



**STATE OF ARKANSAS**

**ARKANSAS DEPARTMENT OF HEALTH (ADH)**

**REQUEST FOR APPLICATION**

**RFA-14-001**

**For**

**Arkansas Stroke Registry (ASR)  
Returning Applicants or  
New Applicants**

**Date Issued:**

June 20,  
2013

## A. Schedule of Events

Event	Date
Request for Application (RFA) Issued	RFA Issue Date: June 20, 2013 <i>Note: Applications will be accepted between June 20 2013 and July 17, 2013</i>
Voluntary RFA Q & A Conference Call for potential applicants	Monday, July 1, 2013, at 10:30 am CST Call in number: (877)336-1828 Participant code: 3293197
RFA applications to be received via hard copy by the ADH Issuing Officer	Final Closing Date: July 17, 2013, by 3:00 p.m. CST
Completion of application reviews, recipient selection and award notices mailed	Anticipated Award Date: July 31, 2013

## B. Purpose and Description

The purpose of this Request for Application (RFA) is to recruit and encourage ongoing participation in the American Heart Association's *Get With The Guidelines*®-Stroke Patient Management Tool (GWTG-SPMT). The GWTG-SPMT enables participation in the Arkansas Stroke Registry (ASR), which is a CDC Paul Coverdell National Acute Stroke Registry program by allowing for stroke patient data to be collected and analyzed. This RFA allows an applicant to select from one of two funding options described in the table below:

Options	A- Critical-Access Hospital (CAH)	B- Non Critical-Access Hospital (Non-CAH)
1	GWTG-SPMT License \$744* ONLY	GWTG-SPMT License \$1,899 ONLY
2	2013 GWTG-SPMT License \$744* + Flexible spending monies** (Refer Appendix 4) up to a maximum of \$7,500	2013 GWTG-SPMT License \$1,899 + Flexible spending monies** (Refer Appendix 4) up to a maximum of \$7,500

\*Outcome Sciences offers CAHs a reduced price.

\*\*Flexible spending categories for stroke care only include (a) data abstraction and transmission, (b) stroke awareness and community education materials, (c) healthcare and EMS professionals' development, (d) laptop/netbook for data collection and analysis, and (e) durable medical equipment (DME).

Under the stipulations of this state-funded RFA for ASR participants involved with stroke care the above entities imply:

- (a) **Data abstraction and transmission:** Contract with a vendor to perform data abstraction and transmission to Outcome Sciences.
- (b) **Stroke awareness and community education materials:** Materials such as stroke awareness brochures and stroke awareness documentary videos.

- (c) **Healthcare and EMS professionals' development:** Conduct or attend conferences, training sessions, seminars, and in-state travel and food only for event participants.
- (d) **Laptop/netbook for data collection and analysis:** Provide 1 laptop/netbook for GWTG stroke data collection, analysis and performance reports for only those applicants who have not previously received a laptop/netbook as a beneficiary of the ASR sub-grant.
- (e) **Durable medical equipment (DME):** Not to exceed \$3,000 for DME such as special built-in weight scale beds for non-ambulatory acute stroke patients and those at risk of stroke.

The ADH notifies applicants of the sub-grant award. Upon receipt of the sub-grant award, **new and returning applicants** are required to sign their ADH Sub-Grant Agreement within 30 days of sub-grant notification.

Hospitals that apply as **returning applicants** and are on GWTG-SPMT license billing cycles:

- 1) July 2012-June 2013 will receive reimbursement for their new license from July 2013-June 2014. The duration of the license is for 12 months from July 2013-June 2014. The ADH will need to receive all invoices for expenditures incurred under sub-grant conditions by June 13, 2014, to allow for ADH internal administrative processes to reimburse costs by June 30, 2014, as stated in the sub-grant.
- 2) January 2013-December 2013 will receive reimbursement for their new license from January 2014-June 2014. The duration of the license is for 12 months from January 2014-December 2014. The ADH will need to receive all invoices for expenditures incurred under sub-grant conditions by June 13, 2014, to allow for ADH internal administrative processes to reimburse costs by June 30, 2014, as stated in the sub-grant.

Hospitals that apply as **new applicants** will be placed on July 2013-June 2014 GWTG-SPMT license billing cycles. The duration of the license is for 12 months from July 2013-June 2014. The ADH will need to receive all invoices for expenditures incurred under sub-grant conditions by June 13, 2014, to allow for ADH internal administrative processes to reimburse costs by June 30, 2014, as stated in the sub-grant.

Both **new and returning applicants** applying for Option 2 of the sub-grant will need to submit invoices for Categories I-V in Appendix 4 expensed to the ADH Chronic Disease Budget Coordinator by June 13, 2014, to allow for ADH internal administrative processes to reimburse costs by June 30, 2014, as stated in the sub-grant.

## C. Benefits of Participation

Benefits hospitals receive from participating in the ASR include the following:

- **Optimization of stroke patient care** by tracking and improving key performance measures over time.
- **Comparison benchmarks** for performance measures with other hospitals based on low, medium, and high stroke volumes.
- **Access to real-time stroke patient data** for participating hospitals to support quality improvement initiatives.
- **Technical assistance** and data abstraction support either through external CMS vendor or the ADH.
- **Quality improvement support** provided by ADH stroke registry nursing staff.
- **Value-oriented workshop training** by stroke experts to maximize patient care.
- **Use of new evidence-based best practices** for optimal stroke care.
- **Eligibility for national recognition** and quality awards for stroke care from the American Heart Association.
- **Preparation for Joint Commission Certification** by active participation in a Joint Commission recognized stroke registry.
- **Improved documentation of stroke patient care** to minimize medical errors.

## D. ASR Sub-grantee Requirements

Once an applicant is awarded funding, that applicant is considered an ASR “sub-grantee hospital.” The ASR is a CDC Paul Coverdell National Acute Stroke Registry (PCNASR) program and provides assistance to hospitals to monitor stroke events and optimize stroke care. The ASR requires an authorized Coverdell Participating Hospital Agreement be in place between Outcome Sciences, Inc. and ASR sub-grantees. The ASR sub-grantee is to ensure the following activities are completed during their grantee period of the ASR sub-grant:

1. Designate a stroke care leader i.e. physician/nurse/coordinator to be the point of contact for the ADH-ASR to lead program efforts.
2. Abstract and enter 100% of stroke patient data within three (3) months following the patient’s discharge date into the ADH-ASR database according to Outcome’s coding instructions for inclusion/exclusion criteria.
3. Ensure that each stroke discharge record is saved as a complete Coverdell form.
4. Ensure that 5 stroke discharge records are re-abstracted for every program year either according to Joint Commission requirements for Primary Stroke Centers, or ASR guidelines. Sub-grantee hospitals that administer tissue plasminogen activator (tPA) need to abstract at least one tPA patient discharge record in the sample.
5. Provide at least one representative to participate in conference calls and workshops presented by the ADH.

## E. 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 should be addressed to the following Issuing Officer:

Tim Smith, CPPB (**#RFA-14-0001**)  
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

## F. Eligibility Requirements

This RFA applies only to applicants who are members of the Arkansas Hospital Association and treat stroke patients residing in Arkansas.

## G. Applicants are required to complete:

Option 1: Appendices 1-4<sup>§</sup>

Option 2: Appendices 1-4<sup>§</sup>

*<sup>§</sup>Note: Each Appendix is to be no more than one (1) page in length.  
The two required letters of support may be of any length.*

## H. Where to Mail or Deliver Applications:

Application must be clearly marked on the outside of the package with **RFA-14-0001** and mailed to the following address and received prior to 3pm on July 17th:

Arkansas Department of Health (**RFA-14-0001**)  
Procurement Branch  
Attention: Tim Smith, CPPB  
4815 W. Markham St. Slot 58  
Little Rock, AR 72205 -3867

For applications to be hand delivered prior to 3pm on July 17, use the following address:

Tim Smith, CPPB (**RFA-14-0001**)  
Procurement Branch  
4815 West Markham Street, Room L163  
Little Rock, AR 72205

**I. Number of Copies and Application Format**

Applicants must provide an ink-signed original. No copies are required.

**J. 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 according to the point scale below:

<b><u>Option 1</u> Criteria</b>	<b>Maximum Points Possible</b>
1. Application Form (Appendix 1)	25 Points
2. Need, Utilization and Sustainability (Appendix 2)	40 Points
3. Support Letters and Support Staff (Appendix 3)	25 Points
3. Project Budget (Appendix 4)	10 Points
<b>Total Points Possible</b>	<b>100 Points</b>

<b><u>Option 2</u> Criteria</b>	<b>Maximum Points Possible</b>
1. Application Form (Appendix 1)	25 Points
2. Need, Utilization and Sustainability (Appendix 2)	25 Points
3. Support Letters and Support Staff (Appendix 3)	25 Points
4. Project Budget (Appendix 4)	25 Points
<b>Total Points Possible</b>	<b>100 Points</b>

**K. Type of Award/Reimbursement**

Applicant funding awards are open and competitive. Once awarded, funds will be distributed through the sub-grant process at the Arkansas Department of Health. This is a reimbursement process. No funds will be advanced. Reimbursable expenditures will be reimbursed as long as expenditures follow the budget guidelines that were submitted in the grant application.

**L. Funding Level**

Note the maximum funding limit per sub-grantee for Option 1 is \$1,899 and for Option 2 is \$7,500. A total amount of approximately \$160,000 is available to fund applicants for this program.

**Appendix 1: Application Form RFA-14-0001**

LEGAL APPLICATION					
Name of Hospital					
Address					
City					
State		Zip		County	

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

FIDUCIARY AGENT								
Name				Title				
E-mail				Department				
Phone				Fax				
Signature						Date		

- a. Please select the best option:
  - i. Option 1 GWTG-SPMT license reimbursement only.  
Total amount of request \$ \_\_\_\_\_ or
  - ii. Option 2 GWTG-SPMT license reimbursement plus additional funding.  
Total amount of request \$ \_\_\_\_\_
- b. Are you a critical access site? Circle **Yes** or **No**
- c. What is your site's tax ID number? \_\_\_\_\_
- d. What is your site's business type? Circle **Governmental Agency** or **Non-Profit** or **Profit**
- e. What is your site's fiscal year start date? \_\_\_\_\_
- f. What is your site's fiscal year end date? \_\_\_\_\_
- g. What is your site's estimated number of ischemic stroke cases the last 12 months? \_\_\_\_\_

\_\_\_\_\_

Authorized Signature (Ink)

\_\_\_\_\_

Title

## Appendix 2: Need, Utilization and Sustainability

Sub-grantee Name: \_\_\_\_\_

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

(1) Explain why you need funding for participation in the ASR. Need is supported by data (i.e. availability of staff to perform data abstraction) and budget constraints.

(2) Describe how the data captured by your hospital in the GWTG-SPMT will be utilized to optimize stroke patient care and outcomes?

(3) Explain your plan to sustain participation in the ASR in future years.

### **Appendix 3: Support Letters and Support Staff**

**As part of your application, please provide the information requested as follows:**

(1) In this section, include at least two (2) signed letters of support from your leadership describing their level of support for the Arkansas Stroke Registry.

(2) List support staff for participating in the Arkansas Stroke Registry, and indicate team leader.

## Appendix 4: Project Budget

Sub-grantee Name: \_\_\_\_\_

**Option 1 Applicants** are to only complete the table on page 10 to fulfill the requirements of Appendix 4.

**Option 2 Applicants** are to review SAMPLE budget in the table below and complete the ACTUAL budget on page 11 to fulfill the requirements of Appendix 4. Note that the only REQUIRED item for inclusion in the proposed budget is the software license for the GWTG-SPMT. Any other item is OPTIONAL and may be customized based on specific needs. The total amount of the budget is not to exceed \$7,500.

### SAMPLE BUDGET

Option 2 Spending Categories	A- Critical-Access Hospital (CAH)	B- Non Critical-Access Hospital (Non-CAH)	Example Justification	Example Amount Requested
REQUIRED CATEGORY				
GWTG Stroke Patient Management Tool License	<input checked="" type="checkbox"/> 2013 GWTG-SMPT License \$744*	<input type="checkbox"/> 2013 GWTG-SPMT License \$1,899	Required software for collecting and analyzing patient data for the Arkansas Stroke Registry	\$744
OPTIONAL CATEGORIES				
I.	<input checked="" type="checkbox"/> Data abstraction and transmission	<input type="checkbox"/> Data abstraction and transmission	Hire 3rd party contractor to assist with data entry by abstracting and entering 20 stroke patient records throughout the year @ \$43 per record = \$860  Pay external vendor to submit stroke data from the GWTG-SPMT directly to CMS to fulfill requirements for core measure reporting = \$1,500	\$2,360
II.	<input checked="" type="checkbox"/> Stroke awareness and community education materials	<input type="checkbox"/> Stroke awareness and community education materials	1. AHA/ASA Stroke awareness brochures x 200 @ \$3 per brochure = \$600 2. AHA/ASA Stroke awareness video x 8 @ \$25 per video = \$200	\$800
III.	<input checked="" type="checkbox"/> Healthcare and EMS professionals' development	<input type="checkbox"/> Healthcare and EMS professionals' development	Travel onsite to 2 hospitals to conduct Advanced Stroke Life Support Training® program @ \$150 per hospital visit = \$300	\$300
IV.	<input checked="" type="checkbox"/> Laptop/netbook for data collection and analysis	<input type="checkbox"/> Laptop/netbook for data collection and analysis	1 laptop required for staff to input required stroke patient records into the GWTG-SPMT	\$650
V.	<input checked="" type="checkbox"/> Durable medical equipment (DME)	<input type="checkbox"/> Durable medical equipment (DME)	Obtain bed with built-in scale to reduce door-to-needle time for stroke patients	\$2,100
Total Requested				\$6,954

**ACTUAL BUDGET - Option 1 Applicants**

Applicants are to check the applicable spending category box in the table below and provide amount requested:

Option 1 Spending Categories	A- Critical-Access Hospital (CAH)	B- Non Critical-Access Hospital (Non-CAH)	Justification	Amount Requested
REQUIRED CATEGORY				
GWTG Stroke Patient Management Tool License	<input type="checkbox"/> 2013 GWTG-SMPT License \$744*	<input type="checkbox"/> 2013 GWTG-SPMT License \$1,899	Required software for collecting and analyzing patient data for the Arkansas Stroke Registry	\$

## ACTUAL BUDGET – Option 2 Applicants

Applicants are to check the applicable spending category boxes in the table below and provide justification, amount requested, and total requested.

Option 2 Spending Categories	A- Critical-Access Hospital (CAH)	B- Non Critical-Access Hospital (Non-CAH)	Justification	Amount Requested
REQUIRED CATEGORY				
GWTG Stroke Patient Management Tool License	<input type="checkbox"/> 2013 GWTG-SMPT License \$744*	<input type="checkbox"/> 2013 GWTG-SPMT License \$1,899	Required software for collecting and analyzing patient data for the Arkansas Stroke Registry	\$
OPTIONAL CATEGORIES				
I.	<input type="checkbox"/> Data abstraction and transmission	<input type="checkbox"/> Data abstraction and transmission		\$
II.	<input type="checkbox"/> Stroke awareness and community education materials	<input type="checkbox"/> Stroke awareness and community education materials		\$
III.	<input type="checkbox"/> Healthcare and EMS professionals' development	<input type="checkbox"/> Healthcare and EMS professionals' development		\$
IV.	<input type="checkbox"/> Laptop/netbook for data collection and analysis	<input type="checkbox"/> Laptop/netbook for data collection and analysis		\$
V.	<input type="checkbox"/> Durable medical equipment (DME)	<input type="checkbox"/> Durable medical equipment (DME)		\$
Total Requested				\$