



State of Arkansas
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham
Little Rock, Arkansas 72205

Application Packet

DH-23-0003

Purpose of Sub-Grant: The Arkansas Department of Health (ADH) issues this Request for Application (RFA) to obtain applications for funding one Arkansas hospital to work with a private sector employer in up to 2 locations for the delivery of ADA-recognized or AADE-accredited Diabetes Self-Management Educational & Support (DSMES) and Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP) in Preliminary or Full Recognition status delivered in English & Spanish. The grantees must be able to meet and reach the high priority populations for example: Caucasian, Hispanic, Marshallese, African American, Medicare, and Medicaid.

APPLICATION SIGNATURE PAGE

Type the following information.

APPLICANT'S INFORMATION					
Company (as listed with IRS) with dba if applicable					
Federal Tax-ID#		AASIS Vendor Number (if known)			
Is your Company 501(c) 3 Nonprofit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If, yes, your IRS designation letter must be submitted			
Your Agency Fiscal Year Dates:					
Address:				P.O. Box	
City:			State:		Zip Code:
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Public Service Corp	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		<input type="checkbox"/> Nonprofit <input type="checkbox"/> Intergovernmental	
Minority and Women-Owned Designation: *	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American		<input type="checkbox"/> Service-Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American		<input type="checkbox"/> Pacific Islander American	
	AR Certification #: _____			* See Minority and Women-Owned Business Policy	
APPLICANT CONTACT INFORMATION					
<i>Provide contact information to be used for bid solicitation related matters.</i>					
Contact Person:			Title:		
Phone:			Alternate Phone:		
Email:					
Alternate Email:					
ILLEGAL IMMIGRANT CONFIRMATION					
By signing and submitting a response to this solicitation, the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.					
ISRAEL BOYCOTT RESTRICTION CONFIRMATION					
By signing and submitting a response to this Bid solicitation, the applicant agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.					
Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically. _____					

An official authorized to bind the prospective recipient to a resultant contract shall sign below.

By signing and submitting a response to this Request for Application (RFA), the applicant agrees to comply with all requirements, and that any exception that conflicts with a requirement of this RFA will cause the application to be disqualified.

Authorized Signature:

Use Ink Only.

Title:

Printed/Typed Name:

Date:

PROPOSED SUBCONTRACTORS FORM

- *Do not include additional information relating to subcontractors on this form or as an attachment to this form.*

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- Do not include additional information if not pertinent to the itemized request.

		Maximum Raw Score Available
E.1	Background, Qualifications and Staffing	
1.	Give a brief description of the organization, mission, and commitment to providing DPRP and DSMES throughout their community.	5 points
2.	Describe your experience with data collection for the DPRP for a minimum of 18 months, and its standards.	5 points
3.	Describe the level of expertise include education and experience of each staff/supervisor that will provide services for this contract outlined in this RFA. Include examples of bilingual staff and their experience with multicultural approaches.	5 points
4.	Describe experience with the National Standards for culturally and linguistically appropriate services, and give examples	5 points
E.2	Approach & Methodology	
1.	Describe how you will address implementing accredited DSMES/DPP with employers in your community.	5 points
2.	Describe how you will implement both programs in English & Spanish.	5 points
3.	Describe your experience meeting the high priority populations.	5 points
4.	Describe your approach with bilingual lifestyle coaches & providing culturally appropriate materials, and activities in place reflecting the patient population.	5 points
5.	Describe your experience with the National Standards for culturally appropriate and linguistically appropriate services (CLAS).	5 points
6.	Describe your tools and materials for your LSC's to help increase participant retention.	5 points
7.	Describe your community needs assessment and the unique demographics of your community.	5 points
8.	Describe your business plan for approaching employers.	5 points
E.3	Work Plan	
1.	Develop & provide a work plan draft by your Business Specialist that will compile information about major employers and specifics about their insurance status, i.e., whether they are self-insured in each community.	5 points
2.	Demonstrate a copy of your systematic procedures in place for class cancellation, makeup sessions, and substitution for lifestyle coaches as need.	5 points
3.	Demonstrate a Data Management Plan (DMP)	5 points
4.	Develop and provide a work plan for updating their EHR system by Jan. 2019 to prepare for Medicare billing for DPP and reimbursement procedures for performance based reimbursement with a system wide billing claim system.	5 points
5.	Develop and provide an example of their system wide employer coverage task force.	5 points