

Alabama Department of Public Health  
Bureau of Health Promotion and Chronic Disease  
Diabetes Self-Management Education Program  
Request for Proposals FY2015

**I. Overview and Purpose**

Diabetes is the seventh leading cause of death in Alabama and in the United States. According to the Behavioral Risk Factor Surveillance System (BRFSS), the overall prevalence of diabetes in 2013 was 13.8 percent; approximately 510,000 people in Alabama. In 2013, Alabama had the highest prevalence rate in the United States. Evidence supports the value, effectiveness, and cost-effectiveness of Diabetes Self-Management Education/Training (DSME/T) programs. Patients who received DSME/T in a group setting improved their diabetes knowledge and reduced their need for diabetes medication by reducing and maintaining control of their A1C levels, systolic blood pressure levels, and body weight<sup>1</sup>.

The Alabama Department of Public Health (ADPH) Diabetes Program is accepting Request for Proposals (RFP) for mini-grants to increase access to quality DSME services for people with diabetes in Alabama. There will be three categories of funding (choose one category for application): Category A, Category B, and Category C. All DSME programs must be in Alabama.

Category A: Funding for American Association of Diabetes Educators (AADE) accredited or American Diabetes Association (ADA) recognized DSME programs to establish DSME satellite locations, train staff in DSME, and/or market DSME to physicians or the public.

Category B: Funding for unaccredited or unrecognized DSME programs for staff training, administrative preparation, or coverage of fees for obtaining AADE accreditation or ADA recognition.

Category C: Funding for organizations that do not currently have a DSME program to receive funding to establish a DSME program that meets the National Standards for Diabetes Self-Management Education and Support and prepare for AADE accreditation or ADA recognition.

<sup>1</sup>Deakin T1, McShane CE, Cade JE, Williams RD. "Group based training for self-management strategies in people with type 2 diabetes mellitus." *Cochrane Database of Systematic Reviews* Published Online April 20, 2005

## **II. Eligible Applicants**

Organizations or service providers may include, but are not limited to: hospitals, pharmacies, federally qualified health centers, local health departments, area health education centers, rural health councils, and senior centers. These organizations must meet the following eligibility requirements:

- Category A applicants must currently be AADE accredited or ADA recognized and demonstrate capacity and measurable work plan to expand utilization or increase access to DSME within the funding period
- Category B applicants must be neither AADE accredited nor ADA recognized at this time, but have a DSME program or demonstrate ability to become AADE accredited or ADA recognized within three months of the end of the funding period
- Category C applicants must demonstrate the organizational capacity to develop a DSME program that meets all ten National Standards for Diabetes Self-Management Education and Support within three months from the end of the funding period

## **III. Important Dates**

- July 10, 2015: RFP announcement
- August 21, 2015: Applications due
- September 4, 2015: Awards announced
- October 1, 2015-June 28, 2016: Anticipated contract dates
- December 31, 2015: First Quarter Review
- March 31, 2016: Second Quarter Review
- June 28, 2016: Third Quarter Review
- July 31, 2016: Invoices and Final Report

## **IV. Funding**

The total amount for mini-grant funding will be: \$110,000. Category A and Category B combined total funding: \$70,000 and Category C will fund two \$20,000 mini-grants.

Funding ceiling for Category A is: \$10,000

Funding ceiling for Category B is: \$20,000

Funding ceiling for Category C is: \$20,000

The funds may be used for:

- AADE accreditation or ADA recognition fee
- Anything related to establishing an AADE accredited or ADA recognized DSME program, except salary for direct services
- Training toward becoming a Certified Diabetes Educator (CDE)
- CEUs
- Technical assistance
- Billing specialist, including contracting with an outside agency to provide billing training to DSME programs
- Cost associated with AADE or ADA DSME satellite sites including renting space, travel, participant transportation, increasing provider referrals

- Administrative work to become AADE accredited or ADA recognized
- Durable training supplies for DSME programs such as instructors' kits
- Educational materials for DSME participants
- Salaries and other costs of a person to assist programs with data collection quality and reporting in order to assist programs in maintaining AADE accreditation or ADA recognition
- Costs associated with meetings or trainings to provide the required professional education (CMEs, CEUs) on diabetes and its treatment, including DSME
- Costs associated with meetings or trainings to provide education on reimbursement requirements from different sources
- Marketing strategies for AADE accredited or ADA recognized programs

The funds may not be used for:

- No direct services: no salaries, stipends, or other funding for individuals to teach DSME to people with diabetes
- Fees for CDE exam or licenses
- Equipment over \$5,000
- No participant incentives such as t-shirts, water bottles, etc.
- Food or beverages

## **V. Grantee Responsibilities**

- Grantees must provide evidence to ADPH that the DSME program is in place on the day of application for grant funding (Category A and B), and that, if awarded the grantee is committed to maintaining the DSME program throughout the funding cycle and beyond; if any changes to the DSME program occur that affect the grantees ability to maintain the program, the grantee must notify ADPH immediately
- By the end of the funding period, grantees will be expected to have submitted a complete application for program AADE accreditation or ADA recognition or will be applying for AADE accreditation or ADA recognition within three months of the end of the funding period (Category B); grantee will be expected to submit a copy of the binder used to document the Ten National Standards for Diabetes Self-Management Education and Support
- Category C grantee will be expected to submit a copy of binder used to document the Ten National Standards for Diabetes Self-Management Education and Support
- Submit quarterly reviews, invoices, and final report in a format acceptable to ADPH

## **VI. Reporting Requirements**

1. Category A
  - a. Location of existing AADE accredited or ADA recognized site, hours and days of operation
  - b. If establishing a satellite program: location, hours, and days of operation
  - c. Provide number of individuals with at least one DSME encounter
  - d. If providing trainings: number of trainings, number of participants

- e. Number of providers reached through marketing activities
  - f. What were the major facilitators and barriers in implementing the grant?  
How were the barriers overcome?
2. Category B
- a. Location of AADE non-accredited or ADA unrecognized site, hours, and days of operation
  - b. Number of providers participating in informational sessions/trainings on DSME AADE accreditation or ADA recognition.
  - c. Provide number of individuals with at least one DSME encounter
  - d. If providing trainings: number of trainings, number of participants
  - e. Number of providers reached through marketing activities
  - f. What were the major facilitators and barriers in implementing the grant?  
How were the barriers overcome?
3. Category C
- a. Location of purposed DSME program, hours and days of operation
  - b. Number of providers participating in informational sessions/trainings on DSME AADE accreditation or ADA recognition
  - c. If program is opened within the funding year, provide number of individuals with at least one DSME encounter
  - d. If providing trainings: number of trainings, number of participants
  - e. Number of providers reached through marketing activities
  - f. What were the major facilitators and barriers in implementing the grant?  
How were the barriers overcome?

**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 5:00 pm, Central Standard Time, on Friday, August 21, 2015. Proposals must include all required components as described in Section IX. Submit the original copy of the proposal to:

Mail:  
 Attention: Shanone Medlock  
 Alabama Department of Public Health  
 Bureau of Health Promotion and Chronic Disease  
 201 Monroe Street, Suite 900H  
 Montgomery, AL 36104  
 Email: [Shanone.Medlock@adph.state.al.us](mailto:Shanone.Medlock@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 Times New Roman font
- Proposal must be typed and double-spaced (except for cover letter and budget)
- The 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 a proposal or sign contract
- Tax ID number, DUNS number, Zip Code + 4
- Required Attachments:
  - W9
  - E-verify MOU
  - E-verify Certificate of Compliance

**Section 2: Program Criteria (2 page limit, 15 points)**

There are three categories for funding as follows:

- Category A: AADE accredited or ADA recognized DSME programs will be required to establish satellite locations, training, and/or conduct marketing and referral activities.
- Category B: AADE unaccredited or ADA unrecognized DSME programs will be required to prepare their program for AADE accreditation or ADA recognition.
- Category C: Organizations that do not currently have a DSME program will be required to establish a DSME program that meets the National Standards for Diabetes Self-Management Education and Support.

Applicants applying under Category A should address the following criteria:

1. In what county or counties are you currently providing recognized/accredited DSME programs?
2. In what county or counties are you proposing to establish a satellite location or conduct marketing and referral activities?
3. What are your target sites?
4. Describe the current need for a DSME satellite program as supported by data.
5. Include a sustainability plan that addresses:
  - a. Continuity of the satellite DSME program after the funding cycle ends
  - b. Marketing plan
  - c. Any other sustainability issues identified by applicant

Applicants applying under Category B should address the following criteria:

1. In what county or counties are you currently providing DSME programs and seeking mini-grant funds to prepare and make application to either ADA or AADE for recognition or accreditation?
2. Describe the county’s current need for a DSME program as supported by data.
3. Include a sustainability plan that addresses:

- a. Continuity of the DSME program after application for accreditation/recognition has been submitted
- b. Marketing plan
- c. Any other sustainability issues identified by applicant

Applicants applying under Category C should address the following criteria:

1. In what county or counties are you proposing to establish a DSME program?
2. Describe the need for a DSME program in proposed county or counties as supported by data
3. Timeline for establishing a DSME program
4. Include a sustainability plan that addresses:
  - a. Continuity of the DSME program after the funding cycle ends
  - b. Marketing plan
  - c. Any other sustainability issues identified by applicant

**Section 3: National Standards (3 page limit, 50 points)**

Please describe the extent the Applicant organization has the National Standards for Diabetes Self- Management Education and Support criteria in place or how they will be developed. Please note, applicants are not required to have all of these criteria in place prior to submitting their proposal. The National Standards for Diabetes Self-Management Education and Support can be found at

<https://www.diabeteseducator.org/export/sites/aade/resources/pdf/general/2012NationalStandards.pdf> or <http://professional.diabetes.org/admin/UserFiles/2012%20ERP/2012-revised-standard-final.pdf>

*Standard 1: Internal Structure:* The provider of DSME will document an organizational structure, mission statement and goals. For providers working within a larger organization that organization will recognize and support quality DSME as an integral component of diabetes care. (e.g. mission statement, communication plan, goals, objectives, defined relationships and roles and managerial support)

*Standard 2: External Input:* The provider of DSME will seek ongoing input from external stakeholders and experts to promote program quality (e.g. advisory board, documented plan for seeking external input)

*Standard 3: Access:* The provider of DSME will determine whom to serve, how best to deliver diabetes education to that population and what resources can provide ongoing support for the population (applicant has determined the diabetes education needs of the priority population and has identified resources necessary to meet those needs)

*Standard 4: Program Coordination:* A coordinator will be designated to oversee the DSME program. The coordinator will have oversight responsibility for the planning, implementation and evaluation of education services. (e.g. coordinator ensures accountability and continuity, oversight may include designing an education program or service that aids participants in accessing needed resources.) Coordinator must be knowledgeable of the lifelong diabetes management process.

*Standard 5: Instructional Staff:* One or more instructors will provide Diabetes Self-Management Education (DSME) and when applicable, Diabetes Self-Management Support (DSMS).

At least one of the instructors responsible for designing and planning DSME and DSMS will be an RN, RD, or pharmacist with training and experience pertinent to DSME, or another professional with a certification in diabetes care and education such as a CDE or BC-ADM. Other health workers can contribute to DSME and provide DSMS with appropriate training in diabetes with supervision and support.

*Standard 6: Curriculum:* Written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcome, will serve as the framework for the provision of DSME. The needs of the individual participant will determine which parts of the curriculum will be provided to that individual. (Curriculum must reflect current evidence and practice guidelines.)

*Standard 7: Individualization:* The DSME and support needs of each participant will be assessed by one or more instructors. The participant and instructor(s) will then together develop an individualized education and support plan focused on behavior change. (What assessment tool is used to develop an individualized DSME plan?)

*Standard 8: Ongoing Support:* The participant and instructor will together develop a personalized follow-up plan for ongoing self-management support. The participant's outcomes and goals and the plan for ongoing self-management support will be communicated to other members of the medical team. (DSME is necessary and effective; however, it doesn't guarantee a lifetime of effective diabetes self-care. What community resources can be offered to participants to aid in supporting their commitment to behavior modifications? DSME providers should be able to offer such community programs to their participants. These community programs may serve on the external advisement committee in Standard 2.)

*Standard 9: Patient Progress:* The providers of DSME and DSMS will monitor whether participants are achieving their personal diabetes self-management goals and other outcomes as a way to evaluate the effectiveness of the educational intervention, using appropriate measurement techniques. (All goals, including behavioral goals must be SMART- specific, measurable, achievable, reasonable and timely. They must relate to these areas: understanding the diabetes disease process and treatment options, healthy eating, physical activity, taking medications, monitoring blood glucose, problem solving and healthy coping, and reducing risks of acute and chronic complications. Participants are not required to work on all seven behavioral goals at once, however, participant medical records must reflect assessment of the participant's achievements of goals and any adjustments made to the plan or goals.)

*Standard 10: Quality Improvement:* The provider of DSME will measure the effectiveness of the education and support and look for ways to improve any identified gaps in services or service quality, using a systematic review of process and outcome data. (Programs must have a process in place to collect, aggregate and analyze clinical

outcome measures and behavioral goal achievements. Continuous Quality Improvement insures program engagement, intentional and systematic service improvement with the intention of increasing positive outcomes.)

**Section 4: Budget (3 page limit including budget template, 5 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 including, 20 Points)**

Include a Work Plan which follows the template provided in Attachment 2. The Work Plan must include measurable objectives for each quarter.



**ATTACHMENT 1**

**ORGANIZATION NAME  
DIABETES SELF MANAGEMENT EDUCATION  
BUDGET NARRATIVE  
OCTOBER 1, 2015 – JUNE 28, 2016**

**A. SALARIES AND WAGES: \$0.00**

<b>Personnel</b>	<b>Annual Salary</b>	<b>% of Effort</b>	<b># of Months</b>	<b>Amount Requested</b>
Principal Investigator Name	\$0.0	10%	12	\$0.00
Program Manager Name	\$0.0	25%	12	\$0.00
	\$0.0	100%	12	\$0.00
<b>TOTALS</b>				<b>\$0.00</b>

**Justification:**

*Describe justification for each staff person here...*

**B. FRINGE BENEFITS: \$0.00**

<b>Component</b>	<b>Rate</b>	<b>Wage</b>	<b>Cost</b>
FICA	0%	\$0.0	\$0.00
Retirement	0%	\$0.0	\$0.00
Insurance	0%	\$0.0	\$0.00
		<b>TOTAL</b>	<b>\$0.00</b>

**Justification:**

*The fringe rate is calculated by ....*

**C. CONSULTANT COSTS: \$0**

**D. EQUIPMENT: \$0**

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

**E. SUPPLIES: \$0.00**

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

**Justification:**

*Describe justification for each supply line here...*

**F. TRAVEL:** **\$0.00**

Purpose of Travel	Location	Item	Rate	Cost
		Mileage		\$0.00
		Motor Pool		\$0.00
		Per Diem		\$0.00
			<b>TOTAL</b>	<b>\$0.00</b>

**Justification:**

*Describe justification for travel here...*

**G. OTHER:** **\$0.00**

Item(s)	Rate	Cost
		<b>TOTAL</b>
		<b>\$0.00</b>

**Justification:**

*Describe justification for other here...*

**H. CONTRACTUAL:** **\$0.00**

Name	Description of Costs	Cost
		<b>TOTAL</b>
		<b>\$0.00</b>

**Justification:**

*Describe justification for each contract here...*

**I. 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

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

*Justification of indirect costs here (Note: ADPH does not pay indirect above 19.2% of salaries)*

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

**ATTACHMENT 2**

**SAMPLE WORK PLAN**

<b>Quarter 1 – October 1, 2015 – December 31, 2015</b>		
Objective 1	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Objective 2	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
<b>Quarter 2 – January 1, 2016 – March 31, 2016</b>		
Objective 1	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Objective 2	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
<b>Quarter 3 – April 1, 2016 – June 28, 2016</b>		
Objective 1	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Objective 2	Staff Responsible	Measurable Indicator
<i>Description here...</i>		