DEPARTMENT OF HEALTH & HUMAN SERVICES   Public Health Service

OCT 2 2 2004

Indian Health Service
Rockville MD 20852

TO: Area Director
          Area Contract Health Services Officer
          Area Chief Medical Officer

FROM: Acting Director
          Office of Resource Access and Partnerships

SUBJECT: Fiscal Year 2005 Contract Health Services
          Quality Assurance Funds

The Office of Resource Access and Partnerships (ORAP), Division
of Contract Care (DCC) will once again have funds available for
Contract Health Services (CHS) quality assurance (QA) projects in
fiscal year (FY) 2005. The IHS and Tribal Health programs have
requested to continue the CHS QA project because funds are not
available from local budgets and the reviews conducted under QA
organizations and the IHS/FI are limited.

All IHS Service Units and Tribal Health Programs are equally
eligible to participate in the CHS QA projects on a competitive
basis. The instructions for preparing the QA proposals and the
criteria that will be used to evaluate projects are enclosed.
Proposals are due COB **December 10, 2005.**

Please send proposals to the following address:

Indian Health Service, ORAP/DCC
Attention: Carol Littlefield, QA Coordinator
801 Thompson Avenue, Suite# 342
Rockville, Maryland 20852

All IHS and Tribal Health Care sites in your Area interested in
competing for the CHS QA project are encouraged to submit
proposals and provide a courtesy copy to the Area CHS Office.

If you need assistance in preparing QA proposals or have
questions you may contact Ms. Littlefield at (301) 443-2694.
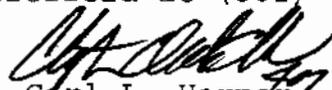
Carl L. Harper

Attachments
cc:
   Office of Tribal Self Governance
   Office of Tribal Programs

FY 2005 CHS QUALITY ASSURANCE
PROPOSAL GUIDELINES

PURPOSE:

The Contract Health Services (CHS) program Quality Assurance (QA) Project is to assist Area Offices, Indian Health Service (IHS) Direct Care sites, Title I or Title III programs evaluate and improve the quality of care acquired from private health care providers with CHS. The IHS Office of Resource Access and Partnerships (ORAP), Division of Contract Care (DCC) has allocated $500,000 to be awarded to qualified CHS QA projects during FY 2005.

The selection for the QA awards will be made on the basis of competitive proposals that meet the established criteria that are evaluated by the IHS ORAP/DCC, CHS QA Review Committee. It is the responsibility of the CHS program to ensure that CHS program patients continue to receive quality care with IHS funds, display fiscal management, and build local capacity by supporting and improving CHS programs functions.

GUIDELINES:

1. The CHS QA funds shall be used to evaluate the quality of care IHS patients receive in contract facilities or from contract providers.

2. May not be used to fund positions and/or equipment.

3. May not be used to fund QA activities in direct care.

4. Identify how the QA project will enhance patient care and improve CHS staff functions.

5. Sites that received QA funds in previous years and have outstanding reports may not be eligible.

FY 2005 CHS QUALITY ASSURANCE
PROPOSAL CRITERIA (100 points)

Point Value

I. Format: 5
   a. Maximum 10 pages, standard fonts
   b. Do not attach other documents; committee will not evaluate.

II. Background: 10
   a. Name of facility, location, type of site (Area Office,
      IHS) Direct Care, Title I; Title V).
   b. Phone number, and contact person.
   c. Justification for the proposed QA process
   d. Clearly state specific QA problems in the CHS program.

III. Goals and Objectives: 15
   a. Goals must be specific.
   b. Provide two to three measurable objectives
      that will provide significant outcome data.

IV. Methodology: 30

   a. The number/names of the IHS and/or Tribal programs
      to be included in the QA review;
   b. A concise description of the process used to conduct
      the QA review, including at a minimum:
      1. Variables selected for assessment
      2. Rating and sample selection criteria
      3. Number of cases (sample size and percent)
      4. The type of cases (by condition, inpatient, outpatient)
      5. Standards of care, or baselines used in assessment.
      6. Survey instruments and their development.
      7. Rationale for selecting methodology and assessment tools.
   c. Anticipated outcomes and methods for quality improvement

V. Budget: 20
   a. *Specific* justification for the QA funds requested.
   b. All expected/known expenses of the QA review.
      A cost per case must be provided (depending on the
      complexity of the cases reviewed, usually $50 to $80).

VI. Evaluation: 20
   a. Describe the process that will be used to follow up
      on findings conclusions.
   b. How the QA project success will be evaluated.

If you have questions or need assistance in preparing the
proposals, please contact Carol Littlefield at (301) 443-2694.
The underline is **December 10, 2005.**