



Illinois Department of Healthcare & Family Services Healthcare Transformation Collaboratives (HTC)

Frequently Asked Questions (FAQs)

As of March 18, 2021

1. What are Healthcare Transformation Collaboratives?

Public Acts 101-650 and Public Act 101-0655 created the Hospital and Healthcare Transformation Program otherwise known as Healthcare Transformation Collaboratives (HTC). HTC is designed to encourage collaborations of healthcare providers and community partners to improve healthcare outcomes, reduce healthcare disparities, and realign resources in distressed communities throughout Illinois. In particular, the program seeks to increase access to community-based services, preventive care, obstetric care, chronic disease management, specialty care and address the social determinants of health in these communities.

2. How much funding is available for healthcare transformation?

This program makes available as much as \$150 million per fiscal year beginning in State Fiscal Year 2021.

3. Who is eligible to apply for healthcare transformation dollars?

This funding is available to collaborations between care providers, including preventative care, primary care specialty care, hospital services, mental health and substance abuse services, and community-based entities that address the social determinants of health. Collaborations must include at least one Medicaid Provider that is eligible to bill Illinois' Medicaid Program. Priority will be given to collaborations that include safety net hospitals or critical access hospitals, as well as minority controlled or led organizations.

4. How do I apply for healthcare transformation funding?

On March 8, 2021, the Department released the HTC application to begin considering healthcare transformation projects. ***Applications for funding are due on April 9, 2021.*** The application for HTC funding can be found on HFS' Healthcare Transformation Collaboratives [webpage](#).

There will be additional opportunities to apply for Healthcare Transformation Collaboratives funding. We are looking for well-developed plans and encourage those that are interested in applying to take the time that they need to put together quality proposals. Some collaboratives may already have commitments or even other funding sources and are ready to begin soon, while others may still be in formation or need to come together using consulting dollars that will soon be available to assist with the development of collaboration ideas, community engagement, racial equity analysis, as well as implementation of projects once approved.

Funding will be available for new applicants in the fall of 2021 as well. Please [register](#) for updates on the Healthcare Transformation Collaboratives [webpage](#) so that you may be notified when new information is available, including the re-opening of the application process.

For those seeking consulting services, an application for funding will be posted on the Healthcare Transformation Collaboratives [webpage](#) soon.

Consulting Services may include assistance with one or more of the following:

- A. Identifying best practices for health care delivery and strategies to implement those best practices.
- B. Developing employment models and best uses for community health workers.
- C. Developing a Clinically Integrated Network
- D. Preparing budgets for delivery system reform projects, including long term sustainability.
- E. Developing Centers of Excellence across providers.
- F. Improving communication and data exchange between providers, including assessing healthcare information technology needs.
- G. Integrating community-based organizations that address social determinants of health into a moreintegrated care system.
- H. Community member engagement to align projects with community priorities.
- I. Incorporating racial equity into the delivery system.
- J. Selecting quality metrics that prove the concept proposed will reduce disparities and improve outcomes and developing an approach to measuring and tracking these metrics.
- K. Assessing capital requirements to refurbish or build physical plants that better meet the needs of the community.
- L. Establishing new legal entities.
- M. Healthcare data analytics.

5. Is this a one-time grant that does not have to be repaid, or is this a loan?

HTC funding is neither a one-time grant nor a loan. HTC funding will likely come in the form of supplemental payments for Medicaid services to a fiscal designee of the collaborative that is eligible to be paid for Medicaid services. Some projects may be eligible for multi-year funding if they meet agreed benchmarks.

6. What are the requirements to be eligible for Healthcare Transformation Collaboratives funding?

Key Requirements include:

- A. Demonstrate that the proposed project addresses community needs, and desires established via direct community input
- B. Each collaboration must include at least one Medicaid-enrolled provider eligible to bill for

Medicaid services.

- C. Propose quality metrics to track impact of the proposed intervention and for which the project will be accountable
- D. Incorporate racial equity into the proposed project / collaboration
- E. Benchmark current job levels in the community and track the continued maintenance and improvement of these levels (proposals that include retraining, innovative ideas or other workforce development are of particular interest to HFS)
- F. Demonstrate how an initial project funded by HFS through this program will move to a place of financial sustainability in the future without subsidization by transformation funds
- G. Describe the governance structure of your collaboration, showing how decisions are made and how the collaborators intend to monitor and enforce adherence to the policies and practices put in place

See application for other specific requirements and criteria.

7. What areas of the state are eligible for the Healthcare Transformation Program?

All areas of the state are eligible for HTC funding. HFS will prioritize projects that are located in areas with the highest need based upon the Centers for Disease Control’s Social Vulnerability Index (SVI), as well as areas of the state most affected by the pandemic.

8. Can closed or soon-to-be-closed hospitals apply for funding to re-open or pay for operating expenses?

The Healthcare Transformation Collaboratives program is designed to spur innovative solutions to challenges faced by distressed communities and is not intended to fund operating costs for institutions. However, if a collaboration presents an innovative proposal that includes a facility that was formerly a hospital to be used to meet the needs of a distressed community, those proposals will be considered for funding.

9. Are their specific priorities that Healthcare Transformation Collaboratives are designed to address?

HFS is seeking to fund collaborations between care providers and community-based entities that will:

- A. improve health outcomes and reduce healthcare disparities
- B. improve the integration, efficiency, and coordination of care across provider types and levels of care
- C. increase access to preventive, primary or specialty care in the community
- D. and address specific social determinants of health that impact access to care and impact health outcomes

See application for additional information.

10. If my community is not located in one of the distressed communities outlined in HFS' plan for Healthcare Collaboratives, are we still eligible to participate?

Yes, communities from all across the state of Illinois are eligible to apply for HTC funding. Selections will be made based upon the quality of the proposal and its alignment with the intent of the HTC Program.

11. Can construction or capital expenditures be funded by the Healthcare Transformation Collaboratives Program?

Construction or capital expenditures may be considered as a part of a HTC proposal, but may be funded through capital grants separate from HTC funding. Since HTC funding AND capital funding are limited, awards may be made at less than requested amounts.

12. When will awards be announced?

Awards for the first round of funding will be announced **no later than June 30, 2021.**

13. Can a community decide which healthcare challenges it wishes to address and be eligible for funding even when there is no data to support its plan?

All proposals must include evidence of community input and that the proposed project addresses the needs of the community being served. All proposals must include data supporting the project that is being proposed.

14. Will the Department host townhalls or informational meetings to provide more details about Healthcare Transformation Collaboratives?

The Department intends to host webinars for those interested in learning more about the HTC Program. The first session was held on March 12, 2021. A replay of the session and the associated presentation documents can be found on the HTC webpage under [Informational Webinars](#).

15. What is the maximum amount that a collaboration involving safety net hospitals and larger hospitals may apply for?

There isn't a maximum amount that collaborations can apply for at this point. All funding requests shall be considered. The Department may negotiate with respondents prior to awarding any funding.

16. Are there two funding initiatives in play? One a broader, long term, systemic proposal, and a second where individual hospitals can apply for smaller funding projects?

No, however, the Department is working with funding targets as follows:

- \$30,000,000 for collaboration between a safety-net hospital, particularly community safety-net hospitals, and other providers and designed to address specific healthcare disparities
- \$20,000,000 for collaborations between safety-net hospitals and a larger hospital partner that increases specialty care in distressed communities
- \$30,000,000 for projects that are a collaboration between hospitals and other providers in distressed areas of the State designed to address specific healthcare disparities
- \$15,000,000 for collaborations between critical access hospitals and other providers designed to address specific healthcare disparities
- \$15,000,000 for cross-provider collaborations designed to address specific healthcare disparities
- \$5,000,000 for collaborations that focus on workforce development

Please note that, there is nothing to prevent a hospital, or any other group, from being a part of two (or more) applications—for example, one smaller more local, and one larger more regional.

17. Is the first year (state fiscal year beginning July 1, 2021) to be a planning year?

The agency recognizes that collaborations are at different stages of development (some are ready to go, some need more time to plan). For those who need to plan, we are making consultants available. Applications for consulting services will be available soon. (Refer to #4 above.)

18. How will subcontractors be handled? In other words, if a larger organization is awarded a larger grant, how will that organization contract with hospitals and other partners?

This is up to the individual collaboratives and there are instructions in the application for delineating this.

19. How is in-kind work to be addressed in the application?

We encourage in-kind work or contributions to be disclosed in the application. You can disclose using the budget spreadsheet supplied, in a custom spreadsheet of your choice or in a narrative form. In the budget spreadsheet supplied, in-kind donations should be listed in section F. Revenue under "Other" and described as "in-kind".

20. Will the presentation from the Healthcare Transformation Collaboratives Informational be available for download?

Yes, the presentation is currently posted on our website and can be found [here](#)) under Informational Sessions.

21. How much funding will be available for the first round of HCT funding?

\$150 million is available for the first round of funding. Funding will not be allocated on a first-come, first-served basis. The Department will review each proposal and make funding decisions based upon the quality of the proposals.

22. Is this program replacing Integrated Health Homes?

No, this program is larger than Integrated Health Homes. Healthcare Transformation Collaboratives are a vehicle to bring providers and others together to address the needs of communities, while Integrated Health Homes will be a service within the Medicaid Program.

23. Is there a limit to how many organizations can be a part of one proposal?

No, there is no limit on the number of organizations that can be a part of a collaboration proposal. In fact, in general, the inclusion of more organizations is likely to be ideal since the Department is seeking proposals integrating a system for whole communities.

24. Should interested parties advise the Department that they plan on submitting a proposal in September so that the Department can gauge how many proposals it will be receiving?

We may create a process for the issuance of letters of intent to help us better understand how many communities are ready to move forward.

25. Can a provider participate on more than one project?

Yes, a provider can participate on more than one project. There is no one-size-fits all answer to what a proposal should look like. We are seeking creative ideas with collaborative approaches that address community needs.

26. What dollar limits are there for individual proposals or projects?

At this time, there is no set dollar limit because the size, scope, and number of proposals to be received is unknown. However, projects must be sustainable within no more than 5 years without transformation funds which will not be provided indefinitely.

27. Can proposals include reimbursement costs for consulting fees for planning and implementation?

Some collaboratives will get consulting funds paid directly by the Department. Collaboratives that do not receive directly reimbursed consulting services may include costs associated with the planning and implementation of projects in their proposals. However, with limited funds available, collaboratives should be judicious in allocating transformation funds towards consulting services.

28. Do entities interested in providing consulting services apply in a separate application process where they will be selected by the state to assist projects or proposers rather than joining a partnership/collaboration themselves?

Yes, the process for selecting firms to provide state reimbursed consulting services to potential collaboratives will be a separate competitive RFP under the Illinois Procurement Code. We hope to issue that RFP soon and interested parties should monitor [Buy Illinois](#).

29. Is this considered grant funding?

No, see response to Question 32.

30. Can you explain how the funding will be issued to the collaboratives?

- A. Funds will be distributed as enhanced directed payments to some or all collaborative members as payment for Medicaid eligible services in order to ensure the funds are eligible for federal match. The distribution method may change in the future should the Department be granted an 1115 waiver for Transformation.
- B. The governance structure, including the fiscal agent, is an important component of the development of a collaborative. The entities that bill for the services will be those that disburse the funds to the partners in accordance with the proposal.

31. Are those that have existing collaborations more likely to respond to the April 9th funding opportunity? Is that what the Department expects?

There may be many collaboratives at different stages of development. Some may be much further along than others. We encourage collaborators to take the time to submit quality applications that are well thought out with clearly defined deliverables and metrics that address all aspects of the application.

32. How does a project or a collaboration access capital dollars or funding?

There is a one-time pool of funding available for investment in capital projects that are related to HTC. Applicants should include any requests for those dollars in their proposals.

33. Can you please advise on the location of the Racial Equity Questionnaire described in the HSF Application for Funding for the Healthcare Transformation Collaboratives (see below)? I am unable to locate it on your website.

You can find the Racial Equity Questionnaire [here](#).

34. I was not able to join Friday's Informational call, is there a call recording I could access?

Yes, you can find the video replay [here](#).

35. Chicago Public Schools is interested in applying for funding. While CPS is neither a care provider nor a community-based entity, we are a Medicaid provider eligible to bill Illinois Medicaid. Would we still be eligible to apply as long as we partner with a care provider?

Yes, as long as you are partnering with other organizations focusing on meeting the needs of communities and aligning with our quality pillars and measures.

36. When you refer to the healthcare capital program, to what program are you referring?

Please refer to Section 9.01 of the Capital Development Board Act (20 ILCS 3105/9.01) sets forth the allowable uses of capital funds.

37. Please provide the definitions of “capital” and “transformation” for the purposes of differentiating the funding sources.

A. Please refer to Section 9.01 of the Capital Development Board Act (20 ILCS 3105/9.01) sets forth the allowable uses of capital funds.

B. Please refer to Section 14-12(d-5)(E) of the Public Aid Code as amended by Public Act 101-0655 sets forth what is expected in a transformation proposal.

38. HFS noted that even if a project is funded, it may not be funded for the full amount requested. Is there a process for revisiting the project proposal in light of reduced funding? Can the proposal be modified accordingly?

HFS expects to negotiate funding agreements, which may include an opportunity for modification of the proposal for reconsideration.

39. Can FQHCs apply for these funds?

Yes, as long as they are partnering with other organizations focusing on meeting the communities and our aligning with our quality pillars and measures.

40. Can these funds be used for a capital (construction) project?

There will be opportunities to apply for capital funding in conjunction with a transformation proposal that is addressing the criteria as set forth in Public Act 101-0655. Capital funds shall be available for capital projects that advance your transformation proposal.

41. What is the maximum amount of funds a FQHC can apply for?

We are funding collaborations, not entities. The Department has not set maximum funding levels for projects or proposals at this time. Please see question 15 above for funding targets.

42. Is there a timeframe that implementation of programmatic items must be effective by? (for example, is there a 4-month lead time for us to be able to get things started)

Milestones will be negotiated for each proposal/project.

43. Are there guidelines or restrictions on the ratio of programmatic funding versus capital funding that a collaborative may apply for?

No

44. On the webinar on Friday it was mentioned at the end that capital funding is a one-time pool of funding. Can requests for capital funding be made in September if our collaborative chooses to hold off on applying until the second deadline?

Yes

45. Can our collaborative apply more than once? For example, if we were to apply in April and not be selected for fund, or, selected for partial funding, can we also apply in September?

Yes

46. Can we include indirects in our funding request?

Yes, the Department will review each proposal on a case-by-case basis and all costs will be considered in the funding review process.

47. Please provide details about application format specifications and requirements, including font size, margin parameters, page limit, acceptable file type, etc.

For applications due on April 9, 2021, the Department is providing opportunities for respondents to submit proposals in a manner that best presents their ideas and vision for their transformation project.

48. Our collaboration involves a multi-year plan to transform health outcomes. Should the application cover all years of state funding being sought, or will we have to apply for funds each fiscal year?

Please including funding requests for all years. Please refer to the budget templated posted on the HTC web-page under Application and Tools located [here](#).

49. The application indicates that transformation funds may come in the form of "utilization based Directed Payments" to various providers. In the case of our coalition, we have designed a funds flow that is to be managed by a new non-profit organization, which would provide funding to participants. This model is designed with the idea that transformation funding flows directly to the new entity. Is it possible for transformation funds to be disbursed in this manner?

The initial distribution of funding from the Department must flow through Medicaid providers as directed payments.

50. Following submission of applications, will there be a process involving discussion or negotiation between HFS and applicants regarding grant agreements?

Please note these are not grant awards. The Department will negotiate funding amounts, mechanisms, and the details of funded projects.

Please remember to periodically visit the Healthcare Transformation Collaboratives [webpage](#) for more details and to register for updates on the Healthcare Transformation Collaboratives Program.



**Illinois Department of Healthcare & Family Services
Healthcare Transformation Collaboratives (HTC)
Frequently Asked Questions (FAQs)**

PART II

As of March 19, 2021

1. How should collaborators include the Department's Comprehensive Medical Programs Quality Strategy in their transformation projects?

The Quality Strategy is designed to foster the delivery of the highest-quality, most cost-effective services possible by establishing a framework for ongoing assessment and the identification of potential opportunities for healthcare coordination and improvement. The HFS Quality Strategy framework prioritizes equity across all program goals as the aim for improvement efforts by analyzing data to strategically pinpoint improvement needs.

The framework includes five (5) pillars of improvement: Maternal and Child Health, Adult Behavioral Health, Child Behavioral Health, Equity, and Improving Community Placement. Within this framework, the Department has identified twelve (12) goals that fall within three (3) categories, Better Care, Healthy People/Healthy Communities, and Affordable Care.

Collaborations should focus on one or more of the baseline measures that fall within these three categories of the quality framework. Please see the [Comprehensive Medical Programs Quality Strategy](#) for more details.

Better Care

1. Improve population health.
2. Improve access to care.
3. Increase effective coordination of care.

Healthy People/Healthy Communities

4. Improve participation in preventive care and screenings.
5. Promote integration of behavioral and physical healthcare.
6. Create consumer-centric healthcare delivery system.
7. Identify and prioritize to reduce health disparities.
8. Implement evidence-based interventions to reduce disparities.
9. Invest in the development and use of health equity performance measures.
10. Incentivize the reeducation of health disparities and achievement of health equity.

Affordable Care

11. Transition to value- and outcome-based payment.
12. Deploy technology initiatives and provide incentives to increase adoption of electronic health records (EHRs) and streamline and enhance performance reporting, eligibility and enrollment procedures, pharmacy management, and data integration.

2. What are some examples of outcome measures that the Department may want to see proposals focus on?

Here are a few limited examples, however the Department will consider outcome focus measures that are specific to your proposal:

1. Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) • 7-Day • 30-Day
2. Pharmacotherapy for Opioid Use Disorder (POD)
3. Mobile Crisis Response Services That Result in Hospitalization
4. Visits to the Emergency Department Visit for Behavioral Health Services That Result in Hospitalization
5. Overall Number and Length of Behavioral Health Hospitalizations
6. Number of Repeat Behavioral Health Hospitalizations
7. C-Section Rate for Low-Risk Women with No Prior Births
8. Well-Child Visits in the First 30 Months of Life (W30)
9. Child and Adolescent Well-Care Visits (WCV)
10. Annual Dental Visit (ADV)—Age Groups: 2–3 years, 4–6 years, 7–10 years, 11–14 years, 15–18 years, and 19–20 years
11. Childhood Immunization Status (CIS)— (Combo 10)
12. HIV Viral Load Suppression
13. LTSS Comprehensive Care Plan and Update
14. Successful Transition after Long-Term Care Stay
15. Breast Cancer Screening (BCS)
16. Cervical Cancer Screening (CCS)
17. Controlling High Blood Pressure (CBP)
18. Adults’ Access to Preventive/Ambulatory Health Services (AAP)
19. Reduce Preventable Hospital Admissions

3. Does HFS have any information per county on families, children with disabilities, race, seniors in nursing homes, dental care and so forth? If so, can you direct me to the right place? I know there are other data sources. I would like to know what HFS data would be available.

We prioritized the five most distressed communities in Illinois and analyzed data in those areas of the state (East St. Louis, South Cook, West Cook* and the South and West Sides of Chicago). More areas are being targeted for data analysis. We will be able to provide a data set that applicants can use to do an analysis. Please register on the HTC website to receive alerts for when this data is available.

4. Does HFS have data now that can be shared related to the rural communities? Number of lives? Health outcomes? I can find information on claims denials, processes and so forth but no health outcomes data.

See answer to question 3 above.

5. Does this funding opportunity require applicants to include hospitals in their applications?

Not necessarily. There is an opportunity for cross provider collaborations and collaborations that are led by minority enterprises. However, the legislation prioritizes hospitals, including safety net and critical access hospitals, for transformation funding.

6. Components of proposed projects may require legal entity formation or contractual arrangements between applicants. Upon receipt of funding, the applicants will seek both legal and consulting support. Is legal funding part of the consulting funding that would be made available?

The healthcare consulting firms that the Department engages may be able to provide assistance with identifying models of new entities or governing structures, however it is not the Department's intent to provide legal services to collaborations.

7. How will subcontractors be handled? In other words, if a larger organization is awarded a larger grant, how will that organization contract with hospitals and other partners?

Subcontractor relationships/agreements shall be proposed by the collaborations. The Department is asking all proposers to describe relationship agreements as a part of the application process, and it will be reviewed by the Department.

8. Are there timeline expectations in terms of capital funding? The webinar on Friday mentioned a 5-year span, we are wondering if this applies to the entire program including capital, or only programmatic requests?

Yes, the timeline applies to the entire program, including capital funding.

Please remember to periodically visit the Healthcare Transformation Collaboratives [webpage](#) for more details and to register for updates on the Healthcare Transformation Collaboratives Program.



**Illinois Department of Healthcare & Family Services
Healthcare Transformation Collaboratives (HTC)
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PART III

As of March 25, 2021

1. Does the Department expect community input to occur before an application is submitted for consideration?

Yes. This is a community first initiative, and all projects should be informed by the community and incorporate that input into the development of the project and include the data to support the proposed solutions and outcome projections.

2. HFS plans to post all applications that are submitted for funding consideration for public comment for a period of two (2) weeks. Will proprietary information, including things like project budgets, personal information about officers of the organizations that are part of collaborations be posted?

No, HFS will redact all proprietary and personal information from applications prior to posting for public comment. In addition, it would be helpful if applicants highlight or note for HFS those items that they don't wish to have published in some way in the proposals.

3. We are seeking clarify on the capital funding allocation. Specifically, slide 18 of the webinar deck seems to indicate the \$40 million in capital is only allocated to safety net hospital partnerships. Is this correct? Or will there be capital funding available for other hospital partnerships in distressed areas that do not include a safety-net hospital?

Yes, that is correct. \$40 million dollars in capital funding is allocated to safety net hospital partnerships, however there will be an additional pool of capital funding available for partnerships in distressed areas that may not necessarily include safety net hospitals.

4. Can a collaboration apply in multiple rounds in order to scale up or increase reach over time? For example, could an application apply to address food insecurity, and the same collaboration submit another application at the next round to address housing?

Yes, however the number of projects/collaborations approved with depend on funding availability, coverage areas, redundancy, and the measures addressed in the Department's Quality Strategy.

5. Can HFS provide more detail on the desired role of MCOs in these partnerships?

The Managed Care Organizations can play a significant role in collaborations in support of the Department's goals to address the measures outlined in its Quality Strategy. They can be a conduit to supporting innovative solutions that meet the needs of their members and the communities in which they live.

- 6. In the webinar, you illustrated a \$15M bucket under Critical Access Hospitals who are partnering with other hospitals and multiple partners. Is that amount for proposals coming in on 4/9 the same bucket for proposals that will be coming in September?**

The funding amounts outlined in the Healthcare Transformation Collaboratives Plan represent annual targets for the entities identified within those buckets. The funding targets for the FY21 round (April 9, 2021) and FY22 round (September 2021) remain the same. The Department suggests that proposers take the time necessary to develop a well thought out plan and address all elements of the HTC criteria—including community input, which is an essential element of this program—prior to submitting their applications.

- 7. Given the geographic size that we are taking a look at, is there any general guidance HFS can provide with respect to a budget that would reach a reasonable approach based on the agency's perspective from the Critical Access Hospital participation on a statewide basis, especially for dual date submissions?**

The Department will consider all projects no matter what size or scope. It will consider funding availability, coverage areas, redundancy, and the measures address in the Department's Quality Strategy.

- 8. Given the scope of our initial proposal covering a 16-county area along with management and accountability considerations to ensure successful intended outcomes, would it be reasonable for us to approach this first stage for an 18–24-month period along with incorporating an intended vision in our proposal to expand the reach of our initiative into other areas of the state for the remaining 3 years for the 5-year cycle?**

HFS will review the reasonableness of projects being proposed, including milestones and timelines for completion, along with projected outcomes.

Please remember to periodically visit the Healthcare Transformation Collaboratives [webpage](#) for more details and to register for updates on the Healthcare Transformation Collaboratives Program.