

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

REQUEST FOR APPLICATION
NO. CDPP019

Healthcare Systems Grant

OPENING DATE
June 15, 2022

DEPARTMENT OF HEALTH REPRESENTATIVE: KACIE HUTTON
TELEPHONE NO.: (307) 777-7356

FUNDING OPPORTUNITY OVERVIEW

1. DESCRIPTION:

The Wyoming Department of Health (WDH) Chronic Disease Prevention Program (CDPP) is accepting applications for a Healthcare Systems Grant designed to support Wyoming healthcare systems in the implementation of a sustainable policy or systems change within the organization to identify, refer and enroll eligible patients to Centers for Disease Control and Prevention (CDC) recognized lifestyle change programs including but not limited to: the National Diabetes Prevention Program (NDPP); Diabetes Self-Management and Education (DSME) programs; and Self Measured Blood Pressure Programs (SMBP). This grant will also require Wyoming healthcare systems to implement social determinants of health (SDoH) assessments to monitor healthcare disparities and implement activities to eliminate identified healthcare disparities. Organizations who are awarded the grant will be required to partner with one or more CDC-recognized lifestyle change programs and develop an Electronic Health Record (EHR)-integrated system to identify patients with prediabetes, diabetes, hypertension or high cholesterol and refer those patients to the appropriate program. In addition, organizations who are awarded the grant will also be required to implement an SDoH screening tool that can be used to monitor for addressable disparities in their patient population.

2. RATIONALE:

Heart disease, stroke and diabetes are the first, fifth and seventh-leading causes of death in the United States¹. About half of U.S. adults have at least one of the following major risk factors for cardiovascular disease: uncontrolled high blood pressure, uncontrolled high low-density lipoprotein (LDL) cholesterol, or are current smokers¹. In addition, an estimated 88 million adults have prediabetes, elevated blood sugar levels, which place them at increased risk of developing type 2 diabetes, heart disease, and stroke². All three of these disease states have common risk factors such as physical activity and diet that are modifiable to reduce the risk of developing these diseases in the first place.

Lifestyle change programs provide information, skills, and support to help persons engage in health promotion behaviors including physical activity, healthy nutritional intake, stress management, and connecting with others to reduce risk for and/or manage chronic diseases. These programs are research backed, and provide proven health benefits³. CDC supports lifestyle change programs because research shows they work. A randomized, controlled clinical trial for the NDPP showed that completing this lifestyle change program reduced program participants' chances of developing type 2 diabetes by 58% compared to placebo (71% for individuals aged 60 and older), nearly twice as much as the reduction among the group taking metformin (31%)⁴.

In addition to referring to lifestyle change programs, the National Committee for Quality Assurance (NCQA) has endorsed specific evidence-based quality measurement (National Quality Forum [NQF] 0018- Controlling High Blood Pressure, NQF 0439- Discharged on Statin Medication and NQF 0059- Poor A1C control) because it is important for all providers to be consistent in collecting and reporting patient-level data for hypertension and diabetes detection and cholesterol control⁵. However, quality measurement results only describe an observed level of

activity and not the bigger picture. Results cannot reveal which factors, such as SDoH, account for differences in measured levels of quality. Interventions in SDoH can improve diabetes, hypertension and cholesterol management and overall health promotion.

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a national effort to help healthcare centers and other providers collect the data needed to better understand and act on their patients' social determinants of health. As providers are increasingly held accountable for reaching population health goals while reducing costs, it is important that they have tools and strategies to identify the upstream socioeconomic drivers of poor outcomes and higher costs. With data on the social determinants of health, healthcare centers and other providers can define and document the increased complexity of their patients, transform care with integrated services and community partnerships to meet the needs of their patients, advocate for change in their communities, and demonstrate the value they bring to patients, communities, and payers⁶.

By screening, testing, and referring eligible patients to evidenced based lifestyle change programs, more at-risk adults in Wyoming will obtain accurate and timely diagnoses and proper management of their condition. Incorporating this activity into a policy or system within a healthcare organization, particularly one embedded in their EHR, can help maintain sustainability of screening, testing, and referral activities. In addition, embedding an SDoH screening tool into the EHR or utilizing other social needs platforms, will allow Wyoming clinics and healthcare systems to monitor healthcare disparities in their patient population by stratifying evidenced based quality measures (NQF 0018, NQF 0439 and NQF 0059) by patient demographics. These identified demographics can then be used to implement activities or lifestyle change programs to eliminate healthcare disparities.

Strategies

1. Assist healthcare organizations in implementing systems to identify people with prediabetes, diabetes, hypertension and high cholesterol to refer and enroll them into CDC-recognized lifestyle change programs.
 - a. Work with targeted healthcare organizations to embed prediabetes algorithms in the EHR or Health Information Exchange (HIE) to assist in identifying and referring patients with prediabetes or diabetes to CDC recognized lifestyle change program.
 - b. Work with targeted healthcare organizations to embed hypertension and cholesterol screening algorithms in the EHR or HIE to assist in identifying and referring patients with these conditions to CDC recognized lifestyle change program.
2. 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.
 - a. Pilot an SDoH tool (e.g. PRAPARE, CMS Health Related Social Needs Screening Tool, or a version of either where the provider is able to address the needs appropriately).

- b. Monitor healthcare disparities, and implement activities (including developing Plan Do Study Act cycles or implementing a lifestyle change program) to improve health outcomes and reduce the healthcare disparities among at-risk patient populations.

Performance Measures

1. Number of patients served within healthcare organizations with systems to identify people with prediabetes and refer them into CDC-recognized lifestyle change programs.
2. Number of patients enrolled into a CDC-recognized lifestyle change programs.
3. Number and percent of clinics or healthcare system sites that use standardized clinical quality measures to track differences in blood pressure control in priority populations compared to overall populations.
4. Number and percent of clinics or healthcare system sites that use standardized clinical quality measures to track differences in cholesterol management in priority populations compared to overall populations.

References:

1. www.cdc.gov/dhdsp
2. www.cdc.gov/diabetes
3. <https://www.uwyo.edu/healthierwyo/>
4. <https://www.cdc.gov/diabetes/prevention/why-refer.html>
5. <https://www.ahrq.gov/patient-safety/quality-resources/tools/chtoolbox/understand/index.html>
6. <https://www.nachc.org/research-and-data/prapare/>

3. OBJECTIVE:

The objective of this grant is to increase the number of Wyoming adults identified at risk for diabetes, hypertension and high cholesterol who are screened, referred and enrolled into CDC-recognized lifestyle change programs and increase the number of Wyoming healthcare clinics implementing SDoH assessments to monitor healthcare disparities and implement activities to eliminate healthcare disparities in their patient populations.

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. Healthcare organizations that provide direct patient care and use an EHR are eligible to submit an application. Eligible organizations may include but are not limited to: hospitals, primary care clinics, diabetes education centers, nursing homes, cardiac rehabilitation centers, urgent care clinics, and public health offices. Organizations must be located within 50 miles of an existing CDC-recognized DPP. To view the registry of CDC-recognized DPPs, please go to <https://dprp.cdc.gov/Registry>. Awardees will be held responsible for the performance of the contract. Awardees must report activities to the CDPP.

5. FUNDING AVAILABLE AND NUMBER OF AWARDS:

Total funding available for this RFA is thirty four thousand nine hundred ninety-eight dollars (\$34,998.00). Funding will be awarded to three (3) applicants with a maximum award amount of eleven thousand six hundred sixty-six dollars (\$11,666.00). 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 Nolte, Chronic Disease Program Manager at amber.nolte@wyo.gov, or Kacie Hutton, Chronic Disease Prevention Specialist, at kacie.hutton1@wyo.gov. Answers to all questions will be posted publicly on the CDPP website. Please include “RFA: Question” in the email subject line.

SUBMITTING COMPLETED APPLICATION:

Applicants should submit a completed application via email to Kacie Hutton, Chronic Disease Prevention Specialist, at kacie.hutton1@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 business days.

NOTIFICATION OF AWARD OR NONAWARD:

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 29, 2023. 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 objective 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 events that are not considered evidence based, such as assemblies, speakers, “fun runs,” 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 Food and beverages of any type for any meeting or event.
- 8.9 Gifts, prizes, or other compensations for trainees or participants.

9. RESOURCES:

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

“CDC National Diabetes Prevention Program”
<https://www.cdc.gov/diabetes/prevention/index.html>

“Preventing Type 2 diabetes STAT Toolkit”
<https://preventdiabetesstat.org/>

“National DPP Referral Strategies”
<https://www.acpm.org/page/dppreferral>

“DoIHavePrediabetes.org Prediabetes Screening”

<https://doihaveprediabetes.org/>

“Centers for Disease Control and Prevention Diabetes Data and Statistics”

<https://www.cdc.gov/diabetes/data/>

“National Association of Community Health Centers PRAPARE Implementation and Action Toolkit” http://www.nachc.org/wp-content/uploads/2019/04/NACHC_PRAPARE_Full-Toolkit.pdf

“HealthChoice DPP Eligibility Determination Algorithm- Maryland Department of Health”
[HealthChoice DPP Eligibility Algorithm 12.23.20 CLEAN](#)

10. TIMELINE:

- | | |
|----------------------|---------------------------|
| June 15, 2022 | RFA opens |
| July 15, 2022 | RFA closes |
| June 29, 2023 | 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 a bidder’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 B. 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 labeled below (in bold).
- 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. **Supplemental Questions.** Provide a written response to the questions outlined in Appendix A.
- 2.4. **Timeline.** Include a timeline detailing key milestones for project implementation.
- 2.5. **Evaluation and Monitoring.** Describe ability to evaluate efforts and provide process and outcome data to the CDPP. Describe how you will evaluate screening, testing, and referral activities within your healthcare system. This section must include the methods, techniques, and tools used to: 1) monitor and track impact on patient populations (e.g. number of patients screened using a SDoH tool, number of patients referred to a NDPP, etc.); 2) 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.

2.6. Budget Narrative. Use the template provided to describe and justify your proposed expenses. Expand as needed.

Expense Category	Item Description	Justification	Estimated Cost for Term of Grant
Personnel Salaries			\$
Fringe Benefits			\$
Contractual Costs			\$
Supplies			\$
Other (specify)			\$
		Total Direct Cost:	\$
		Indirect (Administrative Costs not to exceed 10% of the total grant award)	\$
		Total Cost:	\$

2.7. Certificate of Authorization. Complete the certification of authorization found on the next page.

CERTIFICATION OF AUTHORIZATION

By submission of an application, the proposer certifies:

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 supporting documentation provided as a result of this application.

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

I certify to the best of my knowledge that the information contained in this application is correct, and solely the work of this agency. 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

APPENDIX A: Supplemental Questions

Question	Applicant Answer
What EHR does your healthcare system use?	
Is your healthcare organization connected to the State HIE, Wyoming Frontier Information (WyFI)?	
Does your EHR have the ability to integrate the PRAPARE Tool or similar SDoH screening tool?	
What CDC recognized lifestyle change program will your EHR refer eligible patients to?	
<p>What other CDC approved lifestyle change programs are in your area? Please list the names and locations of each program. Examples of lifestyle change programs include:</p> <ul style="list-style-type: none"> ● Diabetes Self Management and Education Support ● Self Measured Blood Pressure Programs ● Cent\$ible Nutrition ● Supplemental Nutrition and Assistance Program and Education (SNAP-ED) ● Expanded Food and Nutrition Education Program (EFNEP) ● Curves Complete ● Weight Watchers ● Taking Off Pounds Sensibly (TOPS) 	

APPENDIX B: Weighted Evaluation Factors

Component of Application	Points Available
Cover Sheet and proof of SAM.gov registration	5
Appendix A: Supplemental Questions	35
Timeline	20
Evaluation and Monitoring	20
Budget Narrative	20
Total Possible Points	100