

# **Alabama Department of Public Health**

**Bureau of Health Promotion and Chronic Disease**

**REQUEST FOR PROPOSAL  
CHRONIC DISEASE SELF MANAGEMENT  
PROGRAM FUNDING 2013-2015**

**Alabama Department of Public Health  
Bureau of Health Promotion and Chronic Disease  
Chronic Disease Self Management Program  
Request for Proposal 2013**

## **I. Overview and Purpose**

The Alabama Department of Public Health (ADPH), an agency of the State of Alabama, issues this Request for Proposal (RFP) to provide funding to strengthen and expand integrated, sustainable service systems within the State of Alabama that will provide the evidence-based Chronic Disease Self Management Program (CDSMP) or Tomando Control de su Salud (Tomando) programs to adults with chronic conditions or disabilities. Funding is provided by a grant from the U.S. Department of Health and Human Service's Fund through the Agency on Community Living/Administration on Aging. The overall purpose of this funding opportunity is to help ensure that evidence-based self-management education programs are embedded into the state's health and long-term service and support systems.

The growing prevalence of chronic conditions impacts the health and quality of life of adults. Chronic conditions are illnesses or disabilities that persist for at least a year and require medical attention and/or self-care. They include physical conditions, e.g., diabetes, arthritis, hypertension, chronic respiratory conditions, heart disease, HIV/AIDs, and chronic pain, as well as behavioral conditions, such as depression and mental illnesses. To address the growing prevalence and impact of chronic conditions, experts are recommending that health care systems include a combination of health and community-based interventions such as evidence-based chronic disease self-management education programs. One example of such a program is the Stanford University CDSMP. The Stanford program teaches participants the skills to manage their conditions, build their self-efficacy, adopt healthy behaviors, and enhance their quality of life. The program consists of workshops conducted once a week for two and a half hours over six weeks in community-based settings such as senior centers, worksites, faith-based organizations, libraries, and other community rooms. People with different chronic health conditions attend together, and the workshops are led by a pair of trained facilitators. The program focuses on problems and topics of interest that are common to adults with any chronic condition, such as managing pain, fatigue and other symptoms, nutrition, exercise, appropriate use of medications, managing stress and emotions, and communicating effectively with health professionals.

This funding opportunity is designed to achieve the following two major goals:

- **Goal 1:** Significantly increase the number of adults and/or disabled adults with chronic conditions who complete evidence-based self-management education programs to maintain or improve their health status.
- **Goal 2:** Strengthen and expand integrated, sustainable service systems within the state to provide evidence-based chronic disease self management education programs.

Funding for these activities should be considered supplemental and may not cover all costs associated with providing CDSMP or Tomando programs.

More information about CDSMP and Tomando can be found at <http://patienteducation.stanford.edu/>.

## **II. Eligible Applicants**

ADPH is soliciting responses from community outreach organizations, health care systems, Medicaid networks, nursing and assisted living facilities, correctional institutions, and institutions of higher learning, and other entities with a history of providing health promotion and wellness-related services that can demonstrate a capacity to deliver CDSMP or Tomando to adults with chronic conditions or disabilities. Eligible applicants must demonstrate:

- Ability to reach appropriate number of participants and completers for funding level
- Ability to sustain programs beyond funding period
- Capacity to delivery chronic disease self management education programs
- A history of providing health education to adults with chronic conditions
- Ability to enter into a grant agreement with ADPH
- Ability to provide E-Verify information to ADPH if selected

### **III. Mini-Grant Requirements**

#### **Grantees must:**

- Purchase a license from Stanford University to delivery CDSMP and provide ADPH a copy of license (Link to Stanford License information: <http://patienteducation.stanford.edu/licensing/licfees.html>)
- Attend planning conference calls as requested by the ADPH
- Send appropriate number of staff to CDSMP or Tomando lay leader training (Four day CDSMP Lay Leader trainings will be provided by ADPH for those organizations that receive an award. Grantees should expect to have their staff or volunteers trained within the first three months of funding. See Fidelity Manual concerning the number of lay leaders to conduct workshops. Link to Fidelity Manual: <http://patienteducation.stanford.edu/licensing/FidelityManual2012.pdf>)
- Develop a budget, submit invoices to the ADPH, and provide backup documentation for expenditure of funds
- Report data on participants, workshops, and leaders as outline in Attachment A
- Deliver CDSMP or Tomando according to Stanford University's fidelity guidelines (Link to Fidelity Manual: <http://patienteducation.stanford.edu/licensing/FidelityManual2012.pdf>)

### **IV. Budget Requirements**

#### ***Use of Funds***

ADPH plans to award funding to develop and implement CDSMP and Tomando programs throughout the State of Alabama. These funds should be considered supplemental and may not cover all costs associated with providing workshops. These programs must produce a minimum number of participants and completers within the grant cycle as well as demonstrate capacity to sustain programs beyond grant funding. (A completer is a participant that attends four of the six sessions of a workshop.) Applicants should apply for funding levels in three categories: 60 completers per grant year, 120 completers per grant year, or 180 completers per grant year. Each level will be funded at \$3,500, \$6,500, or \$9,500 per year respectively. The first grant period (six months) of funding will be considered the capacity building period. In the first grant period, grantees will be expected to obtain a license from Stanford University, send an appropriate number of staff or volunteers to a Lay Leader training, buy workshop supplies, and conducted a pro-rated number of workshops to reach a pro-rated goal of completers. In the second and third grant years, grantees will be expected to achieve the completer goal in accordance with the level of funding received. Workshops will be reimbursed at \$600 per workshop. Please refer to Table A for a breakdown of expected activities and expenditures by funding level.

#### ***Contract funds can be used for (see Table A):***

- Stanford CDSMP or Tomando License fees
- Workshop supplies: flip charts, posters, markers, name tags, etc
- Workshop marketing
- Staff travel expense for CDMSP Lay Leader training
- Lay Leader travel reimbursement to and from CDSMP or Tomando workshops
- Lay Leader stipend for conducting CDSMP or Tomando workshops
- Purchase of *Living a Healthy Life with Chronic Conditions* or *Tomando Control de su Salud* books

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

- Research
- Patient clinical care
- Personal health services, medications, medical devices, or other costs associated with the medical management of a patient or participant
- Construction
- The purchase of furniture or equipment
- The purchase of food
- Honorariums
- Fundraising initiatives

***Funding Periods***

The total award amount available through this funding opportunity is **\$99,000.00**. *(Please note – The total amount will be divided between all organizations over the two and one half year period. Each individual organization will receive a percentage of the total amount based on the criteria set forth in this RFP. The actual award amounts will be stated on any forthcoming grant agreement.)*

The funding cycle will begin **March 1, 2013**.

The funding cycle will end **August 30, 2015**, contingent upon funding.

Grant period one is from March 1, 2013, until August 30, 2013. Grant period two is from September 1, 2013, until August 30, 2014. Grant period three is from September 1, 2014, until August 30, 2015.

Funding in grant years two and three will be dependent on two factors: 1) the continuation of federal funding, and 2) the grantees performance toward meeting completer goals.

**V. Reporting Requirements**

Annual reports on project activities, to include a summary workshop and participant numbers, are due fifteen days from the end of each grant period.

Fifteen days after completion of any CDSMP or Tomando workshop, workshop reporting documents found in Attachment A are to be submitted to Jonathan Edwards at the address below.

**VI. Administration Requirements**

***Deadline for Submission:***

Applications must be received by close of business on **February 28, 2013**. You may email or mail your application.

Email: Jonathan.Edwards@adph.state.al.us

Mail: Jonathan Edwards  
AoA CDSMP Project  
Alabama Department of Public Health  
201 Monroe Street, Suite 983  
Montgomery, AL 36104

***Technical Assistance***

Applicants requiring technical assistance should contact Jonathan Edwards:

Email: Jonathan.Edwards@adph.state.al.us Phone: 334-206-5605

## ***RFP Terms and Conditions***

ADPH reserves the right to:

Alter, amend, or modify provisions of this RFP.

Adjust or correct cost figures with the concurrence of the applicant if an error exists and can be documented to the satisfaction of ADPH.

Negotiate with the applicants responding to the RFP to serve the best interests of ADPH and State of Alabama.

Modify the detail specifications should none of the applications received meet all of the stated requirements.

If ADPH is unsuccessful in negotiating a grant agreement with the selected applicant within an acceptable time frame, ADPH may begin agreement negotiations with the next qualified applicant(s) in order to serve and realize the best interest of the State.

## **Project Duration and Start Date**

The projected start date of this grant is **March 1, 2013**. Applicants will be notified in writing of a selected/non-selected application after March 1, 2013. Each selected applicant will enter into a grant agreement with ADPH. The project end date is August 30, 2015. This project may be discontinued at anytime if federal funding is no longer available.

## **VII. Application Content and Format**

Please provide the following information in the order listed:

1. Application cover page (Form A)
2. History and capacity (Form B)
3. Project narrative (Form C)
4. Budget (Form D)
5. Work plan – Year 1, 2, and 3 (Form E)

## **VIII. Completing the Application**

The total number of pages should not exceed six (6) pages (not including appendices and budget). Pages must be typed, double spaced, and 12 point, Times New Roman or Arial font.

## **IX. Grant and Award Criteria**

Each application submitted will be reviewed using a two-tiered process. Upon receipt of the application, ADPH staff will check applications for required components. Incomplete applications will not advance through the review process. Grant applications that meet requirements will go through the second tier of the review process. A panel of ADPH professionals who have expertise in community interventions and evaluation will score proposals on the following criteria:

- Application cover page (5 points)
- History and capacity (25 points)
- Project narrative (25 points)
- Budget (15 points)
- Work plan (30 points)

Applications will be placed in rank order.

**Attachment A: Reporting Documents**

**Workshop Information Cover Sheet**

**Participant Information Survey**

**Attendance Log**

# Living Well Alabama

## Chronic Disease Self Management Program

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### ***Workshop Information Cover Sheet***

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***Instructions to the Group Leaders:*** Please provide the requested details about this Workshop. Please print clearly. Use this as a cover sheet for the completed data collection forms to return to the Survey Coordinator.

1. Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Group Leaders' Names (please provide full first and last names). If we may contact you with questions about these forms, please provide your daytime phone number as well.

\_\_\_\_\_  Staff  Volunteer Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  Staff  Volunteer Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
First Name Last Name

3. Workshop Start Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Did you offer a "Session 0" with this workshop? ("Session 0" is an optional pre-workshop session. Not all workshops offer a "Session 0".)

- Yes  
 No  
 Don't know

5. What type of workshop is this? (Mark only one.)

- Chronic Disease Self-Management Program (CDSMP)  
 Tomando Control de su Salud (Spanish CDSMP)  
 Diabetes Self-Management Program (DSMP)  
 Tomando Control de su Diabetes (Spanish DSMP)  
 Arthritis Self-Management Program (ASMP)  
 Programa de Manejo Personal de la Artritis (Spanish ASMP)  
 Positive Self-Management for HIV  
 Chronic Pain Self-Management Program  
 Other, list name:

For Survey Coordinator Use Only

Host Organization Name: \_\_\_\_\_

Funding Source for this Workshop:  AoA  CDC  Both AoA/CDC  Other

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## **Workshop Information Cover Sheet—continued**

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6. Workshop language:

- English  Spanish  Arabic  Bengali  Chinese  Dutch  French  German  
 Greek  Hindi  Italian  Japanese  Korean  Khmer  Norwegian  Punjabi  
 Russian  Somali  Swedish  Tagalog  Tamil  Turkish  Vietnamese  Other: \_\_\_\_\_

7. Number of participants *enrolled* (attending at least 1 session\*): \_\_\_\_\_

8. Number of participants who *completed at least 4 sessions*\*: \_\_\_\_\_

\* Excluding "Session 0"

9. Number of *Participant Information Surveys* included in the returned packet: \_\_\_\_\_

If the number of forms is fewer than the number of participants noted in #7 above, please provide a brief explanation (e.g., illness, refusal, loss or destruction of forms, etc.):

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### **Forms Checklist Examples**

#### ***Sample instructions if Group Leaders will return all forms at one time:***

Please return the following forms to the Survey Coordinator (contact information below) within 48 hours after the final session:

- This *Workshop Information Cover Sheet*
- Attendance Log*
- All completed *Participant Information Surveys*

#### ***Sample instructions if Group Leaders will return forms as they are completed:***

- After the first session, complete items 1-5 of this form. Make a copy.
- Return this copy along with the completed *Participant Information Surveys* to the Survey Coordinator (contact information below) within 48 hours after the first session.
- Keep the original of this form. At the conclusion of the workshop, complete items 6-8 of the original of this form and send with the *Attendance Log* to the Survey Coordinator (contact information below) within 48 hours after the final session.

[Survey Coordinator Contact Info]

Living Well Alabama  
Chronic Disease Self Management Program

***Participant Information Survey***

**Instructions:** Please use a pen to answer the questions on both sides of this form. Please print clearly. Mark your choice within the box, like this:

Your Name: \_\_\_\_\_

1. What is your date of birth?   /   /      
Month Day Year

2. What are the last four digits of your social security number?

3. What is your Zip Code?

4. What is your sex?

- Female  
 Male

5. Are you of Hispanic, Latino, or Spanish origin?

- Yes  
 No  
 Unknown

6. What is your race? (Mark all that apply.)

- American Indian or Alaska Native  
 Asian  
 Black or African-American  
 Native Hawaiian or Other Pacific Islander  
 White

Please turn over 

# Participant Information Survey—continued

Your Name: \_\_\_\_\_

7. Has a health care provider ever told you that you have any of the following chronic conditions? (Please mark all that apply.)

- Alzheimer's or Related Dementia
- Arthritis/ Rheumatic Disease
- Breathing/ Lung Disease (e.g., Asthma, Emphysema, Bronchitis)
- Cancer
- Depression or Anxiety Disorders
- Diabetes
- Heart Disease
- Hypertension (High Blood Pressure)
- Osteoporosis (Low Bone Density)
- Stroke
- Other Chronic Condition: \_\_\_\_\_
- None (No Chronic Conditions)

8. Are you currently or have you been in the last year a caregiver for a family member or friend?

- Yes
- No

9. Are you limited in any way in any activities because of physical, mental, or emotional problems?

- Yes
- No

10. Today, how many people live in your household (including yourself)?

(Number of people)

11. Please circle the highest year of school you have completed:

1 2 3 4 5 6      7 8 9 10 11 12      13 14 15 16      17 18 19 20 21 22 23+  
(primary)      (middle/high school)      (tech/ college)      (graduate school)

# Living Well Alabama Chronic Disease Self Management Program

## ***Attendance Log***

**Instructions to the Group Leaders:** Please clearly print the Workshop Information and the Participant Names below. Write participants' names as they appear on their *Participant Information Surveys*.

Mark each session that the participant attends like this:

Site Name: \_\_\_\_\_

Start Date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_ End Date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_

Table 1: CDSMP Participant Attendance Log

Session Number

Participant Name	1	2	3	4	5	6	7 <small>(PSMP Only)</small>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

10-16 is the ideal workshop size; 20 is maximum enrollment.

**Form A**

**Applicant Information**

1. Name of Organization:

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2. Organization Tax ID Number or FEIN:

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3. Organization Mailing Address and Physical Address:

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4. Organization Telephone Number and Fax Number:

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5. Name, title, contact information, and signature for Project Coordinator/Contact Person:

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Signature: \_\_\_\_\_

6. Name, title, contact information, and signature of organization's chief executive officer

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Signature: \_\_\_\_\_

7. Name, title, contact information, and signature of organization's chief financial officer:

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Signature: \_\_\_\_\_

**Form B**

**History of Delivering Health Education to Adults and Capacity to Reach Participants**

**Form C**

**Project Narrative**

**Answer the questions below.**

How do you plan to reach your goals of participants and completers?

Do you have appropriate number of staff and/or volunteers to conduct workshops?

What is your projected timeline to accomplish these activities?

How will your organization sustain this program beyond funding?

**Form D**

**Budget**

Present a full project budget using the template as a guide. Describe how the funds will be used to support activities. Indicate other funds or resources that may be used to accomplish project activities.

<b>Category</b>	<b>Description</b>	<b>Breakdown of Funds</b>	<b>TOTAL</b>
<b>Travel</b>			
<b>Supplies</b> Books, flip charts, posters, easels, markers, name tags, pens, etc.			
<b>Promotion / Marketing</b>			
<b>License</b> (Refer to Table A)			
<b>Other*</b> Identify other needs and explain them here			
<b>Subtotal</b>			
<b>Grand Total</b>			



**Table A: Breakdown of Expected Activities and Expenditures**

	<b>Funding Level: \$3,500</b>		<b>Funding Level: \$6,500</b>		<b>Funding Level: \$9,500</b>	
	<b>Completer Goal: 60/year</b>	<b>Workshop Goal: 5/year</b>	<b>Completer Goal: 120/year</b>	<b>Workshop Goal: 10/year</b>	<b>Completer Goal: 180/year</b>	<b>Workshop Goal: 15/year</b>
<b>Grant Year</b>	<b>Activity</b>	<b>Funding</b>	<b>Activity</b>	<b>Funding</b>	<b>Activity</b>	<b>Funding</b>
<b>FY 2013</b> , Six Months (March 1 – Aug 31) ½ Year / ½ Goal	Purchase CDSMP License from Stanford University	\$500	Purchase CDSMP License from Stanford University	\$500	Purchase CDSMP License from Stanford University	\$1,000
	Send Five Staff to CDSMP Lay Leader Training	\$500	Send Ten Staff to CDSMP Lay Leader Training	\$1,000	Send Fifteen Staff to CDSMP Lay Leader Training	\$1,500
	Conduct Two Workshops	\$1,200 (Reimburse Workshops at \$600 each)	Conduct Four Workshops	\$2,400 (Reimburse Workshops at \$600 each)	Conduct Six Workshops	\$3,600 (Reimburse Workshops at \$600 each)
	Purchase CDSMP Participant Books and other Workshop Supplies	\$1,300	Purchase CDSMP Participant Books and other Workshop Supplies	\$2,600	Purchase CDSMP Participant Books and other Workshop Supplies	\$3,400
<b>Year 1 Total</b>		\$3,500		\$6,500		\$9,500
<b>FY 2014</b> (September 1 – August 31)	Conduct Five Workshops	\$3,000 (Reimburse Workshops at \$600 each)	Conduct Ten Workshops	\$6,000 (Reimburse Workshops at \$600 each)	Conduct Fifteen Workshops	\$9,000 (Reimburse Workshops at \$600 each)
	Purchase CDSMP Participant Books and other Workshop Supplies	\$500	Purchase CDSMP Participant Books and other Workshop Supplies	\$500	Purchase CDSMP Participant Books and other Workshop Supplies	\$500
<b>Year 2 Total</b>		\$3,500		\$6,500		\$9,500
<b>FY 2015</b> (September 1 – August 31)	Conduct Five Workshops	\$3,000 (Reimburse Workshops at \$600 each)	Conduct Ten Workshops	\$6,000 (Reimburse Workshops at \$600 each)	Conduct Fifteen Workshops	\$9,000 (Reimburse Workshops at \$600 each)
	Purchase CDSMP Participant Books and other Workshop Supplies	\$500	Purchase CDSMP Participant Books and other Workshop Supplies	\$500	Purchase CDSMP Participant Books and other Workshop Supplies	\$500
<b>Year 3 Total</b>		\$3,500		\$6,500		\$9,500
<b>Three Year Grant Award</b>	<b>Workshop Goal: 12 Completer Goal: 144</b>	<b>\$10,500</b>	<b>Workshop Goal: 24 Completer Goal: 288</b>	<b>\$19,500</b>	<b>Workshop Goal: 36 Completer Goal: 432</b>	<b>\$28,500</b>