

STATE OF WYOMING  
DEPARTMENT OF HEALTH  
PUBLIC HEALTH DIVISION  
CHRONIC DISEASE PREVENTION PROGRAM  
122 WEST 25TH STREET, 3RD FLOOR WEST  
CHEYENNE, WYOMING 82002

REQUEST FOR APPLICATION  
NO. CDPP013

## **CARDIOVASCULAR DISEASE PREVENTION GRANT**

OPENING DATE  
January 11, 2021

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 a Cardiovascular Disease Prevention Grant designed to support Wyoming organizations in implementing and evaluating evidence-based strategies to prevent and manage cardiovascular disease (CVD) in high-burden communities. Organizations who are awarded the grant will be required to plan and implement an evidence-based chronic disease management program for high blood pressure and high cholesterol.

### 2. RATIONALE:

Heart disease is the leading cause of death for Wyoming residents, yet can be prevented and addressed by lifestyle and behavior modifications like physical activity, eating well, regular self-measurement of blood pressure (SMBP), medication management, and quality systems in place to identify and address patients who may have been missed within existing health systems. In 2017, heart disease and stroke accounted for 1,191 deaths in Wyoming<sup>1</sup>. The leading risk factor contributing to deaths from heart disease and stroke is hypertension. Hypertension, also known as high blood pressure, is a medical condition defined as having uncontrolled high blood pressure. Uncontrolled high blood pressure can damage blood vessels in the heart, which in turn increases the risk of heart attack and stroke.<sup>2</sup> About one in five people with hypertension do not know they have it. Additionally, the 2017 Wyoming Behavioral Risk Factor Surveillance System data indicated 113,000 adults had been told they had high blood cholesterol.<sup>3</sup> Although the body needs cholesterol to build healthy cells, high levels of cholesterol can also increase a person's risk of heart disease.

People with the following unhealthy behaviors are at a higher risk than others for high blood pressure and high blood cholesterol:

- Smoking tobacco
- Eating foods high in sodium and low in potassium
- Drinking too much alcohol
- Physical inactivity
- History of prehypertension or diabetes

Applicants are encouraged to implement the strategies listed below in high burden areas/communities. Strategies should be addressed in a way that benefits both people with high blood pressure and with or at risk for high blood cholesterol.

#### Priority Strategies (applicants must select a minimum of three (3) strategies)

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. Promote the adoption of Medication Therapy Management (MTM) between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification.
4. Facilitate use of SMBP monitoring with clinical support among adults with hypertension.
5. Implement systems to facilitate systematic referral of adults with hypertension and/or high blood cholesterol to community programs/resources.

Performance Measures (applicants must select a minimum of five (5) measures)

1. Number and percent of providers with a protocol for identifying patients with undiagnosed hypertension.
2. Number of adults *screened* for hypertension in community-based settings (e.g. community center, shelters and missions, pharmacy, church, and/or public library).
3. Number of adults *identified* with uncontrolled hypertension at community screening sites using the American Heart Association (AHA) guidelines.
4. Number and percent of patients with high blood pressure and high blood cholesterol *referred* to a SMBP monitoring program or an evidence-based lifestyle program who attend at least one session.
5. Number and percent of patients with high blood pressure that have a self-management plan.
6. Number of patients with high blood pressure in adherence to medication regimes.
7. Number of adults with known high blood pressure whose hypertension becomes controlled or improves as a result of utilizing the priority strategies.
8. Number of providers with an implemented community referral system (tracking bi-directional referrals) for evidence-based lifestyle change programs for people with high blood pressure and high blood cholesterol.

Required Clinical Quality Data Measures

1. CMS ID 236: Controlling High Blood Pressure
2. CMS ID 438: Statin Therapy for the prevention and treatment of cardiovascular disease

References:

1. Centers for Disease Control and Prevention. Stats of the State of Wyoming <https://www.cdc.gov/nchs/pressroom/states/wyoming/wyoming.htm>. Accessed on December 3, 2019.
2. Centers for Disease Control and Prevention. Effects of High Blood Pressure <https://www.cdc.gov/bloodpressure/effects.htm>. Accessed on December 3, 2019.
3. Wyoming Department of Health. Take Steps to Keep Wyoming Hearts Healthy and Pumping. <https://health.wyo.gov/take-steps-to-keep-wyoming-hearts-healthy-and-pumping/>. Accessed on December 4, 2019.

3. OBJECTIVE:

The objective of this grant is to increase participation in evidence-based lifestyle interventions for the prevention and management of CVD in Wyoming communities. Interventions funded by this grant **must** be targeted towards Wyoming residents. Awarded applicants will be required to dedicate 535 hours to the grant over a 12 month period.

4. 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.

5. FUNDING AVAILABLE AND NUMBER OF AWARDS:

Total funding available for this RFA is one hundred forty-four thousand dollars (\$144,000.00). Funding will be awarded to four (4) applicants with a maximum award amount of thirty-six thousand dollars (\$36,000.00) per award. 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.

6. RFA APPLICATION DETAILS:

Applications will be funded on a first come basis until available funding is exhausted. Only completed applications will be accepted.

Questions

Applicants will be allowed the opportunity to email questions regarding this funding opportunity. All questions should be submitted to Amber Smith, Chronic Disease Prevention Specialist, at [amber.smith@wyo.gov](mailto:amber.smith@wyo.gov). Answers to all questions will be posted publicly on the CDPP website at: <https://health.wyo.gov/publichealth/prevention/chronicdisease/>. Please include "RFA: Question" in the email subject line.

### Submitting completed application

Applicants should submit a completed application via email to Amber Smith, Chronic Disease Prevention Specialist, at [amber.smith@wyo.gov](mailto:amber.smith@wyo.gov). Please submit a single PDF document and include “RFA: Application Submission” in the email subject line.

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

### Notification of award or non-award

Applicants will receive written notice as to whether the application has been approved to be funded wholly, in part, or not funded within two (2) weeks of submission. Selected applicants will begin the contract process with the CDPP. All funded activities must be completed within the term of the contract.

### 7. TERM OF CONTRACT:

The contract will begin when signatures are received from all parties. All funds must be spent by June 28, 2021. Projects should have sustainability in mind and continue after the initial funding period ends. There will be no opportunity for renewal of funding.

### 8. 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.

- 8.1 One time activities or event that are not considered evidence based, such as assemblies, speakers, “fun runs,” health fairs etc. Additionally, community gardens, farmers markets, greenways, or other similar developments cannot be funded.
- 8.2 Programs funded through other sources; supplanting funds.
- 8.3 Direct service to clients/constituents, e.g., medical nutrition therapy sessions with a dietitian.
- 8.4 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.
- 8.5 Capital construction projects or purchase of building or other long-term funds.

- 8.6 Purchase of computers, other technological devices (e.g., iPad), or office equipment other than standard consumable supplies.
- 8.7 Payment of expenses for lobbying.
- 8.8 Payment of meals and refreshments outside of federal regulation 45 CFR 75.432.
- 8.9 Gifts, prizes, or other compensations for trainees or participants.
- 8.10 Durable medical supplies (e.g., blood pressure cuffs).

9. 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>

“Million Hearts Cholesterol Management”

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

“2018 Guidelines on the Management of Blood Cholesterol”

<https://www.acc.org/~media/Non-Clinical/Files-PDFs-Excel-MS-Word-etc/Guidelines/2018/Guidelines-Made-Simple-Tool-2018-Cholesterol.pdf>

“American Heart Association, Target: BP”

<https://targetbp.org/tools-downloads/?sort=topic&>

“Self-Measured Blood Pressure Monitoring”

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

“National Association of Community Health Centers SMBP Implementation Guide”

<https://nccd.cdc.gov/Toolkit/DiabetesImpact> <https://www.nachc.org/wp-content/uploads/2018/09/NACHC-Health-Care-Delivery-SMBP-Implementation-Guide-08222018.pdf>

10. TIMELINE:

<b>January 11, 2021</b>	RFA opens
<b>June 28, 2021</b>	Grant funds must be spent

## 11. RESERVED RIGHTS:

The CDPP reserves the right to:

- 11.1 Reject any or all applications received in response to this RFA;
- 11.2 Not make an award to any applicant who is not in good standing at the time a contract is awarded;
- 11.3 Withdraw the RFA at any time, at the agency's sole discretion;
- 11.4 Make an award under this RFA in whole or in part;
- 11.5 Negotiate with the successful applicant within the scope of the RFA in the best interests of the State;
- 11.6 Disqualify any applicant whose conduct and/or application fails to conform to the requirements of this RFA;
- 11.7 Seek clarifications and revisions of applications;
- 11.8 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;
- 11.9 Amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;
- 11.10 Change any of the scheduled dates;
- 11.11 Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants;
- 11.12 Waive any requirement that is not material;
- 11.13 Conduct contract negotiations with the next responsible applicant, should the CDPP be unsuccessful in negotiating with the selected proposer;
- 11.14 Utilize any and all ideas submitted in the applications received;
- 11.15 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
- 11.16 Cancel or modify contracts due to the insufficiency of appropriations.



## 12. 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:

- 1.1. 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").
- 1.2. Applications must be organized by sections (in bold) labeled below.
- 1.3. Applications must be submitted as a single PDF file and include all application requirements.

### 2. APPLICATION REQUIREMENTS:

- 2.1. **Cover Sheet.** Please include the following applicable information in your cover sheet: (1 page maximum)
  - a. Name of Applicant Organization (as registered with the Wyoming Secretary of State)
  - b. Tax ID
  - c. DUNS Number
  - d. Physical Address of Applicant Headquarters
  - e. Mailing Address of Applicant Headquarters (if different)
  - f. Name of Contact Person
  - g. Title of Contact Person
  - h. Phone of Contact Person
  - i. Fax of Contact Person (if available)
  - j. Email of Contact Person
  - k. Name of Authorized Signatory Person
  - l. Title of Authorized Signatory Person
  - m. Email of Authorized Signatory Person
- 2.2. **Proof of SAM.gov registration.** Provide a copy or printout of SAM.gov registration. This is required for all entities receiving federal funds.
- 2.3. **Abstract.** Provide a summary of this application, which includes a description of: (2 page maximum)

- a. An overview of the organization that will offer the program.
  - b. Organizational members that implement evidence-based interventions based on the objectives proposed in the application.
  - c. The need for a program in the organization's community.
  - d. The desired short- and long-term outcomes for the program at the organization.
  - e. A brief explanation of your organization's plans for evaluation and sustainability.
- 2.4. **Needs Assessment.** Provide a brief summary justifying the need for a program in your community. Include data on priority population (population subgroups who experience racial/ethnic or socioeconomic disparities, including inadequate access to care, poor quality of care, or low income), disease incidence and/or prevalence rates, health risk factors, and available services related to diabetes prevention. Include an explanation of how a program offered by your organization would fill this need. (1 page maximum)
- 2.5. **Organizational Capacity.** Please list the role, name, title, and email of the members who will be serving on your Quality Improvement Team for this grant. Describe the organization's capacity to complete the performance measures within the project period. Describe community-clinical linkages and any relevant partnerships that are already in place. In addition, attach the resumes or CVs of key personnel who will be involved in the planning, implementation, and evaluation of your program. (6 page limit)
- 2.6. **Objectives.** Please indicate the objectives your organization plans to address. Organizations must select at least **three** objectives to address simultaneously.
- a. 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).
  - b. 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.
  - c. Promote the adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification.
  - d. Facilitate use of SMBP with clinical support among adults with hypertension.
  - e. Implement systems to facilitate systematic referral of adults with hypertension and/or high blood cholesterol to community programs/resources.
- 2.7. **Approach.** In narrative form, discuss the overall strategy to accomplish the aims of the project. Discuss potential problems, alternative strategies, and benchmarks for success. You may supplement your narrative with tables, timelines, or other tools to outline project approach. Additional questions to consider when writing your approach include: (4 page limit)

- a. **Personnel Availability.** How will you ensure two staff dedicate 535 hours to the grant?
  - b. **Standardized Curriculum.** What curriculum will you implement in your program?
  - c. **Confidentiality.** What is your plan for maintaining a confidential patient record for each participant?
  - d. **Marketing Plan.** How will you promote your program to providers and health systems that provide services and support to individuals at high risk? The marketing plan should include goals and objectives, audiences, strategies and partners, messaging, and evaluation.
  - e. **Eligibility Criteria.** What is your procedure to identify adults with hypertension and/or high blood cholesterol?
  - f. **Participant Commitment and Retention.** Will you have a process to assess enrollee readiness for change? What strategies will you employ to maintain a high retention rate of participants?
  - g. **Participation Barriers.** How will your organization remove participation barriers for priority populations? Will you create supporting resources such as childcare or transportation vouchers if support from network partners for these items is not available?
  - h. **Incentives.** Will your program use incentives to support participants in achieving the goals of the curriculum, focusing on diet and physical activity behavior modification?
- 2.8. **Sustainability.** Describe the intended plan for sustaining the program both during and after the funding period. Keep in mind that grant funds should not be used as a long-term funding source for the delivery of lifestyle change programs. (2 pages maximum)
- 2.9. **Evaluation.** Describe how performance measure data will be collected and any existing data/electronic health record organizational capacity. This section must include the methods, techniques, and tools used to: 1) monitor whether the program is being implemented as planned, as well as identify processes for corrective actions if necessary; 2) monitor and track progress on the program's outcomes and objectives; 3) ensure program data is collected and reported in a timely and accurate manner; and 4) compile a final report summarizing the implementation and final outcomes of the overall program. (3 pages maximum)
- 2.10. **Budget Narrative.** Use the template provided to identify the cost of the project, including a brief justification of proposed expenditures. If personnel costs are included, describe what the staff member or position will do, relationship to other staff, and role in the project. Expand as needed. Recipient must have at least two (2) people dedicated to this project for a total of 535 hours.

<b>Expense Category</b>	<b>Item Description</b>	<b>Justification</b>	<b>Estimated Cost for Term of Grant</b>
<b>Salaries</b>			
<b>Fringe Benefits</b>			
<b>Consultant Costs</b>			
<b>Marketing</b>			
<b>Food</b>			
<b>Office Space</b>			
<b>Classroom and Education Materials</b>			
<b>Participant Supplies</b>			
<b>Postage</b>			
<b>Printing</b>			
<b>Travel</b>			
<b>Other (specify)</b>			
		<b>Total Direct Cost:</b>	
		<b>Indirect (Administrative Costs not to exceed 6% of the total grant award)</b>	
		<b>Total Cost:</b>	

**Budget Justification/Narrative**

Example:

- NAME, % FTE: JUSTIFICATION
- Ex: Jane Doe, 25% FTE: Jane Doe is the outreach coordinator for ABC organization. Jane will conduct the proposed education sessions in the target community, coordinating all community outreach, enrollment, and collection of evaluation metrics.

- For supplies, estimate the unit cost for each item and the total number of items needed. (Example: 250 client reminder postcards X \$0.64 = \$160.)
- Travel reimbursement is allowed at the following rates: \$0.58/mile, \$13.00/breakfast, \$14.00/lunch and \$23.00/dinner; lodging maximum is \$55 plus taxes per night.

2.11. **Letters of Support.** Attach a minimum of three (3) letters of support from providers in your community who have agreed to make referrals to your program. These letters should explain how the provider commits to screen, test, and refer eligible patients to your program.

## 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.

\_\_\_\_\_  
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 implement and evaluate evidence-based strategies to prevent and manage cardiovascular disease (CVD) in high-burden communities.

**Please indicate that you understand the additional requirements for this award:**

- Contractor commits to participating in occasional Wyoming Million Hearts Collaborative calls. Contractor may be called on to provide best practices or lessons learned from their work.
- Contractor commits to facilitating two blood pressure accuracy trainings for all participating clinical staff.
- Contractor commits to completing the Wyoming Chronic Disease Assessment Tool (WYCDAT) within two (2) months of contract execution and within one (1) month of project completion.

## APPENDIX A: Weighted Evaluation Factors

<b>Component of Application</b>	<b>Points Available</b>
Cover Sheet and Abstract	4
Needs Assessment	8
Organizational Capacity	7
Objectives	6
Approach	27
Sustainability	20
Evaluation	10
Budget Narrative	8
Letters of Support	10
<b>Total Possible Points</b>	<b>100</b>