



REQUEST FOR APPLICATIONS

Better Self-Management of Diabetes

2007



2007 Better Self-Management of Diabetes

Request for Applications

TABLE OF CONTENTS

TOPICS	PAGE
Request for Applications	
Overview	1
Background	1
Program Design	1
Program Evaluation	3
Funding Guidelines	5
Eligibility	5
Selection Criteria	6
Timetable	6
How To Apply	7
Right To Reject	7
Inquiries	7
Application	
Application Checklist	8
Application Cover Sheet	10
Preparing Your Application Narrative	11
Description of Your Program	11
Overview of Your Organization	12
Project Budget	
Project Budget Worksheet	13
Budget Assumptions/Justification Instructions	14
Resources	
Chronic Care Model and Self-Management Resources	19
Attachment	
Memorandum of Understanding	20

OVERVIEW

The Missouri Foundation for Health (MFH) has designed the Better Self-Management of Diabetes Priority Area Grant (PAG) to support the implementation and expansion of the nationally recognized Chronic Care Model developed (<http://www.improvingchroniccare.org>) for the management of chronic illness at the primary care level. Specifically, MFH is focusing on the self-management component of the model and its application to improving diabetes care. Evidence is growing that self-management interventions for a variety of chronic diseases lead not only to improvements in health outcomes and health status, but also to increased patient satisfaction, and in some cases, to reductions in utilization and costs. The American Diabetes Association recognizes self-management education as “the cornerstone of care for all individuals with diabetes who want to achieve successful health-related outcomes.”

This Request for Applications (RFA) targets populations of individuals diagnosed with Type II diabetes, particularly those from high-risk, low-income, uninsured, underinsured, or underserved populations.

BACKGROUND

Diabetes is the sixth leading cause of death in Missouri. Over 300,000 adult Missourians have been diagnosed with diabetes and an estimated 115,000 of all ages remain undiagnosed. The cost is staggering – diabetes and related complications account for \$2 billion in expenditures per year in Missouri. The prevalence of adults with Type II diabetes in Missouri is higher than the national average (6.9% vs. 6.7%), with some regions within the MFH service area as high as 9%. Between 1998 and 2003, diabetes in Missouri accounted for 55,734 hospitalizations and 45,735 emergency room visits.

PROGRAM DESIGN

The goal of this PAG is to demonstrate that collaborative, multi-component, self-management diabetes programs can be delivered in a variety of health care and community settings.

Organizations can apply for MFH funding to develop and implement a comprehensive diabetes self-management program that is fully integrated into the organization's operations. The most successful self-management programs are those that incorporate long-term behavior change

-1-

2007 Better Self-Management of Diabetes: Request for Applications

and develop the necessary systems to maintain that change. Programs funded through this PAG must contain the following elements in order to be considered responsive. Successful applicants will provide detailed plans and activities that clearly articulate:

- » *Educational and Skills Training Programs for Patients.* Provide educational and skills training programs for patients that include teaching and empowering patients on how to set short- and long-term personal goals, how to access provider and community health resources, and how to develop and maintain healthy behaviors and habits.
- » *Training Programs for Providers and Care Teams.* Train providers and health care teams on methods to assist patients in developing goals and plans, to practice effective follow-up communication with patients to reinforce and support self-management skills, and to track clinical health outcomes of patients (registries, patient satisfaction, utilization of medical resources, etc.)
- » *Collaboration with Community Partners.* Demonstrate strong collaborations and partnerships that increase providers' and patients' access to medications and medical supplies, improve patient care through in-home assistance or transportation to clinics, and improve access to alternative community resources that increase patient opportunities for exercise and healthy eating. Evidence of such relationships should include memorandums of understanding, letters of agreement, and letters of support.
- » *Follow-Up Care and Communication.* Demonstrate capacity and describe methods to provide patient follow-up care, screenings, and monitor clinical outcomes and continuity of care.
- » *Sustainability.* Demonstrate the integration of self-management into the ongoing delivery of care and strategies that will promote sustainability beyond MFH funding.

A total of \$3.6 million has been allocated by MFH for this PAG in 2007. Applicants may apply for funding for a period of up to three (3) years to cover costs directly related to activities under this program.

Examples of Successful Interventions and Care Models

Review of the literature on the self-management of chronic diseases and consultation with chronic disease experts identifies several key core elements of self-management programs. For example, successful programs address the following areas:

-2-

2007 Better Self-Management of Diabetes: **Request for Applications**

- » *The combination of disease and health management.* Programs that address both the clinical care needs and the preventive behaviors and disease management aspects of a chronic condition.
- » *Patient role management.* Programs that help patients maintain daily functions of life, emphasize patient empowerment, merge both the clinician's and patient's ideas, and perform regular follow-up with patients.
- » *Patient emotional management.* Programs that address a patient's psychological factors, adaptation to change, and the maintaining of interpersonal relationships.
- » *Cultural appropriateness.* Programs that address different cultural, language, and learning styles.
- » *System-wide organizational change and support.* Programs that visibly support improvement at all levels of the health care organization, from senior management to front-line staff, from clinical operations to information management systems.

Prior to the implementation of a diabetes self-management program, organizations need to assess if their level of readiness is at an optimal level for full integration and long-term sustainability within their target communities. Leading experts using the Chronic Care Model have developed helpful tools and resources that organizations can use to determine where they are in their stages of services. Further guidance is provided in redesigning practices, communication strategies, technology systems and follow-up care models. An example of websites that provide tools for organizations to determine their level of readiness include:

<http://www.healthdisparities.net/hdc/html/home.aspx>

<http://www.improvingchroniccare.org>

<http://midwestclinicians.org>

<http://betterdiabetescare.nih.gov>

PROGRAM EVALUATION

Applicant Program Evaluation

Applicants are responsible for collecting data for immediate and intermediate outcomes that address a participant's clinical measures, learning capacities, behavior changes, and self-management success. These measures should appropriately apply to the applicant's proposed

-3-

2007 Better Self-Management of Diabetes: Request for Applications

objectives and activities. MFH requires applicants to collect data (either individually or collaboratively) and monitor changes in the following:

- » Patient clinical measures such as glycemic and lipid controls, BMI, and blood pressure over a sustained period;
- » Clinical procedures that reduce the risks of diabetes complications (eye exams, foot exams, dental exams, etc.);
- » Goal setting and goal attainment for patients;
- » Education, problem solving, and coping strategies for patients; and
- » Process indicators that document the implementation of diabetes self-management.

Examples of data collected from proposed interventions should correspond with recommended measures from evidence-based sources such as CDC's *Healthy People 2010* (<http://www.cdc.gov>), the American Association of Diabetes Educators (<http://www.aadenet.org>), and the American Diabetes Association (<http://www.diabetes.org>).

Funded grantees must demonstrate the capacity to collect baseline and interval data on performance measures specific to the proposed interventions related to diabetes self-management. MFH will consider up to 10% of the subtotal of direct expense requested by applicants to support evaluation activities required of funded grantees.

External Evaluation

Throughout the duration of this PAG, a MFH-contracted external evaluator will evaluate the impact of the overall Better Self-Management of Diabetes. Funded organizations and the contracted external evaluator will work together to evaluate measures related to diabetes self-management that will assess a continuum of outcomes which include patient learning, provider and patient behavior change, clinical improvement, self-efficacy, and overall health status.

Funded organizations are expected to:

- » Work collaboratively with all partners and the external evaluator to collect data and evaluate the combined impact of all programs funded under this PAG.
- » Participate in meetings with MFH staff, contracted external evaluators, and all partners funded under this PAG.

-4-

2007 Better Self-Management of Diabetes: **Request for Applications**

FUNDING GUIDELINES

Allowable Costs and Activities

The following line items can be requested under this PAG;

- » Salaries/benefits
- » Related equipment and supplies
- » Evaluation (up to 10% of total direct expense)
- » Other direct expenses (staff training, etc.)
- » Grant-related travel (NOTE: for applicants outside the St. Louis metropolitan area, include the cost of mileage, lodging and per diem to participate in twice-yearly convenings provided by MFH in St. Louis.)
- » Indirect expenses (up to 15% based on salaries only, exclusive of benefits/payroll taxes)

See the budget and budget narrative instructions and the MFH Funding Guidelines (http://www.mffh.org/funding_guidelines.html) for further details on allowable costs and activities.

ELIGIBILITY

Applicants and the majority of the targeted population served must be located within the MFH service area, which includes 84 counties and the City of St. Louis. Applicants must also meet the general MFH funding guidelines (see eligibility criteria, or refer to the *MFH Funding Guidelines* at http://www.mffh.org/funding_guidelines.html).

Eligible organizations include primary health care centers, clinics, or hospitals that demonstrate:

- » the capability to carry out required elements as defined in the RFA;
- » the ability to recruit patients, track them and monitor clinical and behavioral outcomes;

and

- » partnerships with community-based organizations that leverage other resources that improve patient care.

The following requirements also apply:

- » Applications must either be a government agency or a nonprofit organization exempt from federal tax under Section 501(c)(3) of the IRS code.

-5-

2007 Better Self-Management of Diabetes: Request for Applications

- » Applicants must be registered with the Secretary of State to conduct business in Missouri and classified by the state as being in good standing. Applicants not in good standing are ineligible to apply until their status has been resolved and reclassified to good standing.
- » MFH funding cannot exceed 25% of an organization's annual expense budget. All current MFH grants and contracts are considered in calculating an organization's 25% limit. In-kind expenses are not considered in determining the size of an annual expense budget.

Only one application in response to this Better Self-Management of Diabetes RFA will be accepted per applicant organization as determined by federal tax ID number.

SELECTION CRITERIA

Applications that meet the minimum qualifications will be internally reviewed by an MFH staff team and advisory review panel. Applications will be assessed based on how well applicants demonstrate capacity for organization-wide, fully integrated diabetes self-management care, improved patient involvement, and sustainable community collaborations and partnerships.

Points will be allocated to the completeness of the Program Overview, Program Plan, Program Evaluation, Organizational Profile, and Financial Profile. Further details can be found in the *Preparing Your Application* section (pages 11-12).

TIMETABLE

Applications for this PAG are being accepted beginning February 12, 2007, with an anticipated award date in September 2007.

Application Available: February 12, 2007
Pre-Application Conference Call: March 20, 2007
Application Deadline: April 26, 2007 (must be received in the MFH office by 4 pm)
Committee Review: September 2007
Anticipated Award: September 2007

-6-

2007 Better Self-Management of Diabetes: Request for Applications

HOW TO APPLY

Applicants must submit one (1) original and three (3) copies of the following materials (see the *Application Checklist*, Page 8, for more information):

- » Better Self-Management of Diabetes (BSMOD) application cover sheet
- » Application narrative
- » Line-item budget sheet and budget narrative (in MFH format)
- » All required attachments detailed on pages 8-9 of this RFA

Any applications without the required items will not be accepted for review.

Applications may be mailed or hand-delivered to MFH offices – no faxed or e-mailed applications will be accepted. Mailed applications can be sent to the address below.

RIGHT TO REJECT

MFH serves the right to:

- » Reject any or all applications submitted
- » Request additional information from any or all respondents
- » Conduct discussions with respondents for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements
- » Negotiate modifications to a respondent's proposal prior to final award for the purpose of obtaining best and final offers

- » Approve subcontractors proposed or utilized in carrying out the scope of the work

INQUIRIES

Please direct all inquiries about this RFA process to Terry Plain, Program Officer, at 314.345.5542 (toll-free at 1.800.655.5560) or vplain@mffh.org.

Missouri Foundation for Health
Attn: Better Self-Management of Diabetes
1000 St. Louis Union Station, Suite 400
St. Louis, MO 63103

-7-

2007 Better Self-Management of Diabetes: **Application**

Application Checklist

General requirements:

- » Applications that do not contain all of the required documentation *will not be reviewed* unless an applicant has contacted and obtained approval from MFH *prior to submission* to explain why certain documentation is unavailable. Incomplete applications will not be advanced to consideration for funding.
- » Do not provide any other documentation such as leaflets, promotional materials, flyers, etc.
- » Do not staple the application or use any special folders or bindings.

Submitted applications *must* contain all of the items listed below (provide one (1) original and three (3) copies of the following):

- Application cover sheet.** Submit the one-page form located on page 10 of this packet with all spaces completely filled in.
- Application narrative.** Submit a narrative up to six (6) pages long detailing the proposed program. Instructions for required content are included in this packet (pages 11-12).
- Project budget.** Submit a one-page table showing the requested amount for each line item. A spreadsheet to input this information is included in this packet on page 13 and is also available on the MFH website (<http://www.mffh.org>).
- Budget narrative.** Submit a narrative that details each line item request. Instructions for required content are included in this packet (pages 14-18). Be sure to include vendor

quotes for each major equipment item (equipment with single item value equal to or over \$5,000).

- Tax determination letter.** Provide a copy of the letter issued by the Internal Revenue Service that states that your organization is tax exempt under IRS code section 501(c)(3). Call 1.877.829.5500 to obtain a copy. *Do not send a Missouri sales tax exemption letter.* Government agencies have a tax exemption under a different code section.
- List of board members.** Submit a list of all current board members.
- Memorandum(s) of understanding (MOUs).** Include signed MOU(s) that outline roles and responsibilities between the applicant and its partner organization(s). *An MOU as outlined in the eligibility requirements must be submitted if working with partner organizations.* A sample MOU is included in this packet (page 20).

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- Letters of support.** Include letters from other organizations that express support for the proposal submitted in this application.
- Annual audit report.** Provide the most recent (issued less than 15 months prior to date of application submission) audit report prepared by a CPA. Send the complete report including audit letter, financial statements, and notes to the financial statements.
Note: If a recent audit report is unavailable, provide the most recent IRS Form 990 tax return (without supporting schedules).
- Annual budget.** Provide the current fiscal year's approved expense budget. The budget must show detailed annual expense by type of expense.
- Current financial statements.** Provide current (issued less than 60 days prior to the date your application is submitted) unaudited financial statements (income statement and balance sheet).

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Signature of CEO:

Date:

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PREPARING YOUR APPLICATION NARRATIVE

The Application Narrative cannot exceed six (6) pages (excluding attachments).

The Application Narrative must be typed on standard white paper, single spaced with at least a 10-point font size and one-inch margins. Please attach (with a paper clip) a copy of the Application Cover Sheet, Application Narrative, Line-Item Budget, Budget Narrative and required attachments listed in the Application Checklist (pages 8-9). Submit one (1) original and three (3) copies of all materials.

Do not staple or use any special folders or bindings to enhance the presentation of your proposal.

DESCRIPTION OF YOUR PROGRAM (70 total points):

Application Narrative

Follow the Application Narrative requirements by typing the corresponding headings that reflect each lettered section.

A. PROGRAM OVERVIEW (10 points):

- » Provide a one-paragraph synopsis of the proposed program. In this paragraph, include a rationale for the program, interventions and activities planned.
- » Specify the total program budget and the amount of funding requested from MFH.
- » Specify the per-person-served annual cost of the program.

B. PROGRAM PLAN (40 points):

- » Provide specific data that describes the population targeted for the proposed diabetes self-management program.
- » Describe the current availability of services similar to those proposed for the target population.
- » Describe the unique barriers in the targeted community that limit implementation of a diabetes self-management program.
- » Describe how the proposed program will successfully address the aforementioned barriers in program implementation.

- » Outline the program's key objectives and activities with specific timelines.
- » Will consumers/patients have an opportunity for input in designing the program? If so, describe their role and ongoing involvement.
- » For each objective, specify the anticipated results, methods of measurement, and key staff responsible for program implementation.
- » Estimate the number of individuals to be served or directly affected by the program.
- » Describe how diabetes self-management will be integrated and maintained in the organization's daily operations.

C. PROGRAM EVALUATION (20 points):

- » Describe current or identified staff responsible for data collection.
- » Describe quantitative and qualitative measures that will determine achievement of diabetes self-management objectives.

OVERVIEW OF YOUR ORGANIZATION (30 total points):

A. ORGANIZATIONAL PROFILE (25 points):

- » State the mission(s) of the organization(s) involved.
- » Describe applicant's experience and qualifications for conducting programmatic activities in the targeted community.
- » Describe any collaborations and/or partnerships and their role, such as linkages with public health departments, voluntary organizations, institutional and/or individual providers, or related services.
- » Describe applicant's previous experience in chronic disease management and that of partnering organizations, if applicable.
- » Discuss the role and qualifications of key staff that have the skills and experience to conduct and evaluate the proposed activities. Include expectations of time commitment by these staff members.

B. FINANCIAL PROFILE (5 points):

- » Describe applicant's state and/or federal funding sources, if any.
- » Describe the other funding sources and strategies used to maintain or increase organizational revenue.
- » List any in-kind services for the proposed program.
- » Describe funding strategies that will sustain the proposed program after MFH

support ends.

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BUDGET ASSUMPTIONS/JUSTIFICATION INSTRUCTIONS

General Instructions

The Project Budget Worksheet contains two sides. The left side, **Total Project Budget**, must contain total project revenue and expense. The right side, **Funding Requested from Foundation**, is limited to revenue that results from Foundation funding and expenses for which Foundation reimbursement is being requested.

Under no circumstances may the net project cost on the 'Foundation' side be greater than the net project cost on the 'Total Project' side.

Instructions for 'Funding Requested from Foundation' Side of Worksheet

Revenue and expense assumptions/justifications are to be provided only for that portion of the total project for which funding from the Foundation is requested.

Each year's revenue and expense must be fully explained as outlined below, with a total provided by line item for each year of expense. The line item totals in the narrative must correspond to the line item totals on the Project Budget Worksheet.

Net Revenue

Net Revenue: List any type of new revenue (e.g., Medicare/Medicaid Reimbursement, fee-for-service, client fees, etc.) for this project that will result from Foundation funding. If additional rows are needed, insert on worksheet. Explain how each type of revenue is calculated.

Example:

Medicaid. 2,000 patient visits @ \$15 average reimbursement per visit. Total \$30,000. 5% increase in patient visits annually with reimbursement per visit fixed with no increase.

Note: The figures on the budget worksheet would appear as follows:

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Medicaid	\$30,000	\$31,500	\$33,075

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Expense

Salary: Salary is for staff that will be employed by your organization. Consulting and/or contracted positions must be listed in Other Direct Expense. For each employed staff position, state the position title, annual salary, full-time equivalency applicable to this project and project cost by year.

Example:

<u>Position</u>	<u>Annual Salary</u>	<u>FTE</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Physician	\$150,000	.1	\$15,000	\$15,300	\$15,606
LPN	30,000	.6	<u>18,000</u>	<u>18,360</u>	<u>18,727</u>
Total Salary			\$33,000	\$33,660	\$34,333

Note: In this example, salaries are increased 2.0% annually to reflect merit increases.

Benefits & Payroll Taxes: The Foundation recognizes that benefits such as health insurance, life insurance, retirement, etc. are commonly provided to full-time employees and that payroll taxes are required by statute. Accordingly, benefits and payroll taxes expense can be included in a project subject to the limits stated below.

State your organizations standard benefit and payroll tax rate expressed as a percentage of salary, not to exceed the following maximum percentage rates:

- Full-time employee with annual salary up to \$30,000: up to 32% of salary
- Full-time employee with annual salary \$30,001-\$60,000: up to 25% of salary
- Full-time employee with annual salary over \$60,001: up to 15% of salary
- Part-time employees: up to 10% of salary

For each position supported in whole or in part with Foundation funds, show the calculations that equate to the benefits & payroll tax funding request as follows:

2007 Better Self-Management of Diabetes: **Project Budget**

Example: (assumes an established organizational rate of 20%)

Year 1

<u>Position</u>	<u>Annual Salary</u>	<u>Benefit/Tax Rate</u>	<u>Subtotal</u>	<u>FTE</u>	<u>Total</u>
Physician	\$150,000	.15	\$22,500	.1	\$2,250
LPN	30,000	.20	6,000	.6	<u>3,600</u>
Total Benefits & Payroll Taxes					\$5,850

Note: Most examples below this point provide an example for only year one. If additional years' funding is requested, repeat the narrative for the subsequent year.

Conferences: List name of conference(s) proposed to be attended and registration fee(s) required. (Note: travel related to conferences such as airfare, hotel, meals, etc. is listed under Travel)

Example:

Year 1: Annual ABC Conference: \$200 registration fee for 2 staff members = \$400.

Total Conference for Year 1: \$400

Equipment, Major: (For equipment with single item value over \$5,000): List each item of equipment and item cost. Attach vendor quote for each item of major equipment.

Example:

Year 1: Ford van with wheelchair lift: \$24,950

Total Major Equipment for Year 1: \$24,950

Equipment, Minor: (For equipment with single item value under \$5,000): List item, quantity, unit cost and total cost.

Example:

Year 1

<u>Item</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
Personal computer	2	\$1,000	\$2,000
Hewlett Packard laserjet printer	1	400	<u>400</u>
Total Minor Equipment for Year 1			\$2,400

Printing: Explain how printing costs are calculated.

Example:

Year 1: Print 5,000 brochures for medical care at \$1.50 per brochure.

Total Printing for Year 1: \$7,500.

Supplies: Explain how supplies costs are calculated.

Example:

Year 1: Medical supplies for 6,000 patients at \$2.07 per patient = \$12,420

Total Supplies for Year 1: \$12,420.

Travel: Explain how travel costs are calculated.

Example:

Year 1: Four trips weekly by nurse, average 40 miles per trip, at Missouri standard reimbursement per mile. 52 weeks X 4 trips per week X 40 miles per trip X \$.415 per mile = \$3,453.

Example:

Two staff attending (name of) conference:

Airfare: \$200 X 2 staff = \$400

Hotel: \$100 per night X 2 nights X 2 staff = \$400

Meals: \$40 per day X 2 days X 2 staff = \$160

Total Travel for Year 1: \$4,413

Other Direct Expense: Describe in detail any other type of direct expense not specifically listed above or not included in Indirect Expense as defined below and explain how the costs are calculated for each year requested.

Evaluation Expense: Evaluation expense includes cost associated with evaluating the success of the project and achievement of project objectives.

2007 Better Self-Management of Diabetes: **Project Budget**

The Foundation will consider evaluation expense up to a maximum of 10% of the sub-total of Salary through Other Direct Expense (excluding Indirect Expense) on the right hand side of the budget worksheet – Funding Requested from Foundation.

If evaluation is outsourced, provide the name of the contractor or organization that will perform the evaluation services.

Indirect Expense: Indirect expense includes general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. in support of employees that provide health care services directly related to the project.

The Foundation will consider indirect expenses up to a maximum of 15% of salary expense only (salary expense does not include benefits and payroll taxes).

If indirect expenses are requested, state the percentage of indirect expenses and show the calculation as follows:

Indirect expense rate: 7%

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Salary expense	\$33,000	\$33,660	\$34,333
Indirect Rate	<u>.07</u>	<u>.07</u>	<u>.07</u>
Indirect Expense	\$ 2,310	\$ 2,356	\$ 2,403

CHRONIC CARE MODEL AND SELF-MANAGEMENT RESOURCES

<http://www.healthdisparities.net/hdc/html/home.aspx>

<http://www.improvingchroniccare.org>

<http://www.cdc.gov/diabetes/index.htm>

<http://www.centerforhealthstudies.org/chshome.html>

http://www.doh.wa.gov/cfh/wsc/Model_Info/Self_Management_Support/SMSpage1.htm

<http://www.thecommunityguide.org/diabetes>

<http://midwestclinicians.org>

<http://betterdiabetescare.nih.gov>

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MEMORANDUM OF UNDERSTANDING

MEMORANDUM OF UNDERSTANDING

between

(Insert name of Applicant Organization)
("hereinafter referred to as Applicant Organization")

and

(Insert name of Partner Organization)
("hereinafter referred to as Partner Organization")

Applicant Organization agrees to:

- A.
- B.

Partner Organization agrees to:

- A.
- B.

(Insert Authorized Signature Name)
(Applicant Organization)

(Insert Authorized Signature Name)
(Partner Organization)

Date

Date

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