



Addressing Hypertension in Federally Qualified Health Centers: Request for Proposals Office of Chronic Disease Prevention

Summary: The Baltimore City Health Department, Office of Chronic Disease prevention announces the availability of FY18 funds to support initiatives in federally qualified health centers to prevent and address hypertension. Up to \$90,000 is available for one 9 month project with an anticipated award date of October 1, 2017.

Total Award Amount: up to \$90,000

Total number of awards: 1

Approximate Award Period: October 1, 2017- June 30, 2018

Eligibility: Federally Qualified Health Centers within Baltimore City

Information Session: August 11, 2017, 9:30-11:00 am, Maxie Collier Conference Room, 1001 E Fayette St, Baltimore, MD, 21202

Letter of Intent Due: August 18, 2017 11:59 pm EST to Emilie Gilde, Director of Tobacco Use and CVD Prevention by email at Emilie.gilde@baltimorecity.gov. The letter is non-binding.

Application Deadline: September 15, 2017 11:59 pm EST to Emilie Gilde, Director of Tobacco Use and CVD Prevention by email at Emilie.gilde@baltimorecity.gov. Late submissions will not be reviewed.

Background & Purpose:

Heart disease is among the leading causes of death for Baltimore City residents, yet can be prevented and addressed by lifestyle and behavior modifications like physical activity, eating well, regular monitoring of blood pressure, medication management, and quality systems in place to identify and address patients who may have been missed within existing health systems. Heart disease alone accounts for over 24% of deaths in Baltimore, more than homicide, HIV/AIDS, and drug/alcohol-induced deaths¹. Further, persistent health disparities have meant

¹ <http://health.baltimorecity.gov/sites/default/files/NHP%202017%20-%202000%20Baltimore%20City%20%28overall%29%20%28rev%206-22-17%29.pdf>

that some residents face the burden of these diseases more than others, especially African Americans and those with less than a high school education.²

As part of Healthy Baltimore 2020, Baltimore City Health Department (BCHD) has set a robust agenda of reducing the disparities in cardiovascular disease mortality between black and white residents and sees federally qualified health centers (FQHCs) as critical partners in accomplishing this goal. FQHCs are uniquely poised to serve our most vulnerable residents in the neighborhoods where they live to accomplish BCHD's long term goals of:

- 1) Reducing the morbidity and mortality for hypertension
- 2) Reducing the disparities in the mortality rate for cardiovascular disease between black and white³
- 3) Reducing the number of emergency visits for patients attributable to uncontrolled or poorly controlled hypertension

This funding is designated for federally qualified health centers to address hypertension in the communities they serve, utilizing strategies in line with activities at the Maryland Department of Health, BCHD's own initiatives, and national guidelines. Funding is available to prevent and control these diseases using evidence-based programs, policies, and systems changes to improve population health through the outcomes, performance measures, and priority strategies outlined below.

Project Scope:

Funding is available to identify residents with uncontrolled hypertension through screening in community-based settings, provide evidence-based interventions (according to the priority strategies outlined in this RFP) that result in hypertension control or improvement, and report on project outcomes. FQHCs may propose quality improvement activities within clinics, but all services (aside from doctors' visits) should take place in community-based settings unless there is a strong rationale for offering the services in a clinic setting.

Outcomes (required, additional outcomes may be proposed):

- 1) Increased community-clinical linkages to evidence-based programs that address hypertension
- 2) Improved prevention and control of hypertension
- 3) Identification of high-risk patients with uncontrolled hypertension

Performance measures (required, additional measures may be proposed):

- 1) Number of patients screened for hypertension in community based settings (must be at least 1200)
- 2) Number of patients referred to evidence-based programs, self-monitoring of blood pressure, or receive services of a community health worker

² <http://health.baltimorecity.gov/sites/default/files/Health%20Disparities%20Report%20Card%20FINAL%2024-Apr-14.pdf>

³ <http://health.baltimorecity.gov/sites/default/files/HB2020.pdf>

- 3) Number of patients identified with uncontrolled hypertension at community screening sites by AHA guidelines⁴⁵

Blood Pressure	Systolic		Diastolic
Category	mm Hg (upper #)		mm Hg (lower #)
Normal	less than 120	and	less than 80
Prehypertension	120 – 139	or	80 – 89
High Blood Pressure (Hypertension) Stage 1	140 – 159	or	90 – 99
High Blood Pressure (Hypertension) Stage 2	160 or higher	or	100 or higher
<u>Hypertensive Crisis</u> (Emergency care needed)	Higher than 180	or	Higher than 110

- 4) Number of patients whose hypertension becomes controlled or improves as a result of utilizing the priority strategies

Priority Strategies (select at least two, additional strategies may be proposed):

- 1) Utilizing non-physician team members, such as community health workers, to address hypertension
- 2) Utilizing self-monitoring blood pressure management to address hypertension
- 3) Utilizing evidence-based programming such as chronic disease self-management programs
- 4) Utilizing existing evidence-based tools and resources, such as American Heart Association’s [Target BP program](#) and [Check Change Control](#).

Reporting Requirements: Quarterly data and narrative reports will be submitted on a template provided by the Baltimore City Health Department.

Allowable Costs:

Healthy food and refreshments may be provided to project participants, but may not exceed \$3 per person per day.

⁴ http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/GettheFactsAboutHighBloodPressure/The-Facts-About-High-Blood-Pressure_UCM_002050_Article.jsp#.WX9lw9KGNpg

⁵ Effective screening should be demonstrated by finding residents with uncontrolled hypertension at a rate higher than the national average (approximately 32% according to the CDC) https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_bloodpressure.htm

Reasonable incentives (value of no more than \$5-10) may be offered to patients to address barriers such as transportation and child care to encourage adherence with evidence-based programming and keeping doctor appointments (per visit).

Up to 7% of the \$90,000 may be used towards indirect costs – no more than \$5,888 (rounded to the nearest dollar). The total of all direct and indirect costs must be no greater than \$90,000.

Funds may not be used to supplant or replace currently funded activities. This requirement is subject to audit.

Funds may not be used to purchase or improve land, or to purchase, construct, or make permanent improvements to any building.

Any organization that receives funding may not charge the client-patient for services provided with these funds. Funds may not be used to make payments to clients/patients.

Review Process: Each application must meet all the requirements outlined in this document. At least three reviewers will score each application and their scores will be averaged to achieve a final score. The reviewers will recommend the highest-scoring application to the Commissioner of Health who will send the applicant an award letter. The successful applicant will then be required to enter into a binding contract with the City that will be approved by the Board of Estimates. The award will not be complete and final until the contract is reviewed and approved by the Board of Estimates.

The award letter will set forth the documentation that will be required during the contracting process. (see Contract Terms, Conditions, and Requirements section below). BCHD program staff will advise to any budgeting changes prior to initiating the contract. The Grants Administrator in the Fiscal Office will monitor the contract as it moves through the City's approval process, which includes review by the City's Law and Audits Departments, and approval by BOE.

Proposal Submissions & Scoring:

The narrative should be no longer than 15 pages with size 12 font and standard 1-inch margins (not including attachments) and must include the following:

- 1) Contact Information
 - a. Identify the project lead and the following information:
 - i. Name and title
 - ii. Organization name
 - iii. Federal tax ID
 - iv. Address, email, and phone number
- 2) Capacity & Readiness (20 points)
 - a. Describe the organization's capacity to complete the performance measures within the nine-month project period.
 - b. Describe the staffing structure and the role of each staff member
 - c. Describe similar successful initiatives, projects, or experience that are evidence of an organizational capacity for program management and quality improvement. How will this project be integrated with any existing initiatives?

- d. Describe community-clinical linkages and any relevant partnerships that are already in place
- 3) Workplan (40 points)
 - a. Use SMART objectives (specific, measurable, achievable, relevant, time-bound) to describe project activities and timeline to complete all deliverables. Each major objective should be delineated and described in full.
 - b. Describe how and the extent to which outcomes, performance measures, and priority strategies will be used
 - c. Describe the evidence base for the proposed objectives
 - d. Identify the target neighborhoods and population
- 4) Evaluation (20 points)
 - a. Describe how performance measure data will be collected and any existing data/EHR organizational capacity
 - b. Describe any other evaluation activities.
- 5) Sustainability (10 points)
 - a. Describe how the activities will be sustained after the grant period.
- 6) Budget (10 points)
 - a. Utilize the budget template provided in attachment A to list all line items
 - b. Write out the justification/basis for all costs in a budget narrative
- 7) Other required attachments
 - a. Signatory Letter on your agency letterhead (template provided in Attachment B)
 - b. Minority Report and Assurance (template provided in Attachment B)
 - c. Nonprofit and/or IRS letter; for example: 501(c)(3) or other status
 - d. Certificate of current liability insurance
 - e. Certificate of good standing: MD Department of Assessments and Taxation

Contract Terms, Conditions, and Requirements

A. Contract Documents

The Provider that receives the award is required to enter into contract with the City of Baltimore. A contract that results from the FY18 awards must be completed, approved, and signed by all parties within BCHD and other City agencies (Law Department, Finance, Audits, Board of Estimates, Bureau of Disbursements), and the Provider, before payment can be disbursed. Payment is a reimbursement for services provided. Payment on an approved contract is processed *in response to* an approved invoice from the Provider. These are standard City of Baltimore fiscal and contract procedures.

The following items are conditions of awards and must be provided in order to initiate a contract:

- Signatory Letter on your agency letterhead.
- Minority Report and Assurance
- Nonprofit and/or IRS letter; for example: 501(c)(3) or other status.
- Certificate of current liability insurance
- Certificate of good standing: MD Department of Assessments and Taxation
- Budget Forms -- BCHD Forms 432A-I

B. General Terms and Conditions

1. BCHD is responsible for reimbursement of services performed under this program. Payment is based on approved invoices with supporting source documentation. Every effort will be made to make payment under the contract agreement within 45 days of receipt of an invoice.
2. Contractors are required to submit programmatic and fiscal reports to BCHD. Noncompliance may reduce or terminate a contract.
3. Providers are required to have sound and effective business management systems to ensure the proper stewardship of funds and activities. These systems must meet the requirements outlined by the Office of Management and Budget (OMB), since these standards are followed by the City. The OMB Circulars A-110, A-122, A-87, and A-21 are available online.
4. Provider must obtain an audit in accordance with the revised OMB Circular A-133 - Audits of Institutions of Higher Education and Other Non-Profit Institutions.
5. Compliance with Tax Obligations— Prior to the execution of a contract, the Provider must be in good standing to do business in the State of Maryland.
6. Confidentiality— All records and other identifying information should be maintained in a secure place, preferably in locked files.
7. City of Baltimore contract item- City reserves the right to increase or decrease the award within the funding period related to achievement of goals and objectives.

C. City of Baltimore Contract Requirements

Prospective Contractors must comply with Baltimore City contracting requirements:

1. Insurance- Based on the proposed scope, applicants may be asked to provide proof of professional liability insurance, commercial general liability insurance, criminal liability insurance, and/or business automobile liability insurance. If services of personnel are involved, Workers' Compensation coverage will be required for work done under the agreement as required by the State of Maryland.
 - For required coverages, the Mayor and City Council of Baltimore, its elected/appointed officials, employees, and agents shall be covered, by endorsement, as additional insureds as respects to: liability arising out of any activities performed by or on behalf of the contractor in connection with the Agreement.
 - Insurance that is required shall be placed with insurers with a Best's rating of no less than A: VII, or, if not rated with Best's, with minimum surpluses the equivalent of Best's surplus size VII and said insurers must be licensed/approved to do business in the state of Maryland.

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2. The contractor will comply with the City's conflict of interest policies, non-discrimination policies, unfair labor practice policies as specified in contract.

Attachment A -Budget Template & Narrative

Briefly state why the position or purchase is necessary to support the project. If personnel costs are included, describe what the staff member or position will do, relationship to other staff, and role in the project.

**LINE ITEMS MAY
NOT BE CHANGED**

**FUNDING
REQUEST**

SALARIES	
FRINGE	
EQUIPMENT	
PURCHASE OF SERVICE	
FOOD	
OFFICE SUPPLIES	
TRANSPORTATION/TRAVEL	
POSTAGE	
PRINTING/DUPLICATION	
CLIENT ACTIVITIES	
ADVERTISING	
OTHER	
TOTAL REQUESTED FUNDING	

Salary and Fringe Worksheet

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	SALARY	FRINGE	% OF TIME DEDICATED TO PROJECT	TOTAL REQUESTED SALARY AND FRINGE
TOTAL					

Budget Justification/Narrative

- Example:
 - NAME, % FTE: JUSTIFICATION
 - Ex: Jane Doe, 25% FTE: Jane Doe is the outreach coordinator for ABC organization. Jane will conduct the proposed education sessions in the target community, coordinating all community outreach, enrollment, and collection of evaluation metrics.
- Insert bullets for each line item requested in the budget template.

Attachment B

[LETTERHEAD]
**Signatory Letter
(Sample)**

Date: _____

Leana Wen, M.D.
Commissioner of Health
Baltimore City Health Department
1001 E. Fayette Street
Baltimore, Maryland 21202-4715

Dear Dr. Wen:

On behalf of our organization, I am providing the following information regarding the appropriate signatory for contracts. The person named below is empowered to sign contracts on behalf of the organization (or Executive Officer).

Corporate Name:
Mailing Address:
City, State, Zip Code:
Name:
Title:
Telephone:
Fax:
Email:

The information for the Chief Fiscal Officer is as follows:

Name:
Title:
Telephone:
Fax:
Email:

Sincerely,

(name)
(title)
(organization name)

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**Note to grant applicants: A board president or vice president empowers a CEO to sign contracts. A CEO empowers a fiscal officer to sign contracts. *A person may not self identify as the signatory.* The City's Law Department will return a contract if the appropriate signatory is not attached.
(DO NOT INCLUDE THIS NOTE IN THE LETTER.)**

ASSURANCES

TO: Leana Wen M.D., Commissioner of Health

FROM:

(name and title, printed or typed)

(signature)

Date: _____

As the Chief Executive Officer of:

(Name of Organization)

I assure that any grant funds awarded to this organization under the Tobacco Use Prevention and Cessation Program will be used exclusively for new programs and services. Any new funding under this offer will not be used to supplant or replace currently funded services or programs.

I assure that, upon receipt of an award letter from the Tobacco Use Prevention and Cessation Program, this organization has the financial and staff capability to begin immediately to implement the performance measures for which the grant award letter is issued. Further, I understand that payments to vendors, under the City of Baltimore's contract process are *reimbursement for services provided or purchases made during the previous fiscal year quarter*. Finally, I understand that failure on the part of this organization to meet the performance measures will lead to a reduction in our payment, based proportionately on our failure to complete the required performance measures described in the Scope of Services, an Attachment to our contract.

The City of Baltimore has requested information about the minority business status of all recipients of grant funds. According to HRSA, an agency is considered a minority organization if: (a) It is a business owned by a person who is from a racial or ethnic minority group (as in the case of a partnership, 51% of the owners must be from a racial/ethnic minority group); or, (b) At least 51% of the organization's Board of Directors (or similar body) are members of a racial or ethnic minority group; or, (c) At least 51% of the organization's professional staff members are racial or ethnic minorities.

Please check either A or B :

- A. The above organization is NOT a minority organization by HRSA definition.
- B. The above organization IS a minority organization by HRSA definition.

If your organization *is a minority organization*, please check the basis for this determination:

- Ownership by a person who is a racial/ethnic minority (or partnership with 51% minority).
- At least 51% of the Board of Directors are racial/ethnic minorities.
- At least 51% of the professional staff are racial/ethnic minorities.