

RFA # 1207121055

Nursing Home Quality Improvement Projects: Dementia Training and EDGE Projects

Questions and Answers

Technical Questions

1. Are entities other than nursing homes eligible to apply for grant funds?

Answer: No.

2. If an applicant operates multiple facilities, does the operator have to file separate applications for each facility or can one application be applied for all?

Answer: For the purposes of this procurement, “applicant” is defined as a single nursing home. The application must be signed by a person with signatory authority for the nursing home. This person may be the operator. The operator may own more than one nursing home and may include multiple nursing homes in the proposed project. However, only one nursing home can be the applicant. See question 3. Alternatively, each nursing home that an operator owns can submit its own application.

3. Are facilities with common ownership that submit separate applications at a disadvantage compared to applicants who do not have the same owner?

Answer: No. Facilities with a common owner that submit separate applications are not at a disadvantage.

4. Can multiple nursing homes apply as a consortia?

Answer: No. One nursing home must apply. It can sub-contract with and pay grant funds to additional nursing homes. It can also subcontract with and pay grant funds to entities that are not nursing homes.

5. The RFA states that grant awards are capped at \$28,000. If a nursing home applicant includes additional nursing homes in its project, can it be awarded \$28,000 for each nursing home that is part of its proposed project? For example, if the project has three nursing homes, including the applicant, can the applicant be awarded \$84,000?

Answer: No. Grant awards are capped at \$28,000 regardless of how many nursing homes are involved in the project described in the application.

Substantive Questions

6. Are psychological services an acceptable intervention?

Answer: Interventions must include a Dementia Grants Program or EDGE best practice. Applicants must also describe additional interventions or best practices that they might try. Psychological services can be among these additional interventions or best practices. Applications that do not include at least

one Dementia Grants Program or EDGE best practice are not responsive to the RFA and will be rejected without review. Applications that do not demonstrate an awareness of the breadth of interventions that can be tried to manage the behavioral symptoms of dementia are not responsive to the RFA and will be rejected without review.

7. Is testing the effectiveness of an intervention, such as psychological services, responsive to the requirements of the RFA?

Answer: No. This procurement is neither designed nor intended to fund the research required to establish new best practices. Funding levels are quite low and are not intended to pay for the data collection (or extraction from the MDS 3) and analysis required to establish a new best practice. The “research” contemplated by this RFA is the very simple evaluation that nursing homes routinely do to assess the success of their quality improvement efforts.

8. Since all the evaluations are similar, would the DOH consider providing an Excel or other data coding template for the pre- and post-tests evaluation data collection forms, including what analyses are recommended?

Answer: No. All nursing homes should have the experience and capacity to design and implement simple evaluations of the effectiveness of their quality improvement projects.

9. Given that the money for each grant is so small, would the DOH consider accepting the raw data from pre- and post-tests and conducting the impact evaluation itself? The benefit is that there would be a way to compare impacts from the different approaches and would allow for grant dollars awarded to the nursing homes to focus on achieving an effective intervention and accurate pre- and post- tests.

Answer: No. Applicants should design their projects as quality improvement projects and should evaluate their effectiveness as they would any other quality improvement project, incorporating the requirements discussed in the RFA.

10. The RFA does not specify the number of residents who must be in the study. Is there a minimum number?

Answer: No.

11. Because of attrition, it might be good to have more than a start and end date data collection so there can be data collected on residents who die before the final time. Will an added data collection point offset a smaller number of residents in the study?

Answer: It might.

12. Do any IRB requirements apply and, if so, and would the DOH take responsibility for getting the data collection protocol through the DOH IRB?

Answer: The RFA does not contemplate human subjects research or experiments. Nursing homes should design their projects as quality improvement or Quality Assurance and Performance Improvement (QAPI) projects. In general, such activities do not require IRB review and approval. However, it is possible that a nursing home could propose, and the Department could fund, a project

that requires IRB approval. If so, the nursing home is responsible for obtaining all required IRB and HIPPA reviews and approvals. The Department's IRB cannot be used.

13. We are significantly below the state and national averages for antipsychotic drug use. Will this lessen our chances for funding?

Answer: It might. Applicants whose use rates are below 21% are not eligible for the five "bonus" points.

14. If we are much lower than the state and national averages for anti-psychotic use, can we research options to prevent the use of meds and control behaviors?

Answer: No. This would not be responsive to the RFA.

15. Can the grant award be used to pay for a comparison study across three nursing homes regarding the relationship between use of psychological services and the amount of psychotropic medications utilized by the site?

Answer: No. The initiative described in this RFA is not an appropriate venue for the research proposed in this question nor is the research proposed in this question responsive to the RFA.

15. Can the Department suggest alternative sources of funding for proposals that it deems not responsive to the requirements of the RFA?

Answer: Interested parties should monitor the Department's website for new funding opportunities. They should also routinely monitor initiatives announced by the federal government entities, foundations and other organizations whose missions encompass improving care for nursing home residents with dementia.

16. Should the antipsychotic rate be calculated as listed in the text of the RFA (p.7); not the way it appears on the Nursing Home Compare website?

Answer: Yes. Follow the instructions on pages 6 and 7 of the RFA. The calculation used for the Nursing Home Compare website measure is complex and very difficult to duplicate.

17. We will calculate the antipsychotic rate for the entire nursing home (long term care floors); but our intervention will be tested on 2 floors of the nursing home. Is this acceptable (unit specific intervention)?

Answer: Yes.

18. In Section B page 2, the RFA refers to "mental illness or mental health diagnosis". If a resident is taking medication for depression is that considered a mental illness or mental health diagnosis?

Answer: No. There must be a mental illness or health diagnosis or history of depression in the resident's medical record.