FUNDING PARTNERS

Q. Will funded partners be required to fully participate in the evaluation as it is proposed by the evaluator (and approved by the Center)?
A. Yes. Applications require a letter from the applicant’s CEO affirming their participation in the evaluation.

Q. How many organizations/grantees do you anticipate funding through the AMP Intervention RFP?
A. The number of awards made will be based on the number, quality, and budget of the applications received. There is up to $12 million in funding to award under this opportunity. Applicants can submit budgets of up to $500,000 for three years.

Q. How many households does The Center anticipate each funded organization/grantee would visit?
A. The number of participants will depend on the applications received, the communities to be served, and other variables that we cannot predict.

Q. As a result of COVID-19, do you anticipate any changes and/or delays to receipt of funding from DHCS to The Center or from The Center to funded partners and/or the selected evaluation team?
A. The state has released the funding to The Center. The Center does not anticipate any changes or delays in the distribution of funding.

Q. Given current COVID-19 physical distancing and shelter-in-place restrictions, is The Center anticipating that all grantees will be launching and/or continuing virtual asthma home visiting programs? Will any priority be given to grantees planning to launch/already implementing virtual asthma home visiting programs?
A. At this point, there is no plan to give priority to applicants who will be either launching or continuing virtual asthma home visiting programs.
Q. We notice that the logic model lists evidence-based interventions as an input. Will grantees be required to base their program on any specific evidence-based intervention?
A. The interventions described in the program RFP are evidenced-based and are expected to be the basis of the funded partners’ programs.

Q. We understand that programs in all California counties are eligible to apply. How does The Center envision grants being distributed across California?
A. The geographic distribution of grants will depend on many factors including but not limited to: geographic areas covered by the applications; coverage of communities most likely to lack access to asthma-related health services; mix of organizational types applying; and overall number and quality of applications. Page 7 of the RFP for asthma mitigation services outlines what will make applications most competitive.

EVALUATION QUESTIONS

Q. The RFP states that the focus is on evaluating the overall AMP program. One of the proposed evaluation questions included in the RFP asks about what “implementation variables” are associated with successful and unsuccessful outcomes for participants. Does that mean that the implementation variables associated with outcomes are the program level implementation variables and not the funded project level variables?
A. The evaluation question about implementation variables assumes that projects will use different strategies to implement their programs. The focus should not be on individual projects, but it requires understanding differences across the individual projects (for example, differences in outreach strategies or staff demographics, for example).

DATA AVAILABILITY AND RELATED ISSUES

Q. Do all tools used for data collection and analysis for this project need to be HIPAA compliant?
A. Only tools used to collect and transmit individual level health data (protected health information) need to be HIPAA compliant, including the development of data use agreements with the funded organizations responsible for collecting the data. However, all tools are expected to follow the minimum necessary standard and provide other privacy protections and assurances.

Q. What outcome data will be available uniformly from each funded organization/project? Will grantees be required to use validated tools like the Asthma Control Test?
A. In consultation with The Center, the AMP technical assistance providers, and DHCS, the selected evaluation team will be responsible for identifying preferred tools for the funded projects to use in tracking individual participants. In addition, the selected team will be
responsible for providing technical assistance or other resources to ensure the data are collected, stored, and reported appropriately. Data on the longer-term outcomes are expected to be available through secondary sources.

Q. In the RFP for project applicants, we notice it mentions “potential performance measures include: numbers and type of outreach and education activities conducted, number and demographics (including, but not limited to, age, ethnicity, gender identity) of the people reached to the extent data can be collected, and evidence of effectiveness of activities.” Will the Center supply these data to evaluators and what will it consist of?
A. The evaluation team will participate in the development of the regular progress reports and performance measures that will be required of funded organizations and will have access to all the data received through these reports.

Q. Will evaluators be responsible for any primary data collection of quantitative data?
A. Only if required by the proposed evaluation plan.

Q. The RFP states that the Center will provide support in obtaining service tracking data from the funded partners. Beyond the potential performance measures mentioned in the RFP (for the six month reports), data reporting is not mentioned in the RFP to provider sites. Can you elaborate on what ‘service tracking data’ includes?
A. Specific service tracking data requirements will be determined in consultation with the selected evaluation consultant and will include data needed to ensure appropriate implementation of the funded services, including who is being reached, qualifications of providers, types of services, etc.

Q. The RFP for project applicants mentions “potential performance measures include: numbers and type of outreach and education activities conducted, number and demographics (including, but not limited to, age, ethnicity, gender identity) of the people reached to the extent data can be collected, and evidence of effectiveness of activities.” Will the Center supply these data to evaluators and what will it consist of?
A. The evaluation team will participate in the development of the regular progress reports and performance measures that will be required of funded organizations and will have access to all the data received through these reports.

Q. Does their participation include collecting and tracking data over time for the individual participants of their program (for example about asthma control, Asthma Action Plans, medication; or observations of environmental triggers)?
A. Yes

Q. Will the Center support the requirement for some standardized questions during the home visit (not all questions)?
A. Yes
Q. Will funded partners have the capacity to collect, enter, and store evaluation data themselves or should the evaluator build a common data collection infrastructure into the evaluation proposal and budget?
A. We anticipate that not all funded partners will have the capacity to collect, enter, and store data themselves. We seek an evaluator who can find ways to minimize the data collection/reporting burden on the funded partners.

Q. How many and which languages should the evaluator plan to accommodate in the development of common evaluation data collection instruments?
A. The languages needed for data collection instruments will depend on the specific communities that are the focus of the organizations funded to provide services so this question cannot be answered until funding decisions are made.

Q. Will The Center secure Medi-Cal and Medicaid MCO individual level data – utilization and cost (e.g., among project participants and controls)?
   a. Does the Center have an (general) agreement/process with Medi-Cal to provide claims data for this project?
   b. Will the Center facilitate getting Data Use Agreements (or other necessary agreements) in place, or will the funded evaluator need to a) broker this discussion; b) negotiate data use agreements; and c) develop the mechanism for the provision of data to a HIPAA compliant environment?
   c. Will claims data be provided directly from Medi-Cal or does it need to be via individual MCOs? If the latter, have they been approached yet, and committed to participating?
A. DHCS has provided the following information regarding access to Medi-Cal data: “While there is no data sharing agreement in place yet for the Asthma Mitigation Project, we recognize that one may be appropriate. DHCS has a standard agreement for confidentiality of shared data due to HIPAA and related California state law, and any entity handling beneficiary-specific data would need to sign that agreement...Both fee-for-service and managed care data would likely be provided directly by DHCS.” The selected evaluator will work with The Center to let DHCS “know what specific data is needed so DHCS can review the request and provide more concrete details on availability, process, and confidentiality requirements.”

TECHNICAL ASSISTANCE

Q. What types of evaluation-related TA (if any) do you anticipate TA providers providing?
A. Because there are likely to be different degrees of experience and capacity for collecting, storing, and reporting participant-level data, we anticipate a need for technical assistance related to data collection, storage and reporting.
Q. What will the role of the evaluator be at the regular learning convenings with the funded partners? Will the evaluator need to attend in person?
A. The evaluator does not need to attend the convenings with funded partners in person. If desired, the evaluator will be able to work with the program officer to have time on the learning convening agenda for providing technical assistance on data collection, sharing evaluation findings, or other purposes.

PROPOSAL REQUIREMENTS

Q. To what extent will preference be given for a California-based evaluator? For an evaluator outside of California, is there an expectation that a core member of the evaluation team be based in California?
A. There is no preference for a California-based evaluator and no expectation that a core member of the evaluation team be based in California. However, as stated in the RFP, knowledge of the California state policy process is strongly preferred.

Q. Would you like 2-3 page resumes of every member of the evaluation team, regardless of their level of effort and role (e.g., including administrative support, programmer, data visualization support)?
A. We do not need 2-3 page resumes for every member of the evaluation team. However, the role of each staff person should be described in the budget justification.

Q. What is the source of funding for the evaluation: is it Sierra Health Foundation or the CA Department of Health Care Services?
A. The evaluation is funded by the CA Department of Health Care Services.

Q. How do I complete the AMP Evaluation Proposed Budget Justification form?
A. After typing in the applicant name, use the space below to write your budget justification. Start typing in the gray box. Provide a brief justification for each budget area in no more than two pages.