process midway through the grant period.

The expected timeline for this project is as follows:

Deliverable	Date
RFP released	October 14, 2016
Webinar for prospective applicants; Please pre-register ASAP at: https://attendee.gotowebinar.com/register/1851033700789454340	Wednesday, November 2, 2016 12:30 – 1:15 PM Pacific
Proposals due	November 30, 2016
Grants announced	December 16, 2016
Grant period	January 1 – April 30, 2017
Grantee convening in Sacramento	January 31, 2017 – time TBD
Final grantee reports due	April 30, 2017

Application Process

Proposals must be delivered as a single PDF file by email to Glenda Pacha, program associate (gpacha@chcf.org) by 5:00 PM Pacific on Wednesday, November 30, 2016, with the subject line, “RFP: Developing Rural Palliative Care Access in California.” Proposals will be acknowledged by a return email. *Hardcopies will not be accepted.*

Applicants should include the following materials in the proposal packet (additional guidelines and templates can be found at www.chcf.org/grants/submitting-a-proposal):

1. **Proposal cover sheet:** Available at the website above. The cover sheet should identify a lead organization for the partnership. This is the organization that will receive the grant funding from CHCF and will be responsible for managing the funds within the partnership.
2. **Tax ID information for the lead organization:**

- Nonprofit organizations should submit a copy of their IRS determination letters.
 - For-profit entities should submit completed W9 forms, available at the link above.
3. **Proposal narrative:** The narrative portion should be *no more than eight pages* (preferred length is six pages) of text with double-spaced lines in a 12-point font. The narrative should include:
 - a. **Partnership objectives:** Describe how your partnership will address the objectives outlined in this RFP. While these specifics will be developed further in the planning phase, you should include any initial thoughts regarding the partnership structure, rural palliative care service plan, number of individuals and families impacted, number of annual deaths in the region served, workforce development, pricing and payment mechanisms, potential challenges, and monitoring and success metrics. Also, describe how this initiative fits within each organization's overall vision.
 - b. **Participating organizations and partnership structure:** Describe each organization in the partnership and why your organizations are interested in collaborating. If this is an existing partnership, describe what has been accomplished to date. If this is a new partnership, describe prior collaborative efforts.
 - c. **Planning process:** Describe how your organizations envision working together throughout the planning process, including how the funds will be used.
 - d. **Partnership resources:** This initiative requires both clinical and business expertise, address how these necessary skills will be reflected in your partnership.
 - e. **Key Team members:** Name the key team members from each organization and briefly describe their roles in this project.
 - f. **Relevant experience:** Describe each organization's experience providing or reimbursing for palliative care services, including existing delivery and reimbursement models and volume of patients served.
 - g. **Potential challenges:** Describe any potential challenges you anticipate for this project and how you intend to address them. In particular, describe any potential risks that are unique to your partnership model.
 3. **Budget:** Complete a budget using either of the budget templates available online at www.chcf.org/grants/submitting-a-proposal. Include the name, role, and organizational affiliation for any staffing line items. If there are any specific budget considerations you want to highlight, you may include a one-page budget narrative with your budget proposal. If you are requesting a budget over \$25,000, please provide justification for a higher funding amount.
 4. **Partnership lead qualifications:** Provide a brief (no more than two pages) bio-sketch or CV for the lead staff person from each partner organization (one person from each of the two or three organizations) and include the name, title, organization, address, email, and telephone for each lead. This will not count as part of the proposal page limit.

Grantee Resources and Additional Project Elements

The following resources will be available to grantees during the planning process:

- **Funding:** This RFP process will award up to eight planning grants of up to \$30,000 per partnership. The average award will be \$25,000. This budget is intended to cover staff time for the partner organizations to develop operational and financial plans, and for one individual from each organization to attend an in-person convening on January 31, 2017, in Sacramento, California.
- **Financial modeling support:** Support to develop financial models and performance metrics will be provided by Kathleen Kerr, a consultant with expertise in assessing fiscal and utilization outcomes for palliative care services.
- **Clinical models support:** Four webinars will highlight successful clinical models in California and other states. The grantee convening on January 31, 2017, will also feature speakers with expertise in models of rural palliative care development.
- **Project management:** Project management support will be provided by Monique Parrish, who has extensive experience supporting palliative care initiatives.

Selection Process

When assessing proposals, the review committee will consider: proposed partnership model and approach to collaboration; whether the partnership includes a community organization; likelihood of impact based on the numbers of individuals with serious illness and the number of deaths occurring in the geographic region for this project; strength of partner resources; and relevant experience.

All funding decisions are made by CHCF, often in consultation with external experts.

For More Information

For questions about the RFP submission process, please contact Glenda Pacha, program associate, at gpacha@chcf.org.

For questions about the project content, please contact Kate O'Malley, senior program officer, at komalley@chcf.org.

California's 28 Rural Managed Care Expansion Counties

County	Population	Annual Deaths
Alpine	1,228	8
Amador	36,945	428
Butte	222,035	2,229
Calaveras	45,214	495
Colusa	21,987	129
Del Norte	28,530	272
El Dorado	184,054	1,398
Glenn	28,599	239
Humboldt	136,480	1,302
Imperial	179,326	1,010
Inyo	19,241	196
Lake	64,782	821
Lassen	34,966	229
Mariposa	18,101	185
Modoc	9,457	114
Mono	14,376	54
Nevada	98,317	1,005
Placer	365,125	2,865
Plumas	19,466	234
San Benito	57,366	307
Shasta	178,591	2,069
Sierra	3,270	37
Siskiyou	45,215	544
Sutter	97,386	733
Tehama	64,498	683
Trinity	13,776	152
Tuolumne	54,811	640
Yuba	73,600	562

Source: Counties as specified in Kemper, L., *On the Frontier: Medi-Cal Brings Managed Care to California's Rural Counties*, California Health Care Foundation, March 2015. Population and estimated annual deaths from California Department of Public Health: 2016 County Health Status Profiles (<http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx>).