In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an E-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

THE STATE OF OREGON
OREGON HEALTH AUTHORITY

ISSUES THE FOLLOWING

REQUEST FOR GRANT APPLICATIONS

for

Community Prevention Program

RFGA #3706
ORPIN[1] Opportunity # OHA-3706-13

Date of Issuance:	November 25, 2013
Applications Due by:	**3:00 P.M. Pacific Time, December 10, 2013,** at the Issuing Office. Postmarks and faxes will not be considered.
Issuing Office:	Contracts and Procurement Carley Dirks, Contracts Specialist 421 SW Oak Street, Suite 775 Portland, Oregon 97204 Telephone: (971) 673-2947 Fax: (971) 673-3040 E-mail: carley.e.dirks@state.or.us

[1] *See* http://orpin.oregon.gov/open.dll/welcome

Table of Contents

SECTION 1 – PURPOSE/OVERVIEW

1.1. Introduction.

The State of Oregon, Oregon Health Authority (OHA), requests Applications from qualified Applicants to implement primary and secondary prevention strategies grounded in evidence-based practices that address the leading causes of death and disability, and the primary drivers of health care costs in Oregon.

All persons or firms submitting Applications are referred to as Applicants in this Request for Grant Applications (RFGA); after execution of the Grant, the awarded Applicant will be designated as Recipient.

The scope of the Recipient services and deliverables for the Grant are described in Section 3, "Scope of Work." The parties will negotiate the final Statement of Work to be included in the Grant.

1.2. Background and Overview.

1.2.1 Purpose.

In February 2013, OHA received a grant from the Centers for Medicare and Medicaid Services (CMS) for the State Innovation Models: Model Testing initiative (SIM).[2] The SIM grant supports Oregon's ongoing health system transformation and works to spread reforms made to the state Medicaid program, such as the Patient-Centered Primary Care Home initiative, to the Public Employees Benefit Board (PEBB), the Oregon Educators Benefit Board (OEBB) and other insurers.[3] A total of $600,000 of SIM grant funding per year for three years is available for the Community Prevention Program ("Program"), which will further the SIM grant goals by supporting local communities in implementing evidence-based interventions that are proven to improve the health of the entire population, not only Medicaid recipients..

OHA requests Applications from Lead Fiscal Agents of consortia, each consortium consisting of at least one local public health authority (LPHA) and at least one Coordinated Care Organization (CCO), to implement primary and secondary prevention strategies grounded in evidence-based practices that address the leading causes of death and disability and primary drivers of health care costs in Oregon.

Oregon's public health system aims to make the state one of the healthiest in the nation by 2017.[4] By working together to implement evidence-based population health interventions, LPHAs and CCOs will be more successful in achieving the Triple Aim of better health, better care and lower costs. In addition, the need to eliminate disparities in order to have a meaningful impact on health necessitates an emphasis on equity. **Appendix B** describes the features of the Coordinated Care Model, which includes utilization of best practices in order to achieve the Triple Aim.

---

[2] http://innovation.cms.gov/initiatives/State-Innovations-Model-Testing/index.html

[3] http://www.oregon.gov/oha/OHPR/Pages/sim/index.aspx

[4] http://public.health.oregon.gov/About/Pages/Goals.aspx

Recipients will implement evidence-based prevention strategies in both the community and health systems settings. Recipients are required to utilize available population health data, community health assessments, community health improvement plans and other reports and data sources to identify population health priorities for their community and specific subpopulations experiencing disparities. Where available, Recipients will utilize data collected by Regional Health Equity Coalitions, convened to engage historically under-represented communities of color in the development and implementation of culturally and linguistically appropriate data collection and implementation of strategies to eliminate health disparities and improve health in those communities. Recipients will select evidence-based strategies to address the leading causes of disease, disability and death in their community, which will be implemented in both the community and health system settings (see **Appendix C**). This funding will support Recipients in making lasting changes in practice, policy, or both, to support prevention and improved short and long-term health outcomes. Priorities for Community Prevention Program funding decisions are guided by the US Preventive Health Services Task Force (www.uspreventiveservicestaskforce.org) and the Community Guide (www.thecommunityguide.org).

1.2.2 Cooperation between CCOs and LPHA through Consortia.

As appropriate, LPHAs and CCOs sharing the same population or region will apply as a consortium that can demonstrate:

(i) An existing relationship between these entities to increase efficiency and broad coordination of initiatives within and crossing between the community and health care settings to address the leading causes of death and disability and the leading drivers of health care costs.

(ii) A commitment to continuing development of sustainable systems to address primary prevention in the community and health system settings.

(iii) Existing relationships with or plans to include community organizations with experience engaging and providing services to communities of color in a culturally and linguistically-appropriate manner.

(iv) Ability to implement strategies to sustain project work beyond the funding period, including the ability to engage other payers who will benefit from a healthier overall population (i.e., other public or commercial insurance carriers).

Funded projects will involve strong commitment and involvement at the executive leadership level from both LPHAs and CCOs. Regardless of Lead Fiscal Agent designation, all entities to a consortium must demonstrate an equal role in the consortium through a project plan ("Project Plan"), letters of support and budget, including any available matching funds or in-kind support. Other types of community organizations, including but not limited to Regional Equity Coalitions, nonprofit health and social service organizations and faith-based organizations, may apply with their local LPHA(s) and CCO(s) as consortium members, but not as the Lead Fiscal Agent. The Lead Fiscal Agent will be designated as the Applicant under the RFGA and Recipient under the resulting Grant.

1.2.3 Award Information.

OHA anticipates awarding three (3) to six (6) Grants to LPHA/CCO consortia for the Community Prevention Program ranging from $100,000 to $200,000. Each Grant will be awarded for a term of one year. OHA reserves the right to renew any awarded Grant on an annual basis for up to two additional years. Each award amount is subject to negotiation by OHA and is dependent on the quality of Applications, proposed activities, size of intervention population, population size of the region served, geographic diversity, Applicant's ability to reduce health disparities, health burden of the intervention population, completeness of Application, and likelihood of Applicant's success in fulfilling plan objectives. OHA will give additional consideration to Applicants who seek to work with an intervention population bearing a disproportionate burden of disease, disability and poor health outcomes, as well as those that propose to implement interventions in more than one topic area.

OHA will make awards to the highest-ranked Applicants pending approval of a negotiated Project Plan and budget. OHA may make additional awards at any time during the three-year program period if new or additional resources for the Community Prevention Program become available.

1.3. Definitions.

For purposes of this RFGA and the resulting Grants, the terms below shall have the following meanings:

1.3.1 **Applicant** means the Lead Fiscal Agent of a Consortium that submits an Application.

1.3.2 **Application** means a written response submitted to OC&P in response to this RFGA.

1.3.3 **CCO Applicant** means an Application submitted to OHA by a CCO serving as the Lead Fiscal Agent for a Consortium.

1.3.4 **Consortium** means a combination of at least one LPHA and at least one CCO, where all members work in cooperation to complete the Project Plan.

1.3.5 **Grant** means the grant funds paid to a Recipient pursuant to a Grant Agreement.

1.3.6 **Grant Agreement** means the grant agreement executed as a result of this RFGA. For a CCO acting as the Lead Fiscal Agent, "Grant" refers to the grant agreement substantially in the form of Attachment 4 that is executed by OHA and the CCO. For a LPHA acting as the Lead Fiscal Agent, "Grant" refers to the Program Element resulting from Attachment 5, which, following negotiation of its specific content, will be incorporated by amendment into the current LPHA Financial Assistance Agreement.

1.3.7 **Key Personnel or Key Persons** means the person or persons on Applicant's staff to be assigned to perform the Work under the Grant Agreement. For Key Persons not identified prior to Application submission, a position description must be submitted.

1.3.8 **Lead Fiscal Agent** means either a LPHA or a CCO participating in a consortium that directly receives a Grant from OHA and is financially responsible for the approved budget and reporting.

1.3.9 LPHA Applicant means a LPHA serving as the Lead Fiscal Agent for a consortium that submits an Application to OC&P.

1.3.10 Office of Contracts and Procurement (OC&P) means the entity that is responsible for the procurement process for OHA.

1.3.11 Recipient means an Applicant selected through this RFGA to enter into a Grant Agreement with OHA to perform the Work. Recipient will also serve as the Lead Fiscal Agent for the Consortium.

1.3.12 RFGA means Request for Grant Application.

1.3.13 Work means the required activities, tasks, deliverables, reporting, and invoicing requirements, as described in Section 3-Scope of Work of this RFGA.

1.4. Authority.

OHA issues this RFGA under the authority of ORS 413.033

SECTION 2 – MINIMUM QUALIFICATIONS

Applicant must submit documentation with its Application demonstrating Applicant meets all of the following minimum qualifications:

2.1 Consortium between at Least One LPHA and at Least One CCO.

Eligible entities for Community Prevention Program funding are consortia that, at a minimum, include **at least one LPHA and at least one CCO** serving a shared population. OHA will accept only one Application per consortium through the Lead Fiscal Agent and the Lead Fiscal Agent will be the Recipient under the Grant Agreement.

2.2 Key Persons.

Applicant must submit Key Person resumes with its Application.

2.2.1. Describe experience and number of years in public health, and

2.2.2. Degrees obtained (BA, MPH, RN, etc.)

It is understood that many positions will be filled using funds from Grants awarded under this RFGA. Therefore, for Key Persons not identified prior to Application submission, a brief position description must be submitted. OC&P reserves the right to approve or deny Key Persons identified after Application submission and after award of the Grant.

2.3 Health Topic Area, and Community-level and Health System-level Intervention Strategy.

Applicant will identify its region and cover area, choose at least one health topic area, and propose at least one approved community-level and one approved health system-level intervention strategy to address the selected health topic area.

Health Topic areas:

A. Health Promotion and Disease Prevention
   1) Tobacco
   2) Obesity and Overweight
   3) Diabetes
   4) Maternal and Child Health Promotion

B. Clinical Preventive Services and Support
   5) Clinical Preventive Services and Screenings

C. Behavioral Health
   6) Mental Health Promotion
   7) Substance Abuse Prevention

Applicant will select a minimum of **one Health Topic area** (1-7 above) and will propose to implement at least **one of the approved community interventions** and at least **one of the approved health system interventions** (**Appendix C**). If an Applicant wishes to implement an intervention not listed in **Appendix C**, Applicant must cite the community health need for that particular intervention and provide evidence and data sources supporting the intervention. Applicant must use and cite relevant data sources and/or community health assessments to determine which topic area(s) and interventions will be most appropriate to address leading health disparities in its community, inclusive of culturally and linguistically diverse populations. Applicant must also use local data to determine an appropriate target population(s) for each intervention selected, i.e., pregnant women, adolescents, all adults, etc.

2.4 Demonstrate Support from Community Advisory Council and Another Entity.

Applicant will provide two letters of commitment with evidence of support from the Community Advisory Council and at least one other entity (i.e., Regional Health Equity Coalition if available in the proposed region, public health advisory committee, or other community-based organization) directly involved in the implementation of a proposed strategy.

SECTION 3 – SCOPE OF WORK

Work to be performed under the Grant awarded through this RFGA includes:

3.1 Implement Evidence-based Strategies.

Successful Applicants will serve communities by implementing evidence-based strategies to address the leading causes of death and disability and the leading drivers of health care costs in Oregon.

In order to achieve the Triple Aim of health system transformation, this project (i.e., the activities funded by the Grant) will improve community health and reduce health disparities by addressing the major drivers of death and disability the leading drivers of health care costs in Oregon through the overarching health issue areas of chronic disease and health promotion, clinical preventive services and support, and behavioral health.

3.2 Cross Traditional boundaries between Community and Healthcare Settings.

As described in **Appendix A**, Community Prevention Program Logic Model (Project Logic Model), the outcomes of this project also support ongoing improvements in key indicators of community health described by the CCO incentive metrics and state performance metrics, available at http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx. To achieve these intermediate and long-term outcomes, Applicants must cross traditional boundaries between community and health care settings via mechanisms aligned with the following short-term outcomes described in the Project Logic Model:

(i) Implementing and sustaining policies and systems to ensure culturally and linguistically appropriate services;

(ii) Implementing and sustaining evidence-based health promotion and disease prevention activities;

(iii) Improved access to programs for health engagement and disease prevention and management;

(iv) Improved community and patient support for health promotion and disease prevention policies and behaviors.

3.3 Address Health Topics and Implement Interventions.

The project will be supported by funding, training and technical assistance, and guided by an array of evidence-based practices. By means of a consortium, Applicants will ground their project activities and outcomes in data gleaned via local needs assessments and will continually evaluate their progress toward the community's intended outcomes.

In pursuit of these outcomes, Applicants will focus on the development of sustainable policies, systems and environmental supports for initiatives that specifically address health topic areas and implement at least **one of the approved community interventions** and at least **one of the approved health system interventions** (a list of approved health topic areas and interventions are provided in **Appendix C**). If an Applicant wishes to implement an intervention not listed in **Appendix C**, the Applicant must cite the community health need for that particular intervention and provide evidence and data sources supporting the intervention. Applicants will identify the specific region or cover area their consortium chooses for implementing interventions.

Health topic areas:

A. Health Promotion and Disease Prevention
   1) Tobacco
   2) Obesity and Overweight
   3) Diabetes
   4) Maternal and Child Health Promotion

B. Clinical Preventive Services and Support
   5) Clinical Preventive Services and Screenings

C. Behavioral Health
   6) Mental Health Promotion
   7) Substance Abuse Prevention

3.4 Community and Health System Interventions.

The following definitions and examples illustrate potential community and health system interventions that lead to changes in policies, systems and environments:

3.4.1 Community Intervention. Influences the knowledge, attitudes, social norms, or behaviors of individuals in the targeted community; meaningfully engages community members in designing interventions that are tailored to meet specific community needs, including culturally and linguistically based needs; provides the intervention where individuals of the community are likely to be; and delivers the intervention broadly.

Example of Community Intervention: Implement policies to reduce exposure to secondhand smoke, both indoors and outdoors, at workplaces, parks, hospitals, residential treatment facilities, social service provider organizations and multi-unit housing complexes.

3.4.2 Health System Intervention. Influences the knowledge, attitudes, social norms, or behaviors of entire populations of individuals within clinics, hospitals, and mental health, alcohol, and drug treatment facilities; provides the intervention with health system staff and other health care providers, including health plans.

Example of Health System Intervention: Develop systems for health care, mental health and substance abuse providers to consistently use effective protocols such as 5As to address tobacco use and provide referrals to evidence-based cessation resources. Develop systems that are culturally and linguistically responsive to the diversity of the population served.

3.4.3 Additional examples, along with corresponding resources for each topic area are provided in **Appendix C**.

3.5 Program Evaluation.

Applicants are required to identify appropriate and realistic performance measures and milestones that can be used for Program evaluation. Recipient will monitor and report on the success of the implemented interventions as well as changes in strength and quality of collaborative relationships between participating LPHAs and CCOs over the length of the project. Evaluations will also identify how other entities, including other payers (i.e., other public and private health insurers), have been engaged in the project across the 3 year period. Evaluation will include a summary report and dissemination of products and lessons learned (i.e., presentation of findings at a statewide conference).

3.6 Reporting.

3.6.1 Quarterly and annual progress reports: Recipients are required to submit quarterly project progress reports to OHA as well as an annual progress report that addresses progress toward achieving Project Plan milestones. Guidance on reporting will be provided with award notification.

3.6.2 Deliverables: Throughout the three-year project period, Recipient is required to submit at least two (2) unique dissemination products, such as conference presentations,

curricula, model policies, culturally and/or linguistically-tailored education products, etc. Guidance on deliverables will be developed and provided to those awarded funding.

3.6.3 Applicant must disclose any and all direct and indirect organizational or business relationships between the Applicant and subcontractors, including its owners, parent company or subsidiaries, and companies involved in any way in the production, processing, distribution, promotion, sale or use of tobacco, tobacco-related products, sugary beverages, trans fats or high sodium products.

3.7 Staffing and Staff Development.

3.7.1 Applicant will designate a point of contact between the Applicant and OHA, and will maintain sufficient FTE to support regular, consistent communication and coordination with OHA. Additionally, each entity in the consortium must identify a main point of contact and communicate regularly with the consortium lead and OHA.

3.7.2 Applicant will designate qualified program staff to carry out the activities included in the Project Plan. Participation is required at certain OHA-sponsored trainings, meetings and conference calls. The main point of contact for Recipient is required to complete all staff development requirements in this funding opportunity. Any staff working 0.5 FTE or more on Project Plan activities is required to complete all staff development requirements from this funding opportunity.

3.7.3 Other staff funded through a Grant that do not qualify under 3.7.2 above will complete staff development opportunities that are related to their function within the Program. OHA reserves the right to require funded staff to attend any given training that is deemed pertinent to their role, and will negotiate this on a case by case basis.

3.7.4 **Recipient** will ensure staff attendance at the following staff development opportunities:

(i) In-person Recipient and associated staff meeting: one annual peer learning opportunity at a location central to the funded Community Prevention Program.

(ii) Quarterly webinars: one hour and occur quarterly. OHA staff and Recipient work together to develop webinar content.

(iii) Monthly Project Plan check-ins with OHA staff liaisons.

(iv) Place Matters: In 2014, Recipients are required to attend a statewide conference, typically held in Portland over a three day period, that is designed to share ideas, learn from experts in the field, celebrate successes, and identify opportunities to join together and collaborate on the best ways to make our communities healthy for everyone. . Community Prevention Program funds must be used to support staff attendance at this conference.

3.8 100% Tobacco-Free Facility and Healthy Foods Policy.

3.8.1 Applicant will have a 100% tobacco-free facility policy or have a plan in place to achieve a 100% tobacco-free facility policy within one year of notification of award.

3.8.2 Applicant will have a policy for healthy foods at the worksite or have a plan in place to implement a healthy foods policy that includes nutrition standards for meetings, vending machines and cafeterias (where applicable) within one year of notification of award. For more information about healthy foods policies, visit http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm.

SECTION 4 – RFGA PROCESS

4.1. Sole Point of Contact (SPC).

Carley Dirks
Office of Contracts and Procurement
421 SW Oak Street, Suite 775
Portland, Oregon 97204
Telephone: (971) 673-2947
Fax: (971) 673-3040
E-mail: carley.e.dirks@state.or.us
TTY: 503-378-3523

All communications with OC&P concerning this RFGA must be directed only to the SPC named above. Any unauthorized contact regarding this RFGA with other State employees or officials may result in Application rejection. Any oral communications with the SPC will be considered unofficial and non-binding. The Oregon Procurement Information Network (ORPIN) will be used to distribute all information regarding this RFGA. Any additional information received in writing from the SPC is also considered official.

4.2 Timeline for RFGA and Application Submission.

RFGA Opens.....November 25, 2013
RFGA Closes and Applications are Due ..... December 10, 2013 at 3:00 P.M. (Pacific Time)
Notice of Intent to Award (estimated)..... December 20, 2013
Grant Start Date (estimated) ..... January 13, 2014
Grant End Date (estimated) .....September 30, 2016

4.3. Closing Date for Submittal of Applications.

4.3.1 OC&P must receive Applications by the date and time specified in Section 4.2, "Timeline for RFGA and Application Submission". Applications received after the closing date and time indicated above are late and will not be considered. Postmarks after closing date and time, faxed, and electronic Applications will not be considered.

4.3.2 Applications shipped must be addressed as follows:

Office of Contracts & Procurement
RFGA #3706
Attn: Carley Dirks
421 SW Oak Street, Suite 775
Portland, Oregon 97204

4.3.3 Hand delivery of Applications is optional. Hand delivered Applications must be received at the address listed in Section 4.3.2 by the date and time specified in Section 4.2. Subject to Section 4.2, OC&P will receive Applications during its normal Monday–Friday business hours of 8:00 am to 5:00 pm (Pacific Time), except during State of Oregon holidays, and other times when OC&P is closed. OC&P will provide all Applicants who hand deliver their Applications a completed receipt of delivery at the time of Application delivery. Applications must be submitted in a sealed package addressed as shown above in Section 4.3.2 with the name of the SPC and the RFGA #3706 visible on the outside of the package.

4.4. Addenda Relating to This RFGA.

For complete RFGA documentation, please go to the ORPIN web site. OC&P will not automatically mail copies of any addenda but will publish Addenda on ORPIN. Addenda may be downloaded from ORPIN. Applicants are responsible to frequently check ORPIN until date of RFGA Closing.

SECTION 5 – APPLICATION REQUIREMENTS

All Applications will include the items listed in this Section. Applications must address all RFGA and submission requirements set forth in this RFGA, and must describe how the services will be provided. Applications that merely offer to provide services as stated in this RFGA will be considered non-responsive to this RFGA and will not be considered further.

OHA will evaluate the overall quality of content and responsiveness of Applications to the purpose and specifications of this RFGA.

5.1 General Application Requirements.

5.1.1 Applications must be submitted using only 8 ½" x 11" white paper using 1" margins. Applications should be typed without extensive art work, unusual printing or other materials not essential to the utility and clarity of the Applications.

5.1.2 A signed original and Five (5) copies of the Application must be submitted. Applications must be submitted in a sealed package addressed to the SPC as shown in Section 4.3.2 above with the Applicant's name, the SPC's name, and the RFGA # clearly visible on the outside of the package.

5.1.3 Application Cover Sheet.
Complete all sections of the Application Cover Sheet (**Attachment 1**). A representative authorized to bind the Applicant must sign the Application in ink. Failure of the authorized representative to sign the Application may subject the Application to rejection by OC&P. This page should be included as the top page of the Application.

5.2 Technical Application Requirements.

The Technical Application shall include the following items in the order listed below. Page limits are noted, when relevant. Unless otherwise specified, no particular form is required. CVs, resumes and organizational charts may be submitted as appendices.

5.2.1 Project Narrative.

Applicant is expected to plan for coordination and collaboration between the LPHA(s) and CCO(s) in its consortium. This collaboration will be demonstrated in Application planning and throughout the project narrative and Project Plan. Applications that demonstrate coordination and collaboration with a Regional Health Equity Coalition, in areas where a coalition is established (visit http://www.oregon.gov/oha/oei/pages/grantees.aspx for a current list of funded Regional Health Equity Coalitions), will be given additional consideration, as will those that include plans for the engagement of additional payers to support the implementation of the Project Plan. Applicant is also expected to plan for and work with OHA's Transformation Center and the Public Health Division to disseminate evaluation findings, lessons learned and other relevant resources (i.e., conference presentations, curricula, model policies, etc.). Applicant will demonstrate plans for working with OHA's Transformation Center and the Public Health Division and the dissemination of information within the project narrative and Project Plan.

Briefly describe Applicant's experience and capacity to perform the Work described in this RFGA, including: (**Page limit: 20 page**s).

1) Applicant's background and capacity, and community need
2) Infrastructure
3) Project Leadership
4) Strategy selection and evaluation
5) Evaluation participation

5.2.2 Project Plan.

Using **Attachment 3**, briefly describe how Applicant would carry out the major activities of this project in context with the Scope of Work, as described in Section 3 of this RFGA. Provide a comprehensive management plan that the Applicant intends to follow. Illustrate how the Project Plan will serve to coordinate and accomplish the Work, furnishing the deliverables described in Section 3.
Project Plan will demonstrate progress toward establishing community and clinical conditions conducive to addressing the leading causes of death and leading drivers of health care cost in Oregon. Project Plan will describe planned efforts to accomplish topic area objectives. Project Plan will include plan objective, current status, target population, milestones, activities, timeline, measurements, and lead staff and key members. Applicants will use the template provided (**Attachment 3**). (**Page limit: 20 pages**).

5.2.3 Evidence of Consortium Commitment and Roles.

Applicant will demonstrate capacity to expand collaboration between LPHAs, CCOs, Regional Health Equity Coalitions (where applicable), and community-based organizations. Evidence of commitment to the consortium will be well documented through memoranda of understanding or agreement, letters of support or other official documentation that describes each consortium member's, Regional Health Equity Coalition's, and community-based organization's commitment and current or anticipated roles. Applicant will provide documentation of any matching funds provided by consortium members. Roles of each consortium member and designation of Lead Fiscal Agent will be specified.

5.2.4 Demonstrate Existing Capacity to Expand Collaboration.

In order to achieve reduced health care costs and improve health, Applicants will demonstrate existing capacity to expand collaboration between LPHAs, CCOs, Regional Health Equity Coalitions (where applicable), and community-based organizations. They will also demonstrate an existing capacity to focus interventions on populations most affected by health disparities, inclusive of culturally and linguistically diverse populations within their service area.

5.2.5 Letters of Support.

Applicant must include a letter of support from the CCO Community Advisory Council and a letter of support from at least one other entity directly involved in the implementation of a proposed strategy (i.e., Regional Health Equity Coalition if available in the proposed region or other culturally-based organization).

5.2.6 Key Persons.

Specify Key Persons to be assigned to this Project, and include a current resume for each individual that reflects the experience and number of years in Public Health, and degrees obtained. For Key Persons not identified prior to Application submission, a brief position description must be submitted and explanation of how the Key Person position will be filled. **(Page limits: 2 pages per Key Person resume; total resume and position descriptions limit: 10 pages).**

5.3 Line Item Budget and Narrative Worksheet Requirements.

Submit the proposed annual budget using the required Line Item Budget and Narrative Worksheet (**Attachment 6**). Budget will be evaluated for completeness and attention to detail on a pass/fail basis. Include all matching funds and in-kind support provided by Applicants and any other entities contributing financially to the project. Project budgets will range from $100,000-$200,000 per year. Please note that this budget worksheet uses formulas to perform automatic calculations.

Funds awarded for this project may not be used to pay for direct medical services, including but not limited to payment for durable medical equipment and supplies; medications; staff, supplies, or equipment used to screen people at high risk or to confirm a diagnosis; or clinical education provided by a qualified health care professional.

Funds provided under this RFGA shall not be used to supplant state, local, other non-federal, or other federal funds. Funds may not be used to supplant state covered services, nor to replace services required under the CCO contracts or LPHA Financial Assistance Agreements of consortium members.

When using Community Prevention Program funding for meetings and events, Recipient must follow *Recommended Nutrition Policy* and *Guidance on Healthy Meetings, Conferences and Events* available through the Oregon Public Health Division, available at https://partners.health.oregon.gov/Partners/HPCDPConnection/Nutrition/Pages/index.aspx

Applicant's Line Item Budget and Narrative Worksheet will include each of the following Budget Categories as relevant:

5.3.1 Salary.

List each position funded by the Community Prevention Program on a separate line. For each position, include the job title, annual salary, FTE as a percentage, and the number of months requested for each staff person. The total salary will automatically calculate. Include a narrative for each position briefly describing their primary responsibilities on the application. Include any staff positions provided in-kind.

5.3.2 Fringe Benefits.

List the base-rate, if applicable, and fringe rate for each position on a separate line. The total fringe will automatically calculate.

5.3.3 Equipment.

Provide a total amount for equipment, as well as a narrative listing planned purchases and brief rationale. Office furniture, equipment and computer/software upgrades are allowable, relative to the Project Plan and proposed staffing plan.

5.3.4 Supplies.

Provide a total amount for supplies. Supplies may include office supplies or meeting supplies. Expenditures for additional materials should be limited and must be for materials approved by OHA. If expenditures are allocated to educational materials, the narrative must include a justification that describes how such materials are related and essential to specific activities listed in the Project Plan. Funds may not be used for paid broadcast media, or to provide direct services, or as otherwise noted in this RFGA.

5.3.5 Travel.

In-state: Provide a narrative statement describing proposed in-state travel. Include local mileage as well as per diem, lodging and transportation to attend required and proposed meetings, including at least one required Community Prevention Program meeting. Federal per diem rates limit the amount of reimbursement for in-state travel: www.gsa.gov/perdiem.

Out-of-state: Travel to attend out-of-state events or conferences is permitted if content is applicable to the Project Plan. Provide a narrative statement that includes the name of the event or conference, and how the proposed travel is related to the Project Plan. Include amounts for per diem, lodging, transportation, registration fees, and other expenses. Federal per diem rates limit the amount of reimbursement for out-of-state travel: www.gsa.gov/perdiem.

5.3.6 Other.

List expenses for items not listed above, such as telephone, rent, copying, printing, postage, and mailing that are directly related to program activities.

Expenses, such as equipment, supplies, indirect rate or cost allocation, may not be included in the *Other* category if they are included elsewhere in the budget.

5.3.7 Sub-contractors.

Recipient must obtain pre-approval from OHA for subcontracts.
List each subcontracted program activity and the name of the subcontractor (if known) along with the amount of the contract. All activities related to the subcontractor must be clearly

specified and justified in the Project Plan, and must include: (1) scope of work, including tasks and deliverables; (2) time period of the contract; (3) person in your agency who will supervise or manage the contract; (4) name of contractor, if known; and (5) what method will be used to select the contractor, such as bids, RFGAs, sole-source, etc.

5.3.8 Total Direct Costs.

The total direct costs will auto-fill on the worksheet. Confirm that the amount is correct.

5.3.9 Cost Allocation or Indirect Rate.

Indicate the cost allocation or indirect rate. The worksheet will auto-fill the total direct costs and multiply the cost allocation rate against the total direct to calculate the total cost allocation amount and total budget request amount. OHA reserves the right to request additional detail on cost allocation plans.

SECTION 6 – APPLICATION EVALUATION

Applications must be complete at the time of submission and include the required number of copies.

OC&P will verify the Applications received meet the Minimum Qualifications identified in Section 2 and General Application Requirements in Section 5.1. Those Applications meeting these requirements will then be evaluated and scored.

OC&P will facilitate a comprehensive and impartial evaluation of the Applications received. Applications will be evaluated by a Review Panel selected by OHA. The Review Panel will evaluate the Applications and rank them according to the scoring system described below.

An Application must provide a concise description of the Applicant's ability to satisfy the requirements of the RFGA with emphasis on completeness and clarity of content. Evaluators will consider brevity and clarity of responses in scoring Applications.

Applications will be scored by the Review Panel. Maximum point values and evaluation criteria for each section are described below.

Awards, if any are made, will be made to the highest ranked responsive, responsible Applicants.

6.1 Pass/Fail Items.

The items listed below will be scored on a pass/fail basis.

6.1.1 Does the Applicant meet the requirements of Section 2 Minimum Qualifications?

6.1.2 Does the Application comply with all Section 5.1 General Application Requirements?

6.1.3 Did the Applicant complete and submit Attachment 6, Line Item Budget and Narrative Worksheet?

6.2 Technical Application Evaluation.

6.2.1 Project Narrative: How well did Applicant describe Applicant's experience and capacity to perform the Work described in this RFGA? (*See Section 5.2.3*).
(**Maximum Score: 95 points).**

6.2.1.1 Applicant Background and Capacity, and Community Need. (30 points)

(i) How well did Applicant describe stability of the consortium and commitment to the consortium of the LPHA(s) and CCO(s) through memoranda of understanding or agreement, letters of support, or other official documentation that describes each consortium member's, Regional Health Equity Coalition's, and community-based organization's commitment and current or anticipated roles? (6 points possible)

(ii) How well did Applicant demonstrate existing capacity to expand collaboration between LPHAs, CCOs, Regional Health Equity Coalitions (where applicable), and community-based organizations? (5 points possible)

(iii) Where applicable, provide documentation of any matching funds dedicated by consortium members within the consortium for the purposes of the Community Prevention Project Plan. (5 points possible)

(iv) How well did Applicant describe past policy, environmental, programmatic and infrastructure successes that addressed the leading causes of death and disability in the community and improved health equity? (5 points possible)

(v) How well did Applicant demonstrate knowledge of disease, disability and related risk factor burden data and community assessment data for the intended service area, including any available data by race, ethnicity and language? (5 points possible)

(vi) How well did Applicant demonstrate existing capacity to focus interventions on populations most affected by health disparities, inclusive of culturally and linguistically diverse populations within their service area? (4 points possible)

6.2.1.2 Infrastructure. (10 points)

(i) How well did Applicant describe program infrastructure, including existing and proposed new staff or contracts to accomplish Project Plan activities? Did Applicant include staff position titles, organizational affiliation and role in the project? For vacant proposed positions, did Applicant identify duties, responsibilities and projected timeline for recruitment? (3 points possible)

(ii) How well did Applicant describe fiscal management procedures, any matching funds or in-kind support that will be provided by consortium members to further augment the project, as well as opportunities for financial sustainability through private-public cooperation and other sources? (4 points possible)

(iii) How well did Applicant describe planned participation in all required trainings and meetings? (1 points possible)

(iv) How well did Applicant describe how it will disseminate findings, including success stories and lessons learned with local constituents, including communities experiencing health disparities, in Oregon and nationally? (2 points possible)

6.2.1.3 Leadership. (15 points)

(i) How well did Applicant demonstrate strength of formal engagement with the CCO Community Advisory Council(s)? How well did Applicant demonstrate evidence of support from the Community Advisory Council and other entities (i.e., Regional Health Equity Coalitions if available in the proposed region, public health advisory committees, or other community-based organizations) directly involved in the implementation of a proposed strategy? (10 points possible)

(ii) How well did Applicant describe leadership structure for ensuring success of the Project Plan? (5 points possible)

6.2.1.4 Strategy Selection. (25 points)

(i) How well did Applicant describe how the Community Advisory Council, populations experiencing health disparities and other stakeholders were involved in the strategy selection? How well did Applicant describe selected strategies and how they will be implemented? (5 points possible)

(ii) How well did Applicant describe data-driven justification for selected strategies?

A. How well did Applicant describe data-driven justification for each topic selection, including how the topic addresses disparities (including culturally and linguistically-based disparities), how the topic selection aligns with the CCO's selected priorities among the seven quality improvement focus areas, and how the topic selection aligns with the CCO Transformation Plan? (5 points possible)

B. How well did Applicant describe data-driven justification for each strategy selection, including how the topic addresses disparities (including culturally and linguistically-based disparities)? (5 points possible)

(iii) How well did Applicant describe how the selected strategies will move toward realization of one or more of the following short-term outcomes? (5 points possible)

A. Implementing and sustaining policies and systems to ensure culturally and linguistically appropriate services;

B. Implementing and sustaining evidence-based health promotion and disease prevention activities;

C. Improved access to programs for health engagement and disease prevention and management;

D. Improved community and patient support for health promotion and disease prevention policies and behaviors.

(iv) How well did Applicant describe how the strategies will affect the population of focus and describe their potential impact and reach within the CCO or community settings? How well did Applicant ensure that the selection of strategies take into account the gaps in opportunities that exist, and describe how integration of strategies will help close the disparities gap? (5 points possible)

6.2.1.5 Evaluation Participation. (10 points)

(i) How well did Applicant describe a plan for performance monitoring of the LPHA/CCO consortium as well as Project Plan implementation and ongoing Program improvement? How well did Applicant describe the process for identifying realistic and appropriate milestones that can be used for Program evaluation? (5 points possible)

(ii) How well did Applicant describe plans for working with the OHA Transformation Center and the Public Health Division to disseminate evaluation findings, lessons learned and other relevant resources (i.e., conference presentations, curricula, model policies)? (5 points possible)

6.2.2 Key Persons: How well did the Applicant demonstrate that its Key Persons possess the experience in Public Health to perform the required Work? How well did Applicant identify Key personnel to be assigned to the project and include resume(s) that demonstrate experience in Public Health and level of education? For Key Persons not yet hired, were detailed position descriptions included? (*See Section 5.2.6*).

(**Maximum Score: 5 points).**

6.2.3 Project Plan: How well did Applicant demonstrate a thorough understanding of the purpose, scope and timelines to implement the project? (*See Section 5.2.2*).

(**Maximum Score: 25 points).**

6.2.3.1 Strategies.

(i) How well did Applicant demonstrate strategies that are integrated into a coordinated overall plan that will address the selected topic areas and, if applicable, describe how they will build connections and collaborations between the CCO(s), LPHA(s) and community-based organizations in community settings? (15 points possible)

(ii) How well did Applicant describe plans to sustain the objectives of the proposed project after the conclusion of the three-year grant period, including if and how additional payers (i.e., other public and private health insurers) will be engaged to support the implementation of the Project Plan? (5 points possible)

(iii) How well did Applicant demonstrate objectives that are specific, measurable, attainable, realistic and time-limited (SMART), and which represent a logical and realistic plan for action for timely, successful achievement? (5 points possible)

6.3 Evaluation Factors Checklist.

Each Application must clearly meet the pass/fail criteria and address the scored criteria. Evaluation factors and maximum points are presented below.

PASS OR FAIL CRITERIA	
Section 2 Minimum Qualifications	Pass or Fail
Section 5.1 General Application Requirements	Pass or Fail
Attachment 6 Line Item Budget and Narrative Worksheet	Pass or Fail

SCORED CRITERIA	
Evaluation Criteria	**Maximum Possible Score**
Section 6.2 Technical Application Evaluation:	
Section 6.2.1 Project Narrative	**90**
Background and Capacity, and Community Need	*30*
Infrastructure	*10*
Leadership	*15*
Strategy Selection	*25*
Evaluation Participation	*10*
Section 6.2.2 Key Persons	**5**
Section 6.2.3 Project Plan	**25**
TOTAL POINTS	**120**

6.4 Responsible.

Prior to award, OC&P intends to evaluate whether the highest ranked Applicants meet the applicable standards of responsibility identified in OAR 137-047-0500. In doing so, OC&P may request information in addition to that already required in the RFGA when OC&P, in its sole discretion, considers it necessary or advisable.

OC&P reserves the right, pursuant to OAR 137-047-0500, to investigate and evaluate, at any time prior to award and execution of the Grant Agreement, the highest ranked Applicants'

ability to perform the Scope of Work. Submission of a signed Application shall constitute approval and authorization for OC&P to obtain any information OC&P deems necessary to conduct the evaluation. OC&P shall notify the highest ranked Applicants in writing of any other documentation required, which may include but is not limited to: recent profit-and-loss statements; current balance sheet statements; assets-to-liabilities ratio, number and amount of secured versus unsecured creditor claims; availability of short and long-term financing; bonding capacity; credit information; and facility and personnel information. Failure to promptly provide this information shall result in Application rejection.

OC&P may postpone the award of the Grants after announcement of the apparent successful Applicants in order to complete its investigation and evaluation. Failure of an apparent successful Applicant to demonstrate Responsibility, as required under OAR 137-047-0500, shall render the Applicant non-responsible.

6.5 Final Selection and Award.

Awards will be made to responsive Applicants whose Applications are acceptable to OHA. Applicant ranking will be determined by the sum of scores on the Technical Application Evaluation. If an Application is not acceptable to OHA, the OHA Review Panel may conduct discussions with Applicant to inform Applicant about the revisions Applicant must make to remedy any Application deficiencies. OHA will enter into negotiations with the highest ranked Applicants whose Project Plans are acceptable to OHA. If OHA negotiations with an Applicant are not successful within a reasonable amount of time, OHA may choose to not award a Grant to Applicant and will promptly notify Applicant. The determination of what constitutes a reasonable time frame for purposes of this paragraph shall be solely at the determination of OC&P. This protocol will be followed until all Grant Agreements have been signed.

6.6 Application Rejection.

6.6.1 OC&P will reject an Applicant's Application if the Applicant attempts to influence a member of the Application Review Panel regarding the Application review and evaluation process.

6.6.2 OC&P may reject an Application for any of the following additional reasons:

(i) The Applicant fails to substantially comply with all prescribed solicitation procedures and requirements, including but not limited to the requirement that Applicant's authorized representative sign the Application in ink; or

(ii) The Applicant makes any unauthorized contact regarding the RFGA with State employees or officials other than the SPC.

SECTION 7 – GENERAL INFORMATION

7.1 Changes/Modification and Clarifications.

When appropriate, OC&P will issue revisions, substitutions, or clarifications as addenda to this RFGA. Changes and modifications to the RFGA shall be recognized *only* if in the form of written addenda issued by OC&P and posted on the ORPIN website, http://orpin.oregon.gov/

7.2 Reservation of OC&P Rights.

OC&P reserves all rights regarding this RFGA, including, without limitation, the right to:

7.2.1 Amend or cancel this RFGA without liability if it is in the best interest of the State to do so, in accordance with ORS 279B.100;

7.2.2 Reject any and all Proposals received by reason of this RFGA upon finding that it is in the best interest of the State to do so, in accordance with ORS 279B.100;

7.2.3 Waive any minor informality;

7.2.4 Seek clarification of an Applicant;

7.2.5 Negotiate the statement of work within the scope of work described in this RFGA and to negotiate the amount of the Grant;

7.2.6 Amend or extend the term of any Grant Agreement that is issued as a result of this RFGA;

7.2.7 Engage Applicant by selection or procurement for different or additional services independent of this RFGA process and any contracts/agreements entered into pursuant hereto;

7.2.8 Enter into direct negotiations to execute a Grant Agreement with a responsive Applicant, in the event that the Applicant is the sole Applicant to this RFGA, and OC&P determines that the Applicant satisfies the minimum RFGA requirements;

7.2.9 Reject any Application upon finding that to accept the Application may impair the integrity of the procurement process or that rejecting the Application is in the best interest of the State.

7.3 Reservation of OHA Rights to Award Additional Grants.

Should additional funds become available between the RFGA release date and October 31, 2015, OHA may award additional Grants. At OHA's discretion, additional Grants will be awarded to supplement existing Grant Awards under this RFGA or to the highest ranked Applicant following the rank-ordered list developed by the OHA Review Panel.

7.4 Award Notice.

The apparent successful Applicants shall be notified in writing and OC&P will set the time lines for Grant negotiation as applicable.

7.5 Modification or Withdrawal.

(i) Modifications: An Applicant may modify its Application in writing prior to the RFGA closing. An Applicant must prepare and submit any modification to its Application to OC&P in accordance with Paragraph 4.3, above. Any modification must include the Applicant's statement that the modification amends and supersedes the prior Application. The Applicant must mark the submitted modification "Application Modification RFGA #3706," and be addressed to the attention of the SPC.

(ii) Withdrawals: An Applicant may withdraw its Application by submitting written notice, submitted on the Applicant's letterhead, signed by an authorized representative of the Applicant, delivered to the SPC in person or in the same manner

as set forth in Paragraph 4.3, above. The Applicant must mark the written request to withdraw, "Application Withdrawal to RFGA #3706."

7.6 Release of Information.

No information shall be given to any Applicant (or any other individual) relative to their standing with other Applicants during the RFGA process.

7.7 Public Information.

(i) After the notice of intent to award, the procurement file is subject to public disclosure in accordance with OAR 137-047-0630, and the Oregon Public Records Law (ORS 192.410–192.505). If any part of an Application or protest is considered a trade secret as defined in Oregon Revised Statutes 192.501(2) or otherwise exempt from disclosure under Oregon Public Records Law, the Applicant shall, at the time of submission: (1) clearly designate that portion as confidential in Part I of **Attachment 2** (Applicant's Designation of Confidential Materials); and (2) explain the justification for exemption under the Oregon Public Records Law in Part II of **Attachment 2**, in order to obtain protection, if any, from disclosure. Application of the Oregon Public Records Law shall determine if the confidential information claimed to be exempt is in fact exempt from disclosure.

(ii) Any person may request copies of public information. However, copies of Applications will not be provided until the evaluation process has completed and the notice of intent to award has been issued. Requests for copies of public information shall be in writing. Requestors will be charged according to the current policies and rates for public records requests in effect at the time OC&P receives the written request for public information. Fees, if applicable, must be received by OC&P before the records are delivered to the requestor.

7.8 Cost of Applications.

All costs incurred in preparing and submitting an Application in response to this RFGA will be the responsibility of the Applicant and will not be reimbursed by OHA.

7.9 Statutorily Required Preferences.

The following Preferences and rules apply to this RFP:

(i) Preference for Oregon Supplies and Services, pursuant to ORS 279A.120;

(ii) Preference for recycled materials and products, pursuant to ORS 279A.125 and OAR 137-046-0320;

(iii) Performance within the state of public printing, binding and stationery work, pursuant to ORS 282.210; and

(iv) The Recipient shall use recyclable products to the maximum extent economically feasible in the performance of the Work set forth in this document pursuant to ORS 279B. 060(2)(f).

7.10 Grant Period.

Initial term of the Grant shall be for the period stated in Section 1.2.1. If OHA determines that the Work performed has been satisfactory, OHA may, at its option, amend or extend the Grant for additional time and for additional dollars without further solicitation for a total

Grant term of up to 5 years. Modifications or extensions shall be by written amendment duly executed by the parties to the original Grant Agreement for CCO Applicants (see Form Grant Agreement, **Attachment 4**) or the original Program Element for LPHA Applicants (see Program Element, **Attachment 5**).

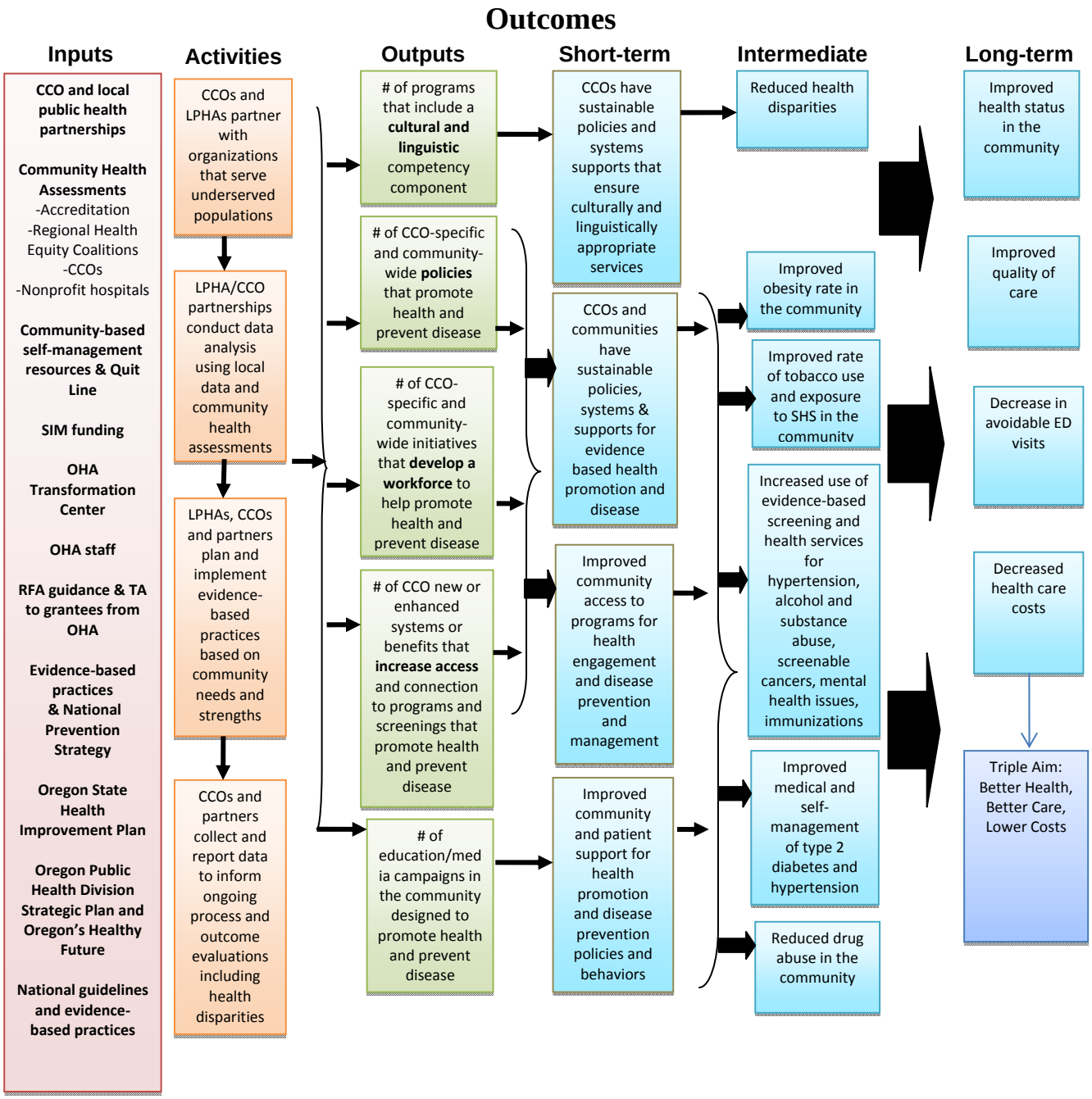
7.11 Grant Obligation.

All Applicants who submit an Application in response to this RFGA understand and agree that OHA is not obligated thereby to enter into a Grant Agreement with any Applicant and, further, has absolutely no financial obligation to any Applicant.

7.12 Grant Documents.

The final Grant Agreement with successful CCO Applicants will be based on the Form CCO Grant Agreement, which is attached as **Attachment 4** to this RFGA, and will include all exhibits and attachments identified in the Agreement. The terms and conditions included in **Attachment 4**, other than Exhibit A, Part 1 and **Attachments A** and **B** are not subject to negotiation. The final Grant Agreement with successful LPHA Applicants will be based on the Program Element, attached as **Attachment 5** to this RFGA, which, following negotiation of its specific content, will be incorporated by amendment into the current LPHA Financial Assistance Agreement.

Appendix A: Community Prevention Program Logic Model



Acronyms:
CCOs - Coordinated Care Organizations
SIM – State Innovation Models
ED – Emergency Department
OHA – Oregon Health Authority
SHS- Secondhand Smoke
TA – Technical Assistance
ABCS – **A**1c/ **a**spirin therapy, **b**lood pressure and **c**holesterol control, **s**moking cessation

Environmental/Influential factors:
- CDC Funding
-Health disparities

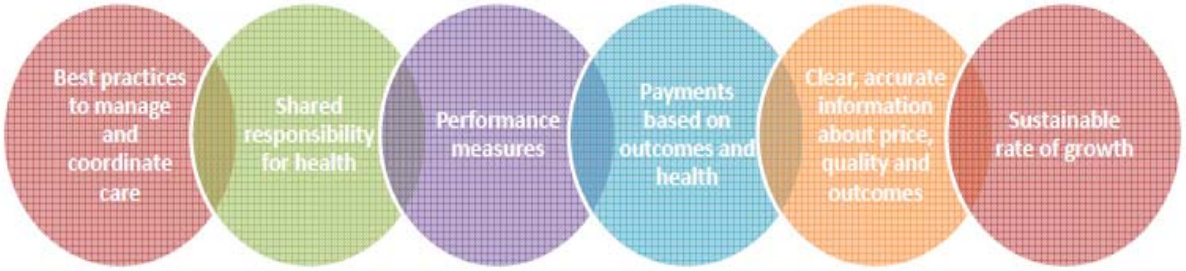
Appendix B: Coordinated Care Model

Oregon has adopted the "Triple Aim," goal of "Better health, better care and lower costs."

We see our path to the Triple Aim through the Coordinated Care Model, which was first adopted in Medicaid and went into effect in 2012. This model will be adopted by the Public Employees' Benefit Board (PEBB) and the Oregon Educators Benefit Board (OEBB) in the near future. The Oregon Health Policy Board is also working on ways to align the private market as well.

The Coordinated Care Model elements are:

1. Best practices to manage and coordinate care;
2. Shared responsibility for health among patients, providers and plans;
3. Performance measures;
4. Payments based on outcomes and health;
5. Clear and accurate information about price, quality and outcomes; and,
6. A sustainable rate of growth that doesn't shift costs to other payers.



Appendix C: Community Prevention Program Topic Areas and Selected Interventions

HEALTH PROMOTION AND DISEASE PREVENTION			
Community Interventions	**Health System Interventions**	**Resources**	**Selected related CCO Incentive, Core and State Performance Measures**
TOBACCO			
1. Implement policies to reduce exposure to secondhand smoke, both indoors and outdoors, at workplaces, parks, hospitals, residential treatment facilities, social service providers and multi-unit housing. 2. Reduce the number of retailers in a community selling tobacco by implementing a comprehensive tobacco retail license program, which includes restricting tobacco retailers from being within 1,000 feet of childcare facilities or K-12 schools, restricting pharmacies from selling tobacco, capping the number of licenses issued in a community, prohibiting the sale of flavored tobacco, prohibiting the use of discounts, restricting the sampling of all tobacco products and/or establishing or increasing tobacco retail license fees. 3. Develop systems for social service providers to consistently use effective protocols such as 5As to assess for tobacco use and provide referrals to evidence-based cessation programs.	1. Offer comprehensive, evidence-based tobacco cessation benefits, including counseling services like the Oregon Tobacco Quit Line and nicotine replacement therapy. 2. Develop systems for health care, mental health and substance abuse providers to consistently use effective protocols such as 5As to assess for tobacco use and provide referrals to evidence-based cessation programs. 3. Develop a cadre of Traditional Health Workers trained in tobacco dependence recovery and self-management support.	**Tobacco-free public spaces** www.smokefreeoregon.com **Tobacco-free worksites** www.healthoregon.org/wellnessatwork http://www.cdc.gov/nationalhealthyworksite/index.html **Tobacco disparities** www.tobaccopreventionnetworks.org **Tobacco-free hospitals and health systems** http://www.oahhs.org/quality/initiatives/destination-tobacco-free.html **Comprehensive tobacco cessation benefits** www.smokefreeoregon.com/policy/helping-benefit-oregon-smokers **Oregon Tobacco Quit Line** www.quitnow.net/Oregon/ **Tobacco and behavioral health** www.smokingcessationleadership.ucsf.edu **5As** www.ahrq.gov/clinic/tobacco/5steps.htm **Tobacco and adolescents** http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html	Controlling high blood pressure Chronic obstructive pulmonary disease admission rate Congestive heart failure admission rate Adult asthma admission rate Rate of tobacco use Medical assistance with smoking and tobacco use cessation
OBESITY AND OVERWEIGHT			

1. Implement policies in settings like child care, schools, community environments and workplaces that offer access to healthy foods, encourage physical activity and support breastfeeding. 2. Implement nutrition standards that increase access to fruits and vegetables, decrease sodium and trans fat and decrease availability of sugary beverages in settings like worksites, social service programs, child care and schools. 3. Develop policies to increase access to fresh fruits and vegetables, such as expanding the number of farmer's markets that accept SNAP EBT, WIC Farmer's Market Nutrition Program and Senior Farm Direct Nutrition Program coupons, and farm to hospital cafeteria programs. 4. Develop policies to increase availability and affordability of healthy foods in communities, including in full service grocery stores, corner stores, farmers markets and restaurants. 5. Develop policies to decrease consumption of unhealthy foods in communities, such as sugary beverage pricing policies and bans on toys in unhealthy kids' meals.	1. Provide coverage for evidence-based weight management programs. 2. Implement nutrition standards for hospitals to promote healthier eating. 3. Develop systems for health care providers to track body mass index and provide culturally and linguistically appropriate weight management counseling. 4. Develop systems to ensure that patients receive culturally and linguistically appropriate counseling interventions on nutrition and physical activity during primary care visits.	**Institute of Medicine report on obesity prevention** www.nap.edu/catalog.php?record_id=13275 **Active transportation** www.apha.org/NR/rdonlyres/42FBB4CA-4E2A-4C74-BDD7-317E7C814F9B/0/Links_Final_Active_Primer_singles.pdf **Healthy worksites** www.healthoregon.org/wellnessatwork **Healthy food policy** www.cdc.gov/nutrition/downloads/StateIndicatorReport2009.pdf	Rate of obesity Adult BMI assessment BMI assessment for children/adolescents
DIABETES			
1. Provide access to	1. Provide benefits	**Self-management programs**	HbA1c poor

evidence-based chronic disease self-management programs, including Stanford Chronic Disease Self-Management Program (Living Well with Chronic Conditions and Tomando Control de su Salud) and Arthritis Foundation Exercise Programs. 2. Provide access to evidence-based diabetes prevention programs, including the National Diabetes Prevention Program.	coverage for Stanford Chronic Disease Self-Management Programs, Arthritis Foundation Exercise Programs and the National Diabetes Prevention Program. 2. Develop systems for health care providers to employ the ABCS for diabetes: A1C, blood pressure control, cholesterol and smoking cessation. 3. Develop an appropriate health care work force to support clinical diabetes management and linkage to community diabetes prevention and self-management resources. 4. Develop and/or enhance systems to increase preventive services for pregnant women with gestational diabetes or a history of gestational diabetes.	www.healthoregon.org/takecontrol **National Diabetes Prevention Program** www.cdc.gov/diabetes/prevention/index.htm **Diabetes Training and Technical Assistance Center** http://www.dttac.org/ **Community Health Workers online course** http://www.dttac.org/services/community_health_workers/index.html **Gestational diabetes** http://care.diabetesjournals.org/content/35/Supplement_1/S11.full#sec-11	control Diabetes short-term complications admission rate Comprehensive diabetes care: LCL-C screening Comprehensive diabetes care: HbA1c testing
MATERNAL AND CHILD HEALTH PROMOTION			
1. Implement community-wide education campaigns to promote the use of folic acid among women of childbearing age. 2. Develop systems for universal developmental screening for home visiting, child care and/or early childhood providers.	1. Develop systems for health care providers to use a standardized, validated developmental screening tool. 2. Promote breastfeeding and assure systems are in place to support exclusivity and	**Folic acid** http://www.thecommunityguide.org/birthdefects/community.html **Bright Futures guidelines** http://brightfutures.aap.org/materials.html **Baby-Friendly Hospital Initiative** http://babyfriendlyusa.org **Home visiting** http://mchb.hrsa.gov/programs/	Timeliness of prenatal care Developmental screening in the first 36 months Low birth weight Frequency of ongoing prenatal care

3. Ensure that worksites comply with state and federal lactation accommodation laws.	duration, including support for the Baby-Friendly Hospital Initiative. 3. Support the development and/or expansion of evidence-based home visiting programs for pregnant women and families.	homevisiting/models.html	

CLINICAL PREVENTIVE SERVICES AND SUPPORT			
Community Interventions	**Health System Interventions**	**Resources**	**Selected related CCO Incentive and State Performance Measures**
CLINICAL PREVENTIVE SERVICES AND SUPPORT			
1. Provide the Oregon Mothers Care program to pregnant women. 2. Increase demand for immunizations through education designed to inform or motivate community members to seek vaccination, or to reduce nonmedical vaccine exemptions. 3. Enhance access to immunizations for all community members by supporting vaccination programs conducted within schools, local health departments, or other alternative immunization sites. 4. Provide evidence-based community outreach, including paid and earned media, to prevent	1. Develop systems for health care providers to routinely employ the ABCS for heart disease: aspirin therapy, blood pressure control, cholesterol management and smoking cessation. 2. Develop systems for health care providers to implement screening for HIV infection in adolescents and adults ages 15 to 65 years. 3. Provide education to health care providers on identifying and treating persons at increased risk for syphilis and other STD infections.	**Preventive screening guidelines** http://www.cdc.gov/nccdphp/dnpao/hwi/resources/preventative_screening.htm **Health communications and social marketing** www.cdc.gov/healthcommunication **HIV Screening** http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm **Syphilis Screening** http://www.uspreventiveservicestaskforce.org/uspstf/uspssyph.htm **Gestational diabetes** http://care.diabetesjournals.org/content/35/Supplement_1/S11.full#sec-11 **Oregon Mothers Care** https://public.health.oregon.gov/HealthyPeopleFamilies/Women/Pregnancy/OregonMothersCare/Pages/index.aspx **First Tooth**	Timeliness of prenatal care Colorectal cancer screening Adolescent well-care visits Controlling high blood pressure Effective contraceptive use among women who do not desire pregnancy Low birth weight Flu shots for adults ages 50-64 Breast cancer screening

transmission of HIV, STDs and Hepatitis C.	4. Develop systems to encourage patients to engage in routine preventive cancer screenings, including colorectal, breast and cervical cancer screening. 5. Ensure children receive oral health risk assessments and intervention during well-child visits by supporting medical provider training through First Tooth. 6. Develop systems to implement high quality adolescent well visits. 7. Establish systems to screen for pregnancy intent and provide resources and services, including preconception care and access to a full range of birth control methods. 8. Measure provider-level immunization rates and promote implementation of activities at the provider level to increase immunization rates, including patient reminder and recall systems. 9. Decrease the rate of nonmedical vaccine exemptions by supporting the	https://public.health.oregon.gov/PreventionWellness/oralhealth/FirstTooth/Pages/index.aspx **Preconception care recommendations** http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm **Practice recommendations for contraceptive use** http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm?s_cid=rr6205a1_w www.onekeyquestion.org **Bright Futures guidelines** http://brightfutures.aap.org/materials.html **Community and system-based interventions to increase appropriate immunization** http://www.thecommunityguide.org/vaccines/index.html **Communicating effectively about vaccine safety** https://www.astho.org/WorkArea/Download/Asset.aspx?id=5464	Cervical cancer screening Chlamydia screening in women ages 21-24 Annual HIV/AIDS medical visit Childhood immunization status Immunization for adolescents

	implementation of Senate Bill 132; ensure parents are linked to education prior to claiming a nonmedical exemption for a school-required vaccine.		

BEHAVIORAL HEALTH			
Community Interventions	**Health System Interventions**	**Resources**	**Selected related CCO Incentive and State Performance Measures**
MENTAL HEALTH PROMOTION			
1. Implement the SAMHSA Maternal Depression Planning Guide. 2. Implement Nurse Family Partnership programs. 3. Work together with schools to implement an evidence-based comprehensive sexuality and healthy relationships education program that meets the requirements of Oregon state statute (ORS 336.455).	1. Integrate culturally and linguistically appropriate mental health screening and referral to treatment into the standard of care for all ages. 2. Develop, disseminate, and implement guidelines for clinical practice and continuity of care for providers to screen and treat persons with suicide risk. 3. Develop systems to screen for intimate partner and/or family violence as a part of a regular provider visits and refer to community resources as needed. 4. Provide training for trauma-informed systems of care.	**Recommendations for community mental health** www.thecommunityguide.org/mentalhealth/collab-care.htm **Recommendations for depression screening** www.uspreventiveservicestaskforce.org/uspstf/uspsaddepr.htm **SAMHSA Maternal Depression Planning Guide** www.nmha.org/download.cfm?DownloadFile=79FC89D4-9C3E-39DE-538C7D8F651041BA **Nurse Family Partnership** http://public.health.oregon.gov/HealthyPeopleFamilies/Women/Pregnancy/NurseFamilyPartnership/Pages/index.aspx **Intimate partner violence screening** www.uspreventiveservicestaskforce.org/uspstf/uspsipv.htm **School-based violence prevention programs** www.thecommunityguide.org/violence/schoolbasedprograms.html **Positive Behavioral Interventions and Supports** www.pbis.org	Screening for clinical depression and follow-up plan

		Oregon Department of Education sexuality and healthy relationships education guidelines www.ode.state.or.us/search/page/?id=1773	
SUBSTANCE ABUSE PREVENTION			
1. Implement systematic efforts to control prescription drug abuse, including drug take back efforts, public education about the dangers of controlled substance prescription drugs, and promotion of the practice of locking up prescription medications. 2. Develop and implement a community health worker naloxone rescue program.	1. Integrate culturally and linguistically appropriate substance abuse screening and referral to behavioral health services and detoxification centers into the health care standard of care for all ages. 2. Adopt and implement model prescription controlled substance prescribing guidelines and patient management guidelines. 3. Adopt and implement guidelines defining which clinicians or staff should have Prescription Drug Monitoring accounts, when patient reports should be run, and how to use Prescription Drug Monitoring Program patient reports throughout health systems. 4. Implement patient review and restriction programs aimed at reducing inappropriate use of medical and pharmacy services.	**Oregon Prescription Drug Monitoring Program** www.orpdmp.com **Clinical drug testing in primary care** www.kap.samhsa.gov/products/manuals/pdfs/TAP32.pdf **Oregon Pain Management Commission** www.oregon.gov/oha/ohpr/pages/pmc/index.aspx **Opioid treatment guidelines for chronic non-cancer pain** www.painmed.org/files/opioid-treatment-guidelines-chronic-noncancer-pain.pdf **DOPE Project – naloxone case study** **Prescribe naloxone to prevent overdose** http://prescribetoprevent.org/about **Clinical guidelines for the use of buprenorphine** http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf	Alcohol and other substance misuse (SBIRT) Initiation and engagement in alcohol and drug treatment

	5. Co-prescribe naloxone with opioid prescriptions to high-risk patients and assure paramedics have access to naloxone to counter the effects of opioid overdose. 6. Manage opioid addiction by improving coverage for non-opioid treatments for pain, removing methadone as a first line agent for pain, and prescribing buprenorphine to treat opiate addiction.		

Appendix D: Selected Population Health Data Sources and Reports

Report Name	Year Published	County level*	Link
Health Equity			
Oregon Racial and Ethnic Data	Multiple	Yes (Diversity Index)	http://www.oregon.gov/oha/oei/pages/soe/index.aspx
State of Equity Report	Multiple (2011, 2012 forthcoming)	No	http://www.oregon.gov/oha/oei/pages/soe/index.aspx
Tobacco			
Oregon Tobacco Facts & Laws	2011	Yes	http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tobfacts.pdf
Oregon Tobacco Fact Sheets by County	2013	Yes	http://public.health.oregon.gov/preventionwellness/tobaccoprevention/pages/countyfacts.aspx
Overweight and obesity			
Oregon Overweight, Obesity, Physical Activity and Nutrition Facts	2012		http://public.health.oregon.gov/PreventionWellness/PhysicalActivity/Documents/Oregon_PANfactst_2012.pdf
Diabetes			
Keeping Oregonians Healthy	2007	Yes	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthor.pdf
2006-2009 BRFSS County-level Information	2011	Yes	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Pages/pubs.aspx
Clinical Preventive Services and Screening			
Cancer in Oregon	2006	Yes	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Cancer/oscar/arpt2006/Pages/index.aspx
2006-2009 BRFSS County-level Information	2011	Yes	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Pages/pubs.aspx
Homicides related to Intimate Partner Violence in Oregon: A Seven Year Review	2010	No	http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/IPV%20related%20homicides%20in%20Oregon%202003-2009.pdf
Oregon's Injury Prevention Plan	2010	No	http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/OregonInjuryPreventionPlan.pdf
Oregon PRAMS Topic Areas	Multiple	No	http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/prams/Pages/topics.aspx
Suicide Prevention			
Suicides in Oregon: Trends and Risk Factors	2012	Yes	http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/Suicide%20in%20Oregon%202012%20report.pdf
Suicide, Suicide Attempts, and Ideation among Adolescents in Oregon	2012	Yes	http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/2010%20ASADS%20suicidal%20attempt%20report%20version%2011%20edited%20april%2018.pdf
Prescription Drug Overdose			
Oregon's Injury Prevention Plan	2010	No	http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/OregonInjuryPreventionPlan.pdf

* "Yes" indicates that at least some data is at the county level

ATTACHMENT 1 - Application Cover Sheet
Applicant Information - RFGA #3706

Consortium Entities: _____

Lead Fiscal Agent: _____

Lead Fiscal Agent is a ☐ Local Public Health Authority or ☐ Coordinated Care Organization.

Primary Contact Person:_____ Title:_____

Address:_____City, State, Zip_____

Telephone:_____Fax:_____E-mail Address:_____

Name and title of the person(s) authorized to represent the Applicant in any negotiations and sign any Grant Agreement that may result:

Name:_____ Title:_____

By signing this page and submitting an Application, the Authorized Representative certifies that the following statements are true:

1. No attempt has been made or will be made by the Applicant to induce any other person or organization to submit or not submit an Application.

2. Applicant does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin, nor has Applicant or will Applicant discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, women or emerging small business enterprise certified under ORS 200.055.

3. The statements contained in this Application are true and complete to the best of the Applicant's knowledge and Applicant accepts as a condition of the Grant, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection.

4. The Applicant, by submitting an Application in response to this Request for Grant Applications, certifies that it understands that any statement or representation contained in, or attached to, its Application, and any statement, representation, or application the Applicant may submit under any agreement OHA may award under this Request for Grant Applications, that constitutes a "claim" (as defined by the Oregon False Claims Act, ORS 180.750(1)), is subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.

5. The Applicant acknowledges receipt of all addenda issued under this RFGA.

6. Disclosure of Relationships: Disclose any and all direct and indirect organizations or business relationships between the Applicant or subcontractors, including its owners, parent company or subsidiaries, and companies involved in any way in the production, processing, distribution, promotion, sale or use of tobacco or sugary beverages.

Signature: _____ Date:_____
(Authorized to Bind Applicant)

***** THIS PAGE SHOULD BE THE TOP PAGE OF THE APPLICATION *****

ATTACHMENT 2 - Applicant's Designation of Confidential Materials
RFGA #3706

Applicant Name: _____

Instructions for completing this form:

As a public entity, OC&P is subject to the Oregon Public Records Law which confers a right for any person to inspect any public records of a public body in Oregon, subject to certain exemptions and limitations. *See* ORS 192.410 through 192.505. Exemptions are generally narrowly construed in favor of disclosure in furtherance of a policy of open government. Your Application will be a public record that is subject to disclosure except for material that qualifies as a public records exemption.

It is OC&P's responsibility to redact from disclosure only material exempt from the Oregon Public Records Law. It is the Applicant's responsibility to only mark material that legitimately qualifies under an exemption from disclosure. To designate a portion of an Application as exempt from disclosure under the Oregon Public Records Law, the Applicant should do the following steps:

1) Clearly identify in the body of the Application only the limited material that is a trade secret or would otherwise be exempt under public records law. If an Application fails to identify portions of the Application as exempt, Applicant is deemed to waive any future claim of non-disclosure of that information.

2) List, in the space provided below, the portions of your Application that you have marked in step 1 as exempt under public records law and the public records law exemption (e.g., a trade secret) you believe applies to each portion. If an Application fails to list in this Attachment a portion of the Application as exempt, Applicant is deemed to waive any future claim of non-disclosure of that information.

3) Provide, in your response to this Attachment, justification how each portion designated as exempt meets the exemption criteria under the Oregon Public Records Law. If you are asserting trade secret over any material, please indicate how such material meets all the criteria of a trade secret listed below. Please do not use broad statements of conclusion not supported by evidence.

Application of the Oregon Public Records Law shall determine whether any information is actually exempt from disclosure. Prospective Applicants are advised to consult with legal counsel regarding disclosure issues. Applicant may wish to limit the amount of truly trade secret information submitted, providing only what is necessary to submit a complete and competitive Application.

In order for records to be exempt from disclosure as a trade secret, the records must meet all four of the following requirements:

- The information must not be patented;
- It must be known only to certain individuals within an organization and used in a business the organization conducts;
- It must be information that has actual or potential commercial value; and,
- It must give its users an opportunity to obtain a business advantage over competitors who do not know or use it.

Keep in mind that the trade secret exemption is very limited. Not all material that you might prefer be kept from review by a competitor qualifies as your trade secret material. OC&P is required to release information in the Application *unless* it meets the requirements of a trade secret or other exemption from disclosure and it is the Applicant's responsibility to provide the basis for which exemption should apply.

In support of the principle of an open competitive process, "bottom-line pricing" – that is, pricing used for objective cost evaluation for award of the RFGA or the total cost of the Grant or deliverables under the Grant Agreement – will not be considered as exempt material under a public records request. Examples of material that would also not likely be considered a trade secret would include résumés, audited financial statements of publicly traded companies, material that is publicly knowable such as a screen shot of a software interface or a software report format.

To designate material as confidential and qualified under an exemption from disclosure under Oregon Public Records Law, an Applicant must complete this Attachment form as follows:

Part I: List all portions of your Application, if any, that Applicant is designating as exempt from disclosure under Oregon Public Records Law. For each item in the list, state the exemption in Oregon Public Records Law that you are asserting (e.g., trade secret).

> "This data is exempt from disclosure under Oregon Public Records Law pursuant to [*insert specific exemption from ORS 192, such as a "ORS 192.501(2) 'trade secret'"*], and is not to be disclosed except in accordance with the Oregon Public Records Law, ORS 192.410 through 192.505."

In the space provided below, state Applicant's list of material exempt from disclosure and include specific pages and section references of your Application.

1. _____

2. _____

3. _____

[This list may be expanded as necessary.]

Part II: For each item listed above, provide clear justification how that item meets the exemption criteria under Oregon Public Records Law. If you are asserting trade secret over any material, state how such material meets all the criteria of a trade secret listed above in this Attachment.

In the space provided below, state Applicant's justification for non-disclosure for each item in the list in Part I of this Attachment:

1. _____

2. _____

3. _____

[This list may be expanded as necessary.]

ATTACHMENT 3 - Community Prevention Project Plan Template

Community Prevention Project Plan	
Organization Names	
SMART Objective	
Current Status:	
Topic Area: ☐ Tobacco ☐ Obesity/overweight ☐ Diabetes ☐ Maternal and child health promotion ☐ Clinical preventive screenings ☐ Mental health promotion ☐ Substance abuse prevention	
Intervention Type: ☐ Community ☐ Health System	
Target Region or Service Area:	
Target Population:	
The short-term outcomes for the Community Prevention grants are listed below. Please select the outcome measure(s) tied to this intervention: ☐ **A.** Implementing and sustaining policies and systems to ensure culturally and linguistically appropriate services ☐ **B.** Implementing and sustaining evidence-based health promotion and disease prevention activities ☐ **C.** Improved access to programs for health engagement and disease prevention and management ☐ **D.** Improved community and patient support for health promotion and disease prevention policies and behaviors	

Reportable Milestone Activities	**Timeline (initiation – completion)**	**Identify the activity(ies) related to health disparities**	**Outcome Measure**	**Lead Staff and Key Associates**

Definitions for use in this document:

SMART Objective: A measurable change in supportive policy, systems or environment that affects healthy behavior. Objective must be are specific, measurable, attainable, realistic and time-limited.

- *Policy change* includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules. Government bodies, school districts and schools, park districts, healthcare organizations, worksites and other community institutions all make policy change
- *System change* involves change made to the rules within an organization. Systems change impacts all elements of an organization, often on infrastructure

- *Environmental change* is a change made to the physical environment.

Current Status: The current state of progress on this objective and justification for chosen strategy.

Topic Area: Select the topic area of this objective.

Intervention Type: Select the intervention type for this objective:

- *Community intervention*: influences the knowledge, attitudes, social norms, or behaviors of individuals in the targeted community; provides the intervention where individuals of the community are likely to be; and delivers the intervention broadly

- *Health system intervention:* influences the knowledge, attitudes, social norms, or behaviors of individuals within clinics, hospitals, mental health and alcohol and drug treatment facilities; provides the intervention with in partnership with health system staff and partners, including health plans

Reportable Milestone Activities: A list of key events or actions that will be implemented. Key events, if possible, shall be specific, measurable and sufficient in quantity such that their completion will lead to the accomplishment of the objective.

Timeline: The timeframe for which Milestone Activities will be initiated and completed.

Measure: What outcome will exist at the completion of the Milestone Activity?

Lead Staff: Staff member of position with the responsibility for ensuring the completion of the Milestone Activity.

Key Associate: Organization (outside of LPHA or CCO) – either funded or unfunded, who will play a significant role in accomplishing the Milestone Activity.

ATTACHMENT 4 – Form CCO Grant
RFGA #3706

Grant Agreement Number 000000

State of Oregon
Grant Agreement

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Agreement is between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA," and

Recipient Legal Entity Name
Address
Address
Telephone:
Facsimile:
E-mail address
Home page URL, if applicable

hereinafter referred to as "Recipient." Recipient and OHA are party to that certain Health Plan Services Contract, Coordinated Care Organization Contract # [*To Be Determined*] (as amended from time to time, the "CCO Contract").

The Program to be supported under this Agreement relates principally to the OHA's

Public Health Division
800 NE Oregon Street, Suite 930
Portland, OR 97232
Agreement Administrator: Cara Biddlecom or delegate
Telephone: (971) 673-2284
Facsimile: (971) 673-1299
E-mail address: cara.m.biddlecom@state.or.us

1. Effective Date and Duration
This Agreement is effective on the date this Agreement has been fully executed by every party and approved by Department of Justice or on [*To be Determined*], whichever date is later. Unless extended or terminated earlier in accordance with its terms, this Agreement shall expire on June 30, 2016. Agreement termination shall not extinguish or prejudice OHA's right to enforce this Agreement with respect to any default by Recipient that has not been cured.

2. Agreement Documents

a. This Agreement consists of this document and includes the following listed exhibits which are incorporated into this Agreement:
(1) Exhibit A, Part 1: Grant Activities
(2) Exhibit A, Part 2: Program Description
(3) Exhibit A, Part 3: Payment, Budget and Financial Reporting
(4) Exhibit B: Standard Terms and Conditions
(5) Exhibit C: Federal Terms and Conditions
(6) Attachment A: Form of Expenditure Report
(7) Attachment B: Form of Activity Report

There are no other Agreement documents unless specifically referenced and incorporated in this Agreement.

b. This Agreement and the documents listed in Section 2., Agreement Documents, Subsection a. above, shall be in the following descending order of precedence: this Agreement less all exhibits, Exhibit C, Exhibit B, then the remaining agreement documents in the sequence attached.

3. Grant Disbursement Generally

The total Grant funds that may be disbursed to Recipient under this Grant Agreement are $_____. OHA will disburse the Grant to Recipient as described in Exhibit A.

4. Recipient Data and Certification

a. Recipient Information. Recipient will provide the information set forth below. This information is requested pursuant to ORS 305.385.

Please print or type the following information

Name (exactly as filed with the IRS) _____

Address _____

E-mail address:_____

Telephone: ( ) _____ - _____ Facsimile: ( ) _____ - _____

b. Recipient is required to provide its Federal Employer Identification Number (FEIN) or Social Security Number (SSN), as applicable to OHA. By Recipient's signature on this Agreement, Recipient hereby certifies that the FEIN or SSN provided to OHA is true and accurate. If this information changes, Recipient is also required to provide OHA with the new FEIN or SSN within 10 days.

c. The information shown in this Section 4., Recipient Data and Certification, is Recipient's true, accurate and correct information.

RECIPIENT, BY EXECUTION OF THIS AGREEMENT, HEREBY ACKNOWLEDGES THAT RECIPIENT HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

Signatures

Recipient:

Authorized Signature	Title	Date

OHA:

Authorized Signature	Title	Date

Approved:

Assistant Attorney General	Date

OHA Office of Contracts and Procurement:

Contract Specialist	Date

EXHIBIT A
Part 1
Grant Activities

1. Recipient will use the Grant funds for activities that:
    a. Are described in Exhibit A, Part 2 (as amended from time to time), and for no other purposes;
    b. Support better health, better health care and lower costs in their communities; and
    c. Are innovative, scalable, transferable and related to CCO transformation plans and the overall goals of transformation.
2. Community Prevention Funds may not be used to provide enhanced reimbursements generally (although alternative or enhanced payments as part of an innovative pilot or program are allowable), nor to supplant state covered services, nor to replace services required provided under Applicant's CCO contract with OHA. Funded activities may include, but are not limited to: personnel, travel expenses, meetings and supplies, consultants, and indirect expenses affiliated with the project such as administrative support, telephone, and computers.

EXHIBIT A
Part 2
Program Description

Activities that describe the Recipient's project to be supported under this Grant Agreement. This may include:

1. **Executive Summary**
2. **Project Description**
3. **Project Timeline**
4. **Measurable Project Objectives and Metrics**
5. **Spread of Innovation**

To be negotiated and finalized prior to agreement execution. Additional Program Description provisions will be negotiated and finalized prior to agreement execution.

1. Funds provided under this Agreement may only be used to implement evidence-based community health interventions, as described in the application and approved by the Oregon Health Authority, in cooperation with local public health authorities and other payers. Recipient agrees to the following:

a. **Recipient Demonstrates the Use of Data to Drive Decision Making:** Utilize existing local data sources, community health assessments and as necessary, collect data and stakeholder input to determine community health priorities and appropriate intervention strategies.

b. **Recipient Demonstrates Community Cooperation:** Establish and maintain meaningful working relationships with area LPHAs, other payers, Regional Health Equity Coalitions (where available) and other community organizations during the life of this agreement.

c. **Recipient Implements Community Policy, Systems and Environmental Change Interventions:** Work with the area LPHA(s) to implement at least one evidence-based strategy at the community level that directly addresses tobacco, overweight/obesity, diabetes, maternal and child health, clinical preventive services and screenings, mental health or substance abuse as described in the RFGA and recipient application.

d. **Recipient Implements Health Systems Interventions:** Work with the area LPHA(s) to implement at least one evidence-based strategy at the health system level that directly addresses tobacco, overweight/obesity, diabetes, maternal and child health, clinical preventive services and screenings, mental health or substance abuse as described in the RFGA and recipient application.

e. **Recipient Evaluates Effectiveness of Program:** Plan and implement strategies to assess the effectiveness of the Community Prevention Program.

f. **Recipient Provides Demonstration of Capacity for Project Management:** Ensure that there is capacity to perform suggested intervention activities.

g. **Recipient Participates in Training and learning opportunities:** Attend all Community Prevention meetings reasonably required by OHA.

h. **Recipient Provides Appropriate Reporting:** Submit Project Plan reports on a quarterly schedule to be determined by OHA. The reports must include, at a minimum, Recipient's progress during the quarter towards completing activities described in its Project Plan. Upon request by OHA, Recipient must also submit reports that detail quantifiable outcomes of activities and data accumulated from community-based assessments of tobacco, overweight/obesity, diabetes, maternal and child health, clinical preventive services and screenings, mental health or substance abuse.

2. Deliverables/Quantities.

3. Specifications or Performance Standards.

OHA requires that the Recipient meets the highest standards prevalent in the industry or business most closely involved in providing the appropriate goods or services.

4. Delivery Schedule.

EXHIBIT A
Part 3
Budget, Financial and Grant Activities Reporting

To be negotiated and finalized prior to agreement execution. Additional Budget, Financial and Grant Activities Reporting provisions will be negotiated and finalized prior to agreement execution.

1. Payment Provisions.

OHA has received sufficient funding, appropriations, and other expenditure authorizations to allow OHA, in the exercise of its reasonable administrative discretion, to make the disbursement. Nothing in this Agreement is to be construed as permitting any violation of Article XI, section 7 of the Oregon Constitution or any other law regulating liabilities or monetary obligations of the State of Oregon.

2. Expenditure of Grant Funds.

Recipient may expend the Grant funds solely to cover costs necessarily incurred by Recipient in operating the project and subject to the following restrictions and any other restrictions imposed by other provisions of this Agreement or by applicable law. Funds may not be used to supplant state covered services, nor to replace services required under the CCO Contract.

3. Personnel Expenses.

Recipient may expend the Grant funds for Personnel Expenses only for staff that are directly working on this project or projects for Transformation efforts overall. Expenses for legal counsel, accounting and similar expenses are not considered Personnel Expenses for this Program.

4. Travel Expenses.

Recipient may expend the Grant funds for approved travel expenses at rates not to exceed current state rates (for non-represented employees) in effect at the time the expenses are incurred. All travel will be conducted in the most efficient and cost-effective manner and result in the best value to the State. Personal expenses will not be authorized at any time. Amounts for travel expenses are included in, and not in addition to, the Grant.

5. Indirect/Administrative Expenses.

Indirect administrative Cost are discouraged; however OHA reserves the right to negotiate with each CCO, who makes a strong and compelling case as to why cost are critical to the Transformation Project. Any indirect cost may not exceed 10% of the total budget.

6. Final Report and Reconciliation.

Recipient will submit a final financial report by [DATE] detailing all of its expenditures under this Agreement. If not all the Grant funds have been expended by [DATE], Recipient will pay back the unexpended funds no later than ten days after the date of its final financial report. OHA will review the final financial report and will make any adjustments necessary to satisfy OHA's grant payment standards. In the event the adjustments alter the amount of unexpended funds, then the party owing the adjustment will pay the difference required to reconcile the funds within ten days of OHA's adjustments.

EXHIBIT B
Standard Terms and Conditions

This Grant Agreement is governed by the Standard Terms and Conditions in Exhibit D to the CCO Contract (with "Recipient" substituted for "Contractor," "Subrecipient" substituted for "Subcontractor," and "Grant Agreement" substituted for "Contract"), except as follows:

1. In addition to any other grounds for termination in Section Exhibit D, 10.e, this Grant Agreement will be terminated automatically without notice in the event of termination of the CCO Contract. Termination of this Grant Agreement does not alter the obligation of Recipient to utilize and report on Grant funds already disbursed in accordance with this Grant Agreement.
2. The provisions governing Sanctions in Exhibit D, Sections 32 to 35 will not apply.

Remainder of page intentionally left blank

EXHIBIT C
Federal Terms and Conditions

This Grant Agreement is governed by the Required Federal Terms and Conditions in Exhibit E to the CCO Contract (with "Recipient" substituted for "Contractor," "Subrecipient" substituted for "Subcontractor," and "Grant Agreement" substituted for "Contract").

Remainder of page intentionally left blank

Attachment A: Form of Expenditure Report

To be finalized prior to agreement execution.

Remainder of page intentionally left blank

Attachment B: Form of Activity Report

To be finalized prior to agreement execution.

Remainder of page intentionally left blank

ATTACHMENT 5 - Local Public Health Authority Program Element

To be negotiated and finalized prior to agreement execution.

Program Element #0000: Community Prevention Program for Local Public Health Authority Applicants

If a Grant is awarded to a Local Public Health Authority, the following Program Element will be incorporated into the Local Public Health Authority's current Financial Assistance Agreements for the Financing of Public Health Services by Amendment.

1. **Description.** Funds provided under the Financial Assistance Agreement for this Program Element may only be used, in accordance with and subject to the requirements and limitations set forth below, to implement evidence-based community health interventions in consortium with Coordinated Care Organizations (CCOs) and other payers. Selected LPHA agrees to the following:

    a. **LPHA Demonstrates the Use of Data to Drive Decision Making:** Use existing local data sources, community health assessments and as necessary, collect data and stakeholder input to determine community health priorities and appropriate intervention strategies.

    b. **LPHA Demonstrates Community Cooperation:** Establish and maintain meaningful working relationships with area CCOs, other payers, Regional Health Equity Coalitions (where available) and other community organizations during the life of this agreement.

    c. **LPHA Implements Community Policy, Systems and Environmental Change Interventions:** Work with the area CCO(s) to implement at least one evidence-based strategy at the community level that directly addresses tobacco, overweight/obesity, diabetes, maternal and child health, clinical preventive services and screenings, mental health or substance abuse as described in the RFGA.

    d. **LPHA Implements Health Systems Interventions:** Work with the area CCO(s) to implement at least one evidence-based strategy at the health system level that directly addresses tobacco, overweight/obesity, diabetes, maternal and child health, clinical preventive services and screenings, mental health or substance abuse as described in the RFGA.

    e. **LPHA Evaluates Effectiveness of Program:** Plan and implement strategies to assess the effectiveness of the Community Prevention Program.

2. **Procedural and Operational Requirements.** By accepting and using the financial assistance funds provided by OHA under this Financial Assistance Agreement and this Program Element, LPHA agrees to conduct Community Prevention activities in accordance with the following requirements:

    a. LPHA will not use funds provided under this Agreement to supplant state, local, other non-federal, or other federal funds. Funds may not be used to supplant state covered services, nor to replace services required under this Financial Assistance Agreement.

b. LPHA must assure that the Community Prevention Program is staffed at the appropriate level to ensure ample capacity to perform suggested intervention activities, depending on its level of funding, as specified in the award of funds for this Program Element. LPHA must designate a primary point of contact for activities included within this Program Element.

c. LPHA must use the funds awarded to LPHA under this Agreement for this Program Element in accordance with its Budget as approved by OHA and attached to this Program Element as Attachment 1 and incorporated herein by this reference. Modifications to the Budget may only be made with OHA approval. Funds awarded for this Program Element may not be used for treatment purposes or for direct delivery of services and screenings to patients or clients outside of grant-approved activities.

d. LPHA must attend all Community Prevention business meetings reasonably required by OHA.

e. LPHA must jointly coordinate and implement its Community Prevention activities with area CCO(s) and other healthcare entities as applicable.

f. In the event of any omission from, or conflict or inconsistency between, the provisions of the Budget set forth in Attachment 1 and the provisions of the Agreement and this Program Element, the provisions of the Agreement and this Program Element shall control.

3. **Reporting Requirements.** LPHA must submit Project Plan reports on a quarterly schedule to be determined by OHA. The reports must include, at a minimum, LPHA's progress during the quarter towards completing activities described in its Project Plan. Upon request by OHA, LPHA must also submit reports that detail quantifiable outcomes of activities and data accumulated from community-based assessments. LPHA may use funds from this financial assistance agreement to complete reporting requirements.

4. **Performance Measures.** LPHAs that complete fewer than 75% of milestones in its Project Plan for two consecutive calendar quarters in one federal fiscal year shall not be eligible to receive funding under this Program Element during the next fiscal year.

RECIPIENT, BY EXECUTION OF THIS AGREEMENT, HEREBY ACKNOWLEDGES THAT RECIPIENT HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

Signatures

Recipient:

Authorized Signature	Title	Date

OHA:

Authorized Signature	Title	Date

Approved:

Assistant Attorney General	Date

Office of Contracts and Procurement:

Contract Specialist	Date

ATTACHMENT 6 - Line Item Budget and Narrative Worksheet

-- SEE EXCEL DOCUMENT ATTACHED SEPARATELY IN ORPIN ATTACHMENTS FOLDER--