

Medicaid Equity Simulation Project Request for Sub Award Proposals

“Health inequalities are the result of more than individual choice or random chance. They are the result of the historic and ongoing interplay of inequitable structures, policies, and norms that shape lives.”¹

Application Release Date: January 11th, 2021

Application Due Date: February 8th, 2021 5:00 PM (EST)

In partnership with the Ohio Department of Medicaid (ODM) and the Medicaid Technical Assistance and Policy Program (MEDTAPP), the Ohio Colleges of Medicine Government Resource Center (GRC) is seeking applications for the Medicaid Equity Simulation (MES) project to create online virtual simulated patient experiences for Ohio Medicaid healthcare providers. Eligible institutions include the following: Case Western Reserve University, Northeast Ohio Medical University, Ohio University, The Ohio State University, University of Cincinnati, University of Toledo, and Wright State University. ODM is interested in advancing health equity for the Medicaid population by further developing Ohio Medicaid provider cultural humility and awareness of implicit bias. This will be accomplished through development and delivery of online simulated patient experience training for State Fiscal Year (SFY) 2022 and SFY 2023. Applicants can see existing funded simulations on the GRC MES website: <http://grc.osu.edu/projects/MEDTAPP/MES>. **All simulations must be developed for online remote delivery and long-term sustainability.** ODM is not interested in funding in-person only simulations.

Funded entities will develop online simulated patient experiences through collaboration with other funded entities and appropriate partners to deliver simulations that are accessible to all Ohio Medicaid healthcare providers. **Applicants should submit proposals for simulations that address one or more of the three ODM priority populations outlined on page 2, below.** Additional populations and topics may be considered, also outlined on page 2.

Funded entities are expected to meaningfully engage with the population(s) of interest, experts, and community-based organizations serving the population profiled in the development of the simulation(s). Funded entities will be required to collaborate with other academic medical centers or health sciences colleges and universities in the state, in addition to community partners, health professional associations (e.g. Ohio Academy of Family Physicians, Ohio American Academy of Pediatrics, etc.), residency sites, and federally qualified health centers (FQHCs) in delivering simulations to Medicaid healthcare providers statewide.

All simulations must address at least one social determinant of health (SDOH)²:

Each of these five determinant areas reflects a number of key issues that comprise the underlying factors associated with the SDOH:

- Economic Stability
 - Employment
 - Food Insecurity
 - Housing Instability
 - Poverty

¹ National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in action: Pathways to health equity*. Washington, DC: The National Academies Press. doi: 10.17226/24624

² <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

- Education
 - Early Childhood Education and Development
 - High School Graduation
 - Enrollment in Higher Education
 - Language and Literacy
- Social and Community Context
 - Civic Participation
 - Discrimination
 - Incarceration
 - Social Cohesion
- Health and Health Care
 - Access to Health Care
 - Access to Primary Care
 - Health Literacy
- Neighborhood and Built Environment
 - Access to Foods that Support Healthy Eating Patterns
 - Crime and Violence
 - Environmental Conditions
 - Quality of Housing

Below is a list of ODM priority populations for new simulation development:

- Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, (LGBTQ+)
- People with disabilities (across the lifespan)
- Children with intellectual and developmental disabilities (IDD), including transition of care into adulthood

Other ODM topics of interest that may also be considered include:

- Infant mortality
- Maternal morbidity and mortality
- Other topics/populations for which applicants have expertise and would like to propose for ODM's consideration

Funded entities will be expected to meet monthly with GRC and/or ODM to discuss simulation development (including reviewing content, scripts, etc.), simulation delivery, and evaluation. Funded entities will also submit detailed monthly reports on project progress to GRC. **Funded entities will be required to complete development of their simulation(s) by January 31, 2022 for ODM final review and approval.** Final requested revisions to simulations from the ODM review must be completed by March 31, 2021. **All simulations must begin delivery to Medicaid healthcare providers by no later than April 1, 2022.** All simulations must be delivered statewide by July 1, 2022. It is the expectation that the development of all simulations will be completed in SFY 2022 and the focus of SFY 2023 is statewide spread of simulations to as many Medicaid healthcare providers as possible and not on continued development of the simulations. **Funded entities must deliver to a minimum of 50 Medicaid healthcare providers per simulation during SFY 2022 and a minimum of 200 Medicaid healthcare providers per simulation during SFY 2023.** Funded entities will also be expected to participate in a project outcome evaluation. GRC will provide funded entities with a validated tool to measure provider cultural competence immediately pre- and immediately post-simulation (such as the Transcultural Self-efficacy Tool-Multidisciplinary Healthcare Provider (TSET-MHP)). Funded entities will collect participation information on each simulation as well as administer the GRC/ODM selected evaluation tool pre- and post-simulation and securely send the raw data to GRC with monthly reporting for analysis. Further evaluation instructions will be sent to funded applicants. Funded entities will not be required to plan and conduct a separate internal evaluation.

Definitions of Key Terms:

- A. Ohio Medicaid Healthcare Providers:
 - a. For the purposes of this project, Ohio Medicaid healthcare providers will be defined as any healthcare professional who directly works with patients/clients receiving Ohio Medicaid benefits. Healthcare professionals are defined as any medical, nursing, or allied health professional involved in the direct care of patients/clients. These professionals may include residents and fellows, but the focus should be on healthcare professionals post-residency and post-fellowship. This definition **excludes** unlicensed/uncertified students.
- B. Online virtual simulated patient experience:
 - a. For the purpose of this project, online virtual simulated patient experiences are defined as online accessible virtual reality experiences that include direct interpersonal feedback related to the interaction of patients and families in a variety of challenging, complex circumstances. Simulations may encompass patients' preparation for the visit, including transportation, medical office interactions, the clinician visit, and/or the experience of filling a prescription, etc. Applicants are encouraged to include elements of the first person (patient) perspective in their simulation(s).
- C. Disability
 - a. For this project, the World Health Organization (WHO) definition of disability will be used. That is, disability is an umbrella term to describe the interaction between an individual's health condition or impairment and the multitude of influencing personal and environmental factors. Specifically, disability can be understood as any cognitive or physical impairment (problem in body function or structure that affect a person's ability to engage independently in aspects of day to day life), an activity limitation (difficulties in executing activities), and/or participation restrictions (difficulties in involvement in life situations) and the interaction of those impairments, activity limitations, and/or participation restrictions with personal and environmental factors.
 - b. Note that the WHO International Classification of Functioning, Disability, and Health (ICF) Model should be used to describe, measure, and understand disability rather than the medical model of disability. The ICF model recognizes three levels at which disability is experienced: at the level of the body in terms of impairments, at the level of the person in terms of activity limitation, and at the level of society in terms of participation restriction and also demonstrates that the impact of impairment on disability is influenced by environmental, contextual, and personal factors.
- D. Children with Intellectual and Developmental Disabilities (IDD):
 - a. Children will be defined from birth through age 18. The definition of disability above also applies to children with IDD; the ICF model should be emphasized in the development of simulations (taking into account all the environmental, contextual, and personal factors) rather than the medical model of disability. Intellectual disability is characterized by the CDC and American Association on Intellectual and Developmental Disabilities as significant limitations in both intellectual functioning (general mental capacity such as learning, reasoning, problem solving, etc.) and adaptive behavior (conceptual, social, and practical skills that are learned and performed in everyday life) that originate before the age of 18. Developmental disabilities are a broad group of conditions that result in impairments in physical, learning, language, or behavioral development that originate before the age of 18. Projects may focus on children with IDD as a whole or select certain populations to focus on such as children with autism, Down syndrome, etc.

Records, Documents, and Information

The vendor agrees that any media produced pursuant to this Agreement or acquired with vendor funds will become the property of ODM. Media includes all documents, reports, data, photographs (including negatives), hardware, software and electronic reports and records. ODM will maintain the unrestricted right to reproduce, distribute, modify, maintain, and use the media in any way ODM deems appropriate. The vendor further agrees not to seek or obtain copyright, patent or other proprietary protection for any materials or items produced under this Agreement. The vendor understands that all materials and items produced under this Agreement will be made freely available to the public unless ODM determines that certain materials are confidential under federal or state law. The vendor reserves the right

to use such materials and items for research and academic purposes provided information deemed confidential by ODM is treated as such.

Applications must include the following:

- A. Applicant's simulation form(s); **See Appendix A**
 - If submitting more than one simulation, please submit a separate form for each.
- B. Applicant's organizational capacity form; **See Appendix B**
- C. Applicant's work plan; **See Appendix C**
 - In the work plan, applicants need to address each project deliverable and describe the **specific** activities to meet each deliverable with the timeline for each activity:
 - Collaborate with identified internal and external partners
 - Develop and pilot test the simulation(s)
 - Deliver the simulations statewide (this includes recruitment activities that may occur while simulations are being developed)
- D. Principal investigator(s) curriculum vitae
 - Include as a separate attachment
- E. Budget (**Appendix D**) and budget justification narrative (**Appendix E**)
 - Applicants must submit a two year proposed budget and corresponding annual budget narratives for SFY 2022 and SFY 2023

Form Font Requirements: Calibri 11, single spaced

Please note only one application may be submitted per institution.

Available Funding:

- SFY 2022: Up to \$4,000,000 in Federal Financial Participation (FFP) dollars, not including cost share (total project dollars across all funded simulations).
- SFY 2023: Up to \$4,000,000 in Federal Financial Participation (FFP) dollars, not including cost share (total project dollars across all funded simulations).
- FFP funding will serve as the funding source for 49% of this initiative. Applicants are required to provide and certify 51% of total allowable project costs through the identification of non-federal matching funds supporting the goals of this initiative.

Please note that ODM limits F&A (indirect rate, overhead) reimbursements to 10% of total project costs.

Funding requests may include:

- A. Project direct costs (e.g., training support for Principal Investigators, faculty and Medicaid providers);
- B. Support for training and technical assistance activities under this initiative for qualified faculty, residents, fellows, and Medicaid providers; and
- C. Support for program development.
- D. Equipment cost(s) up to \$5,000 per item.
- E. Travel cost(s) up to \$2,500 per individual.

Funding Restrictions: Funds may not be used for certain project expenses. These include:

- A. Capital expenses;
- B. Establishing loan repayment programs;
- C. Training students;
- D. Billing for Medicaid reimbursable services; and
- E. Payment for continuing medical education units.

Proposal Scoring Rubric

Mandatory Criteria to be Free from Defect		Mandatory Submission Guidelines	
1	Application received by February 8 th , 2021, 5:00 p.m.	Yes	No
2	Application within prescribed word limits	Yes	No
3	Application includes Principal Investigator and Co-Principal Investigator curriculum vitae and description of key personnel	Yes	No
4	Budget and Budget Narrative	Yes	No
5	Application contains a simulation proposal on at least one of the following priority ODM populations: <ul style="list-style-type: none"> • Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ+) • People with disabilities • Children with intellectual and developmental disabilities (IDD) 	Yes	No

The following scale will be used to determine an applicant's total possible points.

Poor (Score of 2 or below)

Few, if any, elements are addressed. Documentation and required information are deficient or omitted. Weaknesses identified will likely have substantial effect on the applicant's proposed project.

Fair (Score of 3-4)

Some elements are addressed, and those addressed do not contain necessary detail and/or support. Some documentation and required information are missing or deficient. Weaknesses identified likely have significant effect on the applicant's proposed project.

Satisfactory (Score of 5-6)

Elements are addressed, although some do not contain necessary detail and/or support. Most documentation and required information are present and acceptable. Weaknesses identified will likely have moderate effect on the applicant's proposed project.

Very Good (Score of 7-8)

Elements are clearly addressed with necessary detail and adequate support. Most documentation and required information are specific and sufficient. Weaknesses identified will likely have minor effect on the applicant's proposed project.

Excellent (Score of 9-10)

All elements are clearly addressed, well-conceived, thoroughly developed, and well supported. Documentation and required information are specific and comprehensive. Weaknesses identified will likely have no effect on the applicant's proposed project.

Proposal Scoring Criteria

Application Criteria	Base Score	Weight Applied to Base Score	Total Possible Score
<p>Description of social determinants of health being addressed</p> <ul style="list-style-type: none"> • Applicant describes in detail the social determinant(s) of health to be addressed by the simulation that align with the list of social determinants of health provided in the RFP 	10	×2	20
<p>Description of online virtual simulated patient experience</p> <ul style="list-style-type: none"> • Applicant addresses priority population(s): <ul style="list-style-type: none"> ○ Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, (LGBTQ+) ○ People with disabilities (across the lifespan) ○ Children with intellectual and developmental disabilities (IDD), including transition of care into adulthood • Applicant describes in detail the proposed simulation and proposed technology to be used for online delivery • Applicant describes the evidence-based sources of information that will be used in the development of the simulation scenarios 	10	×1.5	15
<p>Applicants' engagement with external partners</p> <ul style="list-style-type: none"> • Meaningful and substantial engagement with population of interest in paid and unpaid roles • Clear description of all external partners • Evidence of subject matter expertise of external partners on the proposed simulation population/topic • Strength of external partners 	10	×1.5	15
<p>Applicants' engagement with internal partners</p> <ul style="list-style-type: none"> • Meaningful and substantial engagement with population of interest in paid and unpaid roles • Clear description of all internal partners • Evidence of subject matter expertise of internal partners on the proposed simulation population/topic • Strength of internal partners 	10	×1	10

Description of plan for statewide delivery <ul style="list-style-type: none"> • Clear description and feasible plan for delivery of the simulation to Ohio Medicaid healthcare providers • Evidenced-based justification for proposed simulation delivery estimate • Delivery estimate aligns with the minimum required delivery targets outlined in the RFP • Evidence of coordination of the simulation package delivery statewide through collaboration with other academic medical centers or health sciences colleges and universities in the state, in addition to clinics, community partners, health professions associations (e.g. OAFP, Ohio AAP) and residency sites 	10	×1	10
Description and qualifications of Principal Investigator, Co-Investigators, and other key personnel <ul style="list-style-type: none"> • Provide a clear description of organizational capacity, including evidence of staffing and provision of technology to support program delivery • Qualifications of PI(s) from curriculum vitae review 	10	×1	10
Appropriateness of the work plan for work to be performed	10	×1	10
Appropriateness of budget and budget narrative for work to be performed	10	×1	10
Total Simulation Proposal Score			100

Fundable Scores for Individual Simulations:

- Scores of 40 and below will not be considered for funding.
- Scores between 41-89 may be requested to submit additional information or to make revisions to the proposal to determine final simulation funding decisions.
- Scores of 90 and above will likely be funded, subject to availability of funding and sponsor priorities, without requests for revisions.

Questions regarding this RFP may be emailed to Brynne Presser Funderburg at: Brynne.PresserFunderburg@osumc.edu. Questions will be accepted until January 22nd, 2021 at 12:00 PM Noon EST. Applications are due by February 8th, 2021 5:00 p.m. (EST) to Brynne.PresserFunderburg@osumc.edu.

Applications will be reviewed by the Ohio Department of Medicaid. This work, as part of MEDTAPP, will support the efficient and effective administration of the Medicaid program.

See template found in the documents section of the funding opportunities page here:

grc.osu.edu/funding/current

Appendix A: Simulation Form

Institution Name:
Simulation Title:
Online Virtual Simulated Patient Experience Description. <i>Please describe in detail the proposed simulation and proposed technology to be used for online delivery. Applicant must describe in detail the social determinant(s) of health to be addressed. Please describe the evidence-based sources of information that the applicant will draw from for the development of the simulation scenario. Limit 750 words.</i>
Description of Internal Partners (those inside the institution) that Represent the Population of Interest. <i>Please describe all proposed internal partners. Applicant must describe how each partner will meaningfully and substantially engage with the population of interest and describe any subject matter expertise partners bring in the development and delivery of the simulations. Limit 250 words.</i>
Description of External Partners that Represent the Population of Interest. <i>Please describe all proposed external partners. Applicant must describe how each partner will meaningfully and substantially engage with the population of interest and describe any subject matter expertise partners bring in the development and delivery of the simulations. Limit 350 words.</i>
Plan for Statewide Delivery of the Simulation(s). <i>Please describe the proposed strategy for outreach and delivery of the simulation(s) to Ohio Medicaid healthcare providers, including simulation delivery in communities that will reach an increased number of Medicaid</i>

*healthcare providers and proposed partnerships with other academic medical centers or health sciences colleges and universities, in addition to clinics, community providers, health professions associations (e.g. OAFP, Ohio AAP) and residency sites. Applicant must provide an estimate and detailed justification of the number of Medicaid healthcare providers that they plan to reach. **Limit 250 words.***

See template found in the documents section of the funding opportunities page here:
grc.osu.edu/funding/current

Appendix B: Organizational Capacity Form

Institution Name:
Simulation Title:
Organizational Capacity (e.g. staffing, technology, etc.): <i>Limit 250 words.</i>
Brief Description of Key Personnel: <i>Please describe key personnel experience in managing large projects. Limit 250 words.</i>

Appendix C: Work Plan

See template found in the documents section of the funding opportunities page here:

grc.osu.edu/funding/current

Appendix D: Budget Template

See template found in the documents section of the funding opportunities page here:

grc.osu.edu/funding/current

Budget Narrative SFY 22

Healthy University

Instructions: Please break out the budget by simulation.

To accurately assess the cost of each simulation, please break out the cost for the activity by personnel, supplies, equipment, travel, training support, other, and indirect costs.

EXAMPLE:

Simulation 1 Title: Pregnant woman with history of opioid use disorder

PERSONNEL

- Gary Smith, MD, Professor and Chair, Department of Psychiatry, School of Medicine, Healthy University will serve as the Principal Investigator for aspects of the project related to the development of the script. Dr. Smith will work as a member of the Steering Committee team to work with the faculty in pharmacy and psychiatry to develop the necessary training components. Dr. Smith will devote .1 FTE and receive \$20,000 in salary and benefits for SFY 2022 from the project sponsor. The Association of Interprofessional Education will provide \$18,000 as cost share in SFY 2022.
- Jean Scott, MD, Associate Professor, Department of Pharmacy, Healthy University will serve as the lead faculty from the Department of Pharmacy and serve on the Steering Committee team. Dr. Scott will work with faculty in pharmacy and psychiatry to develop the necessary training components. Dr. Scott will devote .08 FTE and receive \$17,500 in salary and benefits from the project sponsor. The Association of Interprofessional Education will provide \$25,000 in cost share in SFY 2022.
- Practicum Coordinator TBN (.3 FTE, \$10,000 from project sponsor; \$12,000 Cost Share) This individual will assume responsibility for identifying and serving as a liaison to clinic sites, sharing responsibilities of hosting the webinars, and achieving program goals. This position will develop modules of specialization as it relates to behavioral health, develop a plan for fiscal sustainability of the program, coordinate travel to clinic sites, coordinate the speaker series and integrate the interprofessional case modules for the tools and resources.

Personnel FFP Total: \$47,500

Personnel Cost Share Total: \$55,000

SUPPLIES

- Supplies
 - These funds will be used to purchase supplies and materials that will be used to create tools and resources (\$1,500 is being requested from the sponsor in SFY 2022).

Supplies FFP Total: 1,500

Supplies Cost Share Total: \$0

EQUIPMENT

- A laptop is being requested to coordinate materials across departments during meetings for \$1,500 in sponsor costs for SFY 2022.

- A portable projector is being cost shared at \$3,000 in SFY 2022.
- A total of \$2,500 from the sponsor is being requested to purchase technology for becoming a Project Echo Hub. A total of \$2,500 will be cost-shared for the technology.

Equipment FFP Total: \$4,000

Equipment Cost Share Total: \$5,500

TRAVEL

- A total of \$4,500 is being requested from the sponsor for 3 people to attend the Interprofessional conference in Pittsburgh, Pennsylvania. Costs are anticipated to be no more than \$1,500 per person including meals, travel, lodging, and conference fees.
- A total of \$5,000 from the sponsor is being requested to travel for Project Echo training.

Travel FFP Total: \$9,500

Travel Cost Share Total: \$0

OTHER

- A total of \$500 is being cost shared for recruitment activities in the colleges of Pharmacy and Psychiatry
- A total of \$1,000 from the sponsor is being requested for guest speakers to discuss the importance of interprofessional team based care in behavioral health. The speakers will provide case studies to the residents and fellows.

Other FFP Total: \$1,000

Other Cost Share Total: \$500

INDIRECT COSTS:

Total indirect costs for SFY 2022 are \$4,000 for the purchase of equipment.

Total sponsor costs for Simulation 1: _____

Total cost-share for Simulation 1: _____

Budget Narrative SFY 23

Healthy University

Instructions: Please break out the budget by simulation.

To accurately assess the cost of each simulation, please break out the cost for the activity by personnel, supplies, equipment, travel, training support, other, and indirect costs.

EXAMPLE:

Simulation 1 Title: Pregnant woman with history of opioid use disorder

PERSONNEL

- Gary Smith, MD, Professor and Chair, Department of Psychiatry, School of Medicine, Healthy University will serve as the Principal Investigator for aspects of the project related to the development of the script. Dr. Smith will work as a member of the Steering Committee team to work with the faculty in pharmacy and psychiatry to develop the necessary training components. Dr. Smith will devote .1 FTE and receive \$20,000 in salary and benefits for SFY 2023 from the project sponsor. The Association of Interprofessional Education will provide \$18,000 as cost share in SFY 2023.
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- Practicum Coordinator TBN (.3 FTE, \$10,000 from project sponsor; \$12,000 Cost Share) This individual will assume responsibility for identifying and serving as a liaison to clinic sites, sharing responsibilities of hosting the webinars, and achieving program goals. This position will develop modules of specialization as it relates to behavioral health, develop a plan for fiscal sustainability of the program, coordinate travel to clinic sites, coordinate the speaker series and integrate the interprofessional case modules for the tools and resources.

Personnel FFP Total: \$47,500

Personnel Cost Share Total: \$55,000

SUPPLIES

- Supplies
 - These funds will be used to purchase supplies and materials that will be used to create tools and resources (\$1,500 is being requested from the sponsor in SFY 2023).

Supplies FFP Total: 1,500

Supplies Cost Share Total: \$0

EQUIPMENT

- A laptop is being requested to coordinate materials across departments during meetings for \$1,500 in sponsor costs for SFY 2023.
- A portable projector is being cost shared at \$3,000 in SFY 2023.

- A total of \$2,500 from the sponsor is being requested to purchase technology for becoming a Project Echo Hub. A total of \$2,500 will be cost-shared for the technology.

Equipment FFP Total: \$4,000
Equipment Cost Share Total: \$5,500

TRAVEL

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- A total of \$5,000 from the sponsor is being requested to travel for Project Echo training.

Travel FFP Total: \$9,500
Travel Cost Share Total: \$0

OTHER

- A total of \$500 is being cost shared for recruitment activities in the colleges of Pharmacy and Psychiatry
- A total of \$1,000 from the sponsor is being requested for guest speakers to discuss the importance of interprofessional team based care in behavioral health. The speakers will provide case studies to the residents and fellows.

Other FFP Total: \$1,000
Other Cost Share Total: \$500

INDIRECT COSTS:

Total indirect costs for SFY 2023 are \$4,000 for the purchase of equipment.

Total sponsor costs for Simulation 1: _____
Total cost-share for Simulation 1: _____