RFA Number #1612280202/Grants Gateway #DOH01-ASTHM1-2017

New York State Department of Health
Center for Community Health/ Division of Chronic Disease Prevention

Bureau of Community Chronic Disease Prevention

Comprehensive Services and Health Systems Approaches to Improve Asthma Control in New York State

Addendum #1
Issued 8/16/2017

I. Introduction, F. Distribution of Funds

It is expected that a total of up to five individual contracts will be awarded with a maximum of one contract in each of the five Award Regions outlined in Table 1. The estimated available funding amount per contract in Award Regions 1, 2, 3, 4, and 5 is $180,000 annually. Applicants must select and apply to serve a single eligible Service Area defined in Table 1. **Within the selected eligible Service Area, applicants must select the eligible county or contiguous counties to serve so that the sum of the county populations is greater than 700,000.**

All contractors will be expected to target the highest asthma burden zip codes in their selected Service Area and should demonstrate sufficient reach to high-risk patients with asthma. It is not required to target all selected high-burden zip codes simultaneously, but all selected zip codes should be served over the course of the five-year contract period. For applicants selecting to serve multiple counties within the Service Area, ~~with multiple counties,~~ one or more Targeted Service Area zip codes ~~areas~~ should be selected and served in each selected county in the Service Area over the course of the five-year contract period. ~~Service Area 7 is exempt from the requirement of serving all counties in the Service Area due to its large population.~~ For example, in Service Area 3, an applicant has the options of selecting to work 1) only in Erie County given the County's population is greater than the minimum population reach requirement of greater than 700,000; or, 2) an applicant could select to work in both Erie and Niagara counties. An applicant selecting Service Area 3, could not however, work in Niagara County alone, as it would not reach the minimum population reach requirement of greater than 700,000. The proposed Service Area should be stated in the letter of interest and Executive Summary of the Program Specific Questions of the application. Service Region should be selected under Project/Site Addresses in the Grants Gateway application.

II. Who May Apply, A. Minimum Eligibility Requirements

Applicants are required to have a written policy establishing a 100% tobacco-free worksite facility, including outdoor areas under control of the applicant, or commit to implementing such a policy within one-year of receiving the notice of award. Applicants should complete, sign and upload the **Tobacco-Free Policies Attestation** document **(Attachment ~~5~~ 4)** in pre-submission uploads. The Tobacco-Free Policies Attestation is a requirement for award.

III. Project Narrative/Work Plan Outcomes, A. Expected Outcomes, B. Key Deliverables

Partners/subcontractors may include, but are not limited to, Local Health Departments, Federally Qualified Health Centers (FQHCs), primary care practices serving a high volume of pediatric patients, managed care organizations, pharmacies, community-based organizations, certified asthma educators,

asthma specialists, hospitals, associations, Regional Health Information Organizations, and/or housing sector partners.

V. Application Content, A. Application Format/Content

3) Statement of Need:

b) Targeted Service Area zip codes should be among the third and fourth quartiles (Q3 and Q4) on county-level asthma burden maps at http://www.health.ny.gov/statistics/ny_asthma/ed/zipcode/map.htm and http://www.health.ny.gov/statistics/ny_asthma/hosp/zipcode/map.htm. List selected targeted zip codes and explain reasons for selection. Specify population of reach for each targeted zip code. It is not required to target all selected high-burden zip codes simultaneously but all selected zip codes should be served over the five-year contract. For applicants proposing to serve multiple counties within the selected Service Area~~s with multiple counties~~, one or more target areas should be served in each selected county over the five-year contract period. ~~Service Area 7 is exempt from the requirement of serving all counties in the Service Area due large population.~~ The Targeted Service Area Worksheet (Attachment 10) is an optional tool and should not be submitted with your application.

8) Budget

Modified ~~I~~indirect costs will be limited to a maximum of 10% of total direct costs.

RFA Number#1612280202
Grants Gateway # DOH01-ASTHM1-2017

New York State Department of Health

Center for Community Health
Division of Chronic Disease Prevention
Bureau of Community Chronic Disease Prevention

Request for Applications

Comprehensive Services and Health Systems Approaches to Improve Asthma Control in New York State

KEY DATES

RFA Release Date:	**July 18, 2017**
Letter of Interest and Questions Due:	**July 31, 2017 at 5:00 p.m.**
Applicant Conference Registration Deadline:	**July 31, 2017 at 5:00 p.m.**
Applicant Conference:	**August 1, 2017**
Questions, Answers and Updates Posted:	**August 17, 2017**
Applications Due:	**September 18, 2017 at 4:00 p.m.**
DOH Contact Name & Address:	Holly Teal Bureau of Community Chronic Disease Prevention New York State Department of Health 150 Broadway, Suite 350, Albany, NY 12204 Email: asthma@health.ny.gov

Table of Contents

I. Introduction

A. Intent

The New York State Department of Health (NYSDOH), Bureau of Community Chronic Disease Prevention, Asthma Control Program, seeks applications to establish and/or expand comprehensive asthma control services to improve health outcomes for people with asthma and reduce the burden of asthma in high-risk geographic areas of New York State (NYS). The aim of this Request for Applications (RFA) is to fund organizations serving high-risk areas to expand the availability and quality of evidence-based comprehensive asthma control services by improving the quality of guidelines-based health care, ensuring the provision of appropriate asthma self-management education, and promoting policies supportive of asthma control. Improved asthma control will be achieved through a population-based, sustainable systems approach designed to deliver seamless, guidelines-based comprehensive asthma control services across public health, community and health care sectors. The RFA seeks organizations that will work to reduce the racial/ethnic and community disparities in the burden of asthma, with a primary focus on children ages 0 to 17 years.

The Department anticipates awarding five contracts for a five-year period, from March 1, 2018 through February 28, 2023. One contract will be awarded in each of five regions as outlined in Table 1. below valued at up to $180,000 for a five-year total of $900,000 each. The five-year total of five awards will not exceed $4,500,000.

Comprehensive Services and Health Systems Approaches to Improve Asthma Control in NYS aims to align with statewide NYSDOH community and health system initiatives, such as the NYS Prevention Agenda, Delivery System Reform Incentive Payment Program (DSRIP), Population Heath Improvement Program (PHIP), the State Health Innovation Plan, Healthy Neighborhoods Program contractors and Advancing Tobacco-Free Communities and Health Systems for a Tobacco-Free New York contractors.

B. Background

Asthma is a chronic disease of the lungs and is one of the most common chronic diseases in children. Although there is no cure for asthma, asthma can be controlled to allow people living with asthma to live a full and active life.

In 2014 an estimated 1.7 million adults, and in 2013 nearly 370,000 children ages 0-17 years, had current asthma in NYS. The current asthma prevalence among adults has shown a general increase from 8.5 percent in 2006 to 10.7 percent in 2014. The current asthma prevalence among children has shown a general decrease from 10.7 percent in 2006 to 9.0 percent in 2013. Prevalence rates have been higher than the national average since 2002.

In NYS for 2012-2014, the annual asthma emergency department (ED) visit rate was 86.9 per 10,000 residents. Children (0-4 years) had the highest ED visit rates at 218.2 visits per 10,000 residents. The age-adjusted ED visit rates were higher among females (94.3/10,000), non-Hispanic Blacks (226.1/10,000), Hispanics (128.5/10,000), and New York City (NYC) residents (140.8/10,000). Asthma ED visit rates were higher than the Healthy People 2020 objective for all age groups.

In NYS for 2012-2014, the annual asthma hospitalization rate was 17.6 per 10,000 residents. Children ages 0-4 years had the highest asthma hospitalization rates at 49.3 per 10,000. The age-adjusted asthma hospitalization rates were higher among females (19.5/10,000), non-Hispanic Blacks (37.9/10,000), and NYC residents (26.9/10,000). Overall, the annual asthma hospitalization rate in NYS decreased 13 percent from 22.7 per 10,000 residents in 2007 to 16.9 per 10,000 residents in 2014. However, asthma

hospitalization rates are higher than the national rates for all age groups and higher than the Healthy People 2020 objectives.

The 2014 asthma hospitalization rates for children ages 0-4 was 48.2 per 10,000 residents, more than two times higher than the Healthy People 2020 goal of 18.2 per 10,000 residents. New York City children (0-4 years) have higher asthma hospitalization rates compared to the residents in the rest of NYS (Figure 1).

Figure 1. Asthma Hospitalization Rates per 10,000 Population for Children (0-4 years), 2007 and 2014, New York State, New York City and Rest of State

	2007	2014	% Change	Healthy People 2020
New York State	56.5	48.2	-15%	**18.2**
New York City	82.8	69.1	-17%	
Rest of State	32.9	29.0	-12%	

The total cost of asthma hospitalizations for 2014 was approximately $764 million, a 46 percent increase since 2005. The average cost per hospitalization was $23,245 in 2014, a 66 percent increase from 2005. In 2013, among the Medicaid managed care population, over $295 million was spent on more than 314,000 individuals for asthma-related services. The average cost was $940 per enrollee with asthma.

During 2012-2014, an average of 281 deaths occurred per year due to asthma, for an age-adjusted asthma mortality rate of 13.0 per 1,000,000 residents. During this time period, non-Hispanic Black and Hispanic residents had the highest age-adjusted asthma mortality rates.

While the burden of asthma remains high in general for NYS, asthma ED visit and hospitalization rates vary greatly by geographic regions across the state. This information at the state, county and zip code level is available through the NYSDOH asthma web page at: www.health.ny.gov/statistics/ny_asthma/.

C. Description of Program

Funding awarded through this RFA is anticipated to support five contractors in high asthma burden geographic areas, as defined in Section D, to expand the availability and quality of comprehensive asthma control services to reduce the burden of asthma in NYS, as demonstrated by a decrease in asthma-related emergency department visits and hospitalizations. This will be accomplished by identifying children and adults with poorly controlled asthma, linking them to quality guidelines-based care, providing and referring to asthma self-management education, and either referring to or providing home-based asthma services. Contractors will implement and support strategies in health systems, community and home-based settings aimed at reducing the burden of asthma among priority populations and improving the quality of care and quality of life for people and families with asthma in each region. The Project Logic Model (Attachment 1) illustrates the strategies, activities, milestones and expected outcomes of the initiative.

The work under this RFA will center on translating current national asthma guidelines into practice in awarded regions. The *National Asthma Education Prevention Program, Expert Panel Report 3, 2007: Guidelines for the Diagnosis and Management of Asthma* (NAEPP Guidelines) provides "recommendations for the diagnosis and management of adults and children with asthma to help clinicians and patients make appropriate decisions about asthma care" (http://www.nhlbi.nih.gov/guidelines/asthma/index.htm). The NAEPP Guidelines provide four key components of asthma care:

1. Assessment and monitoring of asthma severity and control;
2. Patient education for a partnership in care;
3. Control of environmental factors that affect asthma; and
4. Pharmacologic treatment.

The 2008 Guidelines Implementation Panel (GIP) Report was published to provide recommendations and strategies for overcoming barriers to implementing the recommendations of the NAEPP Guidelines to improve acceptance and use of the asthma guidelines http://www.nhlbi.nih.gov/guidelines/asthma/gip_rpt.htm). The GIP provides six priority messages for the broader asthma community that, when acted upon, would most likely result in improvement in asthma care processes and outcomes. These six priority messages are:

1. Assess asthma severity to determine type and level of initial asthma therapy;
2. Assess asthma control to guide asthma therapy;
3. Review allergen and irritant exposure to provide a multipronged strategy for reduction;
4. Use inhaled corticosteroid for long-term management of persistent asthma control;
5. Complete Asthma Action Plans for all people who have asthma to guide self-management; and
6. Plan follow-up visits at periodic intervals to assess control and treatment.

The following strategies should be implemented in the same geographic locations to ensure access to comprehensive NAEPP Guidelines-based asthma control services.

Asthma Services:

Asthma Services interventions targeting priority populations will address all of the following strategies:

1) **Asthma Self-Management Education:** Ensure the delivery of evidence-based asthma self-management education in a variety of settings. Asthma self-management education should address key elements from the NAEPP Guidelines (basic pathophysiology of asthma, correct usage of medications and improved medication adherence, monitoring symptoms, and avoiding triggers). Home-based services (taking place in the home) will be provided to individuals whose asthma is not well controlled. Home-based services should be multicomponent interventions that include, at a minimum, asthma self-management education, a home environmental assessment, and multi-trigger reduction services.
2) **Linkages to Care:** Assure linkage to guidelines-based care for people with asthma including support for medication adherence and trigger reduction services.
3) **Training of Caregivers:** Coordinate and deliver asthma management training based on NAEPP Guidelines to caregivers (e.g. family members, community health workers, and home visitor staff).
4) **Policies Supportive of Asthma Control:** Support the adoption and implementation of evidence-based policies supportive of asthma control including trigger reduction, and improved air quality.

Health Systems:

Health systems interventions targeting priority populations will address all of the following strategies:

1) **Quality Improvement:** Implement quality improvement processes in health care settings. Quality improvement strategies may include practice facilitation, academic detailing, and health system redesign. Intensive quality improvement efforts will focus specifically on pediatric primary health care settings by employing proven improvement methods, such as those described

by the Institute for Health Care Improvement (IHI), for making and sustaining system change interventions. Participating practices will set project team aims, establish measures and report data, and select, test, implement and spread evidence-based interventions aimed at improving asthma outcomes.

2) **Team-Based Care:** Promote the use of team-based care and other health care delivery models with health care organizations and partners to improve coordination of asthma care.
3) **Coverage and Reimbursement:** Promote coverage for and utilization of comprehensive asthma control services including medicine, devices, self-management education, and home visits.
4) **Community-Clinical Linkages:** Support the development of connections between public health programs and the clinical setting to coordinate delivery of comprehensive asthma control services.

Awardees will be required to work across both Asthma Services and Health Systems to implement all of the strategies outlined above simultaneously.

D. Geographic Area

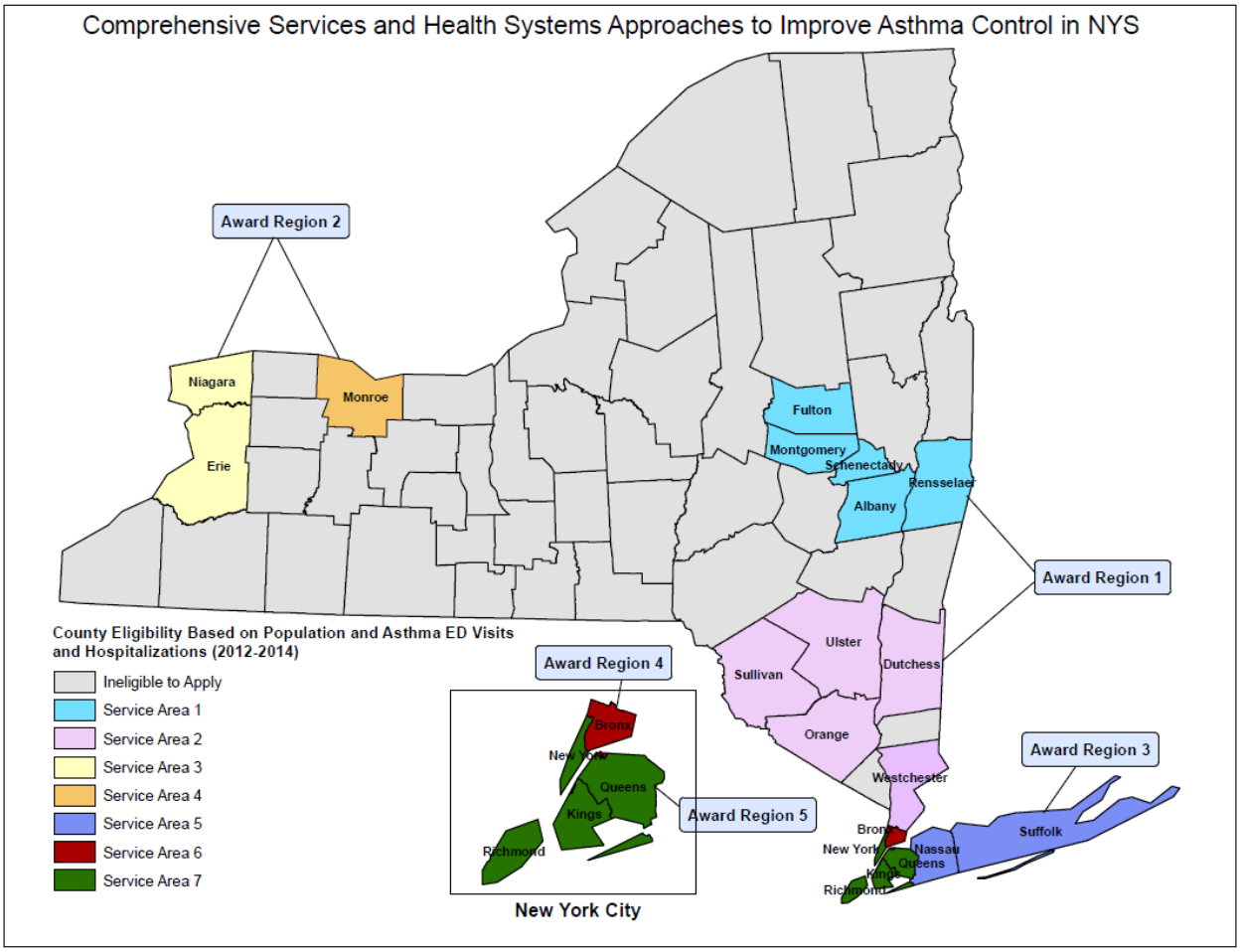
Table 1 lists the 20 counties that are eligible to be served under this RFA, also illustrated on the map in Figure 2. Eligible Service Areas have a total population greater than 700,000 **and** include one or a contiguous group of eligible counties identified as being among the 25 highest asthma burden counties in NYS. Asthma burden is defined using the following asthma indicators: asthma-related hospitalization rates and asthma-related emergency department visit rates for adults and children (see Attachment 10 Targeted Service Area Worksheet).

Table 1. Service Area Eligibility

Award Region	Eligible Service Areas	Eligible Counties	County Population*
Region 1	**Service Area 1**	Albany	308,171
		Fulton	54,105
		Montgomery	49,779
		Rensselaer	159,774
		Schenectady	155,735
		Total	**727,564**
	Service Area 2	Dutchess	296,579
		Orange	376,099
		Sullivan	75,943
		Ulster	180,445
		Westchester	972,634
		Total	**1,901,700**
Region 2	**Service Area 3**	Erie	922,835
		Niagara	213,525
		Total	**1,136,360**
	Service Area 4	Monroe	**749,857**
Region 3	**Service Area 5**	Nassau	1,358,627
		Suffolk	1,502,968
		Total	**2,861,595**
Region 4	**Service Area 6**	Bronx	**1,438,159**
Region 5	**Service Area 7**	New York	1,636,268

		Queens	2,321,580
		Kings	2,621,793
		Richmond	473,279
		Total	**7,052,920**
Note: *County population estimates were obtained by the NYSDOH Bureau of Biometrics from the United States (U.S.) Census Bureau.			

Figure 2.



E. Target Population

The general target population for this RFA is people with asthma and families of people with asthma, with an emphasis on low-income minority children disproportionately affected by asthma, and children in geographic areas with high asthma-related hospitalization rates and emergency department visit rates.

To ensure this RFA contributes to addressing disparities in asthma burden, applicants are required to serve the high-need counties included in the Service Area identified in this RFA. Applicants should identify and target high-need populations throughout the Service Area counties, and partner with community organizations and health systems that serve low-income populations with a high burden of asthma (e.g., Federally Qualified Health Centers (FQHCs)). Applicants should describe the population they are targeting within their selected Service Area and describe strategies to reach the largest possible target population of pediatric patients with asthma over the five-year project period. Applicants should utilize local and state data that can be accessed at: http://www.nyhealth.gov/statistics/ny_asthma/. High-risk asthma populations should be identified by asthma-related hospitalization rates and emergency department visit rates. Gender, race/ethnicity, age, geography and /or poverty may also be used to describe the target population.

Awardees will be required to ensure all strategies are inclusive of populations disproportionately affected by asthma, and that the needs of persons with disabilities; people with limited health literacy; racial and ethnic groups; and the lesbian, gay, bisexual, and transgender population are included in the strategies.

F. Distribution of Funds

It is expected that a total of up to five individual contracts will be awarded with a maximum of one contract in each of the five Award Regions outlined in Table 1. The estimated available funding amount per contract in Award Regions 1, 2, 3, 4, and 5 is $180,000 annually. Applicants must select and apply to serve a single eligible Service Area defined in Table 1.

All contractors will be expected to target the highest asthma burden zip codes in their selected Service Area and should demonstrate sufficient reach to high-risk patients with asthma. It is not required to target all selected high-burden zip codes simultaneously, but all selected zip codes should be served over the course of the five-year contract period. For Service Areas with multiple counties, one or more target areas should be selected and served in each county in the Service Area over the course of the five-year contract period. Service Area 7 is exempt from the requirement of serving all counties in the Service Area due to its large population. The proposed Service Area should be stated in the letter of interest and selected under Project/Site Addresses in the Grants Gateway application.

Only passing applications, with a score of 95 or greater (out of a maximum of 180 points), will be considered for an award. Up to one (1) contract will be awarded to the highest scoring applicant with a passing score in each Award Region as outlined in Table 1. Due to the high burden of disease in Bronx County, one (1) contract will be awarded to the highest scoring application with a passing score in Service Area 6 (Award Region 4). In the event that there is not a passing application submitted in an Award Region, the Department reserves the right to issue a follow-up Request for Applications or to distribute funding allocated to that Award Region among all awards resulting from this procurement. Applications that propose to work in counties not included in the Service Areas defined in Table 1 will not be reviewed. The final number of awards and final award amounts will be contingent upon the total amount of funds available.

In the event of a tie score, the determining factors for an award, in descending order of importance, will be:

1. Applicant with the highest score in the Initiative Plan section.
2. Applicant with the highest score in the Infrastructure and Staffing section.

II. Who May Apply

A. Minimum Eligibility Requirements

Eligible applicants include public and private not-for-profit agencies and organizations in NYS, including but not limited to: local public health agencies/municipalities, hospitals, health care systems, not-for-profit primary care networks, academic institutions, community-based organizations, voluntary associations, foundations, and scientific or professional associations.

Applicants should have an established presence and be located in and provide services to children and families in the Service Area they are proposing to serve. Organizations located in and serving the following counties are eligible to apply: Albany, Bronx, Dutchess, Erie, Fulton, Kings, Monroe, Montgomery, Nassau, New York, Niagara, Orange, Queens, Rensselaer, Richmond, Schenectady, Suffolk, Sullivan, Ulster, and Westchester. Applications that propose to work in counties not included in a Service Area defined in Table 1 will not be reviewed.

Applicants may apply to serve more than one Service Area, however, in this case, a separate application must be submitted for each proposed Service Area. Any single application received that includes more than one proposed Service Area will be disqualified.

The applicant needs to be both the fiscal agency and the lead agency responsible for implementing the work described in this RFA. The applicant should perform a substantial role in carrying out the project and not merely serve as a conduit for an award to another organization that is ineligible.

Applicants may subcontract components of the work. **A minimum of 51 percent of the total award funding and effort is to be retained by the applicant organization.** For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process.

Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for NYSDOH.

Applicants are required to have a written policy establishing a 100% tobacco-free worksite facility, including outdoor areas under control of the applicant, or commit to implementing such a policy within one-year of receiving the notice of award. Applicants should complete, sign and upload the **Tobacco-Free Policies Attestation** document **(Attachment 5)** in pre-submission uploads. The Tobacco-Free Policies Attestation is a requirement for award.

In addition, applicants should read Section IV. Administrative Requirements, P. Refusal of Funds from Tobacco Related Entities for additional contract requirements related to tobacco. The sample New York State Master Grant Contract for this funding opportunity can be viewed within the Forms Menu of your application. Attachment A-1 Part B includes the Refusal of Funds from Tobacco Related Entities clause.

B. Preferred Eligibility Requirements

Preferred applicants will successfully demonstrate a history of leadership, effective collaboration and cooperation among a diverse group of stakeholders, and success in implementing evidence-based population-based interventions with measurable results. Preference will be given to applicants that secure a range of strategic partners to support the delivery of evidence-based comprehensive asthma control services in identified communities as demonstrated through letters of commitment. Strategic partners

should include people with asthma, families of children with asthma, primary care physicians and specialists, hospitals, pharmacists, health care insurers and payers, certified asthma educators, local public health and environmental health agencies and organizations, school districts and school-based health clinics, and other community-based organizations.

Preference will be given to applicants from lead organizations who can demonstrate, and whose subcontractors (if applicable) can demonstrate, experience with the following:

- Leading change strategies and initiative(s) to conduct population-based, sustainable, evidence-based, multi- level systems interventions in partnership with key stakeholders to improve health outcomes for a specific target population;
- Making policy and system changes in community and health care settings for the purpose of improving health outcomes among disparate, high-need populations;
- Showing commitment to addressing health disparities in communities served and maximizing reach to individuals with asthma within the proposed Service Area;
- Conducting program activities in a culturally competent manner and experience working with low-income populations, diverse racial/ethnic groups, and persons with disability in the identified high-need communities;
- Using data to assess local asthma burden, experience collecting and analyzing health data, monitoring, evaluating, reporting intervention results, and utilizing process and outcome data to make system improvements.

Awarded applicants will be required to utilize "People First" language in all communications including, but not limited to, documents, publications, media relations and correspondence. Guidance is provided in "People First: Communicating With and About People with Disabilities" (http://www.nyhealth.gov/publications/0951.pdf). In addition, all meetings, conferences, and events held by awarded contractors will be required to be held in fully accessible locations, and materials and other communications provided in alternative formats as necessary. Guidance is provided in "How to Plan Events Everyone Can Attend" (http://www.nyhealth.gov/publications/0956.pdf) to ensure accessibility by participants with disabilities.

III. Project Narrative/Work Plan Outcomes

A. Expected Outcomes

Short Term/Intermediate:

- Increased number of organizations implementing evidence-based asthma self-management education (number of clinics, community-based organizations)
- Increased number of children and adults receiving evidence-based asthma self-management education
- Increased knowledge and skills in evidence-based asthma management among people with asthma
- Increased number of children with asthma referred to home and school-based asthma services
- Increased utilization and adherence of long-term control medications among people whose asthma is not well controlled
- Increased number of caregivers of people with asthma trained in evidence-based asthma management
- Increased knowledge and skills in evidence-based asthma management among caregivers of people with asthma
- Increased number of clinical providers trained on the NAEPP Guidelines
- Increased knowledge and skills of primary care providers regarding the provision of NAEPP Guidelines-based asthma care
- Increased number of health care organizations utilizing team-based care to support the delivery of comprehensive asthma control services
- Increased number of clinical and community-based partners participating in bi-directional referral systems to support continuity of care for patients with asthma
- Improved measurement and use of health systems data

Long Term:

- Decreased hospitalizations and emergency department visits due to asthma
- Increased number of policies supportive of asthma control
- Increased number of primary care practices providing comprehensive evidence-based asthma control services
- Improved asthma control status among people with asthma
- Improved quality of life for patients with asthma

B. Key Deliverables

Awardees are expected to engage strategic partners to develop, implement, evaluate, and sustain strategies to ensure and expand the reach of evidence-based comprehensive asthma control services. Required strategies are grouped below within two categories: Asthma Services, and Health Systems. Each contractor needs to provide for services and staffing within their organization and subcontract with an applicable mix of community and health system partners, as appropriate, to implement and monitor all strategies. Partners/subcontractors may include Local Health Departments, Federally Qualified Health Centers (FQHCs), primary care practices serving a high volume of pediatric patients, managed care organizations, pharmacies, community-based organizations, certified asthma educators, asthma specialists, hospitals, associations, Regional Health Information Organizations, and/or housing sector partners. Letters of Commitment from identified partners/subcontractors should be provided. Letters of Commitment from proposed subcontractors should also include a statement of scope of work.

1. Asthma Services

- Asthma Self-Management Education (ASME):
  - Ensure the delivery of ASME services in **multiple settings**. Engage key strategic partners through a Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) or other formal agreement.
    - Required: Deliver or oversee the delivery of an ASME program in the home to include home environmental assessment and trigger reduction support. If services will be provided by a partner or subcontractor, a Letter of Commitment should be included with the application which includes a statement of scope of work.
    - Optional: Deliver or oversee the delivery of an ASME program in the clinical (can include school-based health centers) or community-based setting. (NYSDOH is contracting separately for school-based services and therefore the delivery of school-based services is excluded from the scope of this RFA.) If services will be provided by a partner or subcontractor, a Letter of Commitment should be included with the application.
  - ASME programs should address/include, **at a minimum**:
    - Strategies for targeting individuals whose asthma is not well controlled.
    - Key educational messages listed in the NAEPP guidelines (Section 3, Component 2 page 124). Content should be tailored as much as possible to an individual's knowledge, beliefs about asthma and asthma management skills. ASME programs should assess asthma control according to the NAEPP Guidelines.
    - Two (2) face-to-face program sessions and one (1) follow-up interaction occurring one month or more after face-to-face program sessions are completed. (Home-based services must be conducted in-person. ASME services provided in other settings may be conducted via interactive video conferencing.) Twelve-month follow-up to assess participant asthma-related hospitalizations and ED visits is also required. Participants must attend a minimum of 60 percent of sessions to be considered as having completed the program. (Examples: if the program consists of 2 face-to-face program sessions, the participant would need to attend 2 sessions to be considered completing the program. If the program consists of 5 face-to-face program sessions, participants would need to attend a minimum of 3 sessions to be considered completing the program.)
    - Teaching of basic asthma knowledge and skills to include a return demonstration of medication skills (teach-back) and self-monitoring skills by the person with asthma (or caregiver if appropriate). It should also include demonstration of knowledge about relevant environmental control/avoidance strategies and the use of a written asthma action plan.
- Linkages to Care:
  - Support, in partnership with the NYSDOH school-based services contractor, linkages to care and referral systems to school-based asthma services.
  - Assure that individuals with asthma without a primary care provider, including those initiating ASME programs, are referred to quality asthma care and if needed, the NYS of Health for health care coverage.
- Training of Caregivers:
  - Identify caregivers of people with asthma who could benefit from expanded knowledge of the NAEPP Guidelines (including home-visiting staff, community health workers, and families of people with asthma).
  - Deliver NAEPP Guidelines-based asthma management training to caregivers of people with asthma.

- Measure the increase in knowledge and skills of trained caregivers.

- Policies Supportive of Asthma Control:
  - Identify opportunities for the adoption or expansion of policies supportive of asthma control including air quality and trigger reduction.
  - Partner with municipalities, community-based organizations and systems to support the adoption and implementation of policies supportive of asthma control.
  - Educate asthma stakeholders including elected officials, organizational leaders, community leaders and members, and people with asthma and their families on the potential for municipal or organizational policies to improve care and improve quality of life for people with asthma.

2. Health Systems

- Quality Improvement:
  - Conduct an analysis of health care organizations in the applicant Service Area to identify primary care practice sites or other clinical settings such as emergency department, urgent care, and school-based health center settings serving the project priority target population.
  - Conduct an initial assessment of each health care organization's gaps in implementing NAEPP Guideline-concordant care for patients with asthma and readiness of the practice to receive technical assistance services to support quality improvement.
  - Identify and prioritize health care organization sites that have the capacity to affect a significant number of patients in the project priority population by improving translation of the NAEPP Guidelines into care. An emphasis on engaging FQHCs is encouraged.
  - Facilitate implementation of proven quality improvement strategies with selected health care organizations to translate NAEPP Guidelines into practice and improve health outcomes for patients with asthma.
    - Recruit a minimum of three high asthma burden primary care practice sites or other clinical settings such as emergency department, urgent care, and school-based health center sites to engage in quality improvement activities in year 1. Letters of Commitment from practices demonstrating their understanding that work will begin immediately upon contract start should be included with the application.
    - Engage an additional minimum of three practice sites annually in years 2 through 5. Letters of Commitment from additional practices indicating their willingness to participate in future quality improvement activities to be implemented in years 2 through 5 should be included with the application.
    - Provide ongoing technical assistance to practices throughout the project period to assure sustainable changes over time and provide additional resources to improve health outcomes for patients with asthma.
    - Provider education materials used in quality improvement should reflect recommendations from the National Asthma Education and Prevention Program and Community Guide to Preventive Services and include patient education materials that will be given to participating practices to support the delivery of evidence-based asthma control services. Many free or low cost resources are available for order from NYSDOH, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality and nationally recognized professional associations. Existing and already tested materials should be used when available and should be approved by the NYSDOH.
  - Recruit a minimum of two **primary care practices serving a high volume of pediatric patients in the priority population** to be part of an intensive, 12 to 18 month quality improvement initiative, the NYS Asthma Quality Improvement Collaborative (AQIC) for each cohort (one or more cohorts over five years). Letters of Commitment from two

practices indicating their agreement to be part of the initial AQIC that will begin during year one of the contract should be included and will be required prior to contract approval.

- Team-Based Care:
  - Support the adoption and expansion of team-based care approaches in the delivery of comprehensive asthma control services to include care management and care coordination capabilities.
  - Support practice efforts to integrate new members of the care team such as certified asthma educators (AE-Cs), care coordinators, community health workers, respiratory therapists, and pharmacists.
  - Provide professional education to members of the care team to expand knowledge and use of NAEPP Guidelines and support the expansion of the AE-C workforce in NYS.
- Coverage and Reimbursement:
  - Promote the adoption of evidence-based strategies by payers and health care providers to expand the coverage for and utilization of comprehensive asthma control services including medicine, devices, self-management education and home visits.
- Community-Clinical Linkages:
  - Through community assessment and work with clinical settings, identify available asthma self-management education resources including home and school-based services delivered by community-based organizations.
  - Support the design and implementation of bi-directional referral systems between community-based organizations and clinical settings by providing technical assistance related to referral criteria, practice/organization workflow, and bi-directional communication between clinical and community-based settings

Contractor Activities

It is anticipated that up to one grantee in Award Regions 1, 2, 3, 4, and 5 will each receive up to $180,000 per year for five years to implement the key deliverables outlined above. Contractors will be required to:

- Develop and implement an annual work plan and budget.
- Promote the inclusion of comprehensive asthma control services as part of community-wide planning, coordination, and expansion of asthma activities in community or regional health care reform initiatives such as Delivery System Reform Incentive Payment (DSRIP) program, NYS Prevention Agenda activities, Advanced Primary Care/State Health Innovation Plan, Population Health Improvement Program.
- Work across all Asthma Services and Health Systems strategies simultaneously.
- Collect and report data across a core set of performance measures defined by NYSDOH to support program monitoring. Provide data to establish baselines for relevant performance measures and work with NYSDOH to establish annual and five-year objectives.
- Participate in monthly and ad-hoc conference calls, in-person meeting(s), and/or web-based meetings convened by NYSDOH to share progress, challenges, ideas, standards, policies, plans, and any other information relevant to the project. The budget for program year one should include costs associated with attending a two-day in-person grantees meeting during spring of 2018 in Albany, NY.
- Develop and disseminate communication products and resources (e.g., summaries, data, factsheets, web tables, newsletters, business case) to key asthma stakeholders including elected officials, organizational leaders, community leaders and members, and people with asthma and their families.
- Compile success stories from children and adults with asthma and their families whose lives are improved by changes made through this initiative to access to quality evidence-based asthma control services.

- Increase awareness of the burden of asthma and support for comprehensive asthma control services through regular communication with local and State leaders, stakeholders and elected representatives, including annual legislative office visits, writing letters to the editor and opinion pieces for local papers, building relationships with news reporters and media personalities, and using social media outlets to disseminate messages about asthma and initiative successes.
- Report annually on earned media, successes and best practices in a format to be determined by NYSDOH.
- Leverage resources to promote and disseminate improved outcomes.
- Comply with established work plan, budget and timelines.
- Provide verification of adoption and implementation of tobacco-free worksite policy by the end of the first contract year to receive approval of future year budget and work plan submissions.
- Conduct process and outcome evaluation activities and participate in evaluation activities that are developed by NYSDOH which may include collecting qualitative and quantitative data on various interventions.

C. Staffing Requirements

The overall staffing pattern should reflect an adequate distribution of oversight to support implementation of all strategies. Staff should have the appropriate educational and professional background and be at a level within the organization to effectively carry out the responsibilities. The staffing plan and project management structure should include at least 1.5 dedicated professionals, at least one FTE of which is a full-time dedicated program manager. The program manager position cannot be subcontracted.

- The program manager should possess skills to lead all facets of the initiative, engage required partners and subcontractors, develop and monitor budget, oversee subcontracts, monitor program quality, performance and effectiveness, collaborate with other contractors, fulfill reporting requirements, and supervise the design and implementation of interventions to address strategies. A sample program manager job description is provided (Attachment 7).
- Applicants should demonstrate skills and experience to meet program evaluation, program monitoring, and process and outcome evaluation requirements.
- Applicants should demonstrate organizational capacity and experience to administer and oversee the fiscal management of the award.

D. Program Monitoring and Evaluation

Evaluation and performance measurements help monitor the implementation of the program and demonstrate achievement of program outcomes; build a stronger practice base for specific program strategies; clarify applicability of the evidence-based interventions to different populations, settings, and contexts; and support continuous program improvement. Evaluation and performance measurement also can determine if program activities are scalable and effective at reaching target populations.

Data collection and reporting on all activities will be required to support program monitoring and evaluation activities. Each awarded applicant will be required to complete and submit standard monthly, quarterly and/or annual reports, in a format to be provided by the NYSDOH. Efforts will be coordinated across awarded applicants to evaluate comprehensive asthma control services and expansion strategies for effectiveness and efficiency. Contractors will be required to contribute to evaluation activities coordinated by the NYSDOH.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (NYSDOH), Divisions of Chronic Disease Prevention and Nutrition. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase:

All substantive questions must be submitted in writing via email to:

Holly Teal
Bureau of Community Chronic Disease Prevention
New York State Department of Health
asthma@health.ny.gov

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA. This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms.

Questions of a technical nature can be addressed to Holly Teal via email at asthma@health.ny.gov or by calling 518-408-8578. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the NYSDOH contact listed on the cover of this RFA.

- https://grantsreform.ny.gov/grantees
- Grants Reform Videos (includes a document vault tutorial and an application tutorial) on YouTube: https://grantsreform.ny.gov/youtube
- https://grantsgateway.ny.gov
- Grants Gateway Team Email: grantsgateway@its.ny.gov
  Phone: 518-474-5595
  Hours: Monday thru Friday 8am to 4:30pm
  (Application Completion, Policy, and Registration questions)
- Agate Technical Support Help Desk
  Phone: 1-800-820-1890
  Hours: Monday thru Friday 8am to 8pm
  Email: helpdesk@agatesoftware.com
  (Technical questions)

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the NYS Grants Gateway website at:

https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and a link provided on the Department's public website at: https://www.health.ny.gov/funding/. Questions and answers, as well as any updates and/or modifications, will also be posted on these websites. All such updates will be posted by the date identified on the cover of this RFA.

C. Letter of Interest

Prospective applicants are **strongly encouraged** to complete and submit a letter of interest (see Attachment 3). Prospective applicants may also use the letter of interest to receive notification when updates/modifications are posted; including responses to written questions. Letters of interest should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. A copy should also be emailed to asthma@health.ny.gov. Please ensure that the RFA number is noted in the subject line and submit by the date posted on the cover of the RFA. **The letter of interest should include the proposed Service Area the applicant intends to serve.** A list of organizations that have submitted a letter of interest and their proposed Service Area will be provided in the Questions and Answers document due to be posted on or around the date listed on the cover of this RFA.

Submission of a letter of interest is not a requirement or obligation upon the applicant to apply. Applications may be submitted without first having submitted a letter of interest.

D. Applicant Conference Call/Webinar

An Applicant Conference call/Webinar will be held for this project. The conference call/webinar will be held on the date and time posted on the cover sheet of this
RFA. Potential applicants should register for the conference by following this link: https://meetny.webex.com/meetny/k2/j.php?MTID=t44d4d79bcd3fcef8fa1c6c2b047443d8 by the deadline posted on the cover sheet of this RFA. Failure to attend the Applicant Conference/Webinar will not preclude the submission of an application.

E. How to File an Application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: https://grantsreform.ny.gov/Grantees and select the "Grantee Quick Start Guide Applications" from the menu on the left. There is also a more detailed "Grantee User Guide" available on this page as well. Training webinars are also provided by the Grants Reform Team. Dates and times for webinar instruction can be located at the following web address: https://grantsreform.ny.gov/training-calendar.

To apply for this opportunity:

1. Log into the Grants Gateway as either a "Grantee" or "Grantee Contract Signatory".
2. Click on the "View Opportunities" button under "View Available Opportunities".
3. In the Search Criteria, enter the Grant Opportunity name *Comprehensive Services and Health Systems Approaches to Improve Asthma Control in New York State* and select the Department of Health as the Funding Agency.
4. Click on "Search" button to initiate the search.
5. Click on the name of the Grant Opportunity form the search results grid and then select the "APPLY FOR GRANT OPPORTUNITY" button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. Both NYSDOH and Grants Reform staff are available to answer applicant's technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Reform Team is available under Section IV. B. of this RFA.

PLEASE NOTE: Although NYSDOH and the Grants Reform staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding.

The Grants Gateway will always notify applicants of successful submission. If a prospective grantee does not get a successful submission message assigning their application a unique ID number, it has not successfully submitted an application. During the application process please pay particular attention to the following:

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit's essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit's prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles "Grantee Contract Signatory" or "Grantee System Administrator" can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.66 of the Grantee User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also be aware of the restriction on file size (10 MB) when uploading documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

PLEASE NOTE: Waiting until the last several days to complete your application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

F. Department of Health's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.

2. Withdraw the RFA at any time, at the Department's sole discretion.

3. Make an award under the RFA in whole or in part.

4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.

5. Seek clarifications and revisions of applications.

6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.

7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.

8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.

9. Change any of the scheduled dates.

10. Waive any requirements that are not material.

11. Award more than one contract resulting from this RFA.

12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.

13. Utilize any and all ideas submitted with the applications received.

14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.

15. Waive or modify minor irregularities in applications received after prior notification to the applicant.

16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.

17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.

18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.

19. Award grants based on geographic or regional considerations to serve the best interests of the state.

G. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: March 1, 2018 – February 28, 2023.

Continued funding throughout this five-year period is contingent upon availability of funding and state budget appropriations. NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

A sample New York State Master Contract for Grants can be found in the Forms Menu once an application to this funding opportunity is started.

H. Payment & Reporting Requirements of Awardees

1. The Department may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed 25 percent.

2. The grant contractor will be required to submit ***MONTHLY*** invoices and required reports of expenditures to the State's designated payment office (below) or, in the future, through the Grants Gateway:

Division of Chronic Disease Prevention Fiscal Unit
NYS Department of Health
Room 1025, Corning Tower
Empire State Plaza
Albany, NY 12237

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: http://www.osc.state.ny.us/epay/index.htm, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Work Plan.

3. The grant contractor will be required to submit the following reports to the Department of Health at the address above and, in the future, through the Grants Gateway:

    - Monthly reports
    - Annual reports
    - Other reports as required by NYSDOH

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Grant Contract.

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("DOH") recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006 the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **30%** as follows:

1) For Not-for Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the budget in total.

The goal on the eligible portion of this contract will be 15% for Minority-Owned Business Enterprises ("MBE") participation and 15% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to

certified MWBE firms). A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine "good faith efforts," refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com. The directory is found in the upper right hand side of the webpage under "Search for Certified Firms" and accessed by clicking on the link entitled "MWBE Directory". Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 8** of this RFA. The Utilization Plan should be completed for the full five years and should show the total dollar value of estimated "Eligible Expenditures" over the life of the contract and should also detail how the 30% M/WBE goal will be met by the end of the contract term (5 years). DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

a) If a Grantee fails to submit a MWBE Utilization Plan;
b) If a Grantee fails to submit a written remedy to a notice of deficiency;
c) If a Grantee fails to submit a request for waiver (if applicable); or
d) If DOH determines that the Grantee has failed to document good-faith efforts to meet the established DOH MWBE participation goals for the procurement.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

J. Limits on Administrative Expenses and Executive Compensation

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo's Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: http://executiveorder38.ny.gov.

K. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number,

please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: http://www.osc.state.ny.us/vendor_management/forms.htm.

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

L. Vendor Responsibility Questionnaire

The New York State Department of Health strongly encourages that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at http://www.osc.state.ny.us/vendrep/index.htm or go directly to the VendRep system online at https://portal.osc.state.ny.us.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Applicants should complete and submit the Vendor Responsibility Attestation (Attachment 4).

M. Vendor Prequalification for Not-for-Profits

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the Grants Reform Website.

Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The Vendor Prequalification Manual on the Grants Reform Website details the requirements and an online tutorial is available to walk users through the process.

1) Register for the Grants Gateway

- On the Grants Reform Website, download a copy of the Registration Form for Administrator. A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

  If you have previously registered and do not know your Username, please email grantsreform@its.ny.gov . If you do not know your Password, please click the Forgot Password link from the main log in page and follow the prompts.

2) Complete your Prequalification Application

- Log in to the Grants Gateway. **If this is your first time logging in,** you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.

- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.

- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.

- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsgateway@its.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the ***Submit Document Vault*** Link located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.

- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.

- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

N. Specifications

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.

2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.

3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.

4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

5. Provisions Upon Default

   a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.

   b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

   c. If, in the judgement of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

O. Healthy Meeting Guidelines

Contractors will certify that they will comply with the Department's requirements for healthy meetings when the State is reimbursing for all or a portion of the meeting costs. The Department reserves the right to review the site, menu and agenda so that the State can ensure the nutrition, physical activity, sustainability and tobacco-free guidelines are met. The Healthy Meeting Guidelines and frequently asked questions can be accessed at: **http://www.health.ny.gov/funding/#reli** .

P. Refusal of Funds from Tobacco-Related Entities

Contractors will certify that it has a written policy prohibiting any affiliation with a tobacco company or tobacco product manufacturer including receipt of gifts, grants, contracts, financial support and in-kind support, and other relationships. The contractor will certify that no not-for-profit subcontractors receiving funding through this agreement for work instrumental to achieving the goals and objectives of the grant has any affiliation with a tobacco company or tobacco product manufacturer. More information regarding the tobacco-free requirements, including frequently asked questions, can be found at http://www.health.ny.gov/funding/#reli .

V. Completing the Application

A. Application Format/Content

Please refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at: www.grantsreform.ny.gov/Grantees.

A minimum score of 95 points out of a possible 180 points is required to be considered for funding. Maximum points allotted for each section are indicated in parenthesis.

Pre-submission Uploads include:

- Letter of Interest - optional
- Vendor Responsibility Attestation - required
- Application Cover Page - required
- M/WBE Forms - required
- List of Partners and/or Subcontractors named in application - required
- Subcontractor/Consultant Agreement(s), Letter(s) of Commitment - required
- Job descriptions - required
- Resumes - required
- Administrative and Fringe Workbook and/or Federally Approved Rate Agreement - if applicable
- Tobacco Free Policies Attestation - required

1) Executive Summary Not Scored

a. Provide a concise summary of the application and identify the Service Area as defined in Table 1. Identify the setting(s) in which asthma self-management education will be provided.

2) Applicant Organizational Capacity and Experience (Maximum of 15 points)

a. Describe the mission and purpose of the applicant organization and how the RFA strategies align with the mission and purpose.
b. Describe the applicant organization's history of leadership; successful implementation of evidence-based self-management education programs among a diverse target population; delivery of professional training to clinical providers, lay health workers, and patients and families; expertise in driving health systems change including the translation of evidence-based medical guidelines into practice; capacity to manage large-scale initiatives to improve health outcomes; and ability to lead and execute a multi-year project.
c. Describe the applicant organization's and proposed subcontractor's (if applicable) commitment to health disparities, and recent (past five years) experience in implementing strategies similar to those described in this RFA, highlighting strategies with a focus on the delivery, coordination, and/or monitoring of asthma control services or other chronic disease services and the expansion of evidence-based, guidelines-concordant care. Describe the demographics of the communities and health systems where programs/services were provided. Describe how the needs of the target population and health systems were assessed. Describe how support was built for programs/services and how results were sustained. Describe how program/services were monitored and evaluated and how results were summarized and disseminated.
d. Describe the organization's capability and resources to ensure timely initiation, implementation and oversight of the proposed initiative.

3) Statement of Need and Selection of Targeted Service Areas (Maximum of 15 points)

a) For the proposed Service Area, use the data sources provided in Attachment 9 Asthma Burden by County, and available at www.health.ny.gov/statistics/ny_asthma/ to briefly describe the child and adult burden of asthma and the socio-demographic characteristics of the population in the region. Priority focus should be on reducing asthma burden among children (required) but adults may be included. Reach of individuals with asthma is an RFA priority and will be considered in application scoring. Use of local-level health system data to specifically describe populations to

be reached is strongly encouraged.

b) Targeted Service Area zip codes should be among the third and fourth quartiles (Q3 and Q4) on county-level asthma burden maps at http://www.health.ny.gov/statistics/ny_asthma/ed/zipcode/map.htm and http://www.health.ny.gov/statistics/ny_asthma/hosp/zipcode/map.htm. List selected targeted zip codes and explain reasons for selection. Specify population of reach for each targeted zip code. It is not required to target all selected high-burden zip codes simultaneously but all selected zip codes should be served over the five-year contract. For Service Areas with multiple counties, one or more target areas should be served in each county over the five-year contract period. Service Area 7 is exempt from the requirement of serving all counties in the Service Area due large population. The Targeted Service Area Worksheet (Attachment 10) is an optional tool and should not be submitted with your application.

c) Describe existing resources and services to support the delivery of comprehensive asthma control services available to the target population. Describe gaps and/or barriers in accessing health care and community-based asthma control services and resources. Describe how the proposed strategies, projects and partners will respond to the needs of low-income, underserved communities and/or those with a high percentage of racial/ethnic minorities. Describe plans to consider and/or addresses the needs of individuals with disabilities when planning, implementing and promoting the proposed strategies.

4) Initiative Design (Maximum of 60 points)

Describe how the organization will meet each of the required deliverables as described in Section III. Project Narrative/Work Plan Outcomes. Clearly describe a logical, achievable plan for organizing, implementing, and accomplishing all of the required project deliverables to meet all described performance measures. Address the manner in which all of the project deliverables will be met, including subcontracting as appropriate.

a) Describe what methods will be used to translate the 4 key components of the NAEPP Guidelines (http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/implementation-panel-report-3), emphasizing the six priority messages of the GIP Report (http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/implementation-panel-report-3), into practice in the targeted settings and venues.

b) Describe how the health literacy needs of the target population will be addressed through the proposed initiative.

c) Describe plans for promoting the inclusion of comprehensive asthma control services as part of community-wide planning, coordination, and expansion of asthma activities in community or regional health care reform initiatives. List specific initiatives of focus, related activities to which you will contribute and strategic partners you plan to engage.

d) Describe plans for conducting and/or supporting health communication activities to key asthma stakeholders including elected officials, organizational leaders, community leaders and members, and people with asthma, their families and their caregivers.

Asthma Services (AS)

For each of the below Asthma Services and Health Systems strategies, describe the potential reach for each intervention listed and how change efforts will be sustained over time.

AS1-Asthma Self-Management Education:

a. Define the setting(s) (home-based required, school-based excluded) in detail and identify how asthma self-management education program sessions (minimum of two) will address key

elements from the NAEPP Guidelines (basic pathophysiology of asthma, correct usage of medications and improved medication adherence, monitoring symptoms, and avoiding triggers). If a nationally recognized program curriculum will be used, provide name of program and link to content. If a curriculum will be designed, provide specific detail on session design, content, and delivery method.

i. **For home-based services (required)**: Describe how 0a home environmental assessment will be conducted as part of multi-trigger reduction services. A minimum of two program sessions are required to be provided in the home.
ii. Specify how a return demonstration of medication administration will be completed (required) according to NYS licensure and scope of practice considerations in each setting for which services are being provided.
iii. Outline plans and strategies for recruiting and engaging people whose asthma is not well controlled.
iv. Name the organization who will be implementing the ASME program, list type of instructor, and credentials/licensure.
v. Identify plans for assessing participant asthma control in accordance with NAEPP Guidelines.
vi. Specify plans and timeline for participant follow-up.

AS2-Linkages to Care:

a. Outline plans to assure linkage to guidelines-based care for people with asthma including support for medication adherence and trigger reduction services.

AS3-Training of Caregivers:

a. Describe plans for coordinating and delivering asthma management training based on NAEPP Guidelines to caregivers (e.g. family members, community health workers, and home visit staff).
b. List credentials/licensure of staff conducting trainings.
c. Include detailed plans on how caregivers will be engaged to actively participate in training opportunities.

AS4-Policies Supportive of Asthma Control:

a. Describe plans for supporting the adoption and implementation of evidence-based policies supportive of asthma control, including trigger reduction and improved air quality.

Health Systems (HS) - For each of the below Health Systems strategies, describe the potential reach for each intervention listed and how change efforts will be sustained over time.

HS1-Quality Improvement:

a. Describe plans for facilitating the implementation of proven quality improvement strategies in health care settings.
b. Identify a minimum of three health care organizations serving a high volume of patients whose asthma is not well controlled. Note the targeted Service Area zip code(s) served by the practice and describe the demographics and burden of the patients served.
c. Describe your current working relationships with health care organizations you anticipate engaging in quality improvement work.
d. Define your strategies for engaging these organization sites.
e. Describe your schedule of project implementation at participating settings and anticipated timeline for successful implementation at a minimum of three health care organizations in year one.

f. Describe how you will ensure that visits include provision of information and supporting evidence that increase provider knowledge of NAEPP Guidelines and strategies to increase the delivery of comprehensive asthma control services.
g. Describe relevant materials that will be utilized for provider, practice and patient education.
h. Describe plans for supporting the NYS Asthma Quality Improvement Collaborative (AQIC) to engage primary health care practices serving a high volume of pediatric patients in intensive quality improvement efforts over a period of 12 to 18 months.
    i. Provide an estimate of the number of primary health care practices serving a high volume of pediatric patients in the priority population in your area of service.
    ii. Identify a minimum of two primary health care practices serving a high volume of pediatric patients whose asthma is not well controlled that you plan to engage in the first cohort of the NYS AQIC. Note the targeted Service Area zip code(s) served by the practice and describe the demographics and burden of the patients served. A Letter of Commitment from both practices must be included.
    iii. Describe your current working relationships with these practices.
    iv. Define your strategies for recruiting additional practices in future AQIC cohorts.

HS2-Team-Based Care:

Outline plans for promoting the use of team-based care and other health care delivery models with health care organizations to improve coordination of asthma care.

HS3-Coverage and Reimbursement:

Describe plans for engaging with health plans to promote coverage for and utilization of comprehensive asthma control services including medicine, devices, self-management education and home visits. Describe your current working relationships with the health plan(s).

HS4-Community-Clinical Linkages:

Describe methods for supporting the development of public health-health care linkages to coordinate delivery of comprehensive asthma control services. List strategic partners you will engage to strengthen or expand bi-directional referral systems and how people with asthma will be referred to ASME services. Describe your current working relationships with these partners.

5) Work Plan (Maximum of 10 points)

Develop a work plan using the Grants Gateway online application using instructions provided in Attachment 14. The work plan should reflect strategies and activities (tasks) designed to meet the outlined performance measures listed below (a-p). Under each stated objective in the work plan instructions (Attachment 14), please add up to seven major tasks to implement toward the expected outcomes. The work plan should only list objectives, tasks and performance measures for the first twelve months of the contract.

For Organizational Capacity within the work plan format of the Grants Gateway, please enter "N/A". Applicants are to provide this information in Program Specific Questions, Sections two and six.

Performance Measures

Contractors will be required to collect and report on the below performance measures at a frequency determined by the DOH. Revisions and additions may be made to performance measures at the discretion of the DOH.

Asthma Services

a. Number and description of meetings to educate high-level decision makers about asthma burden and evidence-based strategies
b. Description of new policies supportive of comprehensive asthma control adopted by housing agencies, municipalities or other organizations during the reporting period and influenced by the contractor
c. Number and demographics of participants (a) initiating and (b) attending at least 60% of sessions of guidelines-based intensive asthma self-management education
d. Number of participants attending at least 60% of intensive asthma self-management education sessions who successfully complete a return demonstration of basic asthma self-management knowledge and skills
e. Number of participants attending at least 60% of intensive asthma self-management education sessions who are without a primary care provider at the time of enrollment and are a) referred to and b) access primary or specialty care for asthma
f. Number of participants whose asthma is not well controlled and were not using a long-term control medication regularly on enrollment; who reported improved adherence to long-term control medication a month or more after attending at least 60% of intensive asthma self-management education sessions
g. The number of participants whose asthma is not well controlled on enrollment who report their asthma is "well-controlled" one month or more after attending at least 60% of intensive asthma self-management education sessions
h. Number and percent of participants in intensive asthma self-management education sessions who were referred by a health care organization or provider
i. Number of participants attending at least 60% of intensive asthma self-management education sessions who report a decrease in the number of asthma-related hospitalizations and ED visits during the 12 months following the program

Health Systems

j. Number of health care organizations (HCOs) influenced by the contractor to implement an asthma quality improvement process and a) number and b) type of evidence-based quality and practice improvement approaches implemented and sustained

k. Number of health care organizations influenced by the contractor to implement a team-based approach to asthma
l. Number of health plans influenced by the contractor to cover or reimburse for (a) intensive asthma self-management education, or (b) home-based trigger reduction services, or (c) both (a) and (b)
m. Number of health care organizations influenced by the contractor to implement or improve systems to refer to intensive home or school-based self-management education
n. Number of HCOs or health plans that are implementing comprehensive asthma control services (CACS) for the targeted population (including diagnosis, assessment, and use of medication in the clinical setting; education for a partnership in care; and reducing exposure to environmental triggers)
o. Number of HCOs or health plans serving the target population utilizing health information data to measure improved outcomes for patients with asthma (reduced asthma-related hospitalizations and/or ED visits)
p. Descriptions of actions taken during the reporting period to improve program activities and increase program effectiveness based on evaluation findings

Note: Primary care practice teams engaged in the NYS Asthma Quality Improvement Collaborative (AQIC) will also report on an additional set of measures identified in the AQIC data measurement plan.

6) Infrastructure and Staffing Qualifications (Maximum of 20 points)

a) Describe the organizational structure of the proposed program. Upload the proposed organizational chart. Describe the current capacity of the organization and identified subcontractor(s)/partner(s) to design, implement, and monitor progress of all strategies.
b) For each proposed subcontractor and existing or identified partner, upload a Letter of Commitment. The Letter of Commitment from a proposed subcontractor should also include a statement of scope of work. Each letter should describe in two double-spaced pages or less (additional pages per letter will not be reviewed):
    - Who the partnering organization is;
    - Why the collaboration is necessary to achieve the outcomes;
    - What strategies the partnering organization proposes to contribute to by performing what activities; and
    - When the activities will take place

    Letters of Commitment should be scanned and uploaded as one document in the Pre-Submission Uploads. The role of partners and/or subcontractors should be clearly outlined when describing the organizational structure of the proposed program. If one or more subcontracts are proposed, describe how the subcontractor(s) were/will be selected, the specific deliverables the subcontract(s) will address, and how the applicant organization will manage the work of the subcontractor(s) (e.g., how the applicant will monitor the work and expenditures of the subcontractor(s) and ensure that reports and claims for payment are submitted in a timely manner).
c) Describe the proposed staffing pattern and rationale. If known, describe the capacity of the individual who will be hired to fill the position of full-time program manager. Otherwise, explain the recruitment and hiring process to fill this position. Explain where the position will be located in the organization's hierarchy and the professional level and authority that will accompany the position. If a vacancy were to occur in the coordinator position, describe how that position would be covered within the organization until the coordinator returned or a new one was hired.
d) Describe how orientation and supervision of staff will be provided and by whom, including the credentials of the person(s) who will be providing orientation and supervision to the program.
e) Resumes of key personnel proposed to carry out the strategies and activities (including

administrative staff responsible for payroll, bookkeeping, invoicing and general tracking of administrative and fiscal controls) should be uploaded with the application. In the response area in the Grants Gateway, describe the qualifications for key fiscal staff, including a description of the staff's experience (if any) with monitoring government grant funds. Resumes should demonstrate that each staff member has the qualifications, knowledge, training, and experience to perform assigned duties. Submitted resumes should be no more than six pages each. Additional pages beyond six per resume will not be reviewed. Provide the resumes in pre-submission uploads. Please confirm documents are combined in one PDF prior to uploading.

f) Job descriptions for all positions to be hired as well as the resumes of person(s) providing orientation and supervision, if known. Submitted resumes should be no more than six pages each. Additional pages beyond six per resume will not be reviewed. Describe a staffing pattern to reflect a sufficient distribution of staffing resources to manage the implementation of all strategies.

7) Performance Monitoring and Evaluation (Maximum of 15 points)

a) Describe the capacity of the applicant organization and identified subcontractor(s)/partner(s) to collect data for performance monitoring and program evaluation. Demonstrate previous experience with data collection, data entry, reporting and any other relevant performance monitoring and evaluation experience.

b) Describe the proposed data collection plan for the required performance measures and how the implemented asthma services and health systems activities will be monitored and the resulting impact on the target population will be assessed.

8) Budget with Justification (Maximum of 35 points)

Complete a budget for the first program year (Year 1: March 1, 2018 – February 28, 2019) within the Grants Gateway application. Please read and refer to Attachment 6 Budget Instructions. THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES. Budgets for Award Regions 1, 2, 3, 4 and 5 should total and not exceed $180,000. Each of the five (5) contracts will be valued at these established amounts. Awarded applications proposing lower amounts will require budget modifications upon award. All costs must be related to the provision of *Comprehensive Services and Health Systems Approaches to Improve Asthma Control in NYS*, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. The budget for the first program year should include costs for the Program Manager and up to two additional staff to attend a two-day in-person grantees meeting in Albany, NY.

Please Note:

Any ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by DOH personnel to be inadequately justified relative to the proposed work plan, or not fundable under existing state guidance. The budget amount requested will be reduced to reflect the removal of the ineligible items.

Indirect costs will be limited to a maximum of 10% of total direct costs.

a) If the budget proposes subcontracts and/or consultants, include a Letter of Commitment and statement of scope of work for each proposed subcontractor/consultants. The Program Manager position cannot be subcontracted. Applicants that propose subcontractors/consultants, should identify subcontracting agencies during the application process. If the budget includes subcontracts/consultants, ensure that the total does not exceed 49% of the total requested funding and that a minimum of 51% of the budget will be retained by the lead organization. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors/consultants, and will be the primary contact for the DOH. Minority/Women business entities should be considered for subcontracting and consultant opportunities. All subcontractors and/or consultants must be approved by the DOH prior to the start of work.
b) Applicants and their subcontractors should consider budgeting for asthma control items that would meet the immediate needs of the target population. The extra item costs can be barriers to maintaining asthma control. Allowable examples include, but are not limited to: spacers/valved-holding chambers; air purifiers; HEPA filter vacuums; hypoallergenic pillow cases; mattress encasements; and asthma-friendly cleaning supplies. Minority/Women business entities should be considered for procurement of these and other eligible items in the budget (see MWBE Forms and Instructions in Pre-Submission Uploads).

It is the applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

B. Freedom of Information Law

All applications may be disclosed or used by DOH to the extent permitted by law. DOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If DOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review and Award Process

Applications meeting the minimum guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH Office of Public Health using an objective rating system reflective of the required items and the application content specified for each application section.

Applicants that fail to meet the minimum eligibility criteria set forth above will be removed from consideration.

Applicants need to receive a score of at least 95 to be considered for funding. Once scored, applications will fall into one of three categories: 1) recommended for funding; 2) recommended but not funded; and 3) not recommended for funding. The top scoring application in each Award Region, as defined in Table 1, will be funded for a total of five (5) awards.

In the event of a tie score, the determining factors for an award, in descending order of importance will be:

1. Applicant with the highest score in the Initiative Plan section.
2. Applicant with the highest score in the Infrastructure and Staffing section.

In the event that no applications in Service Area 6 (Bronx County) meet a passing score of 95, DOH reserves the right to re-procure the remaining funds. In the event there are not five passing applications, DOH reserves the right to award the remaining funds to the successful applicants and/or re-procure the remaining funds.

Applications failing to meet all requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the NYSDOH, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

The number of awards and award amounts will be contingent upon the total funds available. If changes in funding amounts are necessary for this initiative, or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above.

Once an award has been made, applicants may request a debriefing of their application. Please note the

debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from date of award or non-award announcement.

To request a debriefing, please send an email to Holly Teal at asthma@health.ny.gov. In the subject line, please write: *Debriefing request for Comprehensive Services and Health Systems Approaches to Improve Asthma Control in NYS.*

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at http://www.osc.state.ny.us/agencies/guide/MyWebHelp.

VI. Attachments

Please note that certain attachments are accessed in the "Pre-Submission Uploads" section of an online application and are not included in the RFA document. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a "Grantee" or a "Grantee Contract Signatory".

*These attachments are located/included in the Pre Submission Upload section of the Grants Gateway on line application.

Attachment 1 – Project Logic Model
Attachment 2 – Suggested Reading and Resources
Attachment 3 – Sample Letter of Interest*
Attachment 4 – Vendor Responsibility Attestation*
Attachment 5 –Application Cover Page*
Attachment 6 – Budget Instructions and Entry Tool*
Attachment 7 – Asthma Program Manager Sample Job Description
Attachment 8 – Minority & Women-Owned Business Enterprise Requirement Forms*
Attachment 9 – Asthma Burden by County
Attachment 10 – Targeted Service Area Worksheet*
Attachment 11 – Indirect Cost Guidelines
Attachment 12 –Fringe Detail Sheet*
Attachment 13 – Glossary of Terms
Attachment 14 – Work Plan Instructions
Attachment 15 – Tobacco Free Policies Attestation*

ATTACHMENT 1 – Project Logic Model for *Comprehensive Services and Health Systems Approaches Improve Asthma Control in NYS*

Strategies & Activities	Outputs/Milestones	Short-Term/Intermediate Outcomes
Asthma Services →	**Asthma Services** →	**Asthma Services**
1. Provide asthma self-management education (ASME) to people with asthma in the home, clinical and/or community-based setting	# of participants enrolling in the ASME program # of participants who are able to complete a return demonstration of medication administration (teach-back) # of participants in ASME without PCP who are referred to a PCP for Asthma # of participants not using LTC medications regularly who reported better adherence one month or more after ASME program completion # of participants whose asthma status changed from poorly controlled to well controlled # of participants who were referred by HCOs to ASME # of participants who report a decrease in hospitalizations and ED visits 12 months following program # of caregivers of people with asthma trained in evidence-based asthma self-management # of stakeholder meetings to educate and support adoption of policies supportive of asthma control # of policies developed supportive of asthma control	Increased number of children and adults receiving evidence-based asthma self-management education Increased knowledge and skills in evidence-based asthma management among people with asthma Increased number of children with asthma referred to home and school-based asthma services Increased number of caregivers of people with asthma trained in evidence-based asthma management Increased knowledge and skills in evidence-based asthma management among caregivers of people with asthma
2. Assure linkages to NAEPP Guidelines-based care for people with asthma		
3. Educate caregivers in evidence-based asthma management		
4. Inform stakeholders about evidence-based policies supportive of asthma control including trigger reduction and improved air quality		
Health Systems →	**Health Systems** →	**Health Systems**
1. Implement quality improvement processes to increase access to guidelines-based care	# of health care organizations (HCOs) influenced by the contractor to implement an asthma quality improvement process and a) number and b) type of evidence-based quality and practice improvement approaches implemented and sustained # of HCOs influenced by the contractor to implement a team-based approach to asthma # of health plans influenced by the contractor to cover or reimburse for (a) intensive asthma self-management education, or (b) home-based trigger reduction services, or (c) both (a) and (b) # of HCOs influenced by the contractor to implement or improve systems to refer to intensive home or school-based self-management education # of HCOs or health plans that are implementing comprehensive asthma control services (CACS) for the targeted population # of HCOs or health plans serving the target population utilizing health information data to measure improved outcomes for patients with asthma (reduced asthma-related hospitalizations and/or ED visits)	Increased number of clinical providers trained on the NAEPP Guidelines Increased knowledge and skills of primary care providers regarding the provision of NAEPP Guidelines-based asthma care Increased number of health care organizations utilizing team-based care to support the delivery of comprehensive asthma control services Increased number of clinical and community-based partners participating in bi-directional referral systems to support continuity of care for patients with asthma Improved measurement and use of health systems data ↓
2. Promote use of team-based care and other health care delivery models to improve coordination of asthma care		
3. Promote coverage for and utilization of comprehensive asthma control services including medicine, devices, ASME and home visits		
4. Support the development of community-clinical linkages to provide comprehensive asthma control services		
Sustainability →	**Sustainability** →	**Long-Term Outcomes**
Promote the inclusion of comprehensive asthma control services through coordination with components of health care reform	#, list and description of priority opportunities for expansion of comprehensive asthma control services through coordination with components of health care reform	Increased number of organizations implementing evidence-based asthma self-management education (number of clinics, community-based organizations) Increased number of policies supportive of asthma control Increased number of primary care practices providing comprehensive evidence-based asthma control services Improved asthma control status among people with asthma Decreased hospitalizations and emergency department visits due to asthma Improved quality of life for patients with asthma
Develop and disseminate communication products and resources to key asthma stakeholders to support asthma surveillance and evaluation findings	# of products and resources developed and disseminated to # of stakeholders	
Compile success stories from children and adults with asthma and their families whose lives are improved by changes made through this initiative to access to quality, evidence-based asthma control services	# of success stories compiled and shared	

ATTACHMENT 2
Suggested Reading and Resources

Agency for Healthcare Research and Quality
Health Care/System Redesign:
http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/index.html
Team-Based Care:
https://pcmh.ahrq.gov/page/creating-patient-centered-team-based-primary-care
Practice Facilitation:
https://www.pcmh.ahrq.gov/page/practice-facilitation

American Lung Association (ALA)
www.lung.org
ALA is a not-for-profit association working to save lives by improving lung health and preventing lung disease, through research, education and advocacy and offers numerous trainings and educational resources related to asthma.

Asthma and Allergy Foundation of America (AAFA)
http://www.aafa.org/
AAFA is a not-for-profit patient organization for people with asthma and allergies and offers numerous educational resources and tools.

Asthma Community Network
www.asthmacommunitynetwork.org
This online Network is designed for community-based asthma programs and organizations that sponsor them—including representatives of health plans and providers, government health and environmental agencies, nonprofits, coalitions, schools and more. The Network is supported by the U.S. Environmental Protection Agency in partnership with Allies Against Asthma, a program of the Robert Wood Johnson Foundation and the Merck Childhood Asthma Network, Inc. (MCAN), a nonprofit organization funded by the Merck Company Foundation.

Centers for Disease Control and Prevention
https://www.cdc.gov/asthma/
The CDC asthma website provides an overview of asthma, data, statistics and surveillance information, information about CDC's National Asthma Control Program from which the NYS Asthma Control Program receives funding, and resources for health professionals and individuals with asthma. The CDC 6|18 Initiative (www.cdc.gov/sixeighteen) also provides evidence about high-burden health conditions, including asthma, and outlines associated interventions proven to address the condition by addressing issues related to coverage, access, utilization and quality.

Institute for Healthcare Improvement (IHI)
http://www.ihi.org/Pages/default.aspx
IHI is a not-for-profit organization focused on improving the health of individuals and populations. IHI uses the Model for Improvement in all of its improvement efforts. This framework is the model used in guiding improvement work in the NYS Asthma Quality Improvement Collaborative (AQIC).

National Asthma Education and Prevention Program (NAEPP)
http://www.nhlbi.nih.gov/health-pro/resources/lung/naci/asthma-info/naepp.htm
The NAEPP, coordinated by the National Heart, Lung, and Blood Institute of the National Institutes of Health, raises awareness about asthma as a major public health problem, develops clinical practice guidelines and other supportive materials based on the latest scientific evidence, and uses multiple

strategies to enhance guidelines implementation.

National Center for Healthy Housing (NCHH)
http://www.nchh.org/Home.aspx
NCHH is a not-for-profit organization focused on integrating healthy housing advocacy, research and capacity-building to secure healthy homes for all.

National Environmental Education Foundation (NEEF)
https://www.neefusa.org/health/asthma
NEEF has numerous resources to support the integration of environmental management of asthma into pediatric health care.

National Healthy Homes Training Center
http://healthyhousingsolutions.com/hhtc/
Supported through a contract from the U.S. Department of Housing and Urban Development and support from the U.S. Environmental Protection Agency, the Training Center offers a wide range of training opportunities for environmental health practitioners, public health and housing practitioners, and community outreach workers.

The Guide to Community Preventative Services: The Community Guide
http://www.thecommunityguide.org/asthma/index.html
Provides Task Force recommendations and findings regarding home-based asthma services.

ATTACHMENT 6
Grants Gateway Budget Instructions
Comprehensive Services and Health Systems Approaches to Improve Asthma Control in New York State
RFA #1612280202
Grants Gateway # DOH01-ASTHM1-2017

Data Entry of the Expenditure Budget - A step by step data entry MS Excel document titled **"Grants Gateway Budget Data Entry Guidelines"** has been provided in Pre-Submission Uploads located in the Forms Menu.

- It may be beneficial to use this document as a guide for drafting the budget off-line prior to completing the Expenditure Budget in the Grants Gateway to adhere to character limitations and ensure accuracy.
- The data entry document highlights the character limits for each field of the Expenditure Budget. Character limits are based on all characters including spaces.

Funding Opportunity Specification – The following specifications should be adhered to when completing the expenditure based budget. Failure to adhere to these specifications may result in a reduction of allotted points. Successful applications recommended for award will require modification to meet these specifications prior to contract approval.

- For each section of the budget entered online in Grants Gateway under the Narrative section enter details about other funds for required components of the program.
- Applicants need to provide for services and staffing within their organization. The staffing plan and project management structure should include at least 1.5 dedicated professionals, at least one FTE of which is a full-time dedicated program manager. The program manager position cannot be subcontracted.
- If the budget includes subcontracts/consultants, ensure that the total does not exceed 49% of the total requested funding and that a minimum of 51% of the budget will be retained by the lead organization. Subcontracts must be an applicable mix of community and health system partners, as appropriate, to implement and monitor all of the strategies. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the Department. All subcontractors should be approved by the Department.

Additional Considerations

- All costs must directly relate to the provision of services outlined in this funding opportunity, be consistent with the scope of services, reasonable, and cost effective.
- Contracted or per diem staff are not to be budgeted under Personal Services. These expenses must be budgeted under Contractual Services.

- All budget line items must be rounded to the whole dollar.
- All percentages must be rounded to the 100^{th} place.

- Contracted organizations must have on file documentation to support allocation of shared costs to the contract in accordance with applicable regulations and approved budget.
- For each section of the budget in which a budget item is proposed, all required fields must be completed. Failure to complete required fields will result in a global error message which must be resolved prior to submission.
- Failure to provide complete, clear, and concise information may result in a reduced score.
- Equipment purchases for major items that will depreciate in a very short period of time (e.g. one to three years) will only be considered when supported by a strong justification. The Department of Health recognizes that organizations may classify items as equipment within their own accounting system that do not fall under the definition of equipment and may be included in the equipment budget category.
- Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project.The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
- Budget lines that are not well-justified may negatively impact the application score and/or delay the budget approval process.
- Indirect costs are limited to a rate of 10%.
- A "match" contribution is **NOT** required for this grant award. Please do not enter information in the match sections of the budget.
- For fields titled "Other Funds" always leave blank. Additional costs incurred by the program, referred to as "in-kind contributions" should be detailed under the narrative sections for the respective budget category. i.e. In-kind staff should not be listed in the Salary Detail, but please identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative.
- The budget for program year one should include costs for the Program Manager and up to two additional staff to attend a two-day in-person grantees meeting Albany, NY.
- Applicants and their subcontractors should consider budgeting for asthma control items that would meet the immediate needs of the target population. Allowable examples include, but are not limited to: spacers/valved-holding chambers; air purifiers; HEPA filter vacuums; hypoallergenic pillow cases; mattress encasements; and asthma-friendly cleaning supplies. Minority/Women business entities should be considered for procurement of these and other eligible items in the budget (see MWBE Forms and Instructions in Pre-Submission Uploads).
- **Travel**: All Travel, other than travel for individuals / organizations funded under the contractual service line, subcontractor travel, should be budgeted in this section. Out-of-State travel requires prior approval. To obtain prior approval, the organization must complete the "**Request for Prior Approval to Travel Form**". This form is made available in the Grantee Document Folder upon award. This form is **NOT** required at the time of application but can be used to project related costs.
    - OCS Guidelines: http://www.osc.state.ny.us/agencies/travel/manual.pdf
    - USGSA: http://www.gsa.gov/portal/category/21283

Document Uploads (as applicable)

Personal Service – Fringe: Either a Federally Approved Rate Agreement OR a completed Fringe Detail Sheet should be uploaded to the Pre-Submission Uploads located in the Forms Menu. A template Fringe Detail Sheet is available in the same location. *Upon award, a Federally Approved Rate Agreement OR a completed Fringe Detail Sheet must be uploaded to the Grantee Document Folder located in the Forms Menu. A template Fringe Detail Sheet is available in the same location.*

Contractual Services: Applicants should secure commitment letters with subcontractor organizations, partnering agencies and consultants. Letters of commitment should be scanned and uploaded as one document in the Pre-Submission Uploads. *Upon award, copies of proposed contractual agreements must be uploaded by the Grantee to the Grantee Document Folder located in the Forms Menu. Upon execution, copies of the dually signed agreements must be uploaded to the same folder. Expenses related to services which require a dually signed contractual agreement will not be reimbursed until an acceptable agreement is on file.*

Other Expenses Detail – Indirect Costs: If the rate is based on a Federally Approved Indirect Rate Agreement (IDC), a copy of the current IDC should be uploaded to the Pre-Submission Uploads located in the Forms Menu. If the IDC was not provided as part of the application OR if the contract is the product of a non-competitive award, the IDC must be uploaded to the Grantee Document Folder.

Other Helpful Links:

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards

CFR Supbart E - Basic Considerations: http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabbd3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200_1401.sg12

Refer to Pre-Submission Uploads for the Grants Gateway Budget Data Entry Guideline Tool.

ATTACHMENT 7

Asthma Program Manager Sample Job Description

The asthma program manager is a key management position within the organization. This position achieves results by leading the design, implementation, evaluation and monitoring of evidence-based initiatives to ensure the delivery of comprehensive asthma control services and health systems quality improvement efforts. The program manager will also lead efforts to engage key stakeholders and/or subcontractors contributing to initiative deliverables.

Specific responsibilities include but are not limited to:

- Developing and ensuring the delivery of the organization's asthma services in multiple settings including clinical, home- and community-based asthma self-management education to children with asthma and their families;
- Leading the implementation of health systems initiatives including quality improvement efforts designed to expand the delivery of evidence-based asthma control services and improve asthma-related health outcomes;
- Ensuring program compliance with all required performance measures and data collection activities;
- Managing other contractor activities including health communications, sustainability efforts and partner/subcontractor recruitment;
- Leading, organizing, and maintaining accountability for organization, partnership and subcontractor contributions to initiative deliverables
- Developing and monitoring program budget, contract work plan activities, and related contract administration requirements;
- Monitoring program quality, performance and effectiveness including overseeing all data collection and reporting requirements required by the NYSDOH Asthma Control Program.
- Leading, managing and contributing to organization and NYSDOH evaluation activities;
- Collaborating with other organizations and NYSDOH contractors working to expand comprehensive asthma control services;
- Presenting program outcomes and disseminating surveillance and evaluation findings at statewide and national meetings.

Minimum Qualifications: Bachelor's degree and at least 5 or more years of demonstrated progressive leadership and program management experience in public health, health, or human services related field required.
Preferred Qualifications: Master's degree in public health, nursing, health education, public administration or related field. Certified asthma educator (AE-C), Respiratory Therapist, Registered Nurse licensure or Certified Health Education Specialist (CHES) strongly preferred; or three or more years of experience in supporting the clinical, home- and/or community-based delivery of asthma control services or other chronic disease related services. Experience translating evidence-based national guidelines into clinical practice. Knowledge of clinical quality improvement methodologies.
Required skills: Excellent written, oral, and interpersonal skills. Demonstrated program management experience with competency in program development, implementation and evaluation of public health/health related programs. Demonstrated success in monitoring evidence-based, outcome-oriented public health/human services programming. Level of clinical knowledge to support the translation of national guidelines into care and support the design and implementation of clinical quality improvement activities. Demonstrated ability to engage key stakeholders/subcontractors around a shared set of deliverables. Past success in engaging internal and external partners at multiple levels within organizations, including executive leadership and clinical providers. Proficiency in Word, Excel, internet

navigation, and database management required. Travel is an essential requirement of this position.

ATTACHMENT 9
2012-2014 Asthma Burden Data by Eligible County

	Asthma Emergency Department Visits		Asthma Hospitalizations	
County	**Age-adjusted Total Rate (all ages) per 10,000**	**Rate Aged 0-17 per 10,000**	**Age-adjusted Total Rate (all ages) per 10,000**	**Rate Aged 0-17 per 10,000**
Albany	72	110	10.4	13
Bronx	269.1	474.5	54.7	87.4
Dutchess	51.6	61.9	13.4	22.6
Erie	63.4	97.4	10.3	18.1
Fulton	80.5	85.7	12.5	21.5
Kings	139.2	217.4	27	38.1
Monroe	66.1	109.1	10.2	12.8
Montgomery	107.5	103	9.3	10
Nassau	43.8	74.4	13.3	21.4
New York	145.5	285	22.6	38.6
Niagara	53.7	76.1	7.8	11.6
Orange	67	70.5	12.4	10.6
Queens	81.3	152.6	16.8	27.6
Rensselaer	69.9	105.4	10.9	13.5
Richmond	84.2	122.9	18.1	19.3
Schenectady	79	100.7	8	9.9
Suffolk	53	81.7	13.4	18.8
Sullivan	72.3	90.2	9	11.3
Ulster	49.9	69.3	10.8	14.2
Westchester	66.5	101.8	13.5	18.7

Data source: Asthma Emergency Department (ED) data and asthma hospitalization data were generated from Statewide Planning and Research Cooperative System (SPARCS) 2012-2014.

Notes: The asthma Emergency Department (ED) visit rate was calculated by dividing the total number of asthma ED visits for the three-year period by three to get the average number of asthma ED visits per year. The average number of asthma ED visits was then divided by the average population of the three-year period and multiplied by 10,000. The age-adjusted asthma ED visit rates were calculated using the 2000 U.S. Standard Population.

The asthma hospitalization rate was calculated by dividing the total number of asthma hospitalizations for the three-year period by three to get the average number of asthma hospitalizations per year. The average number of asthma hospitalizations was then divided by the average population of the three-year period and multiplied by 10,000. The age-adjusted asthma hospital discharge rates were calculated using the 2000 U.S. Standard Population.

ATTACHMENT 11

Indirect Cost Guidelines

Indirect costs (administrative costs) are defined as those costs that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. (Examples of indirect costs may include rental costs and related utilities).

Indirect cost rate limitations are outlined in the Request For Application (RFA) from which the contract was procured. The maximum rate(s) will vary by program initiative.

If a contractor does not have an approved Federally approved indirect rate agreement (IDC), the maximum rate is either a de minimis rate of 10% or can be less than 10% if stipulated by the RFA. To remain adherent to the Federal Office of Management and Budget Guidance, section 2 CFR Part 230 (Accounting Principles for Nonprofits), indirect costs for those contractors without a IDC will be calculated using a **Modified Total Direct Cost** base (**MTDC**) which is explained further below.

How is the rate applied to the contract?

1. With a federally approved IDC:
    - The rate must be applied to the same base costs as used in the IDC;
    - A copy of the IDC (current) must be submitted with the contract; and
    - If the RFA limits restricts the rate to an amount less than the IDC, the contractor may ONLY request up to the rate stated in the RFA, which cannot exceed the federally approved rate.
2. Without a federally approved IDC:
    - Contractors may request up to the maximum rate stipulated by the RFA as funding permits;
    - The rate may only be applied to those costs allowable as part of the MTDC;
    - Upon audit the organization must be able to substantiate the rate requested; and
    - Costs being reimbursed from the administrative cost line cannot be budgeted on any other line of the contract.

What is the Modified Total Direct Cost base (MTDC)?

The MTDC **includes**:

+ Direct Salaries and Wages
+ Applicable Fringe Benefits
+ Materials and Supplies
+ Services
+ Travel
+ Subawards and subcontracts up to the first $25,000 of each subaward or subcontract

The MTDC **excludes**:

- Equipment
- Capital Expenditures
- Charges for Patient Care
- Rental Costs
- Tuition Remission
- Scholarships and Fellowships
- Participant Support Costs

- Portion of any Subawards and subcontracts in excess of first $25,000 of each subaward and subcontract

If using the IDC, to ensure that the indirect costs requested on the contract do not exceed the maximum rate based allowable by the RFA, use the following formula.

Total Budget – Indirect Costs = Direct Costs
Indirect Costs / Direct Costs = Rate

If using the MTDC, to ensure that the indirect costs requested on the contract do not exceed the maximum rate based allowable by the RFA, use the following formula.

Total Budget – MTDC Exclusions = MTDC Costs
Indirect Costs / MTDC Costs = MTDC Rate

ATTACHMENT 13

Glossary of Terms

Academic Detailing: Structured educational visits by trained personnel to physicians, pharmacists, nurses, other clinicians, and health care systems to share unbiased, noncommercial information to deliver training and technical assistance for using best practices with the goal of improving patient care. See http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod10.html

AE-C: Certified Asthma educator: An asthma educator who meets the requirements of the National Asthma Educator Certification Board, Inc. http://naecb.com/faq.php. An asthma educator is an expert in teaching, educating, and counseling individuals with asthma and their families in the knowledge and skills necessary to minimize the impact of asthma on their quality of life. The educator possesses comprehensive, current knowledge of asthma pathophysiology and management including developmental theories, cultural dimensions, the impact of chronic illness, and principles of teaching-learning.

Caregiver: A person who is the parent, guardian or other person responsible for the care of, and who acts as a proxy for, a person with asthma who is unable (because of young age or other condition) to take responsibility for his/her own asthma self-management.

Comprehensive Asthma Control Services: Defined in the NAEPP EPR-3 guidelines for asthma care and include diagnosis, assessment, and use of medication in the clinical setting; education for a partnership in care; and reducing exposure to environmental triggers. Although some patients may respond to good medical management and to essential self-management education in the health care settings, many (particularly those with persistent and poorly controlled asthma) will require more intensive self-management education in community settings and/or home visits to address asthma triggers and social determinants of asthma control.

Electronic Health Records (EHRs): A systematic collection of electronic health information about individual patients or populations. It is a record in digital format that is theoretically capable of being shared across different health care settings.

Health care organization: An administration involved with the delivery of health care services such as diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. This term includes hospital systems, Federally Qualified Health Centers, Accountable Care Organizations, Medical Homes, Managed Care Organizations, school-based health clinics, and large, multi-provider practices.

Health Plan: An individual or group plan that provides, or pays the cost of, medical care.

Home-based trigger reductions services: Home visits by trained personnel to identify and address a range of asthma triggers (allergens and irritants).

Inclusion: Both the meaningful involvement of a community's members, including individuals with disabilities, in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Letter of Commitment: A non-binding indication of an organization's promise to support and contribute to the deliverables outlined the lead organization's application.

Letter of Interest (LOI): A preliminary, non-binding indication of an organization's intent to submit an application and/or interest in receiving notification of updates to the funding opportunity, including the questions and answers documents.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Policies supportive of comprehensive asthma control: Official written agency guideline, rule, administrative action, etc. regarding, for example, trigger reduction, improved air quality, clinical protocols or medical management that is consistent with NAEPP guidelines, etc.

Practice Facilitation: A supportive service provided to a primary care practice by a trained individual or team of individuals. These individuals use a range of organizational development, project management, quality improvement (QI), and practice improvement approaches and methods to build the internal capacity of a practice to help it engage in improvement activities over time and support it in reaching incremental and transformative improvement goals. This support may be provided onsite, virtually (through phone conferences and Webinars), or through a combination of onsite and virtual visits. https://www.pcmh.ahrq.gov/page/practice-facilitation

Primary care provider: is a health care practitioner who sees people who have common medical problems. This person may be a physician, a physician assistant or a nurse practitioner.

Quality improvement process: a system that seeks to improve the provision of services with an emphasis on future outcomes such as:

- Health outcomes: asthma control, quality of life, school/work absenteeism
- Utilization outcomes: urgent/emergency room visits, hospitalizations
- Cost outcomes: savings to the HCO attributed to changes in quality of care

Quality of care: improvements in adherence to the NAEPP Guidelines (e.g. assessment and follow-up care, prescribing, education, linkage to community services, etc.).

Team-Based Care: The National Academy of Medicine defines team-based care as "…the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care." https://www.nationalahec.org/pdfs/VSRT-Team-Based-Care-Principles-Values.pdf

Well-controlled asthma: A person has well-controlled asthma if his or her scores on a validated, age-appropriate asthma control questionnaire fall inside the well-controlled range.

Work Plan: The summary of annual strategies and activities, personnel, and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

ATTACHMENT 14

Work plan Instructions

Please note that when entering information into the Grants Gateway Work Plan, the following should be observed:

a. **Objective Name** can be no more than **75** characters.

b. **Objective Description**:
   - Objective descriptions should be should be **S**pecific, **M**easurable, **A**ctionable, **A**chievable, **R**elevant, and **T**imely **(SMAART).** Specific aims are clear, understandable and unambiguous. Measurable aims are assigned numeric goals; progress towards achieving the aim can be assessed utilizing quantifiable measures. Actionable aims identify who will be impacted, what the action will be, and where the project will take place. Achievable aims are realistic. Relevant aims are important and compelling to the organization and stakeholders. Timely aims are assigned a time-frame in which the objective will be implemented or completed.
   - Objective Descriptions should also be reflected in the Performance Measures.
   - Each Objective Description is limited to **250** characters.

c. **Tasks/Activities**:
   - Add the discrete tasks or activities that will be implemented to meet the stated objectives **for year 1**. Refer to Section III. Project Narrative/Work Plan Outcomes and the Project Logic Model (Attachment 1) for strategies and outcomes.
   - There can be multiple tasks for each objective description.
   - Each task is limited to **250** characters.

d. Performance Measures:
   - These are the standards that you set to measure progress achieving the stated objectives. These allow you to assess how well you meet your stated objectives (objective descriptions), and help to identify areas in need of improvement or change.
   - There can be multiple performance measures, but, each is limited to **250** characters.
   - Applicants should demonstrate how each of the sixteen performance measures will be collected by which activities/tasks.

The following objectives and performance measures should be used when entering the work plan into Grants Gateway. Applicants are required to add the discrete tasks or activities (for year 1) that will be implemented to meet each of the provided objectives. Please note the following acronyms/definitions:

- Asthma Self-Management Education (ASME)
- "Completing" is defined as participants who attend a minimum of 60% of ASME program sessions
- Health Care Organizations (HCOs)

WORKPLAN

Objective name (max 75 characters)	**Objective Description** (max 250 characters)	**Tasks/Activities** (max 250 characters)	**Performance Measure Name** (max 250 characters)
1. Home-Based Asthma Self-Management Education (ASME) and Home Environmental Services	By the end of Year 1, provide home-based ASME to <insert#> children and/or <insert#> adults with asthma	Up to 7 tasks/activities to be completed by applicant	• #/demographics initiating & # completing • # completing a return demo of medication administration, knowledge & skills • # with ↓ in hospitalizations and ED visits 12 months after completing ASME • # completing ASME who report asthma well controlled
2. Clinical and/or Community-based Comprehensive ASME	By the end of Year 1, provide ASME to <insert#> children and/or <insert#> adults with asthma in the clinical and/or community settings	Up to 7 tasks/activities to be completed by applicant	• #/demographics initiating & # completing • # completing a return demo of medication administration, knowledge & skills • # with ↓ in hospitalizations and ED visits 12 months after completing ASME • # completing ASME who report asthma well controlled
3. Referrals to Comprehensive ASME	By the end of Year 1, ensure that <insert#> children and/or <insert#> adults with asthma are referred to home- and/or school-based ASME	Up to 7 tasks/activities to be completed by applicant	• # children referred to home and school-based ASME • # and % of participants in ASME referred by a health care organization or provider
4. Linkages to NAEPP Guidelines-Based Care	By the end of Year 1, ensure that 100% of participants initiating ASME without a primary care provider on enrollment are a) referred to and b) access primary or specialty care for asthma	Up to 7 tasks/activities to be completed by applicant	• # initiating ASME with no primary care provider are a) referred to and b) access primary or specialty care for asthma
5. Education of caregivers	By the end of Year 1, evidence-based asthma management training provided to <insert#> caregivers of people with asthma	Up to 7 tasks/activities to be completed by applicant	• # caregivers of people with asthma trained in evidence-based asthma management • ↑ knowledge and skills in evidence-based asthma management among caregivers

Objective name (max 75 characters)	**Objective Description** (max 250 characters)	**Tasks/Activities** (max 250 characters)	**Performance Measure Name** (max 250 characters)

6. Promote the inclusion of comprehensive asthma control services	By the end of Year 1, engage in <insert#> priority opportunities for expansion of asthma control services	Up to 7 tasks/activities to be completed by applicant	• List and description of priority opportunities for expansion of comprehensive asthma control services through coordination with components of health care reform • Number and description of meetings to educate high-level decision makers about asthma burden and evidence-based strategies
7. Policies Supportive of Asthma Control	By the end of Year 1, inform <insert#> stakeholders about and support adoption of evidence-based policies supportive of asthma control including trigger reduction and improved air quality	Up to 7 tasks/activities to be completed by applicant	• # and description of meetings to educate high-level decision makers on policies supportive of asthma • Description of new policies adopted by housing agencies, municipalities or other organizations influenced by the contractor
8. Implement Quality Improvement (QI) Processes	By the end of Year 1, implement <insert#> of quality improvement processes to increase access to guidelines-based care with <insert#> primary care practices	Up to 7 tasks/activities to be completed by applicant	• # HCOs influenced to implement an asthma QI process and a) # and b) type of evidence-based quality and practice improvement approaches implemented and sustained • # HCOs/health plans implementing comprehensive asthma control services for targeted population
9. Improved Medication Adherence	By the end of Year 1, increase the <insert#> of individuals who report better adherence to long-term control medicine by <insert#/%>	Up to 7 tasks/activities to be completed by applicant	• # participants completing ASME reporting better adherence to long-term control medicine a month or more after program
10. Translation of NAEPP Guidelines into Practice	By the end of Year 1, increase the number of clinical providers trained on the NAEPP Guidelines by <insert#>	Up to 7 tasks/activities to be completed by applicant	• # clinical providers trained on the NAEPP Guidelines
11. Team Based Care (TBC)	By the end of Year 1, promote use of TBC and other health care delivery models to improve coordination of asthma care to <insert#> of HCOs	Up to 7 tasks/activities to be completed by applicant	• # HCOs influenced by contractor to implement a team-based approach to asthma
Objective name (max 75 characters)	**Objective Description** (max 250 characters)	**Tasks/Activities** (max 250 characters)	**Performance Measure Name** (max 250 characters)

12. Expand Comprehensive Asthma Control Services Coverage & Utilization	By the end of Year 1, promote coverage for and utilization of comprehensive asthma control services including medicine, devices, ASME and home visits to <insert#> health plans	Up to 7 tasks/activities to be completed by applicant	• # of health plans influenced to cover or reimburse for (a) intensive ASME, or (b) home-based trigger reduction services, or (c) both (a) and (b)
13. Community Clinical Linkages	By the end of Year 1, promote use of community-clinical linkages for comprehensive asthma control services to <insert#> HCOs and <insert#> community-based organizations	Up to 7 tasks/activities to be completed by applicant	• # HCOs influenced to implement or improve systems to refer to ASME • # HCOs and # community-based partners using bi-directional referral systems for continuity of care for patients with asthma
14. Health Data Use	By the end of Year 1, increase the number of HCOs or health plans using health data to measure improved outcomes by <insert#>	Up to 7 tasks/activities to be completed by applicant	• # HCOs or health plans serving the target population using health information data to measure improved outcomes for patients with asthma (reduced asthma-related hospitalizations and/or ED visits)