

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

FOR

**SMALL AND CRITICAL ACCESS HOSPITAL ASSISTANCE WITH NATIONAL
HEALTHCARE SAFETY NETWORK ANTIBIOTIC USE OPTION REPORTING**

RFA # 34349-56423

REQUEST FOR APPLICATION

STATE OF TENNESSEE

DEPARTMENT OF HEALTH

I. Introduction:

The Tennessee Department of Health hereinafter referred to as "State" or "Department" is soliciting applications for Small and Critical Access Hospital Assistance with National Healthcare Safety Network Antibiotic Use (NHSN AU) Option Reporting as further described below. The purpose of this Request for Application is to define the State's minimum requirements, solicit applications and gain adequate information from which the State can evaluate the services you propose to provide.

In 2018, the State finalized a reporting rule that would require acute care hospitals to report into the NHSN AU Option beginning in January 2022. This phased in approach will also require small and critical access hospitals (CAHs) to report AU data into NHSN beginning in January 2024. There are 64 acute care facilities in TN with less than or equal to 100 licensed beds; 21 of these are already reporting into NHSN AU Option; of the remaining 43 non-reporting facilities, 27 have 26–99 licensed beds and 16 have less than 25 licensed beds. Reporting into the AU Option is very resource intensive, and many of these facilities, especially those not affiliated with larger systems, serve underserved, rural, and socially vulnerable counties. To assist hospitals to report into NHSN AU Option, the Healthcare Associated Infections Antimicrobial Resistance (HAI/AR) Program will establish a grant to overcome the financial limitations that smaller hospitals face. The grant will assist smaller hospitals with the monthly fee and startup costs to institute a software surveillance system that would allow them to report into the NHSN AU Option. The competitive grant will select 10 hospitals with less than or equal to 25 licensed beds and 10 hospitals between 26 and 99 beds.

The State is seeking applications to provide the services outlined in this RFA. The State will offer 7 grant(s) for a total of \$115,000. The project period is expected to begin on June 1, 2024 and will last until July 31, 2026. At this time, no additional funding is expected beyond the project period. The number and amount of grants awarded will depend on the number of applications received.

II. APPLICATIONS:

To respond to this Request for Application, please complete the **Application and Competitive Requirements**. See also State of Tennessee, Department of Finance and Administration Automated Clearing House (ACH) Credits and Instructions and IRS Form W9 for completion. The **Application** contains detailed questions about your organization's background and the specifics of your proposed project. If you are currently receiving funds from the previous posting of this RFA in 2023, you cannot apply again.

III. Schedule of Events

The following is the anticipated schedule for awarding grants for the Small and Critical Access Hospital Assistance with National Healthcare Safety Network Antibiotic Use Option Reporting. The State reserves the right to adjust the schedule as it deems necessary.

EVENT	TIME (Central Time)	DATE (all dates are state business days)
1. RFA Issued		April 29, 2024
2. Pre-response Teleconference	10:00 a.m.	May 1, 2024
3. Written "Questions & Comments" Deadline	2:00 p.m.	May 3, 2024
4. State Response to Written "Questions & Comments"		May 8, 2024
5. Deadline for Applications	2:00 p.m.	May 17, 2024
6. Evaluation Notice Released		May 24, 2024
7. Effective Start Date of Contract		June 1, 2024

Pre-response Teleconference:

A Pre-response Teleconference will be held at the time and date detailed in the RFA Schedule of Events to answer questions concerning the funding opportunity. The information for the Pre-response Teleconference is as follows:

Meeting Name: RFA #34349-56423 Teleconference

Meeting number (access code): 2313 848 7102

Meeting password: q2cUhgsB7r2

Meeting Link:

<https://tn.webex.com/tn/j.php?MTID=m727736885df054052ed628f4fe433bf1>

Join by phone: +1-415-655-0001 US TOLL

Any applicant desiring to submit an application in response to this RFA is encouraged to have at least one (1) representative on the teleconference, however attendance is not

mandatory. If you cannot participate, please direct your questions by the scheduled deadline as indicated above, to Melissa Painter, Competitive Procurement Coordinator, listed below in Section IV.

Questions and Answers:

All questions concerning this RFA must be presented to the Competitive Procurement Coordinator shown in Section IV., in writing, on or before the Deadline for Written Questions and Comments as detailed above in the Schedule of Events. Questions may be emailed to the Competitive Procurement Coordinator. The State's responses will be emailed and posted as an Amendment to the following website:

<https://www.tn.gov/health/funding-opportunities.html>.

Deadlines stated above are critical. If documents are submitted late, they will be deemed to be late and cannot be accepted. The clock-in time will be determined by the time of the online submission. No other clock or watch will have any bearing on the time of application receipt.

Each applicant shall assume the risk of the method of dispatching any communication or application to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

IV. Submission of APPLICATIONS:

Please submit the completed application with all attachments by online submission via the following link no later than the deadline specified in Section III, Schedule of Events in the form and detail specified in this RFA.

Web Link: <https://www.tn.gov/health/funding-opportunities.html>

The Competitive Procurement Coordinator at the address shown is the sole point of contact for this competitive process. **The APPLICATION and all attachments must use 12-point font.**

Melissa Painter
Competitive Procurement Coordinator
Service Procurement Program
Division of Administrative Services
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285
Fax: (615) 741-3840
Email: Competitive.Health@tn.gov

Checklist for Submission of Applications:

- Application (**Attachment 1**)
- Competitive Requirements
- State of Tennessee, Department of Finance and Administration Automated Clearing House (ACH) Credits and Instructions (**Mailed per instructions on form.**)
- Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (**Mailed with ACH form.**)

V. **Application Evaluation:**

An evaluation committee made up of at least three (3) representatives of the Department of Health will be established to judge the merit of eligible applications.

A. The committee shall review applications on the basis of the information requested in the RFA. Applications will be evaluated based on the following criteria:

- Bed size hospitals < 100 licensed beds (We would like to choose 10 with a bed size of <26 and 10 with a bed size of 26–99).
- Established electronic health record system
- Currently not reporting into the National Healthcare Safety Network (NHSN) Antibiotic Use (AU) Option at the time of grant application
- Priority will be given to those facilities not affiliated with a large healthcare system.
- Be located in or serve rural counties based on the National Center for Health Statistics classification scheme.
- Be able to demonstrate commitment and a plan to continue reporting after two full years of grant funding has ended.

The committee will evaluate and recommend for selection to the Commissioner of the Department of Health, the applications which are most responsive to the State's needs.

B. Any application that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all applications. The State reserves the right to request clarifications from all applicants.

VI. **Sample Terms and Conditions:**

Following the State's evaluation, Terms and Conditions will be prepared as shown in the **Sample Terms and Conditions**.

It is imperative that each applicant review the entire Sample Terms and Conditions with their legal counsel prior to submitting an application for a Small and Critical Access Hospital Assistance with National Healthcare Safety Network Antibiotic Use Option Reporting grant award and notify the State *in advance* if it cannot accept any terms or conditions. Please submit any exceptions to Terms and Conditions language with the Application for Small and Critical Access Hospital Assistance with National Healthcare Safety Network Antibiotic Use Option Reporting. **Taking any exceptions to State Terms and Conditions language may result in the Application being deemed non-responsive and rejected. Any later requests for changes to Terms and Conditions will not be considered.**