

COVERSHEET

Request for Proposals

New Jersey In-home Asthma Intervention Pilot Project

This document includes the following four components:

1. Request for Proposals (RFP) for the ***New Jersey In-home Asthma Intervention Pilot Project***, which includes instructions for completing The Nicholson Foundation Grant Proposal
2. Appendix A: Data Collection Tools
 - I. *Caregiver Questionnaire*
 - II. *Environmental Assessment*
3. Appendix B: The Nicholson Foundation Sample Budget Template
4. Appendix C: Sample Time Line for Serving 120 Project Participants



Request for Proposals ***New Jersey In-home Asthma Intervention Pilot Project***

I. PURPOSE

The Nicholson Foundation is issuing this Request for Proposals (RFP) to solicit proposals from New Jersey-based healthcare providers serving pediatric asthma patients covered by [NJ Family Care](#).¹

The goal of Nicholson's *In-home Asthma Intervention Pilot Project* (the Project) is to improve asthma outcomes and reduce healthcare costs among children aged 2-17 years enrolled in NJ FamilyCare by:

- Funding the implementation of a specific evidence-based, home-based asthma intervention,
- Supporting technical assistance and training for Project staff,
- Funding an evaluation of post-intervention changes in pediatric patients' asthma control,
- Partnering with the New Jersey Department of Health (NJDOH) to evaluate the cost and effectiveness of the Project in order to promote its long-term sustainability.

II. OVERVIEW OF THE NICHOLSON FOUNDATION

[The Nicholson Foundation](#) works to address the complex needs of vulnerable populations in New Jersey's urban areas by encouraging the reform of health and early childhood delivery systems. Since 2009, The Nicholson Foundation has provided grants and technical assistance and has collaborated with numerous stakeholders to support the development and implementation of innovative, effective, and sustainable healthcare programs. These programs are aimed at improving the physical and behavioral health of New Jersey's vulnerable residents and reducing the cost of providing healthcare.

III. DESCRIPTION OF THE GRANT OPPORTUNITY

The Nicholson Foundation will award three to five grants to implement the Project. Each Project must serve a minimum of 100 participants over a two-year period, beginning on January 2, 2018, for a budget of \$210,000.

An important objective of the Project is to demonstrate the cost effectiveness of in-home asthma interventions so that payers may be more likely to fund in-home asthma interventions. Thus, the cost-effectiveness of the Project is critical and, therefore, proposals will be reviewed with this in mind.

¹ The State of New Jersey's program providing services to Medicaid and Children's Health Insurance Program [CHIP] recipients

IV. ELIGIBLE APPLICANTS

The Nicholson Foundation intends to fund three to five grants. Interested applicants must be New Jersey-based healthcare providers serving pediatric asthma patients covered by NJ FamilyCare. We seek to support healthcare providers that are already providing asthma clinical care and education and are interested in adding an in-home intervention to their service model. Therefore, applicants must have an asthma clinical care and education program underway.

Applicants may include:

- Hospitals and hospital systems,
- Medicaid Accountable Care Organizations (ACOs) or other not-for-profit healthcare coalitions or consortia that have as a member organization a healthcare provider(s),
- Federally Qualified Health Centers (FQHCs),
- Primary care practices, community clinics, or health centers.

Special consideration will be given to applicants that are members of Medicaid ACOs or other not-for-profit safety-net provider healthcare coalitions and/or have current asthma clinical care and education projects funded by NJDOH's Delivery System Reform Incentive Payment (DSRIP) program.

NOTE: Eligible applicants, as defined above, are referred to as "Provider" throughout the remaining portion of this RFP and its attachments.

V. REGISTER FOR A WEBINAR

The Nicholson Foundation will host a webinar on **June 6, 2018 at 10:00 am** to provide an overview of the Project and answer questions from potential applicants. If you would like to participate in the webinar, please [click here](#) to register.

VI. BACKGROUND AND NEED

Across the United States, 26 million children and adults have asthma. According to 2012-2014 data from the [New Jersey Behavioral Risk Factor Survey \(NJBFRS\)](#), an estimated 173,858 (8%) of New Jersey's children younger than age 18 years had asthma; about 5.67% of children aged 0-4 years and about 11.9% of children aged 5-12 years had asthma.

Although asthma is a common condition that affects all population groups, disparities across income, race, and ethnicity exist. The NJBRFS data show that New Jersey preschoolers in households with less than \$20,000 in annual income were more likely to have asthma than were those from higher income households (about 15% vs. about 5%). Children aged 5-12 years from families with household incomes below \$35,000 per year also were more likely to have asthma than were children from families with incomes of \$75,000 or more per year (nearly 18% vs nearly 8%).²

² New Jersey County Asthma Profiles Overview: <http://www.nj.gov/health/fhs/chronic/asthma/in-nj>

Asthma is a costly disease that remains out of control for many patients, frequently leading to complications that require emergency department (ED) visits or inpatient hospitalizations. Asthma-related ED visits and hospitalizations also affect certain groups more than others. New Jersey children aged 0-4 years were more likely to be hospitalized (2001-2011) or to have an ED visit for asthma (2004-2011) than were any other age group. Black, non-Hispanic children aged 0-4 years have the highest rates of asthma hospitalization and ED visits when compared to white, non-Hispanic, and Hispanic children.³

Asthma is often difficult for patients and their caregivers to manage. Even when a clinical asthma plan is in place and followed, environmental exposure to allergens can trigger acute episodes. Clear evidence links environmental asthma triggers in homes, schools, and workplaces to poor asthma outcomes and avoidable ED visits or inpatient hospitalizations. Research has shown that home-based multi-component interventions with an environmental focus are effective in improving health and quality of life in children with asthma.⁴ Community Health Workers (CHWs), in particular, have been identified as cost-effective providers of home-based asthma services.⁵ A landmark 2005 study of Krieger's pediatric asthma care model demonstrated that an in-home asthma intervention provided by a CHW reduced symptom days, use of urgent health services, and healthcare costs while improving caregiver quality-of-life scores.^{6,7}

VII. THE PROJECT

The Nicholson Foundation is requesting proposals from Providers interested in improving their pediatric patients' asthma control by implementing a specific evidence-based in-home asthma intervention, which is described below. We seek to support healthcare Providers that are already providing asthma clinical care and education and are interested in adding an in-home intervention to their service model. Once funded, grantees will receive training and technical assistance to implement the in-home asthma intervention from [Health Resources in Action HRiA](#)⁸. Grantees will be required to participate in two evaluations, one which measures healthcare utilization and costs and a second that measures patients' asthma control and environmental triggers in the home.

A. The Required In-home Asthma Intervention

The in-home asthma intervention that The Nicholson Foundation seeks to replicate is described below.

³ New Jersey County Asthma Profiles Overview: http://www.nj.gov/health/fhs/chronic/documents/asthma_profiles/asthma_overview.pdf

⁴ Crocker DD, Kinyota S, Dumitru GG et al. Effectiveness of home-based, multi-trigger, multicomponent interventions with an environmental focus for reducing asthma morbidity: A community guide systematic review. *American Journal of Preventive Medicine*. 2011;41(2 Suppl 1):S5-32.

⁵ Krieger JW, Takaro T, Song L, Weaver M. The Seattle-King County Healthy Homes Project: A randomized, controlled trial of a community health worker intervention to decrease exposure to indoor asthma triggers. *American Journal of Public Health*. 2005;94(4):652-659.

⁶ Krieger J, Takaro TK, Song L, Beaudet N, Edwards K. Randomized controlled trial of asthma self-management support comparing clinic-based nurses and in-home community health workers: Seattle-King County Healthy Homes II Project. *Archives of Pediatric and Adolescent Medicine*. 2009;163(2):141-149.

⁷ Campbell JD, Brooks M, Hosokawa P et al. Community health worker home visits for Medicaid-enrolled children with asthma: Effects on asthma outcomes and costs. *American Journal of Public Health*. 2015;105(11):2366-2372.

⁸ HRiA is a non-profit organization serving health-oriented non-profit and governmental organizations across the country. In 2012, the Centers for Medicare and Medicaid Innovation awarded HRiA a Health Care Innovation Award to establish the New England Asthma Innovation Collaborative (NEAIC). NEAIC is a multi-state, multi-sector partnership that includes health care providers, Medicaid payers, and policy makers

This intervention is a modification of Krieger’s pediatric asthma care model, and is one of the interventions used by the [New England Asthma Innovations Collaborative \(NEAIC\)](#), funded by the [Centers for Medicare and Medicaid Services](#). It includes three home visits conducted over two to three months and one follow-up phone call conducted six months after the final visit.

The intervention is predicated on a minimum-staffing model that employs a CHW and a clinical supervisor. Detailed information about staffing is described below in **Section C. Project Staff and Responsibilities**.

Providers will be expected to perform the set of services outlined below.

1. Identifying Potentially Eligible Patients

Eligible patients are defined below in **Section B. Target Population**. Providers develop a protocol for identifying patients that may meet eligibility criteria for their participation in the Project.

2. Screening

Screening assures that the initially identified patient meets eligibility criteria. During screening, the CHW provides the caregiver with a brief description of the intervention, including explaining informed consent for participation, and schedules the first home visit.

3. First Home Visit

This is conducted by the CHW with off-site supervision provided by a clinical supervisor.

The CHW:

- Enrolls the patient. Enrollment is defined by:
 - Obtaining a signed consent from the patient’s caregiver in accordance with the Provider’s Institutional Review Board (IRB) requirements,
 - Interviewing the caregiver and completing the *Caregiver Questionnaire* (see *Appendix A*),
 - Conducting the *Environmental Assessment* and recording the results (see *Appendix A*).
- Delivers specific asthma management education to the patient’s caregiver(s). This includes reviewing the patient’s asthma action plan with the caregiver,
- Provides referrals to healthcare providers or social services, as needed.

4. Second Home Visit

This is conducted by the CHW approximately two weeks after their first visit, again with off-site supervision provided by a clinical supervisor.

The CHW:

- Delivers, and if needed, demonstrates the use of the following required environmental asthma management supplies:
 - One High-Efficiency Particulate Air (HEPA) filter vacuum cleaner with low ozone emissions (and bags if required by the model),
 - One dust-mite-proof mattress encasement in the size required for the patient’s sleeping area,
 - Dust-mite-proof pillow encasement(s) for the patient’s sleeping area,
 - Pest management supplies if there is evidence of any pest infestation. These may include gel bait traps, sticky traps, and food containers, covered trash-can, and “green” cleaning supplies.
 - Other optional supplies such as an air conditioner and air filters.
- The CHW reinforces and provides additional asthma management education to the patient’s caregiver(s), as necessary.

5. Third Home Visit

This is conducted by the CHW approximately four to six weeks after their second home visit, with off-site supervision provided by a clinical supervisor.

The CHW or the clinical supervisor:

- Interviews the caregiver and completes the *Caregiver Questionnaire (see Appendix A)*,
- Completes the *Environmental Assessment* and records the results (*see Appendix A*),
- Reinforces and provides additional asthma management education as necessary with patient’s caregiver(s),
- Provides a \$20 gift card in recognition of the caregiver(s)’ participation in the Project.

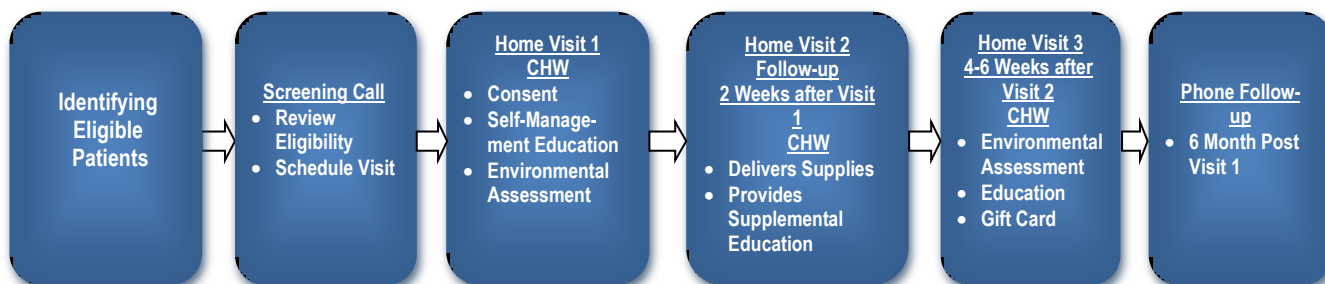
6. Six-month Follow-up Phone Call

The phone call is conducted by the CHW or the clinical supervisor.

The CHW or the clinical supervisor:

- Interviews the caregiver and completes the *Caregiver Questionnaire (see Appendix A)*,
- Asks the caregiver to respond to the items on the *Environmental Assessment* and records the results (*see Appendix A*).

Figure 1. Intervention Flowchart with Follow-up Phone Call



B. Target Population

The target population for this Project is high-cost pediatric asthma patients (hereafter referred to as “participants”). Only one child per family may be enrolled in the Project.

1. Inclusion Criteria

- Age 2 to 17 years old,
- Current recipients of NJFamilyCare,
- Poorly controlled asthma as evidenced by either of the following over the prior 12-month period:
 - Two asthma-related (i.e., primary diagnosis of asthma) ED treat-and-release visits (includes observational stays), or
 - One asthma-related inpatient hospitalization.

2. Exclusion Criteria

Even if a child meets the above inclusion criteria, he/she may not be included in the Project if the child:

- Had no previous diagnosis of asthma prior to the asthma-related ED visit (i.e., this was a child’s first presentation of asthma),
- Has other medical conditions that affect breathing, such as poorly controlled sickle cell disease or cystic fibrosis,
- Is currently participating in an in-home asthma intervention or has participated in one within the past 12 months,
- Is homeless (e.g., living in a motel or homeless shelter).

C. Project Staff and Responsibilities

To effectively implement the Project, the staff listed below is required. These staff may be newly hired or reassigned to the Project using grant funds, or provided by the grantee as in-kind contributions to the Project.

1. A supervisor who is a licensed clinician (e.g., nurse, certified asthma educator, or a physician). This individual will:
 - Oversee the Project and its staff,
 - Provide ongoing support to Project staff on all Project protocols,
 - Provide clinical oversight and guidance for all asthma clinical issues, including the review of the participant’s asthma action plan with the CHW,
 - Ensure the delivery of high-quality services,
 - Assure the timely provision of information required by the evaluations,
 - Participate in required trainings and technical assistance.

In addition, the supervisor may conduct the six-month follow-up call as described in **Section VII, A. 6.** above.

2. One or more CHWs who are trained in the in-home asthma intervention. The trained CHW, supervised by the clinical supervisor, will:
 - Conduct three home visits for each participant in accordance with the activities described above in **Section VII. A. The Required In-home Asthma Intervention,**
 - Conduct the six-month follow-up call, which is also described in **Section VII. A** above,
 - Participate in required technical assistance activities as described in **Section IX. 4** below.

VIII. RELATED PROJECT ACTIVITIES —SEPARATELY FUNDED EVALUATIONS

The Project also includes two separate evaluation components. If the evaluations demonstrate evidence of clinical and cost improvements, a case could be made to healthcare payers to support in-home asthma interventions for New Jersey children. The two evaluation components will be conducted by two different organizations: [Rutgers Center for State Health Policy \(CSHP\)](#) and HRiA.

- A. CSHP will conduct an economic evaluation, funded by NJDOH and in cooperation with the NJ Division of Medical Assistance and Health Services (NJ DMAHS). CSHP will measure participant healthcare utilization and costs using NJ FamilyCare claims and encounter data. Using a quasi-experimental design, they will compare with a matched comparison group changes in participants' use of health services, healthcare expenditures, and asthma-related quality measures before and after the in-home asthma intervention.
- B. HRiA will conduct an evaluation of asthma control using information collected by the CHWs from the participants and their families during the Project. Information will include asthma control, environmental triggers, and missed work and school days.

IX. REQUIRED PROJECT DELIVERABLES

Because the Provider will be implementing an evidence-based intervention, we have included specific deliverables described below. The information provided in this section should be used for completing **Section XII. The Project Proposal Template** below.

A. Obtain IRB Approval and Informed Consent

Each Provider may need to apply for and receive IRB approval from their participating organizations. To accommodate this important step, the two-year grant period will begin on January 2, 2018. We have allocated five months from the date of the award notification from The Nicholson Foundation to obtain IRB approval. The Provider must submit proof of IRB approval to The Nicholson Foundation by January 2, 2018. CSHP and HRiA will work closely with awardees to facilitate IRB approvals.

B. Hire or Reassign Required Staff

1. Clinical Supervisor

It is estimated that Providers will require one .2 Full Time Equivalent (FTE) clinical supervisor for a Project that serves approximately 120 participants.

Examples of professionals eligible for this position include:

- Registered Nurse
- Physician
- Certified Asthma Educator

2. CHW

It is estimated that Providers will require one FTE CHW for a project that serves approximately 120 participants.

C. Participate in Required Trainings

1. CHWs hired or assigned to the Project must be:

- Certified in CHW core competencies,
- Trained in the required asthma home visiting intervention, and
- Able to collect and report data.

Training will be provided through a partnership with [The Rutgers New Jersey Talent Development Center](#), which is part of the Rutgers School of Management and Labor Relations.⁹

The Center will provide a 160-hour CHW certification training for newly hired or reassigned staff who have not yet been certified as CHWs. The training will be tailored to provide core CHW skills, such as motivational interviewing and cultural competency, as well as the specific expertise required for the evidence-based in-home asthma intervention and data collection.

CHWs who are already certified will receive an abbreviated 80-hour training to enhance their knowledge and skills specific to asthma and the in-home intervention.

Training will be held in various central New Jersey locations over an approximately one-month period. Both types of trainings will be provided at no cost to grantees.

In addition to the training provided by The Center, depending on the staff person's previous employment status, grantees may be eligible for subsidies to offset the costs associated with the CHW's annual salary. To determine if your organization is eligible for these subsidies, contact The Center before hiring the CHWs. The Center will work with Providers to maximize the salary subsidies and can assist grantees with screening and identifying potential employees from a pool of

⁹ The Center's mission is to provide high-quality, standardized healthcare training programs, individualized counseling, and support services to currently employed workers, jobseekers, and students in New Jersey. The Center's focus is on building partnerships that provide career pathways to these individuals and to increase the number of individuals with an industry-valued credential in New Jersey's healthcare sector.

unemployed CHW jobseekers. Any subsidies that are awarded must be reported to The Nicholson Foundation and deducted from the grantee's budget.

For more information about the CHW training for this Project or about subsidies, contact Padma Arvin at the Healthcare Talent Development Center at Rutgers University at Padma.arvind@work.rutgers.edu.

D. Participate in Additional Technical Assistance, Education, and Support Activities

1. CHWs must:
 - Attend quarterly continuing education sessions. These will be held by The Center in a format to be determined.
2. Clinical supervisors must:
 - Attend 1.5 days of training for CHW supervisors, provided by the Center,
 - Participate in the Provider Learning Community (generally a one-hour bi-weekly conference call during the first three to four months of the Project, and monthly thereafter),
 - Join monthly site-specific check-in calls and periodic in-person Project meetings.

E. Enroll Participants and Deliver the Required In-home Asthma Intervention

1. Each Provider is required to enroll at least 100 participants. Applicants that are able to enroll 120 or more participants will be reviewed favorably. **See Section VII. 3** for the definition of enrollment.
2. Providers must complete the required in-home asthma intervention as described in **Section VII.** above for at least 75% of enrolled participants. Completion is defined as finishing the third home visit.
3. Providers must complete the requirements of the follow-up phone call six months after the final home visit for at least 40% of the enrolled participants.

F. Provide Data for the Project Evaluations

More detailed information about data requirements for the separately funded evaluations will be shared with Providers during the training and technical assistance sessions.

In general, Providers will transmit completed de-identified *Caregiver Questionnaires* and *Environmental Assessments* to HRiA. Data analyzed from these will allow HRiA to conduct their evaluation.

CSHP will evaluate health care utilization and cost data using comprehensive statewide de-identified NJFamilyCare claims data. CSHP will also construct a matched comparison group of non-participants in the asthma in-home intervention.

Once a grant is awarded, HRiA and CSHP will provide the details of the data reporting requirements and offer technical assistance to support Providers in developing data collection protocols and obtaining IRB approval. Electronic data forms and templates will be provided.

The results of both evaluations will be shared with Providers and disseminated to a broad array of stakeholders including payers interested in the Project.

X. ANTICIPATED PROJECT TIME FRAME

A. Notification of Grant Award

1. Two months after notification of the grant award: IRB application prepared and submitted to your organization's IRB.
2. Within five months after notification of grant award: Written documentation of IRB approval submitted to The Nicholson Foundation.
3. Grant start date: January 2, 2018

B. Two-year Project Timeline for Grant Period

1. February 2018: Project staff hired and/or assigned
2. February 2018: Begin process to identify eligible participants
3. March 2018: CHW and clinical supervisor complete training
4. April 2018: Outreach to recruit participants begins
5. April, 2018: Participant enrollment begins
6. April 2019: Participant enrollment ends
7. December 2019: Six-month follow-up calls completed

A Sample Time Line for Serving 120 Project Participants is provided in *Appendix C*.

XI. ANTICIPATED GRANT APPLICATION TIME LINE

1. May 15, 2017: Request for Proposals released
2. June 6, 2017: Information webinar
3. July 7, 2017: Proposals due to The Nicholson Foundation
4. August 1, 2017: Notification of grant awards
5. August 2017: IRB application process begins
6. January 2, 2018: Deadline for IRB approval submission to Nicholson
7. January 2, 2018: Two-year grant period begins

XII. PROJECT PROPOSAL TEMPLATE

The proposal must be submitted via email to Raquel Mazon Jeffers, Senior Healthcare Program Officer, The Nicholson Foundation at rjeffers@thenicholsonfoundation.org by July 7, 2018.

Submit the budget portion of your proposal as a separate Microsoft Excel document using the Microsoft Excel budget template that is provided in *Appendix B*.

A. Date of this Proposal

Specify the date of this proposal's submission to The Nicholson Foundation.

B. Project Name

Insert your organization or partnership name above the name of this project, as shown here:

Insert the name of your organization or partnership:
The New Jersey In-home Asthma Intervention Pilot Project

C. Individual Responsible for the Project

Provide the name, title, address, e-mail, and telephone number of the individual(s) responsible for the Project.

D. Organization and Individual Receiving and Disbursing the Grant Funds

Provide the name and address of the 501(c)(3) organization receiving the grant funds and the name, title, address, telephone number, and e-mail of the individual receiving and disbursing the grant funds.

E. Name and a Description of the Organization and/or Partnership Requesting Funding

1. Legal name of the organization requesting funding. As appropriate, include the acronym in parentheses. In the case of a partnership, identify the lead organization,
2. Name of the contact person, his or her title, address, telephone number, and e-mail address,
3. Organization's website address,
4. Detailed description of the mission and current principal activities of the organization and/or partnership.

F. Amount of the Proposal

Provide the total dollar amount requested from The Nicholson Foundation for this grant proposal.

G. Project Summary

Provide a concise summary of the Project. It should include a brief description of the Project, its overall goals and objectives, the population(s) it will serve, and collaborating agencies.

H. Statement of Need/Target Community

Describe the prevalence of pediatric asthma in your specific target community(s) as well as its prevalence in your broader catchment area, as applicable. Also describe the pediatric patient population currently being served by your asthma clinical care and education program(s). Cite any data, literature, and/or official reports that support your statement of need and provide references.

Two links to data resources that you may find useful are:

1. New Jersey County Asthma Profiles
Overview: http://www.nj.gov/health/fhs/chronic/documents/asthma_profiles/asthma_overview.pdf
2. Asthma hospitalization and emergency department visit counts, by county and municipality of residence, available on NJSHAD: <https://www26.state.nj.us/doh-shad/query/selection/ub/UBSelection.html>

I. Project Description

Include a detailed narrative description of your proposed Project by answering the questions or addressing the issues specified below.

NOTE: The term “**Required Elements of the Asthma In-home Intervention**” used below refers to the intervention as described in the RFP above in **Section VII. A.**

1. Project Goals and Objectives

- State the overall goal and specific objectives of your project
 - Explain how using the specified evidence-based in-home asthma intervention will meet the needs of your target population.

2. Project Planning and Implementation

- Integrate the Project within your existing asthma care and education program
 - Describe the asthma care that you currently provide to the target population in your target community(s),
 - Describe how the asthma in-home intervention will enhance and interact with your current asthma clinical care and education program(s), including how you will incorporate this intervention into your current asthma clinical workflow and procedures,
 - Describe if existing clinical resources will be made available to the Asthma In-Home Intervention Pilot Project and if so, how,
 - Describe past or present experience(s) providing in-home interventions for asthma and/or other conditions, if applicable.
- Obtain IRB approval and informed consent
 - Describe how you intend to go about submitting your IRB application and how you will meet the requirement to submit it within two months after you receive notification of the grant award,
 - Describe actions you will take to ensure that your IRB approves your request within the five-month requirement, as indicated in the anticipated Project timeline in **Section XI.** above,
 - Describe how you might address challenges that may arise in meeting this timeline.
- Hire or reassign and train required staff
Describe how you will:
 - Hire or reassign the required staff and on-board staff within two months of the grant start date,

- Ensure that staff participate in the required trainings within four months of the grant start date and quarterly thereafter,
- Collaborate with the Rutgers University Healthcare Talent Development Center to explore employment subsidies for which your organization and/or the CHWs may be eligible,
- Ensure that your staff will have dedicated time to participate in the required additional training and support activities,
- Recruit, hire, and train new staff in the event of staff turnover.
- Describe how you have:
 - Worked with CHWs. If CHW(s) are currently or have been employed by your organization, what role have they played?
- Identify target population
 - For the time period of September 1, 2015 to August 31, 2016, provide the number of pediatric asthma patients your organization served that fit the enrollment criteria for the Project's target population (i.e., who were covered by NJ FamilyCare and had poorly controlled asthma, as defined in the RFP **Section VII. B1.**) Describe the information source you used to derive this number and note any limitations or caveats about the data presented,
 - Describe how you will identify the specific target population for your project from within the population noted above. Explain how you will use data, such as those from electronic health records, a health information exchange, emergency department admissions, inpatient hospitalizations, asthma registries, or referrals from specialists, to identify the pool of potential participants you will target.
- Recruit and enroll intervention participants
 - Describe how you intend to meet the requirement to recruit and enroll 100% of the number of participants that you propose to serve, by the end of month 18 of the two-year grant period.
- Conduct the intervention and collect data
 - Describe how you will complete the three-visit in-home intervention and data collection for at least 75% of the number of participants that you propose to enroll in the intervention over the two-year grant period (as specified in **Section VII. and IX. 5** of the RFP). Please include the following:
 - How will you schedule home visits and follow-up calls?
 - How much time do you estimate the CHW will spend completing each home visit?
 - Explain how you will complete the six-month follow-up phone call and data collection for at least 40% of participants who received the three in-home visits,
 - Describe how you will maintain fidelity to the required asthma in-home intervention model described in **Section VII.** of the RFP.
- Engage and retain Project participants
 - Explain the strategies you will use to engage and retain participants throughout the course of the entire in-home asthma Project,

- If applicable, refer to your experiences from other interventions or programs where you have recruited and provided clinical and non-clinical services to children aged 2-17 years who are enrolled in NJ FamilyCare. Describe your experience retaining other target populations over time. If available, provide retention rates from prior initiatives. Describe challenges you experienced in those programs and how you addressed them. Provide examples of successes with other programs to engage and retain other target populations in home-based services. Note your track record with retention and attrition.
- Adhere to the time line
 - Include a detailed time line describing the timeframes for achieving the key deliverables,
 - See *Appendix C: Sample Time Line for Serving 120 Project Participants*.

J. Measurable Objectives

A *Model Measurable Objectives Chart* has been included below. Review the model chart and submit a similar Measureable Objectives chart with your proposal that is specific to your Project plan. Providers may include additional objectives and also suggest alternative payment points for achieving these objectives in their Project proposal. If you make any modifications or revisions to the benchmarks and timeframes that are detailed in the *Model Measureable Objectives Chart*, provide a rationale for those changes. For details on how to insert budget amounts in the Measurable Objectives Chart, see **Section XIV** below.

NOTE: In accordance with the *Model Measureable Objectives Chart*, by the 12th month after the start of the grant period, Providers are expected to have enrolled 50% of the Project's participants and have completed the three-visit protocol for 20% of those participants in order to receive all performance payments.

If a Provider has not recruited a minimum of 35% of the participants and completed the three-visit protocol for 10% of participants within this timeframe, The Nicholson Foundation will work with the grantee to better understand and resolve the problems encountered. Depending on the outcome of that discussion, the Foundation reserves the right not only to withhold performance payments, but also to discontinue the Project for the second grant year.

K. Staffing

Describe the staff that will implement this Project and indicate whether each staff will be hired or reassigned. Attach résumés for staff to be funded under the grant and include the following information for each.

1. Job title (e.g., clinical supervisor, community health worker)
2. Role(s) and responsibilities
3. Number of Project staff with this job title (applicable only to CHWs)
4. Credentials, skills, and training required
 - If you already have CHWs on staff, indicate whether they have received CHW and/or asthma training, and if so describe the training previously

received and if it has led to certification. As described in the RFP, The Center will provide training to CHWs for both core skills and for asthma home visiting. In addition, The Center will provide training for clinical supervisors on how to supervise CHWs.

5. Name of the agency and operational unit that is the employer of record.

Following the descriptions of each staff member, explain any internal organizational processes that will need to be implemented to complete the hiring or reassignment process, and your anticipated timeframe for completing these tasks.

L. Approach to Continuous Quality Improvement

Often, issues arise during the execution of a project that are not expected and may even be out of the Project's control. Describe how you will use information, data, and feedback during Project implementation to identify and address known, or unanticipated, obstacles and barriers to meeting your objectives and to ensure that quality improvements are assessed and made on an ongoing basis.

M. Other Project Collaborators

As part of the required intervention, CHWs will provide information to caregivers about where to access available community resources to address triggers in the home that may be exacerbating the participant's asthma or to meet other health-related social needs (e.g., heating difficulties, food insecurity). Each grantee will be required to develop a Resource List that can be used by the CHWs when problems are identified and linkages required. The List may include, but not be limited to, the following:

1. Housing Organizations
2. Childcare Organizations e.g., Head Start and Early Head Start
3. Parenting Organizations
4. Smoking Cessation Programs
5. Food Assistance – Supplemental Nutrition Assistance Program
6. Rental Assistance Programs
7. Furniture Resources
8. Interpretation Services
9. Utility Assistance
10. Code Enforcement
11. Legal Services
12. Law and Public Safety
13. Departments of Health

Describe any existing or new collaborations that you plan to develop to help address social determinants of health, particularly those related to environmental asthma triggers in the home (e.g., tenant coalitions that work to address insect infestations).

N. Sustainability

An important objective of this Project is to build the grantees' capacity to deliver in-home asthma interventions and to increase the likelihood of sustainable funding streams for asthma in-home services. Please describe how you plan to sustain the delivery of in-home asthma interventions once The Nicholson Foundation funding is no longer available.

O. Budget

1. Complete the budget by using the Microsoft Excel budget template document that is provided in *Appendix B*. to this Proposal Format. Submit the budget along with the narrative portion of your proposal.

Include a two-year budget separating out year one and year two expenses. The budget must be for a Project designed to serve a minimum of 100 participants over a two-year period for \$210,000. If applicants plan to serve more than 100 participants, the budget should proportionately reflect this increased service level.

For each year of your proposed budget, include costs separated out by start-up costs, intervention costs (costs related to the in-home visits and follow-up phone calls), and data collection costs. Also provide a per-participant cost that excludes start-up and data collection costs. Include these calculations in the bottom of *Appendix B* and describe your calculations and assumptions in the budget narrative.

- Include the grant name and date,
- For each staff member, specify the FTE, the annualized salary, and fringe benefit amounts.

2. Budget Narrative

Include a budget narrative that describes the following:

- For each staff person
 - Name (if person is known),
 - Job title,
 - Percentage of staff person's time that is assigned to the Project.
- Operating expenses
 - Reimbursement for cell phone expenses for CHWs,
 - Mileage for travel to home visits and meetings/trainings,
 - Environmental supplies (we recommend that you budget an average of \$250/participant),
 - Gift cards - \$20 for each participant household that completes the third visit.
 - Administrative overhead: It is The Nicholson Foundation's policy to limit administrative overhead to 10% of your budget. Add this line item as a percentage of the total budget.
- Other cash funding
 - Explain the source of these funds and how the funds will be released and made available to the Project.
- In-kind funding
 - Describe the services, space, or materials that are being contributed, who is providing the support, and the dollar value of the support.
- Start-up costs

- Calculate estimated costs related to onboarding and training staff and other start-up activities as applicable.
- Data collection costs
 - Calculate estimated costs related to collecting and reporting data for each of the two evaluations.
- Per-participant cost
 - Provide a per-participant cost calculation that excludes start-up and data collection costs.

XIII. INFORMATION ABOUT THE NICHOLSON FOUNDATION FUNDING **METHODOLOGY**

The Foundation's grants are performance-based, meaning that a portion of the grant is awarded only if the objectives you have established are achieved within the time frames you have specified. The performance component of this grant is 25%. Once you have developed your budget, please set aside a minimum of 25% of your Project budget for performance payments. Distribute the amount of that performance set aside among the performance benchmarks listed in your Measureable Objectives chart. When assigning the dollar value to each performance payment, allocate a higher value on the benchmarks that take more effort to achieve.

XIV. MEASURABLE OBJECTIVES

MODEL MEASURABLE OBJECTIVES CHART

List all Objectives Chronologically (Quantify # and %)	Documentation to Verify Achievement of Each Process Objective	Completion Dates or Quarter for Objective	Performance Benchmark \$ Amount (If Applicable)
IRB approval or waiver.	Application completed Documentation of IRB approval	Pre-grant start date	No payment
Hire and/or re-assign required staff <ul style="list-style-type: none"> • Clinical Supervisor • CHW 	Copy of the official letter hiring or reassigning staff	Q1	
Develop operational workflow for the Project	Description of workflow	Q1	No payment
Develop policies and procedures for the Project	Written policies and procedures document	Q1	No payment
Staff complete required training including: <ul style="list-style-type: none"> • Clinical Supervisor • CHW 	Record of attendance of staff in all required training, and certificate received for CHWs, provided by Rutgers Healthcare Talent Development Center	Q1 – Q2	
Establish data collection systems for the in-home intervention	Evidence that a data capture system has been established	Q1	No Payment
Enroll at least (specify #) 5% of your projected number of participants from the target population. (Note the operational definition of enrollment is a signed consent and a completed first home visit, including the collection of data).	Monthly: submit participant enrollment and completed data collection tools to the evaluator Quarterly: progress report and intervention data submitted to the evaluator (who shares it with The Nicholson Foundation)	Q2	
Enroll at least an additional (specify#) 20% of your projected number of participants (representing a cumulative enrollment of 25%). Complete three-visit protocol for at least (specify#) 5% of participants.	Monthly: submit participant enrollment and completed data collection tools to the evaluator Quarterly: progress report and intervention data submitted to evaluator (who shares it with The Nicholson Foundation)	Q3	

<p>Enroll at least an additional (specify #) 25% of your projected number of participants (representing cumulative enrollment of 50%)</p> <p>Complete three-visit protocol for at least an additional (specify #) 15% of participants.</p>	<p>Monthly: participant enrollment and completed data collection tools to the evaluator</p> <p>Quarterly: progress report and intervention data submitted to evaluator (who shares it with The Nicholson Foundation)</p>	Q4	
<p>Enroll at least an additional (specify #) 25% of your projected number of participants (representing a cumulative enrollment of 75%)</p> <p>Complete three-visit protocol for at least an additional (specify #) 20% of participants.</p>	<p>Monthly: participant enrollment and completed data collection tools to the evaluator</p> <p>Quarterly: progress report and intervention data submitted to evaluator (who shares it with The Nicholson Foundation)</p>	Q5	
<p>Enroll at least an additional (specify #) (25%) of your projected number of participants (representing a cumulative enrollment of 100%)</p> <p>Complete three-visit protocol for at least an additional (specify #) (20%) of participants.</p>	<p>Monthly: submit participant enrollment and visit information to evaluator</p> <p>Quarterly: progress report and intervention data submitted to evaluator (who shares it with The Nicholson Foundation)</p>	Q6	
<p>Complete three-visit protocol for at least an additional (specify #) (15%) of participants.</p> <p>Note: This represents a minimum total of 75% of participants; goal should be to complete enrollment for 100% of participants</p>	<p>Monthly: submit participant enrollment and visit information to evaluator</p> <p>Quarterly: progress report and intervention data submitted to evaluator (who shares it with The Nicholson Foundation)</p>	Q7	
<p>Complete six-month follow-up phone calls for at least 40% of participants</p>	<p>Submit 6-month follow up data to evaluators</p>	Q8	
<p>Provide confirmation that required data has been transmitted to CSHP</p>		Q8	