ARKANSAS DEPARTMENT OF HEALTH (ADH)

REQUEST FOR APPLICATION

RFA-13-0008

For

Diabetes Self-Management Education Programs through Community Mobilization Grants (CMG)

Date Issued:

November 19, 2012

Schedule of Events

Event	Date
Request for Application (RFA) Issued	November 19, 2012
Due Date for Letter of Intent	3:00 p.m. November 30, 2012
Due Date for Question from Applicants	3:00 p.m. November 30, 2012
Anticipated date of Addendum with Answers to questions	December 3, 2012
Due Date for Applications to be received by ADH Issuing Officer	3:00 p.m. on December 18, 2012
Anticipated date for completion of application reviews, recipient selection and award notices mailed	December 21, 2012
Anticipated sub-grant start date	January 1, 2013
Expiration for funds received	March 28, 2013

Maximum Funding Level $9,900.00 (per sub-recipient). Approximately $60,000 is available to fund applicants for this program.

Acronyms Used in this RFA

Acronym	Descriptor
AADE	American Association of Diabetes Educators
ACA	Arkansas Code Annotated
ADA	American Diabetes Association
ADH	Arkansas Department of Health
ARRA	American Recovery & Reinvestment Act
CDC	Centers for Disease Control & Prevention
CEO	Chief Executive Officer
CMG	Community Mobilization Grant
CMS	Centers for Medicare and Medicaid Services
DPCP	Diabetes Prevention and Control Program
DPCS	Diabetes Prevention and Control Section
DSME/T	Diabetes Self-Management Education/Training
ERP	Education Recognition Program
HITECH	Health Information Technology for Economic and Clinical Health
HMO	Health Maintenance Organization
NDEP	National Diabetes Education Program
RFA	Request for Applications

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SECTION I: PROGRAM OVERVIEW

A. Introduction

Diabetes is a chronic disease that affects almost 26 million Americans or 8.3% of the U.S. population. In 2010, 18.8 million Americans had been diagnosed with diabetes and it is estimated that there are an additional 7 million Americans with undiagnosed diabetes.[1] Diabetes is the seventh leading cause of death in the United States and is the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the United States.

Arkansas exceeds the national average for the prevalence of diabetes. According to the Arkansas Behavioral Risk Factor Surveillance System, 249,500 (11.25%) Arkansas adults had been told by a healthcare professional that they had diabetes in 2011. Diabetes was the seventh leading cause of death among all Arkansans and the fourth leading cause of death among Arkansans of African descent according to 2010 mortality statistics.[2]

Diabetes represents a significant cost driver for the Arkansas Medicaid Program as evidenced from the following Arkansas statistics representing data from 2008-2010:

- Of the 17,755 reported hospital discharges with a primary diagnosis of diabetes, 3,074 (17.3%) listed Medicaid as the primary source of payment.

- Over $123 million was accrued in Arkansas hospitalization charges for diabetes with $17 million (13.8%) of the charges attributed to Medicaid in 2010.

- There were 1,349 hospital discharges for lower limb amputations among people with diabetes as the primary diagnosis. Medicaid was the primary source of payment on 175 (13%) of these discharges. These amputations resulted in over $24 million in accrued hospitalization charges with Medicaid accounting for $3 million (12.5%) of the charges.

Approximately, 23% of Arkansas' 75 counties have been classified as "red", i.e., 6-10 years less than the County with the highest life expectancy in Arkansas.[3] The majority of these counties are located in the Mississippi Delta Region. These counties are characterized by population with higher proportion of African Americans, lower socio-economic status and poor health outcomes which likely contributes to lower life expectancy.

The Arkansas Diabetes Prevention and Control Section (DPCS) is funded by the Centers for Disease Control and Prevention (CDC) to reduce the burden of diabetes in Arkansas. DPCS is offering grants through a sub-recipient agreement reimbursement process to both non-profit and for-profit community-based entities focusing on community mobilization in conducting community Diabetes Self-Management Education Programs. As of October 2012, there are 40 Diabetes Self-Management Education Programs in 29 counties, recognized by the American Diabetes Association/American Association of Diabetes Educators. The remaining 46 counties do not have recognized DSME/T programs. The DPCS is willing to assist Arkansas counties, without a DSME Program, to establish programs based on the 8th Edition National Standards.

B. Purpose

The purpose of this RFA is to support the creation of Diabetes Self-Management Education Programs through Community Mobilization grants. These grants must be used for the organization of a coordinated community level response to:

- Create community collaborations/partnerships in order to improve access and quality of care for Arkansas residents living with diabetes
- Create, implement, and evaluate interventions that lead to sustainable DSME Programs which help improve the quality of care for Arkansas residents living with diabetes
- Assist persons with diabetes to take charge of their conditions;
- Or assist persons at risk of diabetes to take steps to prevent the onset of diabetes

This can be accomplished through emphasizing public health and community organization, and using all or parts of the Diabetes Today curriculum as a platform upon which to build efforts. The Diabetes Section would encourage community coalitions to consider the specific environment in which they plan to work. For example, applicants would need to consider the cultural nuances of the community, meaning ethnic, linguistic, and socioeconomic diversity, as well as the community's view, as related to the availability of health care services and diabetes care. Moreover, the Diabetes Section encourages all counties that have never received or applied for funding [or haven't received or applied for funding within the last two (2) years] to submit proposals for the 2012-2013 grant year.

C. Benefits of Participation

Benefits community organizations receive from participating in the Diabetes Self-Management Education/Training (DSME/T) include the following:

- Optimize Outcomes for Diabetes Patients- The American Diabetes Association (ADA) recommends that people with diabetes receive diabetes self-management education (DSME/T), as outlined in the national standards for DSME, at the time of their diagnosis and as needed thereafter. And on an on-going basis, it helps them continue a high-quality level of self-care that is essential for optimizing metabolic control, managing complications and having an acceptably high quality of life. By achieving these outcomes, diabetes complications can be avoided and hospitalization and emergency room visits can be reduced thus resulting in significant cost savings.
- Acquire Best Practices- Evidence suggests that DSME/T is most effective when using a skill-based approach that is focused on making informed self-management choices, delivered by a multi-disciplinary team with specialized knowledge in diabetes care management, and following a comprehensive plan of care using educational delivery skills and behavioral and psychosocial strategies.
- Receive Recognition- To promote quality education for diabetes, the American Diabetes Association (ADA) endorses the National Standards for Diabetes Self-Management Education/T. To support this goal, the ADA Education Recognition program (ERP) assesses whether applicants meet the National Standards for Diabetes Self-Management Education. The Standards are designed to be flexible enough to be applicable in any health care setting, from physicians' offices and HMOs to clinics and outpatient settings. The ADA ERP is one of two and the most experienced Centers for Medicare and Medicaid Services (CMS) deemed certifying bodies for Diabetes Self-Management Training.
- Benchmark Performance- Compare performance measure data to other DSME programs participating in the Community Mobilization Grant (in aggregate; a site's individual data is kept private).

- Prepare for Joint Commission Certification- By establishing and sustaining a Recognized DSME program which meets the requirements for continuous quality improvement in the diagnosis, treatment and management of diabetes. A facility will have the opportunity to track the required measures, if needed, to receive the Joint Commission's certification.
- Comply for "Meaningful Use" - The HITECH Act portion of the 2009 American Recovery and Reinvestment Act (ARRA) authorizes incentive payments to hospitals for "Meaningful Use" of health care data. Qualifying for "Meaningful Use" is facilitated by participating in the Community Mobilization Grant.
- Impact Policy Decisions- The Community Mobilization Grant will affect future diabetes care policy decisions.

D. Available Funding

Approximately $60,000 dollars is available to fund these projects. The individual maximum awarded will be $9,900.00. The Diabetes Prevention and Control Section will award funding to comprehensive programs, and capacity-building programs (new applicants). Only one (1) application may be submitted per community collaboration team. A tentative date for the project period to begin will be January 1, 2012. All project activities must be concluded by March 28, 2013.

E. Participation

Applicants who receive grant funding will enter into a sub-grant agreement with the Arkansas Department of Health/Diabetes Prevention and Control Section.

F. Schedule of Events (See Page 2)

Applications must be **received** by the Issuing Officer no later than **3:00 p.m. on December 18, 2012.**

G. Issuing Officer

This RFA is issued by the ADH Issuing Officer. Although communications regarding protests are permitted in accordance with Arkansas Code Annotated (ACA) §19-11-244, from the issue date of this RFA until a successful applicant is selected and announced, applicant shall limit all other communications with any state staff about this or a related procurement to the ADH Issuing Officer. All questions and requests for clarification **(and the letter of intent)** should be addressed to the following Issuing Officer:

Tim Smith, CPPB **(RFA-13-0008)**
Procurement Branch Chief
Arkansas Department of Health
4815 West Markham, Slot 58
Little Rock, Arkansas 72205
Phone: 501-280-4573
Email: timothy.w.smith@arkansas.gov

SECTION II: APPLICANT REQUIREMENTS

A. Eligible Applicants

- Applicants must be an Arkansas public or Arkansas private organization.
- Represent a community collaboration team of at least three separately owned organizations or entities.
- Represent a county without an existing DSME/T Program.

B. Training

In January 2013, applicants identified to receive funds through this announcement will be required to complete a three (3)-hour training. DPCP will facilitate access to National Diabetes Education Program (NDEP) awareness materials, such as Diabetes Today, Best Practices curriculum designed to assist communities in addressing diabetes prevention and education.

C. Contractor Deliverables

- Monthly record and report of activities conducted by the grant recipient and submitted to the DPCS by the 15th of each month (January, February, March, and April).

- Applicants should be DSME Program certification ready by March 28, 2013.

SECTION III: INSTRUCTIONS FOR COMPLETING AN APPLICATION

A. Applicants are required to complete all Appendices including the following:

- ☐ Fill out the application form by completing Appendix 1.

  - Appendix 1 must be completed in its entirety. The authorizing official of the lead agency requesting the funds must sign Appendix 1.
  - The contact person listed must be the person knowledgeable about the application to provide additional information if needed.

- ☐ Fill out the Letter of Intent form by completing Appendix 2.

- ☐ Complete a brief project narrative (describing need and methodology) by filling out Appendix 3.

  Appendix 3 is to be no more than (4) double spaced pages in length.

- ☐ Include an itemized budget with justification by updating the sample budget in Appendix 4 with the estimated budget plan for the applicant. The maximum amount of funding to allocate for budget purposes is $9,900.00

  - Include an itemized budget of estimated costs, including a clear description of items and how they will be used to achieve the project's intended outcomes
  - Allowable items include, but are not limited to, postage, printing, advertising, in-state travel expenses (not related to conferences or the required training), meeting expenses, general office supplies, educational materials, and computer software.
  - Approval will not be granted for categories listed as "other or "miscellaneous" without a justification of the item the purpose.

  Appendix 4 is to be no more than two (2) pages in length.

- ☐ Include a minimum of two (2) signed letters of support from key staff such as a physician champion or Chief Executive Officer (CEO) and insert in Appendix 5.

  Appendix 5 is to be no more than three (3) pages in length [to accommodate up to three (3) letters].

- ☐ Include contact information and resumes of key staff including the project coordinator, fiduciary agent, and others serving in advisory capacity. Insert in Appendix 6.

  Appendix 6 is to be any length.

- ☐ Include completed W-9 form. Insert in Appendix 7.

  Appendix 7 is the W-9 completed and signed.

B. Submission Deadline

Letter of Intent to be received by the ADH Issuing Officer on November 30, 2012 by 3:00 p.m. Applicants may submit the Letter of Intent by email to timothy.w.smith@arkansas.gov

Applications must be received by the Issuing Officer by 3:00 p.m. on December 18, 2012. **Applications received after this date and time will NOT be accepted and will be returned.**

C. Where to Mail or Deliver Applications

Application must be clearly marked on the outside of the package with **RFA-13-0008** and mailed to the following address:

Arkansas Department of Health
Procurement Branch **RFA-13-0008**
Attention: Tim Smith, CPPB
4815 W. Markham St. Slot 58
Little Rock, AR 72205 -3867

For applications to be hand delivered use the following address:

Tim Smith, CPPB
Procurement Branch **RFA-13-0008**
4815 West Markham Street, Room L163
Little Rock, AR 72205

D. Number of Copies and Application Format

Applicants must provide a signed original (marked **ORIGINAL**) and five (5) copies. All pages should be numbered, double spaced, 12 point type, and Times New Roman font.

E. Application Checklist

All applications must be received no later than 3:00 p.m. on December 18, 2012. The following documents are required in order for your application to be considered. Please confirm that all documents are included before sending your application packet:

- ☐ **Appendix 1** - Application form
- ☐ **Appendix 2** – Letter of Intent form
- ☐ **Appendix 3** - Project narrative
  - a) Need
  - b) Methodology
  - c) Collaborative Support
- ☐ **Appendix 4** - Project budget
- ☐ **Appendix 5** - Minimum of two (2) **signed letters** of support/commitment
- ☐ **Appendix 6** - List of support staff for participating in the Community Mobilization Grant; include staff credentials, position and contact information
  - o Indicate the staff team leader
  - o Include resumes for key team members

- ☐ **Appendix 7 – Include a signed W-9 form (**Request for Taxpayer Identification Number and Certification)

SECTION IV: REVIEW OF APPLICATIONS & AWARD NOTIFICATIONS

A. Review for Compliance with RFA Requirements

Applications will be date and time stamped upon receipt, and must be received by the Issuing Officer on or before the deadline. Omission of any required document or form, or failure to respond to any requirement, may lead to rejection of the application prior to the review.

B. Evaluation and Scoring

Each application will be evaluated, and scored, by an evaluation committee using a scale of 0 to 100 total possible points as described in C below.

C. Points Assignments

Criteria	Maximum Points Possible
1. Project Narrative - Need (Appendix 2)	30 Points
2. Project Narrative - Methodology (Appendix 2)	25 Points
3. Project Narrative – Collaborative Support (Appendix 2)	20 Points
4. Budget and Justification (Appendix 3)	25 Points
Total Points Possible	**100 Points**

D. Award Notifications

Award notifications will be processed at a time yet to be announced.

E. Type of Award/Reimbursement

Funds will be distributed through the Arkansas Department of Health sub-recipient agreement process. This is a reimbursement process. Reimbursement requests must be submitted to Department of Health monthly. No funds will be advanced. All project funds must be billed by April 15, 2013.
Allowable funds are funds/expenses that will be reimbursed.

Examples of allowable funds are:

- Content of designed and purchased educational materials
- Print and radio advertising (must be aligned with National Diabetes Education Program materials, educational billboard)
- AADE™ software
- Cost associated with educational sessions
- Other examples are listed on Section III (A) and page 21 under selected resources

There are funds/expenses that will not be reimbursed.

- Approval will not be granted for categories listed “other” or “miscellaneous”.
- Direct services (For example, funds cannot be used to purchase medications or testing supplies
- Indirect cost of organization
- Salary/fringe
- Out of state travel expenses
- Construction/renovation/purchase/improvement of buildings or land
- Membership fees to professional organizations
- Hardware-Computers, flat screen TV’s

Appendix 1: Application Form

Diabetes Prevention and Control Community mobilization Grant Program
FY2012-2013

LEGAL APPLICATION					
Applicant/Community Name					
Address					
City					
State		Zip		County	

PROJECT MANAGER			
Name		Title	
E-mail		Department	
Phone		Fax	
Signature		Date	

PROJECT MANAGER 2			
Name		Title	
E-mail		Department	
Phone		Fax	
Signature		Date	

FIDUCIARY AGENT			
Name		Title	
E-mail		Department	
Phone		Fax	

NAME(S) OF COLLABORATING COMMUNITIES AND/OR BUSINESSES			
Name			
Name			
Name			
Applicant Fiscal Year Start/End Dates:		Amount Requested	
Agent Tax ID #		Project End Date	March 28, 2013
Business Type (please circle one)	Government Agency	Non- Profit	Profit

Authorized Signature (Ink) Title

RFA 13-0008 Letter of Intent
Due Date: November 30, 2012 by 3:00pm

If you intend to apply for funding from the ADH/DPCS to support Diabetes Self-Management Education Programs, please complete and return this form.

Completion does not obligate you to submit an application for funds. It does, however, provide information on the geographical distribution of potential applications

Please submit this form to: Tim Smith, CPPB,

Arkansas Department of Health
Attention: Tim Smith, CPPB -Section Chief Procurement
4815 W. Markham, Slot 58, Little Rock, AR 72205-3867

Or hand-delivered to 4815 West Markham Street, Room L163

Or email to timothy.w.smith@arkansas.gov

Intent to Apply for funding:

Applicant:

Name of Organization: _____

Street Address: _____ City: _____

County: _____ Zip: _____

Contact Person: _____ Title: _____

E-mail Address: _____

Phone #: _____ Fax#: _____

_____
Signature (Individual authorize to legally bind the proposer)

Appendix 3: Project Narrative - Introduction & Need

Contractor Name:_____

As part of your application, please provide the following information relating to need below on the space required (you can add more lines if more room is needed to answer each of the questions):

(1) A brief description of the applicant agency and the partners comprising the community coalition

(2) Identify specific challenges your application proposes to improve.

(3) Include a detailed description of how project will be carried out with goals/objectives (please make your objectives SMART (specific, measurable, attainable, realistic and time-bound).

(4) Provide a logical process documenting achievement of objectives and success of project.

Appendix 4: Project Budget

Contractors Name: _____

As part of your applications, please update the following *Sample budget* with the correct information for your facility. The total amount of the budget must be less than $9,900.00.

Activity	Justification	Amount Requested
Software: (Mandatory)	The AADE7™ System:	$600.00
AADE 7™ System, a robust online software package for diabetes educators	Collects and tracks patients' behavior changes goals, clinical indicator and medications. Administers online patient self assessments and follow-up. Tracks information and generate reports on educational services provided.	
Educational Materials and Meeting Expenses		
Diabetes Education Curriculum: Guiding the Patient	The curriculum supports diabetes educators in their efforts to help people with diabetes and related conditions learn to make daily decisions about self -care that have a positive impact on their clinical outcomes and overall healthy status.	$110.00
Pamphlets	Assorted educational material to include Living with Diabetes and Exercise and Stress. 500 @ $1.00 =$500.00	$500.00
DSME Activities will include 1 individual assessment, 8 group sessions, and 1 progress toward goal/follow up session each one hour in length.	Assessment will be charged at the Medicare allowable rate of $95.00 for individual sessions and $29.00 per group session. $95.00 x 1 x 20= $1,900.00 $29.00 x 9 x 20 =$5,220.00	$7,120.00
Meeting room expenses	Room Rental 8 x $50.00	$400.00
Supplies		
Paper, pens, postage, binders and other miscellaneous supplies	3 months @ $25.00 = $150.00	$75.00

Promotional Items:		
Will serve as participation incentives for clients and staff	T- shirts20 x $10.00= $200.00	$200.00
	Totes 30 x $15.00 = $360.00	$360.00
Travel: In-state travel only allowed. Per diem should be used when possible. (please see link below)		
To attend the Diabetes Today training in Little Rock for Diabetes Educators	Registration Fee: 1 x $100.00 = $100.00	$100.00
	Mileage: 200 x .42 = $84.00	$84.00
	Hotel Expenses: 2 x 120.00= $240.00	$240.00
	Meals: 2 days x $40.00 = $80.00	$80.00
Total Budget Requested		$9,869.00

http://www.gsa.gov/portal/category/21287

Appendix 5: Support Letters

Contractor Name:_____

As part of your application, please include the two (2) letters described below:

In this section, include at least two (2) signed letters of support from your leadership describing their level of support for the Community Mobilization Grant.

Appendix 6: Support Staff

Contractor Name:_____

As part of your application, please include the information requested below:

In this section, list support staff for participating in the Community Mobilization Grant; include staff credentials, position and contact information

- *Indicate the staff team leader*
- *Include resumes for your key team members*

Appendix 7: W-9 Form

Contractor Name:_____

As part of your application include a current signed W-9 form.

Selected Resources:

American Association of Diabetes Educators Diabetes Education Accreditation Program—
http://www.diabeteseducator.org/ProfessionalResources/accred/Application.html

American Diabetes Association Education Recognition Programs—
http://professional.diabetes.org/Recognition.aspx?typ=15&cid=84040

Healthy People 2020—
http://www.healthypeople.gov/2020/default.aspx

Learning About Diabetes (low health literacy patient education)—
http://www.learningaboutdiabetes.org/

National Certification Board for Diabetes Educators (not required for DSME/T programs, but something to work toward)—
http://www.ncbde.org/

Power Point Presentation about Requirements for Seeking Recognition—
http://www.healthy.arkansas.gov/programsServices/chronicDisease/diabetesPreventionControl/Documents/powerPoint/powerpointPresentations/player.html

Additional:

- Consider commercially available supplemental DVDs (not required, but might be helpful, especially for single discipline site).
- Consider food models for patient teaching.
- Consider creative methods to deliver education, such as a “grocery store tour” session for grocery shopping and label reading. Could be real or virtual.
- Consider obtaining examples of glucose tablets, medical alert bracelets, ketone testing strips, etc. to show in class.
- Consider appropriateness of food choices if providing snacks (could be an excellent teaching opportunity).

Example Curriculum Plan:

Diabetes Self-Management Program Curriculum

The following topics are usually covered in sequence and then repeated. Sessions can be changed based on circumstances.

When: **Monday afternoons, from 3:30 PM – 4:30 PM**

Where: **Conference Room**
The session on "Food Choices" will be held at local grocery store at usual time.

Who: **Any person enrolled in program. "Support person" may attend with participant.**

CURRICULUM CONTENT AREA	DATE
1. Individualized Assessment (Interview) and Behavioral Goal Setting	Individual
2. Nutrition: Basics	9/17/12
3. Nutrition - "Exchange Diets"	9/24/12
4. Diabetes Overview, Medications, Monitoring and Results	10/01/12
5. Benefits, risks, and management options for improving glucose control/Prevention, detection, and treatment of acute & chronic complications	10/08/12
6. Nutrition - "Healthy Heart"	10/15/12
7. Nutrition: Food Choices – Trip to Grocery Store	10/22/12
8. Stress and Psychosocial Adjustment, Behavior Change Strategies, Community Resources	10/29/12
9. Exercise and Activity and Foot, Skin, and Dental Care/Relationships among nutrition, exercise, medication, and blood glucose levels	11/05/12
10. Hands-on Workshop for assessment of: **Progress Toward Goals** and goal setting for active participants. **Follow-up** for participants who have completed sessions includes: health status, knowledge, skills, attitudes, goal(s) achievement, and current self-care behaviors. Note: This class may be attended twice: Once while attending group sessions, and again approx. 3 months after completion of group sessions, <u>or</u> a telephone follow-up will be conducted. (Up to 10 hours will be billed, even if classes are repeated.)	11/12/12

Note: The nine content areas that must be covered in any curriculum, as taken from the National Standards for Diabetes Self-Management and Support (Haas et al., 2012, p. 623) in Standard 6, follow:

- ***Describing the diabetes disease process and treatment options*** (Class 4)
- ***Incorporating nutritional management into lifestyle*** (Classes 2, 3, 6, &7)
- ***Incorporating physical activity into lifestyle*** (Class 9)
- ***Using medication safely and for maximum therapeutic effectiveness*** (Class 4)
- ***Monitoring blood glucose and other parameters and interpreting and using the results for self-management decision making*** (Class 4)
- ***Preventing, detecting, and treating acute complications*** (Class 5)
- ***Preventing, detecting, and treating chronic complications*** (Class 5)
- ***Developing personal strategies to address psychosocial issues and concerns*** (Class 8)
- ***Developing personal strategies to promote health and behavior change*** (Classes 8 and 10) [4]

REFERENCES

[1] Center for Disease Control & Prevention. (2011). National diabetes fact sheet: national estimates and general information on diabetes and pre-diabetes in the United Sates, 2011. Atlanta, GA: U.S. Department of Health and Human Services.

[2] Centers for Disease Control & Prevention. (2012). WISQARS Leading Causes of Death Report, 1999-2009, for National, Regional, and States (Restricted). Retrieved February 14, 2012 from http://webappa.cdc.gov/cgi-bin/broker.exe.

[3] Red County Life Expectancy Profile. (2012). The Arkansas Department of Health- Office of Minority Health & Disparities in conjunction with the Arkansas Minority Health Commission in accordance to Act 790 and Act 798 of 2011.

[4] Haas, L., Maryniuk, M., Beck, J., Cox, C., Duker, P., Edwards, L., & Youssef, G. (2012). National standards for diabetes self-management education and support. The Diabetes Educator, 38: 619-629.