

## **Q&A: One-Time, Value-Based Payment Reform Mini-Grants**

**Q: Accountable Care Organizations (ACOs) are not licensed in the state of Delaware. Can an ACO still apply for the mini-grant?**

**A:** Yes, an ACO organization can apply.

**Q: If an organization represents licensed providers, can the organization apply for the mini-grant?**

**A:** Yes, the organization can apply.

**Q: Can a specialty practice apply for a mini-grant?**

**A:** Yes, however, we recommended the practice connect with or at least indicate some kind of integration and/or coordination goal. For example, data sharing with other practitioners.

**Q: Does the mini-grant cover patient care services (including patient facing services)?**

**A:** No, CMMI will not cover patient facing services that can be connected to an individual client.

**Q: In order for a bidder to understand the administrative requirement of applying for such grant, what does the monthly progress report look like? Is this a progress report against the project work plan submitted with the application, along with a financial statement of funds received against expenditures?**

**A:** Yes, the Delaware Health Care Commission needs to have detailed information on how the funds were spent to meet our federal reporting requirements. CMS is not prescriptive in the specific format of state monitoring of subawardees and subcontractors. The state will monitor use of funds and programmatic progress against milestones, as the Health Care Commission (the SIM awardee) is ultimately accountable for all SIM activities.

**Q: If an organization has secured a contract for services and paid the contractor by January 31, 2019, but work will continue into 2019, is that acceptable? What is meant by “services procured by January 31, 2019”?**

**A:** SIM funds must be spent and work completed by January 31, 2019. SIM is a cost reimbursement award and thus SIM funds may not be used to “pay ahead” for future activities.

**Q: If an applicant is not currently providing primary care, but plans to add primary care services within the next year, is the applicant eligible to apply for the mini-grants?**

**A:** Yes, if the proposal is for model design. For example, workflows/planning for offering primary care services in their settings and pricing/reimbursement models are acceptable. CMMI will not cover patient services.

**Q: Can an applicant include contractor services in their proposal? If so, how will contractor services be budgeted?**

**A:** Yes, applications can include contractor services. If the application is approved, a one-time award is made that will include funding for contractor services. Contractor fees vary considerably depending on level of expertise and amount of services provided. As an estimate, services can run \$50 - \$300 per hour, per consultant.

**Q: Can an applicant apply for multiple projects in each of the three categories? For example, can an applicant submit 5 projects under data integration, 3 being small and 2 large?**

**A: Yes**

**Q: Is there any limit to the number of awards any one applicant can receive?**

**A: No limit.**

**Q: The application states the Delaware Health Care Commission is prepared to award up to 10 applicants. Is it 10 applicants or 10 applications/projects regardless of the applicant?**

**A: It is 10 applications regardless of the applicant.**

**Q: Can an applicant apply for less than \$25k?**

**A: Yes, applications are being accepted for projects that cost less than \$25K.**

**Q: If the Delaware Health Care Commission (DHCC) awards all funding prior to the final application deadline of August 30, 2019, will DHCC issue a notification?**

**A: Yes, the Department of Health and Social Service and DHCC will provide notification on the state's intranet and across the provider networks.**