

**Wisconsin Children and Youth with Special Health Care Needs (CYSHCN) Program
Regional Centers for CYSHCN
Medical Home Quality Improvement Grant Guidance
January 1, 2010 – December 31, 2010**

Thank you for your interest in the Wisconsin Medical Home Quality Improvement (QI) Grant Initiative. The Wisconsin Program for Children and Youth with Special Health Care Needs (CYSHCN) in the Department of Health Services in partnership with the Southern Regional CYSHCN Center at the University of Wisconsin – Waisman Center is making available **\$40,000** of one-time money to support statewide implementation of Medical Home related quality improvement processes at the primary care practice level. Based on available funding individual grants of **\$2,000-\$8,000** each will be awarded with a preference for funding one grant in each of the Division of Public Health (DPH) Regions.

A map of DPH Regions and a listing of Regional Centers for CYSHCN are available at:
<http://dhs.wisconsin.gov/health/children/resourcecenters/index.htm>

Critical Dates:

- Submit questions about the grant by**October 12, 2009**
- Grant Information Call.....**October 15, 2009, 12:15-1:00 PM CT**
- Applications are due**November 23, 2009**
- Award notifications will be released.....**December 14, 2009**
- Project start up**January 1, 2010**
- Projects must be completed by**December 31, 2010**
- Reports to the Waisman Center by**January 17, 2011**

Background: What is a Medical Home?

- The Wisconsin Maternal Child Health and Children and Youth with Special Health Care Needs Programs in the Division of Public Health along with the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the national Maternal Child Health Bureau (MCHB) promotes Medical Home partnerships between families caring for children and youth with special health needs and the physicians they trust.
- Medical Home is not a building, house, or hospital, but rather an approach to providing health care services in a high-quality and cost-effective manner. While Medical Home is important for all children, it is vital for children and youth with special health care needs – who represent approximately 80% of pediatric health care expenditures. Providers and families recognize that finding better ways to coordinate care for these children is critical. Medical Home is a roadmap to improving their care.
- In a Medical Home: families are engaged as partners; mechanisms are in place to identify children/youth with special needs in the practice; care is coordinated in a systematic way using strategies like planned encounters and care plans; and families are linked to community supports and services.
- A Medical Home partnership enhances the effectiveness of the patient-family-doctor relationship, not by working harder and faster but by doing things differently.

What is a Medical Home Quality Improvement Grant?

The Medical Home grants are designed to support primary care practices to initiate one or more quality improvement processes that will support Medical Home Partnerships.

“*Building a Medical Home Partnership: A Wisconsin Toolkit*” at www.wimedicalhometoolkit.aap.org will guide you through strategies recommended by the American Academy of Pediatrics to implement the key activities of Medical Home: Engage Families as Partners; Identify Children and Youth with Special Health Care Needs; Use Planned Encounters; Improve Care Coordination; Support Adolescent Transitions; and Collaborate with Community Resources. You’ll find simple steps, tested tools, and real-life examples from Wisconsin families, providers, and others to consider for your quality improvement grant.

Based on available funds individual grants of **\$2,000-\$8,000** each will be awarded with the start up date of **January 1, 2010**. Project activities must be completed by **December 31, 2010**.

Who can apply?

Any Wisconsin medical practice providing primary care to children and youth with special health care needs may apply. Applicants will identify participants who will be part of the team and roles in the project as appropriate to their setting. Teams are encouraged to involve families and children/youth with special health care needs.

What can grant funds support?

Grant money can be used to cover the cost of supplies, staff time, meeting costs, honoraria, or other costs associated with the project initiatives. Funds can not be used to purchase capital equipment.

What are some examples of successful outcomes?

The goal of these grants is to implement one or more quality improvement strategies in an individual practice, resulting in measurable outcomes for children and youth with special health care needs and their families.

Examples of quality improvement initiatives could be:

- Develop a family and/or patient advisory council to improve care.
- Develop or enhance a care coordinator role in the practice.
- Initiate the use of practical and portable care planning tools (e.g., an emergency care plan).
- Develop and implement a transition process for youth who are moving from pediatric to adult health care.
- Partner with outside community resources such as Birth to 3, local public health departments, WIC nutrition programs, Family Care agencies, and other community organizations to facilitate access to community based services. Implement tools to improve communication and coordination of care such as a fax back referral form.

You may choose to focus your improvement strategies on a select population of children and youth with special needs (e.g., condition-specific) in your practice who may need additional support or coordination of services.

Check out “*Building a Medical Home Partnership: A Wisconsin Toolkit*” for more ideas and tools at www.wimedicalhometoolkit.aap.org.

How can I learn more about this grant application process?

A program technical assistance conference call to provide background information and to address questions regarding this application is scheduled for **October 15, 2009, 12:15-1:00 p.m.** Please submit questions for the conference call to Sharon Fleischfresser at Sharon.Fleischfresser@wisconsin.gov by **October 12th**. Listed below is the call in information for the call:

- Local Madison[608-316-0022](tel:608-316-0022)
(you will get a prompt to enter the code followed by the # key) Code [3261](#)
- Toll Free.....[1-888-677-9189](tel:1-888-677-9189)
(you will get a prompt to enter the code followed by the # key) Code [3261](#)
- If you are having a problem: the Help Line for Local Madison calls is 262-3399 and the Help Line for Toll Free calls is 1-800-442-4614

Expected Practice Activities:

- Recruit a minimum of 3-5 participants to act as a quality improvement team. Teams are encouraged to involve families and children/youth with special health care needs.
- Work with your Regional Center for CYSHCN throughout the grant to include identifying technical assistance needs.
- Participate in a series of one hour teleconference calls (not more than quarterly) with other grant awardees, Regional Center and state CYSHCN Program staff.
- Team members complete the Medical Home Index (http://www.medicalhomeimprovement.org/pdf/CMHI-MHI-Pediatric_Short-Version.pdf) at the beginning (by February 1, 2010) and end of the project (January 17, 2011).
- Complete Grant Reporting Form - Appendix A by January 17, 2011.

Budget:

All applicants must complete a Budget form as part of the application process.

Allowable Costs: Grant funds are not to be used to purchase capital equipment. Funds may be used to purchase supplies.

Match: Federal Title V MCH/CYSHCN regulations require programs to provide 75% match. Applicants are required to provide local match in an amount not less than 75% of the requested grant funds. Tribal agencies, federally designated community health centers, and migrant health centers are exempt from this requirement.

Local match is the value of your practice’s efforts in furthering the objectives of the CYSHCN Program and Medical Home implementation that are not funded by this grant. For example, match could include the value of the in-kind time of the primary care provider or other practice staff who are working on implementation of the grant objectives but not funded by the grant. Match could also include in-kind office space or supplies not funded by the grant. However, an organization may not claim as match any costs used to match any other federal grant, award, or contract.

Selection Process:

Applications will be reviewed by committee and ranked based the following review criteria:

Criteria	Points Possible
Focus of Quality Improvement (QI) Initiative <input type="checkbox"/> Goal of initiative focuses on specific component(s) of Medical Home quality improvement implementation.	25
CYSHCN Involvement <input type="checkbox"/> Initiative involves CYSHCN and/or their families.	10
Activities <input type="checkbox"/> Practice describes activities that are specific, measurable, achievable, and realistic for the 12-month time period and budget requested. <input type="checkbox"/> Applicant identifies supports they will need to complete project.	25
Outcomes <input type="checkbox"/> Applicant has a reasonable way to determine whether or not goals are reached.	20
Project Sustainability <input type="checkbox"/> Applicant has plan for sustaining and spreading QI strategies after grant ends.	15
Budget Budget is reasonable, demonstrates Match, and includes only allowable expenses.	5
Total Score	100

Applications must be received via email or U.S. mail by November 23, 2009 4:00 PM CT.

Send to:

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