­**Regional Partnership Catalyst Program**

**Diabetes Funding Stream**

**CY 2021 Narrative Report**

The Health Services Cost Review Commission (HSCRC) requires the following narrative for CY 2021 Regional Partnership Catalyst Program participants. The narrative report and budget spreadsheet will be used to measure your Regional Partnership’s progress under the Regional Partnership Catalyst Program.

This report is due March 1, 2022. Please submit to [hscrc.grants@maryland.gov](mailto:hscrc.grants@maryland.gov).

**Regional Partnership Information**

|  |  |
| --- | --- |
| **Regional Partnership (RP) Name** |  |
| **RP Hospitals** |  |
| **RP Point of Contact (Name, Email)** |  |
| **Total Budget in CY 2021** | CY 2021 Award:  CY 2021 Actual Expenditures (from budget template): |
| **Number of Program Partners in CY 2021** |  |

**Appendices to include with report**

1. A Gantt chart demonstrating progress against initial implementation plan. *(Mandatory)*
2. Community Partner Collaboration
   1. A list of all community-based organizations or provider groups, contractors, and/or foundations that have been program partners in CY 2021. Please include the organization type with each name (e.g., faith-based organization, non-profit, academic institution, etc.) *(Mandatory – Template provided)*
   2. An organization or decision flow charts that illustrates community partners’ role in the Regional Partnership. *(Optional)*

# **1.0 Overall Summary of Regional Partnership Activities in CY 2021**

## Diabetes Prevention Program (DPP) Activities

Please provide a high-level summary of your Regional Partnership’s activities, specific to implementing DPP.

*Narrative Response: 3-4 Paragraphs*

## Diabetes Self-Management Training (DSMT) Activities

Please provide a high-level summary of your Regional Partnership’s activities, specific to implementing DSMT.

*Narrative Response: 3-4 Paragraphs*

# **2.0 Implementation Plan Progress**

Please describe your Regional Partnership’s progress against the implementation plan submitted in your proposal. Attach a Gantt chart demonstrating progress as an appendix to this report.

*Narrative Response: 2-3 paragraphs*

# **3.0 Diabetes Prevention Program Activity**

## **3.1 Scale Target Performance**

CY 2021 DPP Scale Target (from Request for Proposals): At least 1 preliminary, pending, or full CDC-recognized program in service area with a LOS indicating qualification in a payment program (MDPP or Medicaid).

Did your Regional Partnership meet your 2021 scale target? Please select: Yes/No

Please share information on successes and challenges that helped you meet or prevented you from meeting your annual scale target.

*Narrative Response: 1-3 paragraphs*

## **3.2 DPP Expansion Strategy**

Please share information on your Regional Partnership’s strategy to expand access to DPP in your service area.

*Narrative Response: 1-3 paragraphs*

## **3.3 DPP Providers and Billing**

Total number of DPP providers working with your RP: \_\_\_\_\_\_\_\_\_\_\_

### 3.3.1 Billing Eligibility

Please share information on progress towards expanding Medicare and Medicaid billing below the table.

*Narrative Response: 2-3 paragraphs*

|  |  |  |  |
| --- | --- | --- | --- |
| **DPP Provider** | **Count** | **# of Providers Billing Medicare FFS** | **# Providers Billing Medicaid** |
| New Providers (2021) |  |  |  |
| Existing Community Providers |  |  |  |
| **Total Number of DPP Provider Partners** |  |  |  |

### 3.3.2 Revenue and Funding

*If available,* please share the amount of revenue generated from *billing* by DPP providers working with your Regional Partnership. \_\_\_\_\_\_\_\_\_\_\_\_

Please share amounts and breakdown of funding sources supporting DPP providers working with your Regional Partnership.

|  |  |  |
| --- | --- | --- |
| **Funding Source/Payer** | **Amount** | **% of Total Funding** |
| Medicare Billing |  |  |
| Medicaid Billing |  |  |
| Grant Funding (excluding Regional Partnership Catalyst Program funding) |  |  |
| Private Payer |  |  |
| Other (Describe) |  |  |
| **TOTAL FUNDING** |  | **100%** |

## **3.3 DPP Referrals**

Please share your Regional Partnership’s current **and/or** planned approach for driving and managing DPP referrals. Include information on partnerships with providers, such as Maryland Primary Care Program (MDPCP) practices, managed care organizations (MCOs), and community-based organizations (CBOs).

*Narrative Response: 2-3 paragraphs*

## **3.4 DPP Enrollment**

While HSCRC will use Medicare and Medicaid claims data to measure DPP enrollment for 2023 scale targets, please share information on any enrollment activity already underway.

*Narrative Response: 2-3 paragraphs*

Number of new 2021 DPP cohorts supported by Regional Partnership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **3.5 Goals and Milestones**

Please share any goals and milestones that your Regional Partnership is using to track progress or impact.

*Narrative Response: 2-3 paragraphs*

# **4.0 Diabetes Self-Management Training Activity**

## **4.1 Scale Target Performance**

CY 2021 DSMT Scale Target (from Request for Proposals): Either ADA or AADE DSMT Accreditation or a Letter of Support from an existing community partner with an accreditation.

Did your Regional Partnership meet your 2021 scale target? Please select: Yes/No

Please share information on successes and challenges that helped you meet or prevented you from meeting your annual scale target.

*Narrative Response: 2-3 paragraphs*

## **4.2 DSMT Expansion Strategy**

Please describe your RP’s current **and/or** planned approach to expanding patient access to DSMT services.

*Narrative Response: 2-3 paragraphs*

## **4.3 Goals & Milestones**

Please share any goals and milestones that your Regional Partnership is using to track progress or impact.

*Narrative Response: 2-3 paragraphs*

# **5. Community Partner Collaboration**

*To include as appendices:*

1. *A list of all community-based organizations or provider groups, contractors, and/or foundations that have been program partners in CY 2021. Please include the organization type with each name (e.g. faith-based organization, non-profit, academic institution.)*
2. *If available, an organization or decision flow charts that illustrates community partners’ role in the Regional Partnership.*

## **5.1 Summary**

What is your total number of community partners? \_\_\_\_\_\_\_\_\_\_\_\_

Please share information on collaborative activities with community partners.

*Narrative Response: 2-3 paragraphs*

## **5.2 Financial Support and Resource Sharing**

Please share information on financial support and resource sharing arrangements that exist with community partners.

**Direct Financial Support**

How many community partners received direct financial support from your Regional Partnership? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the total value of the direct financial support? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What services were funded through this support?

*Narrative Response: 1 paragraph*

**In-Kind Financial Support**

How many community partners received in-kind financial support from your Regional Partnership? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the total value of the in-kind financial support? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What services were funded through this support?

*Narrative Response: 1 paragraph*

**Resource Sharing**

How many community partners participated in resource sharing with your Regional Partnership?

What kinds of resources were shared through this partnership?

*Narrative Response: 1 paragraph*

# **6. Budget Narrative**

Please complete the Excel budget template provided and show approved budget and actual expenditures, as well as any revenue from billing, if available. **All financials must be aggregated into a single table that shows combined Regional Partnership spending activities**. Depending on your Regional Partnership’s approach to managing financials, Regional Partnerships may include a separate spreadsheet for each hospital, *in addition to the combined budget report*. These reports will be used for HSCRC staff audit purposes.

## **6.1 Financial Management Arrangement**

Briefly describe your Regional Partnership’s approach to managing funds (i.e., did each partner hospital manage separate budgets or was funding pooled and managed by a single entity).

*Narrative response: 1 paragraph*

## **6.2. COVID-19 CY 2021 Funding Extension**

*If applicable*, how much funding was approved by HSCRC to be carried over from CY 2021 to CY 2022?

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **6.3 Expenditure Narrative**

Please provide any additional information on expenditures for each category.

*Narrative response: 1 paragraph each*

### 6.3.1 Workforce/Type of Staff

### 6.3.3 IT/Technologies

### 6.3.4 Wrap-Around Services

### 6.3.6 Other Implementation Activities

### 6.3.6 Indirect Costs

## 6.4 Revenue Narrative

Please provide any information, if available, on revenue generated from billing for DPP and DSMT.

*Narrative response, 1-3 paragraphs.*

# **7. Health Equity**

Please share how your Regional Partnership has worked to address health equity in your activities.

*Narrative response, 1-3 paragraphs.*

# **8. Impact of COVID-19 on Activities – (Optional)**

Please include information on the impact of COVID-19 on your activities, if any.

*Narrative response, 1-3 paragraphs.*

# **9. Lessons Learned - (Optional)**

Please include a brief summary of the obstacles encountered during the year and best practices that have emerged out of program implementation.

*Narrative Response, 1-3 paragraphs.*

# **10. Other - (Optional)**

Please share any additional information that you believe would help the HSCRC enhance program administration activities.