Project narrative

The project narrative is the most important part of your application and should clearly describe your proposed project. You must address the proposed goals, measurable objectives, and milestones in accordance with the instructions in the following sections.

See the scoring criteria under each section to understand how reviewers will assess and score your project narrative.

Required format for project narrative

Page limit: 15 pages

Endnotes are not included in the page limit.

File name: project narrative

File format: PDF

Font size: 12-point font

Font color: Black

Footnotes and text in graphics may be 10-point.

Spacing for project abstract, tables, and footnotes: Single-spaced

Spacing for main content: Double-spaced

Margins: 1-inch

Page size: 8.5 x 11

Include consecutive page numbers throughout.

Template 1: Whole-Person FLM Intervention Design

Questions	Responses
What is your hypothesis statement?	
What chronic condition(s) will you target?	

Questions	Responses
What is your proposed intervention (e.g. what are the services provided)?	
How frequently will patients receive the services, and over what time period?	

Questions	Responses
What existing evidence supports the assumption that your intervention can create measurable improvements for your patients? Include citations and discuss both: **-Safety:** There is no harm to the health or quality of life of Medicare beneficiaries or their communities. The intervention must be safe for the target population. -**Effectiveness:** Your intervention directly improves health outcomes, such as fewer emergency department visits, reduced hospitalizations or chronic disease management improvements like weight loss, lower HbA1c, or lower blood pressure. This should support the clinical measures you propose.	**Note regarding citations:** These publications may be your own published research or the published research of others. You will need to submit cited articles in PDFs as attachments. The reviewers will not be able to consider links in reviewing your application. For each cited PDF submitted as an attachment, you must make it easy for reviewers to locate your supporting evidence either by A) highlighting the relevant text directly in the document OR B) including a written narrative that explains exactly where to find the supporting information (specific page numbers, sections, paragraphs, tables, or figures).
What outcomes do you expect to change because of your intervention? Attach a completed copy of Table G: Outcomes measures. Attach a completed copy of Table H: Logic model.	

Questions	Responses
As part of your Cost Savings Plan, explain how your intervention has the strong potential to show Medicare FFS savings that exceed the program costs based on <u>at least one</u> of the following: 1. **financial modeling** 2. **return on investment analysis** 3. **budget impact analysis**	**Note:** You don't need to prove cost savings during the three-year cooperative agreement, but you must show a time period when you expect your intervention will reduce health care spending in Original Medicare if it were covered. You must include; • **your baseline assumptions** (how many Medicare patients have your selected chronic condition, how many you think will participate and complete the intervention, and the baseline costs for these patients) as well as • **your savings assumptions and evidence:** the percentage reduction in costs per patient and the aggregate savings, and peer-reviewed evidence that supports your assumptions and calculations, including evidence from your existing program (attach PDFs following citation guidelines) and • **your calculated cost** of delivering the intervention to show net savings. **Note regarding citations:** These publications may be your own published research or the published research of others. You will need to submit cited articles in PDFs as attachments. The reviewers will not be able to consider links in reviewing your application. For each cited PDF submitted as an attachment, you must make it easy for reviewers to locate your supporting evidence either by: A) highlighting the relevant text directly in the document OR B) including a written narrative that explains exactly where to find the supporting information (specific page numbers, sections, paragraphs, tables, or figures).

Questions	Responses

Template 2: Beneficiary Recruitment and Study Design

Questions	Responses
Who is your target population? Describe the criteria for determining whether a patient is eligible for the intervention, including tools, clinical indicators, and other factors you will use to screen patients.	
How many beneficiaries do you expect to screen, find eligible, and enroll? Please include: • What are these estimates based on? • How many patients are currently served by your providers or organization. Note: CMS will use your responses to determine a minimum beneficiary target for your program. See Appendix A for more information.	

Questions	Responses
Provide the following information about your plan to recruit for the program: • Service area (counties, cities, regions) • Health care providers who will refer patients and limit on referrals or services • How you will assess patient needs • Your specific dates for reaching enrollment goals and backup plan if enrollment is slower than expected • How will you reach patients who haven't used your program or similar services before • Strategies to keep people engaged and prevent dropouts • Anything you offer to patients to encourage participation (rewards, health tools, etc.) • Based on your own past experience, why would you say your enrollment goals are realistic? • How does the population you deliver(ed) your intervention to reflect or represent the broader Medicare FFS population?	

Questions	Responses
Please describe whether you will use randomization and, if so, how it will be done. If using randomization: • What type of randomization will you use? Eg, patient-level, provider-level, site-level? • How will you assign patients to the intervention or control groups? Will you use Medicare FFS enrollment and claims data to create these groups? If yes, how? If no, describe the challenges to using these data. • Will the control group receive any part of the intervention, and if so, when? If randomization is not possible: • How will you create a valid comparison group? • Can you use Medicare FFS enrollment and claims data to build that group? • What comparison data will you report to CMS? • Will the comparison group be exposed to any part of the intervention? Also describe whether all participants will start the intervention at the same time or if enrollment will happen on a rolling basis.	

Template 3: Organization, Administration, and Capacity

Questions	Responses
Please describe your organization, including any relevant background information. Attach an organizational chart that names the Authorized Organizational Representative and identifies lines of authority. Attach CVs or resumes of key personnel.	
List the name(s) and title(s) of individual(s) responsible for ensuring compliance with federal, state, and local laws.	

Questions	Responses
Will you work with partner organizations? **If yes:** **Briefly describe how you will work with partner organizations for this program.** • What is your past experience working with similar organizations? • Attach a completed Table I: Partnership table • Attach partnership documents, such as contracts or memoranda of understanding **Note:** Ensure any required partner costs are included in your budget and budget narrative.	

Questions	Responses
What is your prior experience in the implementation of the proposed intervention? (It may have been in a pilot study, less rigorous study design, or a non-Medicare population.) • What challenges did you face, and how did you overcome them? • Please summarize data (qualitative and quantitative) that shows the impact of your prior interventions on utilization, quality and cost of care, and patient experience. • How was the work managed?	
What is your experience conducting ethical, patient-centered data collection that included the use of institutional review boards?	

Questions	Responses
What coverage have you obtained for this intervention from any national or regional payer(s)? Note: this would not include a company that covers its own product or service for its own employees and/or family members.	
List any CMS models in which you are participating now or have in the past, regardless of whether they included functional or lifestyle medicine. Participation in other models will not affect your score, but we will determine overlaps policies for organizations that are seeking to participate in multiple models.	

Data Management Plan

Description of data reporting plan

Please refer to additional details about data collection and reporting included in the quality measures and data reporting section when writing responses to the items below.

Questions	Responses
What experience do you have collecting and reporting beneficiary-level data to CMS? • If none, what capabilities do you have to do so?	
How will you collect patient and provider information for submission to CMS? • Include any partnerships or affiliations that may assist with data collection and submission.	
What prior experience do you have collecting and securely storing protected health information (PHI) and personally identifiable information (PII)?	

Questions	Responses
What experience do you have in collecting and documenting your chosen clinical, cost, and utilization measures?	
How will you monitor for any potential harmful effects from the intervention? How will you mitigate or avoid harm?	
Attach a completed copy of Table J: Program-level data	
Do you have Certified Health IT Product (CEHRT)? If yes, what is your CEHRT Certified Health IT Product List (CHPL) ID?	*Note: CEHRT is not required to be eligible.*