

**Alabama Department of Public Health
Bureau of Health Promotion and Chronic Disease
Hypertension Control Initiatives
Request for Proposals FY 2018**

I. Overview and Purpose

One in three American adults, about 75 million Americans, have high blood pressure (BP) and only about half (54 percent) of those with high BP have their condition under control.¹ In 2014, high BP was a primary or contributing cause of death for more than 1,100 deaths per day in the United States.² According to the Centers for Disease Control and Prevention, high BP “often has no warning signs or symptoms, and many people do not know they have it”.¹ This condition can also increase risk for diseases such as heart disease and cerebrovascular disease (e.g., stroke). Americans suffer more than 1.5 million heart attacks and strokes per year, and heart disease is the leading cause of death in the United States.³

Alabama, similar to most southern states, has a very high rate of heart disease in all parts of the state. In 2014, Alabama deaths by heart diseases reached the rate of 256.5 per 100,000 population (i.e., based on 12,438 deaths).⁴ Also, the rate of deaths by cerebrovascular disease was 54.6 per 100,000 population (2,650 deaths) in 2014.⁴

The Alabama Department of Public Health (ADPH) is accepting Request for Proposals (RFP) for mini-grants to initiate activities that promote clinical innovations, team-based care, and self-monitoring of BP. Goals of the initiative are to improve and control BP among patients with a hypertension diagnosis. There will be three categories of funding (choose one category for application): Category A, Category B, and Category C. No personal health information will be requested. All programs must be in Alabama and all programs will include people with disabilities.

Category A: Funding to implement a standardized hypertension treatment protocol for the clinic with alerts for the provider about patterns of high BP readings. The Alabama Cardiovascular Program has a protocol that is available to use.

http://www.adph.org/cvh/assets/AlabamaBloodPressureAlgorithm_August2015.pdf

¹ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, “High Blood Hypertension Information,” 2017.

²Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, “High Blood Pressure Fact Sheet,” 2016.

³Centers for Disease Control and Prevention, “Take Control of Your Heart” It’s All in the ABCS,” 2014.

⁴Alabama Depart of Public Health, Center for Health Statistics, Alabama Vital Statistics- At A Glance- Alabama 2014.”

Category B: Funding to track and contact patients whose BP is uncontrolled using an electronic health record (EHR), generated list, patient registry, or other data source and providing an evidence-based intervention to help with medication adherence and/or BP control for patients.

Category C: Funding to design a hypertension program to help patients with hypertension lower their BP by following an evidence-based approach. The program would need to consist of a patient self-monitoring intervention, patient education, and a quality improvement initiative. This category is for groups that can reach more than 100 patients in several different clinics or in community based settings.

II. Eligible Applicants

Eligible applicants include, but are not limited to, hospital clinics, Federally Qualified Health Centers (FQHC), rural health clinics, primary care physicians' offices, and community-based organizations. Applicants should already have an established patient/client system.

III. Important Dates

- April 3, 2017: RFP announcement.
- May 26, 2017: Applications due.
- June 19, 2017: Awards announced.
- August 1, 2017-June 28, 2018: Anticipated contract dates.
- October 15, 2017: First Quarter Review Report due.
- January 15, 2018: Second Quarter Review Report due.
- April 15, 2018: Third Quarter Review Report due.
- July 31, 2018: Invoices, Final Report, and Success Story due.

IV. Funding

The total amount of mini-grant funding will be: \$120,000:

- Funding ceiling for Category A is up to \$20,000.
- Funding ceiling for Category B is up to \$40,000.
- Funding ceiling for Category C is up to \$50,000.

The funds **MAY** be used for:

- Salaries and other costs of a person to assist with data collection, reporting, and planning.
- Printing costs.
- Meeting costs.
- Training costs.
- Adding protocols to EHRs.
- Technical assistance.

- EHR training.
- Educational materials for program.

The funds **MAY NOT** be used for:

- Direct clinical services: no salaries, stipends, or other funding for individuals to teach classes or measure BP.
- Medical equipment of any kind or any amount (stethoscopes and BP monitors included).
- Non-medical equipment (such as chairs, tables, etc.) other than training supplies.
- Participant incentives such as t-shirts, water bottles, etc.
- Food or beverages.

V. Grantee Responsibilities

- Grantees must provide data to reflect their category of choice. Category A grantees will be required to show the adoption of the protocol and an outline of how the staff has implemented the protocol. Category B grantees will be required to show intermittent data throughout the funding cycle of patients who are chosen to participate and show their BP changes. Category C grantees will be required to show their evidence-based curriculum of choice and data from tracking patients throughout their program.
- Grantees will participate in grantee calls and grantee site visits.
- Grantees will provide quarterly reports, final evaluation, and a success story.

VI. Reporting Requirements

The grantee must agree to report progress towards achieving goals, status of completion of activities, and performance measures to ADPH on a quarterly basis.

Category A:

- Promote implementation of BP protocols in clinic patient flow and embedding the protocol into EHR systems to include prompts and alerts for the provider.
- Identify patients that have high BP using EHR.
- Manage hypertension using a standardized treatment protocol, which includes proper techniques for BP management.

Category B:

Promote the [Hypertension Control Change Package for Clinicians](http://www.adph.org/cvh/assets/HTN_Change_Package_for_Clinicians.pdf) to pursue a quality improvement initiative to improve hypertension management among patients.

http://www.adph.org/cvh/assets/HTN_Change_Package_for_Clinicians.pdf

- Increase EHRs adoption and use of health information technology to improve performance.

- Improve medication adherence for patients with uncontrolled hypertension using medication management techniques.

Category C:

- Increase use of self-measured BP monitoring tied with clinical support, using the Self-Measured BP Monitoring: Action Steps for Clinicians guide.
http://www.adph.org/cvh/assets/Self-Measured_BP_Monitoring_Action_Steps_for_Clinicians.pdf.
- Promote awareness of high BP and early diagnosis of hypertension among patients.
- Promote an evidence-based curriculum to manage hypertensive patients.

VII. Method of Selection

A review team consisting of ADPH staff will review and score applications based on the criteria which are described in detail in Section IX, Proposal Requirements.

VIII. Submission of Proposals

Proposals must be received by 5 p.m. (mail or email), Central Standard Time, on Friday, May 26, 2017. Proposals must include all required components as described in Section IX. Submit the original copy of the proposal to:

Mail:

Attention: Brandi Pouncey
Alabama Department of Public Health
Bureau of Health Promotion and Chronic Disease
201 Monroe Street, Suite 984 A
Montgomery, AL 36104
Email: brandi.pouncey@adph.state.al.us
Fax submissions will **not** be accepted.

IX. Proposal Requirements

Follow this outline in presenting your proposal information. The proposal must be submitted in the following format:

- 1 inch margins.
- 12-point font, either Arial or Calibri.
- Proposal must be typed and double-spaced (except for cover letter, Work Plan, and budget).
- Budget must be submitted using the budget template in Attachment 1.

Section 1: Application Cover Page (10 points)

- Identify the applicant organization name, address, and county.
- Identify the applicant contact person, phone number, and email address.
- Include the name and signature of applicant's organizational representative authorized to submit proposal or sign contract.
- Tax ID number, DUNS number, Zip Code + 4.
- Required attachments (make sure all names, addresses, DUNS number, and e-verify match):
 - W9.
 - Department of Homeland Security E-verify MOU.
 - Certificate of Compliance with the Beason-Hammon Act.
 - Federal Funding Accountability and Transparency Act form.
 - State of Alabama Disclosure form.

Section 2: Project Description (5 page limit, 40 points)

There are three categories for funding as follows:

Category A: Funding to implement a standardized hypertension treatment protocol for the clinic with alerts for the provider about patterns of high BP readings. The Alabama Cardiovascular Program has a protocol that is available to use. Special emphasis is placed on diagnosis of patients whose BP readings may indicate the need for a diagnosis of hypertension, which can be referred to as "hiding in plain sight."

Category B: Funding to track and contact patients whose BP is uncontrolled using an EHR, generated list, patient registry, or other data source, and providing an evidence-based intervention to help with medication adherence and/or BP control for patients.

Category C: Funding to design a hypertension program to help patients with uncontrolled hypertension to lower their BP by following an evidence-based program.

Applicants applying under Category A should address the following criteria:

- Implementing and embedding BP protocol into EHR and training staff to promote recognition of high BP using JNC8 recommendations is fundamental to this program. These standards state that three BP readings of a systolic pressure of 140mm Hg or above, or a diastolic pressure of 90mm Hg or above, will lead to a diagnosis of hypertension, unless the patient is diabetic or has chronic kidney disease in which case their diagnostic standards should be a systolic pressure of 130mm Hg or above, or a diastolic pressure of 80mm Hg or above.

- Those patients who have already had three BP readings that are above JNC8 standards and have not been diagnosed, perhaps because of infrequent visits, may be considered “hiding in plain sight,” which is of special emphasis.
- Share reported quality measures for the most recent reporting of NQF0018 or PQR236, and NQF0059 or PQR001 to be used as baseline data so that we can measure progress after the intervention.
- Develop and implement a BP awareness program within clinic practice(s).

Applicants applying under Category B should address the following criteria:

- Identify patients diagnosed with hypertension whose BP is uncontrolled and develop an intervention that will assist them in lowering BP to acceptable ranges.
- Use EHR to send alerts and messages to patients with reminders and hints of methods to lower BP and improve performance.
- Promote the Hypertension Control: Change Package for Clinicians to pursue a quality improvement initiative to improve hypertension management among patients.
http://www.adph.org/cvh/assets/HTN_Change_Package_for_Clinicians.pdf
- Improve medication adherence for patients with uncontrolled hypertension using medication management techniques.
- Share reported quality measures for the most recent reporting of NQF0018 or PQR236, and NQF0059 or PQR001 to be used as baseline data so that we can measure progress after the intervention.

Applicants applying under Category C should address the following criteria:

- Promote awareness of high BP and early diagnosis of hypertension using JNC8 recommendations. These standards state that three BP readings of a systolic pressure of 140mm Hg or above, or a diastolic pressure of 90mm Hg or above, will lead to a diagnosis of hypertension, unless the patient is diabetic or has chronic kidney disease in which case their diagnostic standards should be a systolic pressure of 130mm Hg or above, or a diastolic pressure of 80mm Hg or above.
- Increase use of self monitoring tied with clinical support following Self Measured Blood Pressure Monitoring: Action Steps for Clinicians.
- Promote an evidence-based curriculum to manage hypertensive patients using Hypertension Control: Change Package for Clinicians.
- Share reported quality measures for the most recent reporting of NQF0018 or PQR236, and NQF0059 or PQR001 to be used as baseline data so that we can measure progress after the intervention.

Section 3: Project Evaluation (2 page limit, 20 points)

Each program should be prepared to evaluate their project at the end of the project period. This should include both quantitative data and qualitative data. ADPH can provide some technical assistance in this area if requested.

Quantitative data refers to the numbers and statistical analysis of your work. For example, you reached 000 patients, and 00 lowered their BP rate during the intervention, or you diagnosed 000 patients with hypertension by using the recommended protocol and/or evidence-based intervention and their collective BPs were lowered from an average of 000/00 to 000/00. If you were using an EHR-based system to identify patients with hypertension, then you should include the total number of alerts and messages sent out during the grant period. If you have shared your reported quality measures, then there may be a clear distinction between your baseline data and your final data.

Qualitative data is descriptive data and may be harder to analyze than quantitative data. This may involve surveying or interviewing patients who have been involved in your intervention. Another method would be to do key informant interviews with some of the staff working directly with the patients to identify successes and barriers of the intervention.

Grantees may also be asked to provide basic demographic data about your patient base and about those diagnosed with hypertension. Because many diabetics develop hypertension, we often request the total number of that group as well. ADPH will provide a detailed analysis comparing your demographics to the state as a whole and the counties that you serve, which may also give grantees information for future needs planning and staffing.

Grantees will need to submit a success story or lessons learned with their final project evaluation. A template will be provided.

Section 4: Budget (3 page limit, 10 points)

Include a budget which follows the budget template provided in Attachment 1. Include a budget justification narrative which accurately and adequately explains each budget item requested.

Section 5: Work Plan (2 page limit, 20 points)

Include a Work Plan which follows the template provided in Attachment 2. The Work Plan must include measureable objectives for each quarter to achieve the requirements for Categories A, B, or C funding (see Reporting Requirements, page 3).

ATTACHMENT 1

**ORGANIZATION NAME
HYPERTENSION MANAGEMENT
BUDGET NARRATIVE
AUGUST 1, 2017 – JUNE 28, 2018**

A. SALARIES AND WAGES:

\$0.00

Personnel	Annual Salary	% of Effort	# of Months	Amount Requested
Principal Investigator Name:	\$0.00	10%	12	\$0.00
Program Manager Name:	\$0.00	25%	12	\$0.00
	\$0.00	100%	12	\$0.00
TOTALS				\$0.00

Justification:

Describe justification for each staff person here...

B. FRINGE BENEFITS:

\$0.00

Component	Rate	Wage	Cost
FICA	0%	\$0.00	\$0.00
Retirement	0%	\$0.00	\$0.00
Insurance	0%	\$0.00	\$0.00
TOTALS			\$0.00

Justification:

The fringe rate is calculated by

C. CONSULTANT COSTS: **\$0.00**

D. SUPPLIES: **\$0.00**

Item(s)	Rate	Cost
<i>Description here...</i>	\$0.00	\$0.00
<i>Description here...</i>	\$0.00	\$0.00
TOTALS		\$0.00

Justification:

Describe justification for each supply line here...

E. TRAVEL: **\$0.00**

Purpose of Travel	Location	Item	Rate	Cost
		Mileage		\$0.00
		Per Diem		\$0.00
TOTALS				\$0.00

Justification:

Describe justification for travel here...

F. OTHER: **\$0.00**

Item(s)	Rate	Cost
TOTALS		\$0.00

Justification:

Describe justification for other here...

G. CONTRACTUAL: **\$0.00**

Name	Description of Costs	Cost
TOTALS		\$0.00

Justification:

Describe justification for each contract here...

H. TOTAL DIRECT COST: **\$0.00**

A. Salaries and wages \$0.00

B. Fringe benefits \$0.00

C. Consultant costs \$0.00

D. Equipment \$0.00

E. Supplies \$0.00

F. Travel \$0.00

G. Other \$0.00

H. Contractual \$0.00

I. INDIRECT COST: **\$0.00**

Justification of indirect costs here

J. TOTAL DIRECT AND INDIRECT COST: **\$0.00**

ATTACHMENT 2

SAMPLE WORK PLAN

Quarter 1: August 1, 2017 – September 30, 2017		
Objective 1	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Objective 2	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Quarter : October 1, 2017 – December 31, 2017		
Objective 1	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Objective 2	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Quarter 3: January 1, 2018 – March31, 2018		
Objective 1	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Objective 2	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Quarter 4: April 1, 2018 – June 29, 2018		
Objective 1	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Objective 2	Staff Responsible	Measurable Indicator
<i>Description here...</i>		

State of _____)

County of _____)

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: _____

RE Contract/Grant/Incentive (describe by number or subject):

_____ by and between
_____ (Contractor/Grantee) and
_____ (State Agency, Department or Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of _____ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

BUSINESS ENTITY. Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:

- a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
- b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license and any business entity that is operating unlawfully without a business license.

EMPLOYER. Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

____ (a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.

____ (b) The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employee, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;
4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this _____ day of _____ 20_____.

Name of Contractor/Grantee/Recipient

By: _____

Its _____

The above Certification was signed in my presence by the person whose name appears above, on

This _____ day of _____ 20_____.

WITNESS: _____

Printed Name of Witness

Alabama Department of Public Health
Federal Funding Accountability and Transparency Act ("Transparency Act" or "FFATA") Disclosure Statement

Effective Date of Agreement: _____

Award Description/Title: _____

Entity Completing Form: _____

Entity's DUNS Number: _____ <http://fedgov.dnb.com/webform>

Address: _____

City, State, Zip+4: _____

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this DUNS number belongs) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

YES NO **If yes, answer next question. If no, stop here and sign form and return to ADPH**

Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which this DUNS number belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986?

YES NO **If no, complete the following. If yes, stop here and sign form and return to ADPH**

Provide the following information for the five (5) most highly compensated executives in your business or organization (the legal entity to which this DUNS number, belongs):

Name	Position Title	Total Compensation Amount for the Entity's last complete fiscal year

Signature

Title

Date

Typed Name of Signature



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM			
ADDRESS			
CITY, STATE, ZIP		TELEPHONE NUMBER	
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD			
ADDRESS			
CITY, STATE, ZIP		TELEPHONE NUMBER	

This form is provided with:

- Contract
 Proposal
 Request for Proposal
 Invitation to Bid
 Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

- Yes
 No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

- Yes
 No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature _____ Date _____

Notary's Signature _____ Date _____ Date Notary Expires _____

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.