

RFA Number: 1203311156

**New York State
Department of Health
Division of Epidemiology
Hospital-Acquired Infection Reporting Program**

Request for Applications

Healthcare-Associated Infection Prevention Project

KEY DATES

RFA Release Date: October 31, 2012

Questions Due: November 14, 2012

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I. Introduction

A. Description of Project:

The goals of the Healthcare-Associated Infection Prevention Project are to design, develop, implement and evaluate infection prevention and control strategies to reduce and eliminate healthcare-associated infections (HAIs) and to reduce hospital readmissions and healthcare costs. The demonstration projects will identify quality improvement strategies, systematically implement them, and measure their effectiveness at reducing the targeted infections.

B. Background/Intent:

HAIs are a major public health problem in the United States (U.S.). A recent report by the Centers for Disease Control and Prevention (CDC) estimated that these infections affect 5-10% of hospitalized patients at an estimated annual cost to U.S. hospitals of \$28-\$45 billion, adjusted to 2007 dollars. In addition to monetary costs, there are unquantifiable personal and social costs that affect the lives of patients and their families.

In 2005, legislation in New York was enacted for HAI reporting requirements effective January 1, 2007. While the immediate goal of the legislative mandate was to develop and implement an HAI reporting system for public disclosure of infections associated with acute care facilities, the ultimate goal is to use the reported data to prevent and control these infections.

All acute care hospitals in the state are now required to report to the New York State Department of Health (DOH) central line-associated blood stream infections (CLABSIs) occurring in intensive care units, surgical site infections (SSIs) for select inpatient surgical procedures, and *Clostridium difficile* infections (CDIs) facility-wide. The risk of acquiring a hospital infection varies by the population served and by services provided within the hospital. It is important to target reporting to those HAIs that pose the most significant risk to patients, are the most likely to be preventable, and can be reliably detected and adjusted for risk differences. The ongoing monitoring of HAIs in healthcare facilities is important to ensure rapid detection of outbreaks or increased incidence, provide timely feedback for continuous quality improvement efforts, and ensure patient safety.

During the last several decades, the prevalence of multi-drug resistant organisms (MDROs) in U.S. hospitals and medical centers has increased steadily, exacerbating the problem of healthcare-associated infections. MDROs are associated with increased length of hospital stays, increased costs, and increased morbidity and mortality.

The prevention and control of HAIs, especially those due to MDROs, is a national priority, one that requires all healthcare practitioners, facilities, and agencies to assume responsibility and develop solutions that address the reduction and elimination of these microorganisms and the infections they cause.

C. Problems/Issues to be Addressed:

Funds will be used to support collaborative projects focused on one or more of the following:

- The reduction of specific types of healthcare-associated infections (e.g. SSIs, CLABSIs);
- The reduction of specific microorganisms that can cause healthcare-associated infections (e.g. *Clostridium difficile*, *Acinetobacter* species, ESBL-producing Gram negative bacteria, carbapenem resistant Enterobacteriaceae, and methicillin-resistant *Staphylococcus aureus*);
- The reduction of specific infections in select population groups (e.g. oncology patients, patients on mechanical ventilation, surgical patients, dialysis patients); and
- The effects of antibiotic stewardship initiatives (e.g. prescribing practices, antibiotic usage, HAI or resistance measures).

The CDI rate in New York State (NYS) is higher than the national rate, and preliminary data shows that NYS's CDI rate is not decreasing. NYS does not currently track rates of multidrug-resistant Gram-negative infections or colonizations, and recent prevention projects have not specifically addressed Gram-negative MDROs. Antibiotic stewardship initiatives may have the potential to reduce both *Clostridium difficile* and MDRO rates. Therefore, applications that primarily address CDIs, MDROs or antibiotic stewardship will be scored preferentially.

D. Funding/Awards:

Approximately \$570,000 is available annually for five years to support this RFA. Continued funding beyond year one will be awarded contingent on meeting the deliverables stipulated in the preceding year's work plan and the availability of funding. It is expected that 2-4 awards ranging from \$142,500 to \$285,000 per project per year will be awarded, not to exceed \$285,000 per award per year.

Application selection will be based on proposal content, the ability to collaborate with other healthcare entities with a similar focus, adherence to the terms of the RFA described in section III, and funding limits. Only applications receiving a score of 75 points or higher will be considered for funding.

II. Who May Apply

A. Minimum Eligibility Requirements

Applications that do not include all of the following will be automatically disqualified and will not be scored:

- Organizations eligible to submit applications for funding **must** be classified as not-for-profit entities, with a healthcare focus (i.e., hospital associations, universities, healthcare networks, public health agencies, and/or corporations), or consortia of not-for-profit healthcare facilities;
- The applicant organization **must** be comprised of, or have a minimum of, five (5) collaborating healthcare facilities participating in the project (the applicant organization counts as one). Each participating facility must provide a letter of

agreement (LOA) that includes a summary of the role and scope of responsibility they will provide toward the project. Participating facilities must have a common focus and contribute an equal share of project responsibility with the applicant organization, although a greater administrative role may be assigned to the applicant organization. The LOA must be signed by the facilities' executive staff (CEO, CFO, COO, etc.), and be included with the proposal; and

- The project leadership team **must** include persons with experience in conducting epidemiologic research, surveillance, and infection control. This experience **must** be documented by attaching curricula vitae for these leadership team members.

B. Preferred Eligibility Requirements:

- It is preferred that at least one member of the project leadership team be certified in infection control (CIC) or have formal training in infectious disease such as medical Board certification; and
- Applicants should include preliminary plans addressing sustainability of the prevention project, if results warrant, when state funding is no longer available.
- Where applicable, applicants should address the impact of the proposed intervention on costs and readmissions.
- Where applicable, applicants should address strategies to meet the needs of individuals from racial/ethnic minorities and persons with disabilities.

III. Project Narrative / Work Plan Outcomes

A. Project Expectations:

Grants will be awarded to eligible healthcare organizations to support collaborative initiatives that focus on:

- The reduction of specific types of healthcare-associated infections (e.g. SSIs, CLABSIs);
- The reduction of specific microorganisms that can cause healthcare-associated infections (e.g. *Clostridium difficile*, *Acinetobacter* species, ESBL-producing Gram negative bacteria, carbapenem resistant Enterobacteriaceae, and methicillin-resistant *Staphylococcus aureus*);
- The reduction of specific infections in select population groups (e.g. oncology patients, patients on mechanical ventilation, surgical patients, dialysis patients); and
- The effects of antibiotic stewardship initiatives (e.g. prescribing practices, antibiotic usage, HAI or resistance measures).

Whenever possible, infection rates must be monitored using the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN), and participating facilities must grant DOH access to the data for monitoring and evaluation purposes. The infections, organisms, or population groups are not limited to those currently required to be reported in the implementation of Public Health Law 2819 (public reporting of select hospital-acquired infections: CLABSIs, SSIs, and

CDI). Proposals with a patient education or training component should identify policies and procedures to ensure the needs of racial/ethnic minorities and persons with disabilities are met.

Successful applicants will be expected to:

- Develop and manage the administrative structure necessary to implement the proposed project in a timely manner. This includes adequate staffing to ensure successful development, implementation, management, and coordination of the fiscal and programmatic contract requirements, provision of ongoing program evaluation, submission of required reports, and developing a preliminary plan addressing the sustainability of the project, if results warrant, after state funding is discontinued. Applicants will comply with policies outlined in Executive Order #38 which governs limitations on State-funded administrative costs and executive compensation. For the purpose of this RFA, administrative costs cannot exceed 10% of the total direct costs requested;
- Ensure that project requirements are carried out as proposed in the grant application, work plan, or as modified through contract negotiations and/or budget modifications;
- Obtain DOH approval of the methods and measures to be used to evaluate the project objectives;
- Provide DOH with quarterly and final qualitative and quantitative reports that include project outcomes and expenditures as stated in section IV-G, Payment and Reporting Requirements of Grant Awardees; and
- Fully cooperate with DOH representatives during project monitoring via site visits or other communication, provide supporting documentation and other data as necessary to assess the success of the project, and, if performance measures do not show evidence of progress, provide an explanation detailing possible reasons and barriers encountered for the lack of progress.

B. Eligible Activities:

Activities eligible for funding under this RFA *may* include but are *not limited to*:

- Evaluating existing infection control strategies using relevant literature review;
- Designing, developing, and implementing consistent infection control interventions;
- Providing training on intervention protocols;
- Monitoring and evaluating the incidence of the targeted HAI prior to, during, and following the intervention;
- Determining cost, effectiveness, or resources associated with implementing interventions;
- Quantifying the reduction in health care costs and hospital readmissions associated with reduction in HAIs; and
- The use of electronic systems to transfer clinical data to NHSN.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the DOH, Division of Epidemiology, Bureau of Healthcare-Associated Infections. The DOH 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 to:

Cindi Dubner

New York State Department of Health

Bureau of Healthcare-Associated Infections

ESP Corning Tower, Room 523

Albany, NY 12237-0608

Phone: (518)0474-3343

Email: clk01@health.state.ny.us

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.

Questions of a technical nature can be addressed in writing or via telephone by calling Cindi Dubner at (518) 474-3343. **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.**

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 DOH's public website at:

<http://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also be posted on DOH's website. All such updates will be posted by the date identified on the cover sheet of this RFA.

If prospective applicants would like to receive notification when updates/modifications are posted (including responses to written questions), please complete and submit a letter of interest (see Attachment 6). Prospective applicants may also use the letter of interest to request actual (hard copy) documents containing updated information. Note, submission of a letter of interest is not a requirement for submitting an application.

C. Applicant Conference

An Applicant Conference will not be held for this project.

D. How to File an Application

Applications must be **received** at the following address by the date and time posted on the cover sheet of this RFA. Late applications will not be accepted*.

New York State Department of Health
Bureau of Healthcare-Associated Infections
ESP Corning Tower, Room 523
Albany, NY 12237-0608

Applicants shall submit two (2) original, signed applications and four (4) copies. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. **Applications will not be accepted via fax or e-mail.**

* It is the applicant's responsibility to see that applications are delivered to the address above prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the DOH's discretion.

E. 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 DOH'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 DOH 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.

F. 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, 2013 through February 28, 2018, with no annual contract renewals required. If budget or work plan modifications are required, the Program will have the authority to approve or deny such changes. Continued funding beyond year one will be approved contingent on successful completion of contract deliverables in the prior year and the availability of funding.

G. Payment & Reporting Requirements of Grant Awardees

1. The DOH may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed 0 percent. Therefore, no advances will be allowed for contracts resulting from this procurement.
2. The grant contractor will be required to submit quarterly vouchers and required reports of expenditures to the State's designated payment office:

New York State Department of Health
Bureau of Healthcare-Associated Infections
ESP Corning Tower, Room 523
Albany, NY 12237-0608

Grant contractors shall provide complete and accurate billing vouchers to the DOH's designated payment office in order to receive payment. Billing vouchers submitted to the DOH must contain all information and supporting documentation required by the Contract, the DOH and the State Comptroller. Payment for vouchers 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 ordinary State procedures and practices. The CONTRACTOR shall

comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at 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 vouchers submitted under this contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

- The Contractor will be reimbursed for actual expenses incurred as allowed in the contract budget and work plan;
- Expenses incurred, but disallowed, will be subtracted from the amount vouchered for; and
- Modifications to the approved budget and/or work plan must be submitted in writing, and approved by the HAI Reporting Program Director or Bureau Administrator, prior to the contractor instituting such changes.

3. The grant contractor will be required to submit the following annual periodic reports beginning in 2013:

- 1st Quarterly Report due on July 31st
- 2nd Quarterly Report due on November 30th
- 3rd Quarterly Report due February 28th
- 4th Quarter (final) Report due May 15th

Quarterly reports are due 30 days after the end of each quarter, and must be accompanied by the quarterly voucher to ensure payment, with the exception of the 4th and final voucher which is due 45 days after the end of the contract period. The 4th quarter final report of each year should be a summary of all four quarters. The reports should track and report progress and impact using appropriate performance measures. If performance measures do not provide evidence of progress, the grantee must provide an explanation accompanying the measure with detail about why no progress was made (e.g., barriers, inappropriate measure, funds redirected towards alternative activity, etc.).

Vouchers received without a quarterly report will be held for payment until the report is received, and reviewed for accuracy and completeness. All payment and reporting requirements will be detailed in Appendix C of the final grant contract.

H. Vendor Responsibility Questionnaire

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire (Attachment 7). To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us. Vendors opting to file a paper questionnaire can obtain the

appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the DOH or the Office of the State Comptroller for a copy of the paper form. Applicants should also complete and submit the Vendor Responsibility Attestation (Attachment 8).

I. General Specifications

1. By signing the Application Cover Page, 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 DOH 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 DOH 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 DOH 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 judgment of the DOH, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the DOH 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.

J. Appendices

The following will be incorporated as appendices into any contract(s) resulting from this Request for Application.

APPENDIX A -	Standard Clauses for All New York State Contracts
APPENDIX A-1	Agency Specific Clauses
APPENDIX A-2	Program Specific Clauses
APPENDIX B -	Detailed Budget & Budget Justification
APPENDIX C -	Payment and Reporting Schedule
APPENDIX D -	Work Plan
APPENDIX G -	Notifications
APPENDIX H -	Federal Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement
APPENDIX E -	Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **C-105.2** - Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** - Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** - Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

NOTE: Do not include the Workers' Compensation and Disability Benefits forms with your application. These documents will be requested as a part of

the contracting process should you receive an award.

V. Completing the Application

A. Application Content

General Instructions for submission of applications:

In addition to the items requested above, a complete application will consist of the following, in the order indicated:

1. Application Cover Page (Attachment 1)

The cover page summarizes the project title, project period, collaborative partners, and total funds requested for the project. The cover page needs to include the following:

- Applicant name, address, Vendor Identification Number , charities registration number (or reason for exemption), and not-for-profit/for-profit status;
- Project director name, title, phone, fax and email information;
- Project title, project period, and total funding requested;
- List collaborative partners and include required signed letters of agreement;
- List names and required experience (epidemiologic research, surveillance and infection control) of project leadership team members, and indicate if curricula vitae are included;
- Agree to reporting data to DOH via NHSN (when possible); and
- Applicant's original signature.

2. Applicant Organization

- Briefly describe your organizations' ability, capacity, and experience in the design and implementation of similar projects;
- Provide an organizational chart depicting the position of the project director within the organization, and how he/she will collaborate with collaborative partners;
- Include required signed letters of agreement;
- Ensure the project leadership team includes persons with experience in conducting epidemiologic research, surveillance, and infection control, and include required curricula vitae. Describe the infection prevention qualifications of team members, such as certification in infection control (CIC) or formal training in infectious disease; and
- Identify policies/procedures to ensure the needs of racial/ethnic minorities and persons with disabilities are met.

3. Program Summary/Overview

Provide an overview/brief description of the proposed project to include:

- Background and definition of the infection issue being addressed;

- Proposed project design, including the target population to be evaluated, and estimated number of individuals to be evaluated;
- Components of the initiative with a project timeline;
- Specific health-related events to be monitored, managed, or otherwise addressed;
- Desired outcomes for patients and healthcare personnel;
- Methods that will be used to measure various outcomes, including the degree of compliance with recommended measures. Describe how the project will incorporate use of the National Healthcare Safety Network's (NHSN) patient safety module(s) to report at least one infection outcome or process measure. If a relevant NHSN component does not exist, describe the method to be used to report infection outcomes or process measures. DOH must be granted access to these data throughout the project period.
- Outcomes measures to evaluate the effectiveness of the intervention(s), and monitoring compliance with project components and indicators;
- Methods of evaluating cost and effectiveness;
- Educational and training needs (ensure the needs of racial/ethnic minorities and persons with disabilities are met); and
- Qualifications of individuals responsible for coordination, administration, monitoring, and evaluation of the project.

4. Literature Review and Statement of Need

- Describe the problem to be addressed with references to relevant peer-reviewed literature. The referenced literature should demonstrate that there is theoretical or clinical evidence to support the project and its goals and objectives; and
- Provide relevant local data on the incidence/prevalence of the health-related event (i.e., targeted infection (s)), if available. This data should include racial/ethnic minorities and persons with disabilities where applicable.

5. Program Components

A. Program Activities

Describe specific program activities and milestones, and how oversight and management of the project will be conducted.

B. Patient Eligibility Criteria, Assessment, and Selection

- Eligibility Criteria:
 - Inclusion – Facilities and patient population to be enrolled in the project
 - Exclusion - Characteristics or factors for elimination
- Description of Assessment and Selection Tools:
 - Assessment tools for eligibility, willingness to participate, and informed consent if necessary
- Description of Patients to be Enrolled:
 - Anticipated numbers

- Time frames for enrollment
- Numbers of participating facilities or units
- Numbers and types of patients

C. Detailed Description of Intervention

- Describe program development, implementation, management and coordination;
- State measurable goals and objectives, and define what you will do and how you will implement each goal/objective;
- Describe or provide screening, assessment, and monitoring tools to be utilized; and
- Where applicable, include equipment needed/products to be used.

6. Training Requirements for Program Implementation and Evaluation

- Where applicable, describe the training that will be provided to ensure that all facilities follow the same protocol.

7. Monitoring and Oversight of Program Implementation

- Describe the process that will be used to ensure compliance with the protocol.
- Describe how you will identify barriers and problems, and develop and implement solutions.

8. Outcomes Measurements and Evaluation

- Describe the quantitative outcome measures that will demonstrate the accomplishment of the project objectives. Preferred applications will describe methods to quantify both the number of infections prevented and the reduction in health care costs.

9. HIPAA Compliance and IRB Review and Approval Process

10. Work Plan, Project Timeline, and Deliverables

11. Budgets and Budget Justifications (Attachments 2-4)

- Each applicant must complete a five year budget and budget justification narrative (five one-year budgets & justifications) using the attached forms. List budget components for Personal and Non-Personal Services, including fringe benefits and administrative costs. Applicants should submit annual budgets, assuming a March 1, 2013 start date. All costs must be related to the provision of the Healthcare-Associated Infection Prevention Project, as well as be consistent with the scope of services, reasonable, and cost effective. For existing staff, the budget justifications must delineate the percentage of time to be devoted to this initiative. Funding may only be used to expand existing activities, or

create new activities pursuant to this RFA. Funds may not be used to supplant funds for currently existing staff activities.

Administrative costs will be limited to a maximum of 10% of total direct costs. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited, computer/printing equipment may be considered). Expenditures to alter or remodel existing structures will not be allowed.

Ineligible budget items will be removed from the budget before the budget is scored. The budget amount requested will be reduced to reflect the removal of the ineligible items.

B. Application Format

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT PRESCRIBED BELOW. POINTS WILL BE DEDUCTED FROM APPLICATIONS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.

Three (3) points will be added to the score for applications which primarily address CDIs, Gram-negative MDROs, or antibiotic stewardship. Up to five (5) points may be deducted from applications which deviate from the prescribed format.

No.	Application Component	Maximum Score	Format
1	Application Cover Page (original/signed)	n/a	Attachment 1
2	Applicant Organization ★ Must include required documents	5	Applicant Prepared
3	Program Summary/Overview	5	Applicant Prepared
4	Literature Review and Statement of Need	5	Applicant Prepared
5	Program Components A. Program Activities B. Patient Eligibility Criteria, Assessment, and Selection C. Detailed Description of Intervention	5 10 10	Applicant Prepared
6	Training Requirements for Program Implementation and Evaluation	5	Applicant Prepared
7	Monitoring and Oversight of Program Implementation	5	Applicant Prepared
8	Outcomes Measurements and Evaluation	10	Applicant Prepared
9	HIPAA Compliance and IRB Review and Approval	5	Applicant Prepared
10	Work Plan, Project Timeline, and Deliverables	15	Applicant Prepared
11	Budgets and Budget Justifications (5 years)	20	Attachments 2-4
Total Points Available		100	

Applications should not exceed 25 double-spaced typed pages (not including the cover page, budget, letters of agreement, and attachments), using a 12 pt. font. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

D. Review & Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYS DOH, Bureau of Healthcare-Associated Infections. Three (3) points will be added to the score for applications which primarily address CDIs, Gram-negative MDROs, or antibiotic stewardship. Funding will be awarded to the highest scoring proposals in order of highest to lowest ranking, working down the list until funding is exhausted. In the event that there are unallocated funds but the next lowest ranking proposal requests more funding than is available, the highest ranking proposal that can be funded at a minimum of 80% of the requested value will be selected for funding. If that applicant indicates that the main components of the proposal cannot be completed at the lower funding level, that proposal will not be funded, and the next lowest ranking proposal that can be funded at a minimum of 80% of the requested value will be selected, until a proposal that can be completed with available funding is identified. Only applications receiving a score of 75 points or higher will be considered for funding.

In the event of a tie score, the scores on the individual application components will be compared in the following order: 5, 10, 8, 11, 2, 7, 4, 9, 6, 3. The applicant with the highest score on the first component where there is a difference will be considered the winner of the tie. In the event that all individual components receive identical scores, another reviewer will be chosen from outside the Bureau of Healthcare Associated Infections but within the Division of Epidemiology to review the tied applications and rank them based on the same criteria used in the scoring process.

Applications that do not adhere to the minimum eligibility requirements will be automatically disqualified and will not be scored. Those failing to follow the prescribed format may have points deducted from their score.

Applicants most likely to be selected for funding are those who best address the following:

Applicant Organization

(5 points):

- Describe your organization's ability, capacity, commitment, and experience in the design and implementation of similar projects;
- Provide an organizational chart depicting the position of the Project Director within the lead organization;
- Engage in collaborative partnerships and submit required signed letters of agreement (minimum 5);
- Ensure the project leadership team includes persons with experience in conducting epidemiologic research, surveillance, and infection control, and include required curricula vitae. Preference will be given to those applicants whose leadership team includes at least one person who is certified in infection control (CIC) or has formal

- training in infectious disease such as medical Board certification; and
- Describe your organization’s policies/procedures to ensure the needs of racial/ethnic minorities and persons with disabilities are met.

Technical Criteria

(75 points):

- Program Summary/Overview
 - Use the NHSN (if a relevant module exists) for at least one infection outcome or process measure
- Literature Review / Statement of Need
- Program Components
 - a) Program Activities
 - b) Patient Eligibility Criteria, Assessment, and Selection
 - c) Detailed Description of Intervention
- Training Requirements for Program Implementation and Evaluation
- Ensuring Adequate Monitoring and Oversight of Program Implementation
- Outcomes Measurements and Evaluation
- HIPPA Compliance and IRB Review and Approval
- Work Plan, Project Timeline, and Deliverables

Budget / Budget Justification Criteria

(20 points):

- Submit five (5) one-year budgets and budget justifications.
- List Budget components for Personal and Non-Personal Services for each year, including fringe benefits and budget justification.
- Limit administrative costs to no more than 10% of the applications’ total direct costs.
- Budgets and Budget Justifications must demonstrate that funds requested are reasonable and cost effective, using usual and customary rates or fees for the activities performed and/or services provided.
- Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited, computer/printing equipment may be considered). Expenditures to alter or remodel existing structures will not be allowed.

Applications may be approved without funding. If additional funds become available, those applications approved without funding, will be funded in order of the highest ranking proposal. If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above.

Following the award of grants from this RFA, unsuccessful applicants may request a debriefing from the NYS DOH, Bureau of Healthcare-Associated Infections no later than ten (10) days from the date of the award(s) announcement. This debriefing will be limited to the positive and negative aspects of the subject application. In the event that unsuccessful applicants wish to protest awards, please follow the procedures established by the New York State Comptroller found at: www.osc.state.ny.us. In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders 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/gbull/g_232.htm.

VI. Attachments

- Attachment 1: Application Cover Page
- Attachments 2-4: Budget and Budget Justification Templates
- Attachment 5: Standard Grant Contract with Appendices
(provided for information only)
- Attachment 6: Letter to Receive RFA Updates
- Attachment 7-8: Vendor Responsibility Questionnaire & Attestation