STATE OF WYOMING

DEPARTMENT OF HEALTH

PUBLIC HEALTH DIVISION

 CHRONIC DISEASE PREVENTION PROGRAM

122 WEST 25th STREET, 3rd FLOOR WEST

CHEYENNE, WY 82002

REQUEST FOR APPLICATION

NO. CDPP12

**CARDIOVASCULAR DISEASE PREVENTION**

**REGIONAL COORDINATOR**

OPENING DATE

August 26, 2020

APPLICATION SUBMISSION CLOSING DATE

September 28, 2020

11:59 PM (MST)

DEPARTMENT OF HEALTH REPRESENTATIVE: AMBER SMITH

TELEPHONE NO.: (307) 777-6011

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# FUNDING OPPORTUNITY OVERVIEW

1. DESCRIPTION:

The Wyoming Department of Health (WDH) Chronic Disease Prevention Program (CDPP) is accepting applications for two Cardiovascular Disease Prevention Regional Coordinators to implement and expand evidence-based strategies that address hypertension and cholesterol management that will improve health outcomes at a regional level. The selected applicants will support the implementation of self-measured blood pressure (SMBP) in the clinical setting, promote team-based care for patients with high blood pressure and high blood cholesterol and link community resources and clinical services that support systematic referrals, self-management, and lifestyle change for patients with high blood pressure and high blood cholesterol.

1. RATIONALE:

Cardiovascular disease (CVD) is the leading cause of death in the nation, causing about one in four American deaths1. Treatment of this disease accounts for one in every six US health dollars spent. The two main reasons people have CVD are hypertension and high blood cholesterol, which are common, deadly, and preventable2.

Hypertension is a primary risk factor for CVD and is an independent risk factor for coronary artery disease, congestive heart failure, chronic kidney disease, and stroke3. Given the prevalence and consequences of hypertension, achieving blood pressure control has become a central goal of numerous public health programs, including the CDC led and evidence based Million Hearts Initiative3. While control of hypertension has been increasing due to individual and system-level improvements, less than half of those diagnosed with hypertension are controlled. An essential component of hypertension management is the use of SMBP, also commonly referred to as home blood pressure monitoring. Strong scientific evidence shows that SMBP plus clinical support helps people with hypertension lower their blood pressureby improving access to quality care and making blood pressure control more convenient and accessible across the population4. Clinical support includes regular one-on-one counseling, web-based or telephonic support tools, and educational classes that can be done by a physician or non physician champion such as nurses, nurse practitioners, pharmacists, nutritionists, physical therapists and social workers.

High blood cholesterol is another primary risk factor for CVD. While several modifiable health behaviors can lower cholesterol, standardized, evidence-based protocols and improvements across health systems are needed to close the gap in treatment across the population. Health system interventions may include the use of team-based care, electronic health record (EHR) alignment with national guidelines, improved medication adherence, and interventions supporting better continuity of care across healthcare settings so no opportunities are missed to achieve control.

References:

1. Murphy SL, Xu J, Kochanek KD, Arias E. [Mortality in the United States, 2017](https://www.cdc.gov/nchs/products/databriefs/db328.htm). NCHS data brief, no 328. Hyattsville, MD: National Center for Health Statistics; 2018.
2. High Blood Pressure and Cholesterol. (2011, February 01). Retrieved July 22, 2020, from https://www.cdc.gov/vitalsigns/cardiovasculardisease/index.html
3. Liyanage-Don N, Fung D, Phillips E, Kronish IM. Implementing Home Blood Pressure Monitoring into Clinical Practice. Curr Hypertens Rep. 2019;21(2):14. Published 2019 Feb 12. doi:10.1007/s11906-019-0916-0
4. Self-Measured Blood Pressure Monitoring. (2020, May 08). Retrieved July 21, 2020, from https://millionhearts.hhs.gov/tools-protocols/smbp.html

Priority Strategies (required, additional strategies may be proposed)

1. Promote the adoption of evidence-based quality measurement at the provider level (e.g., use dashboard measures to monitor healthcare disparities and implement activities to eliminate healthcare disparities).
2. Support engagement of non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings.
3. Facilitate use of SMBP with clinical support among adults with hypertension.
4. Implement systems to facilitate systematic referral of adults with hypertension and/or high blood cholesterol to community programs/resources.

Activities (required, additional activities may be proposed)

1. Identify existing and new practices in your regions to be recruited for hypertension and cholesterol evidenced based interventions. Target practices are defined as follows:
	* 1. Any practice serving racial, ethnic or lower socio-economic disparate populations.
		2. Practices who manage a higher volume of patients with the greatest cardiovascular and or diabetes health needs.
		3. Practices most challenged to succeed in the use of electronic health records for managing patient health.
		4. Practices most challenged to report national quality forum measures.
2. Support engagement of non-physician team-based members for hypertension and high cholesterol management by assisting clinic leadership and staff to:
	* 1. Organize multi-disciplinary teams.
		2. Determine team roles and structure.
		3. Develop workflows to help in communication and purpose of the organization.
		4. Develop clinical decision guidelines for referring to and providing care management among health care team members.
3. Implement cholesterol care teams to utilize evidence based protocols to identify patients who are receiving statin therapy and may benefit from extended team support.
4. Ensure each non physician champion has passed an accurate blood pressure measurement training course through the American Heart Association (AHA) or a CDPP approved entity before SMBP implementation.
5. Provide technical assistance to healthcare providers to ensure best practices for treatment of patients through initiatives and programs including but not limited to:
	* 1. Million Hearts SMBP
		2. Target: BP™
		3. Check. Change. Control. CHOLESTEROL™
6. Work with high needs clinics in your regions to implement SMBP programs tied with clinical support through direct training, targeted technical assistance (TA), pilot projects and offering monitors at cost or through a lending program.
7. Conduct webinars and in-person sessions to educate leadership and staff from health care clinics regarding the steps involved in establishing protocols for SMBP with clinical support for hypertensive patients.
8. Provide clinic staff information on the benefits of Collaborative Practice Agreements (CPA) between physicians and pharmacists for providing comprehensive care for patients with hypertension and high blood cholesterol.
9. Encourage participation in the Million Hearts Hypertension Control Challenge for increased focus on hypertension control among patients.

Performance Measures (required, additional measures may be proposed)

1. Number and percentage of patients in health care systems implementing new or enhanced team-based approaches or policies to address blood pressure control.
2. Number and percentage of patients in health care systems implementing new or enhanced team-based approaches or policies to address cholesterol management.
3. Number and percentage of patients within health care systems that have policies or systems to encourage self-measured blood pressure monitoring with clinical support for patients with hypertension.
4. OBJECTIVE:

The objective of this grant is to increase reporting, monitoring and tracking of clinical data for improved identification, management and treatment of patients with high blood pressure and cholesterol by improving healthcare clinic participation in team based care and SMBP programs across the state, including areas where hypertension prevalence is high.

1. ELIGIBLE APPLICANTS:

The CDPP is seeking applications from Wyoming organizations that are in good standing with the Wyoming Secretary of State and registered on SAM.gov. Any funded applicant must have a fiscal agent through which grant funds can be allocated. Awardee may serve as their own fiscal agent. Awardees will be held responsible for the performance of the contract. Awardees must report to the CDPP.

1. REGIONS AND FUNDING LIMITS:

The four (4) regions are separated into two (2) blocks that are outlined in the following table. Organizations should identify which block region they are applying for within both the proposed project plan and proposed work plan portions of the application. Organizations applying for multiple block regions must have staff physically located within each block. Awarded applicants will be required to dedicate 40 hours per week to the grant. Separate applications must be submitted for each block region.

|  |  |  |
| --- | --- | --- |
| **Region** | **Counties** | **Maximum 18 Month Funding** |
| III & IV | Campbell, Crook, Johnson, Sheridan, Weston, Big Horn, Fremont, Hot Springs, Park, Washakie | $136,401.30 |
| V & VI | Lincoln, Sublette, Sweetwater, Teton, Uinta, Wind River Indian Reservation | $136,401.30 |

Total funding available for this RFA is one hundred and thirty six thousand four hundred and one dollars and thirty cents ($136,401.30) per block region. Funding will be awarded to two applicants or one applicant who can serve both block regions. Applicants are not guaranteed maximum amount of funding and prospective recipients are expected to submit a budget that is appropriate for the project plan and scope.

1. RFA APPLICATION DETAILS:

Applications will be accepted through September 28 2020 at 11:59 PM Mountain Standard Time. Only completed applications will be accepted. Requests for deadline extensions will not be considered.

QUESTIONS:

Applicants will be allowed the opportunity to email questions regarding this funding opportunity through September 21, 2020. All questions should be submitted to Amber Smith, Chronic Disease Prevention Specialist, at amber.smith@wyo.gov. Answers to all questions will be posted publically on the CDPP website. Please include “RFA: Question” in the email subject line.

OPTIONAL APPLICANT CALL:

Applicants will have the option to participate in an optional applicant call. The call will take place on September 21, 2020 from 12:00 PM to 1:00 PM. Register in advance for this meeting:

[https://us02web.zoom.us/meeting/register/tZ0rdeihpjMoH9yCC4IKSSeYutgRWOa3tNX6](https://us02web.zoom.us/meeting/register/tZ0rdeihpjMoH9yCC4IKSSeYutgRWOa3tNX6%22%20%5Ct%20%22_blank)

After registering, you will receive a confirmation email containing information about joining the call.

SUBMITTING COMPLETED APPLICATION:

Applicants should submit a completed application via email to Amber Smith, Chronic Disease Prevention Specialist, at amber.smith@wyo.gov. Please submit a single PDF document and include “RFA: Application Submission” in the email subject line. Applications must be submitted by September 28, 2020 at 11:59 PM Mountain Standard Time.

Following submission, applicants will receive a confirmation email verifying receipt of the application within 2 business days.

NOTIFICATION OF AWARD OR NONAWARD:

Applicant will receive written notice by October 12, 2020 as to whether his/her application has been approved to be funded wholly, in part, or not funded. Selected applicants will begin the contract process with the CDPP. All funded activities must be completed within the term of the contract.

1. TERM OF CONTRACT:

The anticipated contract term for the Cardiovascular Disease Coordinator position is January 1, 2021 through June 30, 2022. **Awardee will be required to expend grant funds by June 30, 2022.** There may be an opportunity for renewal of funding.

1. NON-APPROVED USE OF FUNDS:

The CDPP will not be able to fund programs that are not part of a strategic plan that addresses the objectives of this grant. Below is a list of examples of activities and other items that are not allowable under the grant. This list is not all inclusive and all programmatic activities must be approved by the CDPP.

* 1. One time activities or event that are not considered evidence based, such as assemblies, speakers, “fun runs,” health fairs etc.
	2. Programs funded through other sources; supplanting funds.
	3. Direct service to clients/constituents, e.g., medical nutrition therapy sessions with a dietitian.
	4. Provision of professional development by unqualified individuals or use of programs that do not have a strong evidence base e.g., promoting a specific dietary supplement or for-profit exercise program. Programmatic activities must be approved by the grantor. Please see “resources” section below for examples of evidence-based programmatic activities.
	5. Capital construction projects or purchase of building or other long-term funds.
	6. Purchase of durable medical supplies, e.g. blood pressure cuffs.
	7. Purchase of computers, other technological devices (e.g., iPad), or office equipment other than standard consumable supplies.
	8. Payment of expenses for lobbying.
	9. Gifts, prizes, or other compensations for trainees or participants.

RESOURCES:

The following web links provide some resources that may be helpful:

 “Million Hearts Hypertension Control Change Package”

<https://millionhearts.hhs.gov/tools-protocols/action-guides/htn-change-package/index.html>.

“Engaging Patients in Self Measurement”

<https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/about-ama/iho-bp-engaging-patients-in-self-measurment_0.pdf>

“SMBP: Action Steps for Clinicians”

<https://millionhearts.hhs.gov/files/MH_SMBP_Clinicians.pdf>

“Target BP”

<https://targetbp.org>

“Million Hearts Cholesterol Management”

<https://millionhearts.hhs.gov/tools-protocols/tools/cholesterol-management.html>

1. TIMELINE:

**August 26, 2020**  RFA opens

**September 21, 2020** Optional Applicant Call, 12:00 PM – 1:00 PM

**September 21, 2020** Last day to submit questions

**September 28, 2020** Applications Due by 11:59 PM (MST)

**October 12, 2020** Applicants notified in writing of acceptance/rejection

**January 1, 2021** Estimated start of contract

1. RESERVED RIGHTS:

The CDPP reserves the right to:

10.1 Reject any or all applications received in response to this RFA;

10.2 Not make an award to any applicant who is not in good standing at the time a contract is awarded;

10.3 Withdraw the RFA at any time, at the agency’s sole discretion;

10.4 Make an award under this RFA in whole or in part;

10.5 Negotiate with the successful applicant within the scope of the RFA in the best interests of the State;

10.6 Disqualify any applicant whose conduct and/or application fails to conform to the requirements of this RFA;

10.7 Seek clarifications and revisions of applications;

10.8 Use historic information obtained through site visits, business relationships, and the State’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFA;

10.9 Amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;

10.10 Change any of the scheduled dates;

10.11 Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants;

10.12 Waive any requirement that is not material;

10.13 Conduct contract negotiations with the next responsible applicant, should the CDPP be unsuccessful in negotiating with the selected proposer;

10.14 Utilize any and all ideas submitted in the applications received;

10.15 Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an application and/or to determine an applicant’s compliance with the requirements of the solicitation; and

10.16 Cancel or modify contracts due to the insufficiency of appropriations.

1. APPLICATION REVIEW PROCESS:

Applicants will be evaluated based upon the weighted evaluation factors described in Appendix A. A group of reviewers will be established to evaluate all completed applications and make recommendations based upon final scores. The CDPP may contact an applicant for clarification or questions related to the application.

# APPLICATION

1. GENERAL FORMAT REQUIREMENTS:

Applications must follow the general requirements when submitting to this RFA:

* 1. Application must be typed in Times New Roman, no smaller than 11 point font, with 1 inch margins on standard paper (8.5” x 11”).
	2. Applications must be organized by sections (in bold) labeled below.
	3. Applications must be submitted as a single PDF file and include all application requirements.
1. APPLICATION REQUIREMENTS:
	1. **Cover Sheet.** Please include the following applicable information in your cover sheet: (1 page maximum)
2. Name of Applicant Organization (as registered with the Wyoming Secretary of State)
3. Wyoming Secretary of State Filing ID
4. DUNS Number
5. Physical Address of Applicant Headquarters
6. Mailing Address of Applicant Headquarters (if different)
7. Name of Contact Person
8. Title of Contact Person
9. Phone of Contact Person
10. Fax of Contact Person (if available)
11. Email of Contact Person
12. Name of Authorized Signatory Person
13. Title of Authorized Signatory Person
14. Email of Authorized Signatory Person
	1. **Proof of SAM.gov registration.** Provide a copy or printout of SAM.gov registration. This is required for all entities receiving federal funds.
	2. **Approach.** Describe your ability to provide the services for which the funds will be used. Include how current services will be expanded and how proposed activities will be accomplished. Include current internal and external policies, procedures, and agreements that impact your ability to achieve your goal(s). If you are proposing new collaborative opportunities, include letters of support or copies of memoranda of agreement that demonstrate that prospective partners have agreed to participate and how they will assist in achieving the stated goals. (Letters of support/memoranda of agreement are not included in page count) Additional questions to consider when writing your approach include: (10 page limit)
15. Describe your knowledge of and experience with SMBP or implementing evidence-based programs and interventions.
16. Describe your experience and expertise in providing professional development opportunities to healthcare professionals, specifically around high blood pressure, high cholesterol, team based care and CPAs.
17. Describe your experience providing technical assistance to organizations, individuals, and community partners in program implementation.
18. Describe any relevant clinical experience you have around hypertension and cholesterol management.
19. Describe any relevant experience in organizing and working with community-based organizations/businesses, prevention and wellness coalitions, non-profit organizations, health systems, businesses and worksites, primary care providers, hospitals, clinics, pharmacies, local and state governments, etc.
	1. **Timeline.** Include a timeline detailing key milestones for how you will execute the activities and expectations in this application. The timeline should include how and when you plan to identify interested clinics within your regions.
	2. **Evaluation.** Describe your plans to implement a multi-level evaluation system to ensure continuous quality improvement. This section must include the methods, techniques, and tools used to: 1) monitor whether SMBP programs are being implemented as planned, as well as identify processes for corrective actions if necessary; 2) monitor and track progress on the program’s activities and performance measures; 3) ensure program data is collected and reported in a timely and accurate manner; 4) compile a final report summarizing the implementation and final outcomes of the overall program; and 5) describe the organization’s capacity to complete the performance measures within the eighteen -month project period. (4 pages maximum)
	3. **Budget Narrative.** Use the template provided to describe and justify your proposed expenses. You may copy and paste it into an Excel spreadsheet. Your request will be considered, but it is not guaranteed that you will receive your full funding request. Also, the review committee might authorize or require items to be funded that are not included in your budget request. **Please attach:**
		1. A proposed **6 month** budget from January 1, 2021 to June 30, 2021 that does not exceed forty-six thousand and five hundred dollars ($46,500.00).
		2. A proposed **12 month** budget from July 1, 2021 to June 30, 2022 that does not exceed eighty-nine thousand nine hundred and one dollars and thirty cents ($89,901.30).
		3. Please include expenses for a required two-day Health Summit in Casper, Wyoming in Fall 2021.

|  |  |  |
| --- | --- | --- |
| **Expense Category** | **Justification** | **Estimated Cost for Term of Grant** |
| **Salaries** |  |  |
| **Fringe Benefits** |  |  |
| **Travel** |  |  |
| **Project Supplies** |  |  |
| **Conference/Webinar/Zoom registration fees** |  |  |
| **Curriculum, educational materials** |  |  |
| **Printing** |  |  |
| **Other (describe)** |  |  |
|  | **Total Direct Cost:** |  |
|  | **Indirect (Administrative Costs not to exceed 10% of the total grant award)** |  |
|  | **Total Cost:** |  |

* 1. **Letters of Support.** Attach three letters of support from community references who can speak to your capability and commitment to provide hypertension and/or cholesterol services. For each reference, be sure to include the following information:
* Contact Person’s Name & Title
* Organization Name & Address
* Contact Person’s Phone Number & Email Address

**CERTIFICATION OF AUTHORIZATION**

By submission of an application, the proposer certifies:

Prices in this proposal have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition.

No attempt has been made nor will be by the proposer to induce any other person or firm to submit, or not to submit, a proposal for the purpose of restricting competition.

The person signing this proposal certifies that he/she is authorized to represent the company and is legally responsible for the decision as to the price and supporting documentation provided as a result of this advertisement.

Proposer will comply with all federal and state regulations, policies, guidelines and requirements.

Prices in this proposal have not been knowingly disclosed by the proposer and will not be prior to award to any proposer.

I certify to the best of my knowledge that the information contained in this application is correct. If awarded funding under this grant, I certify that this project will be conducted in accordance with funding source requirements and the assurances provided within this application.

I have been authorized by the agency’s governing body to submit this application.

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Signature of Authorized Agent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Agent

# **CONTRACT EXPECTATIONS**

# Funding for this award is provided by the CDC Cooperative Agreement 6 NU58DP006551-02-02 - Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke. Contractor will be required to learn, and provide information and skills to health care professionals, about Self Measured Blood Pressure Monitoring (SMBP) with Clinical Support throughout the year.

# **Please check that you understand the following requirements for this award:**

# Contractor must take a Measuring Blood Pressure Accurately online course through the American Heart Association.

# Contractor commits to ensuring adherence to the current (2020) Hypertension Control Change Package through Million Hearts.

# Contractor commits to assist health care organizations with developing a system to screen, identify, and refer patients with uncontrolled Hypertension (NQF 0018).

# Contractor commits to participating in the Wyoming Million Hearts Collaborative monthly calls. Contractor may be called on to provide best practices or lessons learned from its work.

* Contractor commits to working collaboratively with the two already established regional coordinators based in regions 1 and 2 and with the rest of the contractors working on this grant.

* Contractor commits to provide SMBP implementation training to interested Community Pharmacy Enhanced Services Network (CPESN) pharmacies within their regions.

# Contractor commits to submitting a scope of work for their program activities by January 31, 2021.

# Contractor commits to monthly reporting for the duration of the award (January 31, 2021 – June 30, 2022).

* Contractor commits to submit a final progress report by June 30, 2022.
* Contractor must be able to correctly take a blood pressure in the clinical setting for training and technical assistance purposes.

# **APPENDIX A: Weighted Evaluation Factors**

|  |  |
| --- | --- |
| **Component of Application** | **Points Available** |
| Cover Sheet  | 10 |
| Approach | 20 |
| Timeline | 20 |
| Evaluation | 15 |
| Budget Narrative | 15 |
| Letters of Support | 20 |
| **Total Possible Points** | **100** |