|  |  |
| --- | --- |
| **Technical Assistance (TA) Vendor:** |  |
| **TA Vendor Contact Information:** | (enter name here) |
| NAME |
| (enter email address here) |
| EMAIL ADDRESS |
| (enter phone number here) |
| PHONE NUMBER |
| **ACO/CP Name:** |  |
| **ACO/CP Address:** |  |
| **TA Application ID:** |  |
| **SOW Date:** |  |
| **SOW Revision Number:\*** |  |
| **TA Project Title:** |  |

\**For the original SOW, list “NA,” otherwise indicate a revision number.*

**TA Domain (Identify or select one only):**

1: Actuarial and Financial

2: Care Coordination/Integration

3: Community-Based Care and Social Determinants of Health

4: Consumer Engagement

5: Flexible Services

6: Health Information Exchange/Health Information Technology

7: Performance Improvement

8: Population Health Management

9: Workforce

10: Telehealth

**ACO/CP Competency Area (Identify or select one or more):**

1: Respect, understand, and engage MassHealth members

2: Honor, enlist, and develop provider and care team insights and capabilities

3: Access, apply, and exchange data across all entities involved in MassHealth member wellness and care

4: Develop and implement financial models that promote provider and staff buy-in and advance the achievement of quality benchmarks, appropriate utilization of care, and long-term organizational sustainability

5: Provide coordinated care and/or complex care management that is highly responsive to MassHealth member needs and preferences

6: Actively develop and maintain a foundation of, and disseminate up-to-date knowledge in, all areas relevant to building and running a high performing, sustainable MassHealth ACO/CP

1. Project Overview

*The project overview may be made publicly available to share information about the MA DSRIP TA Program. Please use accessible, non-technical language understandable to reviewers with varied expertise and experience. (Maximum of 200 words.)*

1. Project Goals and Objectives

*Please use accessible, non-technical language understandable to reviewers with varied expertise and experience. (Maximum of 200 words.)*

1. Tasks/Requirements

*Specify all member-facing materials (for example, but not limited to,* *surveys, interview protocols, interview guides, flyers, brochures, recorded media, video scripts and storyboards) that will be used in the TA Project. All member-facing materials need MassHealth approval prior to dissemination.*

| **Task/ Subtask Number** | **Task Name and Description** | **Location** | **Milestones/ Deliverables** |
| --- | --- | --- | --- |
|  |  | TA Vendor’s office  ACO/CP location  Other (Please describe) |  |
|  |  | TA Vendor’s office  ACO/CP location  Other (Please describe) |  |
|  |  | TA Vendor’s office  ACO/CP location  Other (Please describe) |  |
|  |  | TA Vendor’s office  ACO/CP location  Other (Please describe) |  |
|  |  | TA Vendor’s office  ACO/CP location  Other (Please describe) |  |
|  |  | TA Vendor’s office  ACO/CP location  Other (Please describe) |  |

1. TA Project Staff

*Please include staff names and a brief 1-2 sentence statement describing the roles and responsibilities in the TA Project.*

1. Project Schedule, Deliverables, and Payment Schedule

*Please use a future date as the project start date. Task Order contracts cannot be backdated to have a retroactive start date.*

*All member-facing materials need MassHealth approval prior to dissemination. In developing the project schedule, allow 1-2 weeks for MassHealth review and approval of member-facing materials.*

|  |  |
| --- | --- |
| **Period of Performance** | |
| Project Start Date\*: |  |
| Project End Date: |  |
| Project Length: |  |

**Payment Schedule**

| **Task/Subtask Number** | **Milestones/Deliverables** | **Due Date** | **Payment** |
| --- | --- | --- | --- |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| **Total Payments** | | | $ |

1. References and Assumptions

*Please include or reference applicable specifications, illustrations, diagrams, tables, charts, and similar elements in the SOW if they assist in describing the planned work or related requirements.*

1. Management and Communication Plan

*Please briefly describe how the TA Vendor will maintain communication with the ACO/CP on progress and status of the TA project. If not addressed in an earlier section, please describe the agreed upon division of labor between the ACO/CP and the TA Vendor.*

1. Notes or Miscellaneous Information

*New TA Projects cannot be duplicative of other services received or other projects undertaken by the ACO/CP with DSRIP funding. If this TA Project could appear to be duplicative or similar to other DSRIP-funded services, please explain how this TA Project is different.*

*For TA Projects with deliverables meant to be updated and used beyond the period of performance or after the TA Program ends, please describe what on-going costs are associated with the project deliverables, and what the ACO’s or CP’s plans are for sustainability of the project products and outputs.*