

State of Arkansas
 ARKANSAS DEPARTMENT OF HEALTH
 4815 West Markham
 Little Rock, Arkansas 72205

REQUEST FOR APPLICATION

SOLICITATION INFORMATION			
RFA Number:	DH-24-0013	RFA Issued:	1/24/2024
Sub-Grant Description:	Diabetes Self-Management Educational & Support (DSMES) and Centers for Disease Control and Prevention (CDC) Diabetes Prevention Program (DPRP)		
Agency:	Center for Health Advancement-Chronic Disease Prevention & Control Branch, Diabetes Section.		

APPLICATION DEADLINE	
Application Deadline Date/Time:	February 7, 2024 at 3:00pm CST
Applications received after the designated date and time may be rejected as untimely. It is the responsibility of respondents to submit applications at the designated location on or before the deadline.	

DELIVERY OF RESPONSE DOCUMENTS	
Sealed applications may be mailed or hand delivered to the following locations:	
Mailing Address:	Arkansas Department of Health Attn: Jeff Griffin 4815 W Markham Street, Slot #58 Little Rock, AR 72205 Delivery providers, USPS, UPS, and FedEx deliver mail to ADH's street address on a schedule determined by each individual provider. These providers will deliver to ADH based solely on the street address.
Physical Address	Arkansas Department of Health Contract Support Section 4815 W Markham Street, L163 Little Rock, AR 72205
Response's Outer Packaging:	Outer packaging must be sealed and should be properly marked with the following information. If outer packaging of response submission is not properly marked, the package may be opened for identification purposes. <ul style="list-style-type: none"> RFA number Application Date/Time Applicant's name and return address

ARKANSAS DEPARTMENT OF HEALTH CONTACT INFORMATION			
Issuing Officer:	Jeff Griffin	Phone Number:	(501) 534-6275
Email Address:	jeffrey.h.griffin@arkansas.gov	Alternate Number:	(501) 280-4630
ADH Website:	https://www.healthy.arkansas.gov/programs-services/topics/grant-and-bid-opportunities		

SECTION 1 – PROGRAM OVERVIEW

- **Do not provide responses to items in this section unless specifically and expressly required.**

1.1 PURPOSE

The Arkansas Department of Health (ADH) issues this Request for Application (RFA) to obtain applications for funding of two Arkansas hospitals to deliver either the American Diabetes Association (ADA) recognized or American Association of Diabetes Educators (AADE)-accredited Diabetes Self-Management Educational & Support (DSMES) and Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP) in preliminary or full recognition status.

1.2 BACKGROUND

The ADH Chronic Disease Prevention & Control Branch Diabetes Section is looking for applications for funding to aid in the overall goals of increasing identification of patients with diabetes or prediabetes, deliver Diabetes Self-Management Education & Support (DSMES) or referrals to a CDC-recognized lifestyle change program for type 2 diabetes prevention, and to provide data and analytics of the high priority population to the Arkansas Department of Health.

1.3 GRANT PERIOD

- A. The anticipated initial term is anticipated to be from April 1, 2024 to December 31, 2024.
- B. Upon mutual agreement between the applicant and the agency, the sub-grant agreement may be renewed for up to six (6) additional one-year terms or portions thereof contingent upon appropriation of funding and approvals.
- C. Total agreement term, including any amendments and/or possible extensions, will not exceed seven (7) consecutive years.

1.4 AVAILABLE FUNDING

- A. Maximum amount of funding is anticipated to be \$138,344.00 shared among two (2) recipients.
- B. Funding is contingent upon review and acceptance of application.
- C. Awarded applicants must use funds in accordance with the budget as proposed and approved.
- D. ADH reserves the right to determine allowable and non-allowable costs.
- E. Prior to award, ADH may increase the amount of funding in efforts to maximize program support. Recipient(s) **must** submit a revised budget worksheet reflecting changes.

1.5 ELIGIBILITY & FUNDING REQUIREMENTS

To be considered for an award an Applicant's response **must** demonstrate all minimum qualifications listed in Section 2.1 are met to be eligible to obtain funding:

1.6 BUDGET & JUSTIFICATION

- A. Applicant shall include a complete proposed budget in sufficient itemized detail to clearly demonstrate all proposed reimbursable expenses. Include any written justification necessary.
- B. Recipient(s) **shall** be reimbursed for allowable expenses only. Allowable expenses are those approved by ADH within the budget's itemized listing.

1.7 ISSUING OFFICER

The ADH contact name listed on page one is the sole point of contact throughout this solicitation.

1.8 RFA OPENING LOCATION

Applications submitted by the due time and date **shall** be opened at the following location:

Arkansas Department of Health
4815 W Markham Street, Room L163
Little Rock, AR 72205

1.9 DEFINITION OF REQUIREMENT

- A. The words “**must**” and “**shall**” signify a requirement of this RFA and that vendor’s agreement to and compliance with that item is mandatory.
- B. Applicant may request exceptions to NON-mandatory items. Contractor **must** clearly explain the requested exception and should reference the specific solicitation item number to which the exception applies.

1.10 DEFINITION OF TERMS

The issuing officer has made every effort to use industry-accepted terminology in the competitive bid and will attempt to further clarify any point or item in question. The following acronyms will be used throughout the document.

ADH: Arkansas Department of Health

RFA: Request for Applications

1.11 APPLICATION INSTRUCTIONS**A. Original Application Packet****1. Application Submission Requirements**

- a. Applicants **shall** provide one (1) original hard copy of the Application Packet clearly marked as “Original” and **must** include:
- Original signed Application Signature Page
 - Response to the Information for Evaluation section included in the Application Packet
 - Budget Worksheet, proposed in U.S. dollars and cents
 - Proposed Subcontractors Form
 - FIN-9350 Certification Regarding Lobbying
 - EO 98-04 Contract and Grant Disclosure and Certification form
 - Combined Form for Boycotts and Illegal Immigration Certifications
- b. The application **must** be entirely in the English language.

2. **DO NOT** include any other documents or ancillary information, such as a cover letter or promotional/marketing information.

B. Additional Copies and Redacted Copy of the Application Packet

In addition to the original Application Packet, the following items **shall** be submitted:

1. Additional Copies of the Application Packet

- a. Three (3) complete hard copies (marked "COPY") of the Application Packet.
- b. One (1) electronic copy of the Application Packet, preferably on a flash drive. CDs will also be accepted.
- c. All additional hard copies and electronic copies **must** be identical to the original hard copy. In case of a discrepancy, the original hard copy **shall** govern.
- d. If ADH requests additional copies of the response, the copies **must** be delivered within the timeframe specified in the request.
2. One (1) redacted copy (marked “REDACTED”) the original Application Packet, preferably on a flash drive. A CD will also be acceptable. (See Proprietary Information.)

1.12 CLARIFICATION OF SOLICITATION

- A. Any questions requesting clarification of information contained in this RFA should be submitted in writing via email to the issuing buyer.

1.13 APPLICATION SIGNATURE PAGE

- A. An official authorized to bind the vendor(s) to a resultant Sub-Grant **must** sign the Application Signature Page included in the Application Packet.
- B. Applicant's signature on this page **shall** signify vendor's agreement that either of the following **shall** cause the response to be disqualified:
- Additional terms or conditions submitted intentionally or inadvertently
 - Any exception that conflicts with a requirement of this RFA

1.14 FUNDING ESCALATION

- A. ADH may increase funding throughout the duration of the contract.
- B. Recipient **must** provide a revised budget reflecting the increase. ADH **shall** have the right to require additional information pertaining to the increase.
- C. Budget revisions are not valid until approved by ADH.

1.15 PROPRIETARY INFORMATION

- A. Submission documents pertaining to this solicitation become the property of the State and are subject to the Arkansas Freedom of Information Act (FOIA).
- B. The vendor **shall** be responsible for identifying all proprietary information and for ensuring the electronic copy is protected against restoration of redacted data.
- C. The redacted copy **shall** be open to public inspection under the Arkansas Freedom of Information Act (FOIA) without further notice to the vendor.
- D. If a redacted copy of the submission documents is not provided with vendor's response packet, a copy of the non-redacted documents, with the exception of financial data, **shall** be released in response to any request made under the Arkansas Freedom of Information Act (FOIA).
- E. If the State deems redacted information to be subject to Arkansas Freedom of Information (FOIA), the vendor will be contacted prior to release of the documents.

1.16 CAUTION TO RECIPIENT(S)

- A. Prior to any contract award, all communication concerning this solicitation **must** be addressed through ADH.
- B. Applicant **must not** alter any language in any solicitation document provided by the State.
- C. All official documents and correspondence related to this solicitation **shall** be included as part of the resultant contract.
- D. Responses **must** be submitted only in the English language.
- E. The State **shall** have the right to award or not award a contract, if it is in the best interest of the State to do so.
- F. Applicant **must** provide clarification of any information in their response documents as requested by ADH.
- G. Qualifications **must** meet or exceed the required specifications as set forth in this solicitation.

1.17 QUALIFICATION AND AWARD PROCESS

- A. Successful Recipient(s) Selection
The ranking of recipients **shall** be determined by the total score each application receives during evaluation.

B. Anticipation to Award

1. Once the anticipated successful recipient(s) have been determined, the anticipated award notification will be emailed to all applicants and/or posted on the ADH website.
2. It is the applicant's responsibility to check email and/or the website for the notification of an anticipated award.
3. Any resultant sub-grant agreement of this Request For Applications **shall** be subject to State approval processes which may include Legislative review.

1.18 CERTIFICATION REGARDING LOBBYING

- A. The applicant will comply with Public Law 101-121, Section 319 (Section 1352 of Title 31 U.S.C.) by certifying that appropriated federal funds have not been or will not be used to pay any person to influence or attempt to influence a federal official/employee in connection with awarding of any federal contract, sub-grant, loan or cooperative agreement for an award in excess of \$100,000.
- B. If the applicant has paid or will pay for lobbying using funds other than appropriated federal funds, Standard Form-LLL (Disclosure of Lobbying Activities) **shall** be completed and included with the Application Packet.

1.19 CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

- A. The recipient, as a lower tier recipient of federal funds, will comply with Executive Order 12549 (Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions).
- B. By signing and submitting this application package, the applicant(s) understands and agrees, as defined in 45 CFR Part 76, and certifies to the best of its knowledge and belief that it and its principals:
 - Are not presently debarred, suspended proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department of agency.
 - Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

1.20 PAST PERFORMANCE

An applicant's past performance with the State may be used to determine if the applicant is "responsible." Responses submitted by applicant determined to be non-responsible **shall** be disqualified.

1.21 PRIVACY & SECURITY REQUIREMENTS

The Contractor **shall**:

1. At all times comply with the requirements of the Arkansas Personal Information Protection Act and any other State/Federal laws, regulations, rules, and policies regarding the privacy and security of information.
2. Provide for physical and electronic security of all Protected Health Information generated or acquired by the contractor in implementation of the contract, in compliance with Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, and consistent with the Business Associate Agreement executed between the parties.
3. If required, prior to award, the contractor **must** sign a Business Associate Agreement.

1.22 RESERVATION

The State will not pay costs incurred in the preparation of an application.

SECTION 2 – APPLICANT REQUIREMENTS

2.1 APPLICANT MINIMUM EXPERIENCE AND QUALIFICATIONS

- A. To be considered for an award an Applicant's response **must** demonstrate all minimum qualifications listed below are met to be eligible to obtain funding.
1. Demonstrate experience in running a successful accredited/recognized Diabetes Self-Management Education Program & Support and Diabetes Prevention Program in person &/or virtual for at least 18 months.
 2. Demonstrate DPRP data collection with a minimum of 18 months' experience.
 3. Have developed tools, materials, and best practices for retention to help affiliates support, & retain participants.
 4. Demonstrate tools & culturally appropriate supplemental materials for Lifestyle Coaches to help increase participant retention.
 5. Demonstrate systematic procedures in place for class cancellation and makeup sessions, and substitution for lifestyle coaches as needed.
 6. Demonstrate a community health needs assessment, the unique demographics and needs of their communities.
 7. Submit Data Management Plan (DMP).

2.2 PROGRAM PURPOSE AND GOALS

- A. Diabetes Prevention Program
1. Short-Term:
 - a) Increase access to National Diabetes Prevention Program (OPP) lifestyle change program for people with prediabetes.
 - b) Increase community clinical links that facilitate referrals and provide support to enroll in the National OPP lifestyle change program.
 2. Intermediate:
 - a) Increase enrollment and retention in CDC-recognized organizations delivering the National lifestyle change program.
 3. Long-Term:
 - a) Increase number of people with prediabetes enrolled in a CDC-recognized lifestyle change program who have achieved 5-7% weight loss.
- B. Diabetes Self-Management Education and Support
1. Short-Term:
 - a) Increase access to Diabetes Self-Management Education and Support (DSMES) programs for people with diabetes.
 - b) Increase community clinical links that facilitate referrals and provide support to enroll patients to DSMES during the four critical times when a person with diabetes should be referred to DSMES; at the initial diagnosis, annually when treatment targets are not being met, when complications arise, and during transitions in care.
 2. Intermediate:
 - a) Increase enrollment and retention in American Diabetes Association-Education Recognition Programs (ERP) and Association of Diabetes Care and Education Specialists-Diabetes Education Accredited Programs (DEAP).
 3. Long-Term:
 - a) Increase number of people with diabetes enrolled in ERP and DEAP who have achieved a decrease in hemoglobin A1C.

2.3 SCOPE OF WORK

- A. The successful Applicant will work with a private sector employer in up to 2 locations for the delivery of ADA-recognized or AADE-accredited Diabetes Self-Management Educational & Support (DSMES) and Centers for Disease Control and Prevention (CDC) Diabetes Recognition Prevention Program (DPRP).
- B. The grantees must be able to meet and reach the high priority populations such as
 - 1. Hispanic.
 - 2. Marshallese.
 - 3. African American.
 - 4. Medicare, and Medicaid.
- C. The grantee will provide monthly progress reports the ADH Diabetes Section Chief to include the performance measurement and reporting requirements. There will be a data agreement between the ADH and the grantee for the NCDR Diabetes Registry for the De-identified aggregated data from the Diabetes Collaborative Registry
 - 1. Data Collection Form to include:
 - 2. Patient demographics
 - 3. Diagnoses/Conditions/Comorbidities
 - 4. Events
 - 5. Encounter information
 - 6. Laboratory results
 - 7. Medications
 - 8. Hospitalizations
- D. The Applicant **must** develop new or adapt/enhance existing tools, materials, and best practices for retention to help support & retain participants.

2.4 PERFORMANCE MEASUREMENT AND REPORTING

- A. The grantee will provide monthly progress updates to the ADH DPP/ Program Coordinator & ADH Nutritionist Consultant for the deliverables of this RFA.
- B. Performance measure data include the following:
 - 1. Number of internal and external referrals made to the hospital's DSMES program.
 - 2. Number of internal and external referrals made to the hospital's DPP.
 - 3. De-identified aggregated data from the Diabetes Collaborative Registry Data Collection Form to include:
 - a) Patient demographics;
 - b) Diagnoses/Conditions/Comorbidities;
 - c) Events;
 - d) Encounter information;
 - e) Laboratory results;
 - f) Medications; and
 - g) Hospitalizations.

SECTION 3 – CRITERIA FOR SELECTION

- Do not provide responses to items in this section.

3.1 APPLICATION SCORE

- A. ADH will review each Application Packet to verify submission requirements have been met. Application Packets that do not meet submission requirements **shall** be disqualified and **shall not** be evaluated.
- B. An agency-appointed evaluation committee will evaluate and score qualifying applications. Evaluation will be based on applicant's response to the Information for Evaluation section included in the Application Packet.
1. Members of the evaluation committee will individually review and evaluate proposals and complete an Individual Score Worksheet for each proposal. Individual scoring for each evaluation criteria will be based on the following Scoring Description.

Quality Rating	Quality of Response	Description	Confidence in Proposed Approach
5	Excellent	When considered in relation to the RFA evaluation factor, the application squarely meets the requirement and exhibits outstanding knowledge, creativity, ability or other exceptional characteristics. Extremely good.	Very High
4	Good	When considered in the relation to the RFA evaluation factor, the application squarely meets the requirement and is better than merely acceptable.	High
3	Acceptable	When considered in relation to the RFA evaluation factor, the application is of acceptable quality.	Moderate
2	Marginal	When considered in relation to the RFA evaluation factor, the application's acceptability is doubtful.	Low
1	Poor	When considered in relation to the RFA evaluation factor, the application is inferior.	Very Low
0	Unacceptable	When considered in relation to the RFA evaluation factor, the application clearly does not meet the requirement, either because it was left blank or because the application is unresponsive.	No Confidence

2. After initial individual evaluations are complete, the evaluation committee members will meet to discuss their individual ratings during the consensus meeting. At this consensus scoring meeting, each member will be afforded an opportunity to discuss his or her rating for each evaluation criteria.
 3. After committee members have had an opportunity to discuss their individual scores with the group, the individual committee members will be given the opportunity to change their initial individual scores, if they feel that is appropriate.
 4. The final individual scores of the evaluators will be recorded on the Consensus Score Sheets and averaged to determine the group or consensus score for each application.
 5. Other agencies, consultants, and experts may also examine documents at the discretion of the Agency.
- C. The Information for Evaluation section has been divided into sub-sections.

1. In each sub-section, items/questions have each been assigned a maximum point value of five (5) points. The total point value for each sub-section is reflected in the table below as the Maximum Raw Score Possible.
2. The agency has assigned Weighted Percentages to each sub-section according to its significance.

Information for Evaluation Sub-Sections	Maximum Raw Points Possible	Sub-Section's Weighted Percentage	* Maximum Weighted Score Possible
E.1 Background, Qualifications & Staffing	15	20	200
E.2 Approach & Methodology	35	40	400
E.3 Work Plan	20	40	400
Response Score	70	100%	1000

*Sub-Section's Percentage Weight x Total Weighted Score = Maximum Weighted Score Possible for the sub-section.

- D. The applicant's weighted score for each sub-section will be determined using the following formula:

$$(A/B) * C = D$$

A = Actual Raw Points received for sub-section in evaluation
 B = Maximum Raw Points possible for sub-section
 C = Maximum Weighted Score possible for sub-section
 D = Weighted Score received for sub-section

- E. Applicant's weighted scores for sub-sections will be added to determine the Total Score for the Application.

3.2 ACCEPTANCE OF EVALUATION TECHNIQUE

- A. Applicant **must** agree to all evaluation processes and procedures as defined in this solicitation.
- B. The submission of an Application Packet signifies the applicant understands and agrees that subjective judgments will be made during the evaluation and scoring of the responses.