2020 Call for Proposals

Proposal Deadline: September 2, 2020

HSTRC CFP FAQs

For more background information about this funding opportunity, please consult the Research Agenda.

Key Roles and Terms

Q: *How do you define commonly used terms such as health system, health system model of care, interrelated goals and needs, and participatory research?*

A: All key terms are defined in the Research Agenda. Below, please find some key definitions for your reference.

- **Health system:** Facility-based provider organizations that serve a high percentage of Medicaid-eligible individuals (e.g., public or essential hospitals, federally qualified health centers, integrated delivery systems) [1].
- **Health system model of care:** Includes several components such as:
  - Set of interventions and activities targeted to a given population that are carried out consistently and organized in a coordinated, holistic way
  - Array of care team members, defined care team roles and responsibilities, and the protocols that they follow
  - Balancing of human and technological resources that facilitate connections between the target population and both the clinical teams and other people that can support them in maintaining and improving their health
  - Partnerships with the community and appropriate social service agencies/organizations
  - Leveraging of data to better identify and serve people's specific needs [2]
- **Interrelated goals and needs:** Interconnected medical and non-medical goals and needs. Specific types of goals and needs include physical, mental health and substance use disorder, healthy behaviors, social, functional, and economic.
- **Participatory research:** Research method that is conducted "with" and not "on" the community. This approach allows hierarchy of knowledge that traditionally prioritizes the researcher over the community to be democratized [3].

Q: *What kind of research is being funded?*

A: We'll be funding research for evaluation of health system models of care that leverage the components identified in our evidence-based Research Agenda for which more evidence is

needed to: 1) understand the best ways of integrating multiple components for the specific populations they serve, and 2) better understand how the models advance health equity.

The following are examples of research questions successful proposals could support:

- To what extent do the priority components that are outlined in the Research Agenda promote health equity when put into practice?
- How effectively and efficiently can these priority components outlined in the Research Agenda be integrated in a coordinated and comprehensive way?
- How can health systems most effectively leverage a mix of technological and human resources to effectively meet the interrelated needs of different segments of the Medicaid-eligible population?
- How can the models of care be best implemented to not only improve outcomes overall but also reduce disparities in outcomes across different Medicaid-eligible populations?

Q: *How do you define researchers?*

A: For this Call for Proposals (CFP), research should take place within health systems that serve a high percentage of Medicaid-eligible individuals. As such, researchers could be based in provider organizations or community-based organizations (CBOs). Researchers do not have to be affiliated with a health system but are expected to partner with a health system for the purposes of this project. Researchers that are not formally connected to a health system should be clear in their proposal about their partnership experience and how they will be successful in doing so throughout this project.

Q: *What is the maximum indirect rate allowed by RWJF?*

A: The maximum indirect rate is 20%.

Indirect costs are general overhead and administration expenses that support the entire operations of a grantee. While they might not be directly attributable to a project or program, these are real and necessary costs to operate as an organization. The rates below are the

indirect cost rates allowed and may be applied to the direct costs of the project or program RWJF is supporting.

Indirect Cost Rate	Grantee Organization Type
12%	U.S. colleges/universities and hospital or health systems [4]
20%	Nonprofit organizations [5]
0%	For-profit organizations and government entities [6]

If consultants/contractors costs (i.e., sub-contracts or sub-grants [7]) constitute more than one-third of the total direct costs of the project or program, the allowable indirect cost rate on those third-party costs is limited to 5 percent.

Note that this policy does not require grantees to substantiate their indirect cost rate. Grantees may simply charge the flat rate that applies to their organization type (i.e., 12% or 20%) even if their actual rate is lower.

Q: *Who is Avalere Health and what is their role in this process?*

A: As the Health Systems Transformation Research Coordinating Center (HSTRC), Avalere Health has spearheaded the development of a Research Directory, Research Agenda, Research Collaborative, and this CFP. Avalere Health will work with RWJF during the funding period by providing grantees with centralized support, coordination, and monitoring. Avalere Health is a health policy advisory services firm based in Washington, D.C. Within Avalere, the Center for Healthcare Transformation focuses on transforming payment and care delivery

models, healthcare improvement, and advancing patient engagement and shared decision making.

Application Process

Q: *Does this CFP have an initial letter of intent phase?*

A: All full proposals are due on September 2, 2020.

Q: *Is there a particular format for the proposal?*

A: Yes, if you click the application link in the “My RWJF” system, there are Full Proposal Narrative and Budget Narrative templates that describe how to format the application.

Q: *Do I have to use a specific font for the proposal narrative?*

A: The proposal narrative should be submitted in size 11 Arial font black type.

Q: *In the proposal, is there a preference to see an outline of findings we expect to arrive at (a hypothesis), or should we leave this pretty broad and open-ended?*

A: Proposals should include some form of a hypothesis for solutions or tactics for how to advance health equity for Medicaid-eligible populations. There are a variety of ways that this

can be structured in the proposal such as formal hypothesis testing or other less structured methods.

Q: *Who will be reviewing this CFP?*

A: The reviewers will include staff from the Robert Wood Johnson Foundation and Avalere Health as well as some external reviewers who are experts in this field.

Q: Will applicants receive feedback on their application from reviewers?

A: No, applicants will not receive direct feedback on their application. Applicants will be notified whether they have been selected as grantees in October.

Q: *Will there be another round to submit a proposal for this funding opportunity?*

A: No, this will be the only CFP for this funding opportunity.

Required Application Materials

Q: *Is the budget included in the proposal's 10-page limit?*

A: No, the 10-page limit is only for the proposal narrative. Please refer to the Budget Narrative template for more information on preparation guidelines.

Q: *Are references included in the 10-page limit?*

A: No, references are not included in the 10-page limit. Citations and References can be included as "Optional Appendices" under the Supporting Documents section.

Q: *Does the timeline need to be 18 months exactly? Can the project span over 18 months or can the timeline be under 18 months?*

A: The timeline limit for this CFP is 18 months. Therefore, the timeline should not extend beyond an 18-month period. However, the timeline can be shorter than an 18-month period. The budget should also reflect a breakdown of 12 months and 6 months (if applicable).

Eligibility to Apply

Q: *Are PhD students eligible to apply?*

A: Yes, PhD students are researchers and are therefore eligible to apply through their institutions.

Q: *Does a clinician have to be a member of the study team?*

A: No, researchers would be able to apply independently, without a clinician on the study team.

Q: *Can clinicians apply to be project directors to this CFP?*

A: Yes, clinicians can apply through their organizations.

Q: *Can project collaborators, such as Project Co-Directors, be located internationally?*

A: No, the project collaborators must be located in the United States because of the focus on Medicaid and community-based participatory research.

Q: *Can I list more than one Project Director?*

A: Applicants affiliated with a health system have the option of listing a Project Co-Director. However, for partner organizations submitting a joint application, please list the affiliated health system representative as the lead Project Director.

Q: *Is it okay for me to be listed on more than one proposal submission?*

A: Yes. There is no restriction on being a party to more than one application within a CFP.

Q: *Can state health departments apply for this CFP?*

A: Yes, state health departments can apply.

Example Uses of Grant Funds

Q: *Does the $300,000 project funding amount include both indirect and direct costs?*

A: Yes, up to $300,000 in *total* funding is available through the CFPs. This amount includes both direct and indirect costs (e.g., overhead).

Q: *Can I partner with other entities to promote the final product(s) of my research?*

A: Yes. You can include details of your proposed partnership(s) in the plan to share results with the Foundation and other partners for maximum impact.

Q: *Can I use the funds received in this CFP to compensate patients for participating in this study*?

A: Yes, reasonable participant incentives are allowed.

Q: *Is there a preference for a particular deliverable over others (e.g., peer reviewed publication, blog posts, webinar. etc.)?*

A: We don't have a preference for a specific type of final deliverable. We are interested in all ideas for how to disseminate this information rapidly to broad audiences, but we expect at least 1 final report from each grantee.

[1] Agency for Healthcare Research and Quality. “Defining Health Systems”. https://www.ahrq.gov/chsp/chsp-reports/resources-for-understanding-health-systems/defining-health-systems.html. (accessed April 30, 2020).

[2] Institute for Healthcare Improvement. “Developing a Care Model.” http://www.careredesignguide.org/developing-a-care-model/. (accessed April 30, 2020).

[3] Fals-Borda O. “Participatory (Action) Research in Social Theory: Origins and Challenges” in Handbook of Action Research: Participative Inquiry and Practice. 2nd ed. Thousand Oaks, Calif: SAGE Publications, Inc.; 2001:27-37.

[4] Includes universities, colleges, or schools and hospital and health systems that are either tax-exempt under Section 501(c) (3) of the IRS Code or a government agency.

[5] Includes nonprofit organizations that are tax-exempt under Section 501(c) (3) except universities, colleges, or schools and hospital or health systems. Also includes international-based nonprofit organizations.

[6] Except universities, colleges, or schools and hospital and health systems that are eligible for an indirect cost rate of up to 12 percent as noted above.

[7] This aspect of the policy does not apply to grants that have a re-granting component. Re-granting occurs when an organization awards and manages the administration of grants to support charitable activities carried out by public charities that are tax-exempt under Section 501(c)(3) of the Code; and for which the applicant organization exercises discretion and control over the competitive selection process, payment of grant funds, and oversight of the re-grantee. In these cases, the re-granting budget is considered a direct cost and is eligible for the indirect cost rate applicable for the grantee organization type. This is in recognition of the extra administrative burden of re-granting programs. Alternatively, sub-grants are one or a few awards made by the primary grantee to support aspects of the project or program that do not involve a substantive competitive solicitation process or extensive oversight. Sub-grants should be included under the consultants/contractors budget category.