**Please read the Instruction Manual before completing.**

Nursing Facility Performance-Based Incentive Payment Program (PIPP)

Request for Proposals Published February 2019

**Proposals must be submitted via email attachment by 11:59 p.m. on May 1, 2019**

**SECTION 1**

|  |  |
| --- | --- |
| **Facility Name or Organization** | Enter text here |
| **Address** | Enter text here |
| **Primary Contact Name** | Enter text here |
| **Contact Title** | Enter text here |
| **Contact Phone** | Enter text here |
| **Contact Email** | Enter text here |
| **Contact Address** | Enter text here |
| **Project Leader** | Enter text here |
| **Leader Title** | Enter text here |
| **Leader Phone** | Enter text here |
| **Leader Email** | Enter text here |
| **If this is a collaborative or mentor proposal, enter all participating facility names, addresses and contact information for each.** | Enter text here |

**SECTION 2**

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| **Provide a brief overview of the facility or collaborative.** |
| Enter text here |

**SECTION 3**

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| **Write an introduction to your project and how your project supports one or more of the goals of the PIPP program.*** **Improve the quality of care and quality of life of nursing home residents in a measurable way.**
* **Deliver good quality care more efficiently.**
* **Rebalance long-term care and make more efficient and effective use of resources.**
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| Enter text here |

**SECTION 4**

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| **Describe the process you are using to discover problem areas for improvement. Use Root Cause Analysis (RCA) to determine the root causes of the problem.** * **What story is your data telling you? *See the MN Nursing Home Report Card, the Provider Portal, other resources*.**
* **What have you discovered so far?**

**Quality improvement is an evolving process and you may make new discoveries as you progress, but you must have some understanding of the causes before you can propose strategies.** |
| Enter text here |

**SECTION 5**

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| **Provide a detailed description of the problem you want to solve or you need to improve.*** **Why is it a problem?**
* **What impact is it having on the residents, staff, facility, etc.?**
* **What are the consequences of not solving this problem?**
* **What is the difference between the way things are now and the way you want them to be?**
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| Enter text here |

**SECTION 6**

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| **Write a detailed description of your strategies to address the problem you identified in Sections 4 and 5.*** **What do you propose to do?**
* **What is the precise nature of the intervention? How is it connected to the problem you wish to address?**
* **What is your plan to implement this project?**
* **Who is going to do what?**
 |
| Enter text here |

**SECTION 7**

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| **Describe how you will collect data, audit and monitor your implementation strategies. Describe your action plan to address audit results.*** **Data Collection: *What* data will be used to track project progress? *How* will the data be collected? *Who* will collect the data? *Where* and *When* will the data be collected?**
* **Identify auditing tools to be used by specific staff or teams.**
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| Enter text here |

**SECTION 8**

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| **What is your basis for assuming you can achieve your goals? You may want to cite experience in other settings, or published clinical or organizational studies. Provide websites for your sources, if appropriate.** |
| Enter text here |

**SECTION 9**

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| **Submit a budget that builds a business case for the rate increase you are proposing in Section 10 below. The budget should include resource needs such as staffing, training, consultants, equipment, etc. and estimates of what they may cost.** |
| Enter text here |

**SECTION 10**

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| **Present the amount and duration of the proposed rate increase. The rate increase should match the scope and complexity of the project and the resources needed, as described in your budget (Section 9). If this is a collaborative proposal, complete this section for each participating facility. See the DHS NF Provider Portal (**[**https://nfportal.dhs.state.mn.us**](https://nfportal.dhs.state.mn.us/)**) for an Excel worksheet that will assist you in determining the amount of funding available for your project. Begin by entering your facility’s IID into the worksheet. The IID is a 5 digit number located in the upper right corner of your facility’s rate notice.** **Please do not submit a copy of the Excel worksheet with your proposal. The Department will prepare and keep on file worksheets for all facilities submitting a proposal.**  |
| **Proposed duration of rate increase – 1 or 2 years** | **Proposed % rate increase Per Facility each year** | **Amount available to each facility per year.*****See Excel worksheet referenced above.*** |
| Enter text here | Enter text here | Enter text here |

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| [ ]  | Check the box to indicate that you understand that 80% of the rate increase you are requesting is dependent upon the timely and successful implementation of the objectives stated in the proposal, and 20% of the requested rate increase is dependent on timely and successful achievement of the outcomes. |

**SECTION 11**

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| **Insert a work plan with a timeline (what will happen when). Be sure it agrees with and expands on Sections 6 and 7.** |
| **Timing**  | **Task** |
| Enter text here | Enter text here |

**SECTION 12**

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| **Insert your baseline data for your proposed performance measures. Indicate your expected level of improvement for each measure. Describe the time frame for achieving those improvement targets.** If the anticipated quality improvement can be captured by MN Nursing Home Report Card measures, use of the report card measures should be strongly considered. If other measures are proposed, give clear criteria why and provide standards of achievement. |
| **Performance Measure** | **Baseline** | **Target** | **Time Frame** |
| Enter text here | Enter text here | Enter text here | Enter text here |

**SECTION 13**

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| **Provide a description of your sustainability plan. How will the strategies you put in place during this project continue once the payment period ends?** |
| Enter text here |

**SECTION 14**

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| **References. Provide a list of websites or other information you have cited in your proposal.** |
| Enter text here |