



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

**Request for Grant Application (RFGA) FY 2018
Addendum Form**

**Office of Procurement & Grant Administration
2 Peachtree Street, NW – 35th Floor
Atlanta, Georgia 30303-3159**

Addendum Number: **01** Dated: **November 2, 2017**

Title of Grant: **Patient Centered Medical Home (PCMH) Supplemental Funding Grant
Fiscal Year 2018**

Requesting Agency: **Georgia Department of Community Health**

Initially Posted: **October 11, 2017**

Issuing Officer: **Joanne Mitchell**

Telephone: **404 651-6183** e-mail: **jmitchell@dch.ga.gov**

RFGA Due Date: **November 9, 2017, 3:00 PM**

The information provided below is made a part of this RFGA –

The language below revises the current language in **Section II., Submission Guidelines, B. Submission format:**

II. SUBMISSION GUIDELINES

B. SUBMISSION FORMAT

The Grant Proposal and Project Abstract **MUST** be submitted in the following format or the application will be considered non-responsive and will not be entered into the review process:

1. **PDF** file format;
2. **Font Size:** 12 point unreduced (Arial or Times New Roman) ;
3. **Page Size:** 8.5 by 11 inches;
4. **Page Margin Size:** One inch;
5. **Project Abstract** should be single spaced and shall not exceed 1 page;
6. **Project Narrative:**
 - a. The Project Narrative consists of the following components detailed as follows:
 - i. The name of the physician office Certified Electronic Health Record (EHR) – and attest that all eligible clinicians are utilizing the EHR;
 - ii. External facilitator to support the primary care practice’s transformation
 - iii. Evidence of the physician’s commitment via enrollment in the NCQA PCMH program through the Quality Performance Assessment Support System (Q-PASS) and a copy of the license agreement
 - iv. Provide the name of the NCQA Representative assigned to the practice – this verifies that the practice has signed the legal agreements electronically and submitted payment.
 - v. **Document the practice’s initial PCMH transformation plan or Appendix &G.**

The language below revises the current language in **Section III. Required Selection Criteria, B. Project Narrative:**

III. REQUIRED SELECTION CRITERIA

Upon successful completion of the Application Review, an evaluation committee will convene to evaluate the merits of each proposal. The proposal will be evaluated based upon the applicants that meet the threshold of **850** points and ranked by the date and time received in addition to the following proposal elements:

B. PROJECT NARRATIVE (850 Pts)

A Pass/Fail Evaluation will be utilized for all mandatory requirements. Please review the RFGA carefully and respond as directed.

1. The Project Narrative should be double spaced.
2. The Project Narrative shall not exceed a maximum of 3 pages (not including the Readiness Assessment).
3. The Project Narrative consists of the following 6 required components:
 - a. Identify the Certified Electronic Health Record used by the practice and attestation statement regarding all clinicians utilizing Certified Electronic Health Record (250 pts)
 - b. Confirmation of the external facilitator to support the primary care practice's transformation (100 pts)
 - c. Evidence of the physician's commitment via enrollment in the NCQA PCMH program through the Quality Performance Assessment Support System (Q-PASS) – (Proof of Commitment; a copy of the Initial Recognition Fee payment) (200 pts)
 - d. Identification of NCQA assigned facilitator (100 pts)
 - e. **Document the practice's initial PCMH transformation plan or Appendix F&G (200 pts)**

Criteria for successful application - The applicant **MUST** provide the following information within their Project Narrative:

5. Transformation Plan or Appendix F&G

The Representative will schedule an initial call with the practice to introduce themselves, discuss the virtual check-in process and outline a practice's initial PCMH transformation plan. The transformation plan is a recommended pathway through the requirements. The representative will additionally suggest education and training applicable to the practice. The practice must provide an outline of the evaluation schedule and transformation plan. **In lieu of the Section 5 requirement, applicants unable to provide this plan due to the NCQA delay must instead complete and submit both Appendix F, Project Work Plan Template and Appendix G, Project Timeline Template, with their application.**

NOTE: REVIEW CAREFULLY!

In the event of a conflict between previously released information and the information contained herein, the latter shall control. A signed acknowledgment of this addendum (this page) must be attached to your RFGA response. Failure to include a signed acknowledgement of this addendum will disqualify applicant from further consideration on this grant award.

A signature on this addendum does not constitute your signature on the original RFGA document. The original RFGA response must also be signed in the proper places.

Firm Name

Signature

Typed Name and Title