

North Carolina Health and Wellness Trust Fund Commission
Medication/Disease Management and Prescription Drug
Access for North Carolina Seniors

Request For Proposals

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Note: This RFP outlines the purpose and background of this initiative and also provides useful resources to which applicants can refer. In order to apply for a grant under this RFP, you are encouraged to complete an online letter of intent and full application available at the Commission's website (www.HWTFC.org) starting on or about August 19, 2002. However, if you do not have Internet access, you may contact the Commission office to obtain copies of these forms.

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Health and Wellness Trust Fund Commission

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North Carolina Health and Wellness Trust Fund Commission
Medication/Disease Management and Prescription Drug
Access for North Carolina Seniors
Request For Proposals

PURPOSE

The N.C. Health and Wellness Trust Fund Commission (“Commission”) seeks to identify and fund projects in NC that will:

1. Educate North Carolina seniors about appropriate use of their medications.
2. Implement disease state management programs for North Carolina seniors for the following disease states: diabetes mellitus, cardiovascular disease and chronic obstructive pulmonary disease.
3. Help North Carolina seniors and other low-income citizens evaluate and apply for free, discount and low-cost drugs through public and private prescription assistance programs.

The Commission requires the programs to provide education about medications to seniors (65 and older) who are eligible for EZ Care, (see BACKGROUND below) at no cost to the senior. Other seniors (65 and older) who are not eligible for EZ Care should also be offered medication management services by the program on a sliding scale basis.

BACKGROUND

Elderly citizens in North Carolina who are uninsured or who qualify for Medicare coverage often find that they cannot afford the medications required to treat or ameliorate their chronic health problems. North Carolina’s General Assembly has created the Health and Wellness Trust Fund Commission dedicated to helping all North Carolinians achieve better health. As its first order of business, the Commission has funded a prescription drug initiative called EZ Care for NC’s neediest seniors (65 and older) who are below 200 percent of the Federal Poverty Guidelines and lack any prescription drug coverage. Realizing that these monies are not sufficient for a comprehensive program, the Commission narrowed the time frame for the program to three years and limited the coverage to medications for three chronic disease states: diabetes mellitus, cardiovascular disease and chronic obstructive pulmonary disease. This program will be implemented by the NC Department of Health and Human Services (NCDHHS). Recognizing that access to prescription drugs is not a complete solution to the problem that North Carolina seniors are facing, the Commission also seeks to fund a network of medication and disease management programs for seniors. In addition, these programs will also assist seniors and other low-income citizens in evaluating and applying for their optimal public and/or private drug coverage options.

THE PROGRAM

Who May Apply

Under the NC General Statutes, an organization is eligible to receive a grant from the Commission if it fits into any of the following categories:

- A state agency,
- A local government or other political subdivision of the state or a combination of such entities (includes local education agency and/or public charter schools), and
- A nonprofit organization, which has as a significant purpose promoting the public's health, limiting youth access to tobacco products, or reducing the health consequences of tobacco use.

Other interested entities may partner with an eligible organization, which is functioning as the lead applicant for the grant. This lead applicant bears responsibility for fiscal and overall management.

Objectives and Strategies of the Proposed Initiative

The Commission seeks to fund prescription assistance and medication management programs ("program") statewide. Each funded program must demonstrate the following minimum program requirements: (1) assist seniors and other low-income citizens with identifying their optimal prescription drug coverage options; (2) conduct "brown bag" evaluations for seniors for adverse drug interactions (All funded programs are required to complete a standard "Patient Evaluation Form" to be provided by the Commission for each completed evaluation); (3) collaborate closely with local senior support services, pharmacists, primary care physicians, health departments, hospitals and other local and regional pharmacy resources to ensure the success of their efforts.

In addition to these mandatory program requirement, applicants for Commission funding may also enroll seniors in comprehensive disease management programs for the three chronic disease states covered under EZ Care: diabetes mellitus, cardiovascular disease and chronic obstructive pulmonary disease.

To further leverage these funded program's ability to serve the prescription assistance needs of seniors, the Office of Research, Demonstrations and Rural Health Development, NCDHHS will provide these programs free software and training to assist eligible individuals, irrespective of age, in applying for free, low-cost and discount medications through prescription assistance programs, and drug company cards. This will provide each program the complimentary capability to offer seniors and low-income community members a more cost-effective means for obtaining needed prescription drugs. This further strengthens the need for these programs to be in easily accessible central locations. It emphasizes the importance of close working relationships with local pharmacists who may serve as a referral source as well as local physicians who may lack the time and resources to complete free drug program applications for their patients but would be willing to refer them to these centers. Finally, it will require that these programs identify staff that can be trained to carry out this prescription acquisition function with seniors and low-income members of the community who use these programs.

In making grants, the Commission will consider diversity of populations served, geographic representation, and increasing capacity to respond to local health needs.

GRANT TERMS

Three million dollars has been earmarked *on an annual basis for each of the next three years* for this effort. The Commission will award grants to new local programs or enhancement grants to existing local programs. Outright grant amounts will range from \$50,000 to \$150,000 annually. **Subject to availability of funds, and further subject to annual satisfactory program evaluation, the awards will be for three calendar years, 2003 - 2005.**

Grants will be disbursed as follows: up to 3 months startup funding at the beginning of the funding cycle, followed by a monthly advance, beginning with month 4. These monthly advances will be triggered by submission of a monthly expenditures report detailing expenditures incurred in the previous month.

The Commission expects to receive more funding requests than can be awarded. Therefore, submission of a grant application does not guarantee receipt of an award. Additionally, grants that are funded may not be funded at their requested amount. The grant size may vary by circumstances, need and program model. The Commission reserves the right to conduct pre-award interviews or on-site assessments.

As a condition of receiving a program grant award, the Commission requires that each grantee submit all complete "Patient Evaluation Forms" at the end of each month to the Office of Research, Demonstrations and Rural Health Development, NCDHHS.

All grant recipients are also required to participate in a state-level outcomes study and should budget 4-5 hours/month of staff time for this purpose. As part of the state-level outcomes study, evaluators (to be selected by the Commission) may require specific reports or information, make periodic site visits and may conduct telephone interviews, as needed, to document program implementation and operation.

Applicants are also required to submit both an interim (6-month) and an annual progress and financial report to the Commission (user-friendly forms will be available on the Commission's website). A final cumulative progress report and financial report will be due 30 days after the end of the grant period.

Use of Grant Funds

Funds may be used for planning, staff salaries, project-related travel, supplies, a limited amount of equipment, and other direct expenses essential to the project. The Commission discourages the use of grant funds to pay indirect costs. Any allocated funds that are used to pay indirect costs must be clearly identified along with justification for the expense. Indirect costs include operating and maintaining buildings, grounds, and equipment; depreciation; administrative salaries; general telephone expenses; general travel; and general office supplies. Also, Commission funds may **not** be used for capital expenditures or equipment expenses over \$3,000 per unit. Computers, including laptops, are an acceptable expenditure with justification.

Commission funds may not support any efforts to engage in any political activities or lobbying including, but not limited to, support of or opposition to candidates, ballot initiatives, referenda, or other similar activities. These funds may not be for research studies, unless this research is directly linked to evaluation purposes, or to substitute for funds currently supporting similar services.

Auditing and Reporting Requirements

State law requires that all grant recipients that are nongovernmental entities and receive at least \$15,000 but less than \$300,000 in combined state funds annually, must file with each of the funding entities, a sworn accounting of receipts and expenditures of these funds. All grant recipients that are nongovernmental entities and receive \$300,000 or more in combined state funds annually, must file with the State Auditor and the funding entities an audited financial statement as prescribed by the State Auditor.

A single audit is required if a unit of government or public authority expends \$300,000 or more of combined state awards in either a federal program (such as a state match) or a state program. Nongovernmental entities are not required to perform a single audit; based only on state awards expenditures.

APPLICATION PROCESS

The Commission has established a two-step process for awarding funds under this Initiative consisting of a letter of intent and full application package. A letter of intent is strongly recommended, but not required. A full application package is required. Detailed descriptions of the letter of intent and application package follow. Submission due dates are identified below (see due dates and program timetable).

Letter of Intent

The Commission requests that potential applicants submit a letter no longer than two pages indicating the applicant's intention to submit a complete application. Please complete the letter of Intent online at www.hwtfc.org. If you do not have web access, you may contact the Commission for the form. Two conference calls will be held in late August to provide technical assistance for potential applicants. The Commission requests receipt of a letter of intent by **September 5, 2002** (see timetable for technical assistance conference calls). **(Two pages maximum if not applying online)**

The letter of intent should clearly describe:

1. A brief review of the applicant's history, mission, services offered and recent accomplishments;
2. Co-applicants and their roles;
3. Services that the applicant will provide;
4. Targeted population and geographic service area;
5. Proposed project; and
6. Amount requested and the intended use of funds.

Applicants are encouraged to use the online capabilities for submission of letters of intent, however, written letters will be accepted through the mail as well. Mailed applications should contain three sets- an original plus two copies –to be mailed to the Commission. Faxed copies will not be accepted. The name and address of the institution, and the name, address and telephone number of the contact person must be included. No additional materials will be accepted. These letters will be considered non-binding, but will allow the Commission to provide technical support to applicants and to assemble review panels.

Full Application

All applicants must submit full proposals in order to be considered. Two pre-bidders conference calls will be held in late August 2002 and two additional conference calls will be held in mid-September 2002 to answer any questions that applicants have in developing their proposals (please see timetable below for dates).

Applicants are strongly encouraged to use the online capabilities found at www.hwtfc.org for full proposals; however, written full proposals will be accepted through the mail as well. Please contact the Commission to receive an application by mail. Mailed applications should contain three sets - an original plus two copies – to be mailed to the Commission. Faxed copies will not be accepted. All mailed proposals must be typed or printed in ink in 12-point type on 8 1/2” by 11” white or light colored paper. To the extent possible, applicants applying by mail should also provide an electronic copy in a format such as a formatted diskette or via e-mail using Microsoft Word.

The complete application should include the following sections (see below for a detailed description):

1. Executive Summary no longer than two pages;
2. Program Narrative double-spaced (including Title Page), no longer than ten pages, excluding any appendices;
3. Proposed Timeline;
4. Proposed Budget;
5. Letters of support; and
6. Title and Certification Form.

The Commission does not guarantee that any additional materials included as appendices will be considered in the review process.

1. Executive Summary

Briefly summarize: the applicant organization, the goals and objectives of the proposed project, the project activities and the proposed outcomes of the project. Also include the amount of funds requested. **(Two pages maximum)**

2. Program Narrative (ten pages maximum excluding required attachments)

Title page must include the following information:

Lead Agency/Organization

Key Contact

Program Manager (in case this Program is funded by the Commission)
Address
Telephone
Fax
E-mail
Federal Identification Number
Agency/Organization Board of Directors and Executive Director/President
Co-Applicants (including address information listed above)

Required Content:

1. Proposal narrative

- A. Describe the organizations that are partnering (need to be co-applicants) in the proposed program starting with the lead applicant. Describe each organization's role in meeting the project requirements. Where applicable, include a description of past accomplishments, history, and current programs. Please include a mission statement and evidence of the lead applicant's tax-exempt status or its status as a state or local governmental entity. Provide letters of commitment from each of the partner organizations.

Indicate the project's plans and qualifications for meeting the following minimum program requirements under this initiative:

- Staff experience and training in working on health care access issues with a senior population;
 - Services of a North Carolina licensed pharmacist trained or experienced in comprehensive medication evaluations;
 - Identification of drug utilization review issues such as polypharmacy, drug-to-drug interactions, and duplicative therapies;
 - Approach to evaluating and advising on therapeutic substitutions, generic prescribing and maximizing therapeutic outcomes while minimizing out-of-pocket costs;
 - Written or on-line completion of the results of a standardized "Patient Evaluation Form" to be provided by the Commission;
 - Estimated time for completion of an individual evaluation;
 - Staff experience and training in working with seniors and low-income residents of the community on acquiring free, low-cost or discounted drugs;
 - Hours per week of availability of the following:
 - Licensed pharmacist,
 - Prescription Assistance Coordinator who assists individuals in acquiring prescription drugs;
 - Location and means by which seniors will access services;
 - Average wait times for new patients to get an appointment;
 - Group education sessions;
 - Plans to address the needs of the homebound; and
 - Estimated annual capacity.
- B. Will the program also provide a disease management program for seniors enrolled in EZ Care? Which diseases will be covered?

- C. Describe all outreach efforts to target populations and how you will identify and engage the senior and low-income citizens in your service area as well as referral sources such as physicians and social service agencies.
- D. Describe the geographical area to be served. Describe how you will attempt to create the service capacity to meet the medication evaluation needs of the “high risk” seniors in your geographic service area (assume at least 10% of the 65 or over population of whom at least 30% may be eligible for EZ Care) Also describe how you will provide assistance in obtaining prescription drugs for low-income citizens within your geographic service area.
- E. Describe your sliding scale fee structure for the one-on-one and group medication counseling sessions for those seniors who are not eligible for EZ Care. How many of these seniors do you expect to serve?
- F. Describe your history of collaborative efforts with other local health care and social services providers (*collaborations are relationships other than the partners who are co-applicants for the grant*). How will you link with these providers under this program to ensure their support, and referrals? Primary care/specialist physicians? Hospitals? Pharmacies? Home nursing agencies? Dieticians?
- G. Could your program be easily reproduced in other areas of the state, in an affordable fashion? If yes, please explain.
- H. How will your program link with local social service providers, including but not limited to the Area Agencies on Aging to leverage funds and/or resources?
- I. The Program will be expected to field referrals from a number of sources including new enrollees deemed to be “high risk”. Describe your appointment and referral processing system. How will you ensure a reasonable turnaround time on new referrals?
- J. Describe your process for communicating standardized evaluations to the senior citizen’s primary care physician, especially where they include recommendations for therapeutic or generic substitutions.
- K. Describe your project’s capacity for advising seniors and low- income citizens on minimizing their out-of-pocket costs through the effective use of pharmacy assistance programs, drug company cards, and other state programs for which they may be eligible.
- L. Please explain how your project will be self-sustaining after year three.

3. **Proposed timeline:** Provide a three-year timeline with a work plan for each year.

4. **Proposed budget:** Please provide a proposed program budget in the form found on the online application. Provide line-item budgets with narratives to support the line items. Please list any matching funds or in-kind contributions.

Note: Please budget funds for one or two staff to travel to Greensboro, NC and to Raleigh, NC for at least two one and one-half day trainings and technical assistance meetings per year.

5. **Letters of support:** Provide at least three letters of support including one from a physician partner, and one from a senior services provider.

6. **Title and Certification Form:** This is part of the application form. Please sign and mail to the Commission.

PROPOSAL REVIEW AND EVALUATION CRITERIA

Proposals submitted in response to this RFP will be evaluated and ranked by an objective review panel of Commission members. Proposals will be evaluated based upon the following criteria:

Organizational Description (30 points)

Does the organization have sufficient expertise and capacity to receive, expend and account for funds, manage and report on funded activities, create new positions and hire staff in a timely manner?

Does the applicant have experience working in medication and disease management with seniors?

Does the applicant have experience working with seniors and low-income citizens and with helping them gain access to public and private drug programs?

Have members of the target population (seniors and low-income citizens) participated in the development of the proposal?

Ability to organize community partnerships and collaborations (15 points)

Does the applicant propose to partner (with those who serve as co-applicants) and/or collaborate with other organizations in order to carry out the proposed project? If a partnership/collaboration is proposed, does the proposed program represent a partnership/collaboration of agencies/groups/individuals that can work together effectively to realize the program goals in the geographic area defined?

What is the applicant's experience in working together with other health, pharmacy and social service providers in meeting the needs of senior citizens?

Are roles and responsibilities of each of the partners and collaborating parties clearly described in the proposal?

Does the application demonstrate evidence of commitment to the project on the part of the other community groups such as in kind contributions of time, space, expertise, board participation, referral relationships and willingness to work with the project?

Proposed Program (45 points)

Will it be located in a convenient site, which is known and otherwise accessed by the senior and low-income community?

How will it be organized? Will its governance structure reflect the balance of participating partners?

How can the local population access it? What are its hours? Does it take appointments, walk-ins? What is the waiting time expected to be for an appointment? How often is a pharmacist available?

What are the procedures for accepting referrals, conducting evaluations and free drug eligibility and application processes?

What is the applicant and its staff's experience in serving the medication assistance needs of senior and low-income populations?

What is the plan to meet the needs of the "high needs" individuals in the proposed service area including outreach?

What are its measures of performance and success?

Budget and Timeline (10 points)

Does the applicant have a realistic timeline?

Does the applicant provide reasonable and appropriate justification for budget items?

Are there any matching funds and/or in-kind contributions?

Is the requested budget consistent with the intent of the Commission Initiative, and is it clearly linked to goals, objectives and activities proposed for the budget period?

Are sufficient funds allocated to support key elements of the proposed program?

TECHNICAL ASSISTANCE DURING APPLICATION PROCESS AND FOR GRANT RECIPIENTS

The Commission in coordination with the Office of Research, Demonstrations and Rural Health Development, NCDHHS will offer technical assistance to interested and successful applicants during the proposal and program implementation process. Proposal assistance conference calls will be scheduled for potential applicants (see due dates and program timetable). The calls will cover: Grant Writing Basics – How to Write a Proposal and An Overview of the Medication/Disease Management and Prescription Drug Access Initiative.

These calls are intended to assist prospective applicants with the application process. Participation in the sessions is optional, but strongly encouraged. Educational materials to support the calls will be made available in advance.

The Office of Research, Demonstrations and Rural Health Development, NCDHHS will provide direction and technical assistance to all applicants during implementation stages of the grant. It is expected that funded agencies will share learning and resources in future years with partnership organizations in a train-the-trainer approach.

DUE DATES AND PROGRAM TIMETABLE

August 2, 2002	RFP announcement
August 22-23, 2002, 10:00 AM	Question and answer pre-bidders conference call regarding the RFP Contact Cindee Phthisic, Office of Rural Health, at (919) 733-2040 to pre-register Forward any questions to Michael.keough@ncmail.net
September 5, 2002	Letter of Intent due
September 16-17, 2002	Question & answer conference calls offered to those applicants submitting full applications
September 27, 2002	Applications due
September 30 through October 10, 2002	Potential site visits and proposal review Process
Week of October 21, 2002	Notification of awards by the Health and Wellness Trust Fund Commission
April 25, 2003	Interim progress and financial reports due