

**Wisconsin Department of Health Services Chronic Disease Prevention Unit**  
**Paul Coverdell National Acute Stroke Program**  
**Grant Funding Opportunity**  
**Rural and Critical Access Hospitals**  
**September 2024**

**Overview**

The purpose of this survey is to identify potential rural hospital partners for work as part of the Centers for Disease Control (CDC) CDC-RFA-DP-24-0060 Paul Coverdell National Acute Stroke Program funding. Rural, for the purpose of this funding opportunity, is defined as a critical access hospital (CAH) or a hospital based in a rural county in Wisconsin ([WI Urban and Rural Counties](#)).

The Wisconsin Department of Health Services (DHS) has received funding from CDC since 2012 to implement the Paul Coverdell National Acute Stroke Program, known as the [Wisconsin Coverdell Stroke Program](#). DHS applied for and received the next multi-year funding cycle. DHS is seeking to identify qualified lead organizations to develop, implement, and evaluate the strategies and activities within a learning collaborative (LC) as required under this cooperative agreement.

**Background of the Paul Coverdell National Acute Stroke Program**

In 2001, Congress provided funding to CDC to establish the Paul Coverdell National Acute Stroke Registry, named after the late US Senator Paul Coverdell of Georgia, who suffered a fatal stroke in 2000 while serving in Congress. In 2012, as the program expanded, the name changed to the Paul Coverdell National Acute Stroke Program. The aim has been to support the implementation of comprehensive stroke systems for individuals at highest risk of stroke and for stroke patients across the continuum of care from the onset of stroke symptoms through rehabilitation and recovery.

Based on the [CDC funding guidance](#), this iteration of Coverdell will support state stroke systems in partnerships with learning collaboratives or coalitions to improve state-level stroke care for those at the highest risk. DHS will be required to execute a dual approach to addressing stroke in the coordinated systems of care and the implementation of prevention activities in community settings.

**Opportunity**

**Partner Activities/Draft Scope of Work**

The rural hospital identified through this Grant Funding Opportunity (GFO) will be expected to implement the activities detailed below in close collaboration with the DHS Coverdell Stroke Program team. Spoke hospitals do not have substantial stroke-specific resources and are disproportionately smaller and rural, oftentimes their stroke patients require transfer to a larger or hub hospital which is able to manage and treat more complex stroke patients. The rural/spoke hospital applying for this opportunity **must** have an established transfer protocol with a tertiary/hub hospital.

1) Period of Performance Scope of Work

Timeline: Year 1 November 1, 2024 – June 29, 2025; annual renewals for up to 4 additional years for June 30-June 29 (depending on the length of the CDC funding award, available funding, no cost extensions, and performance) and any supplemental or no cost extension opportunities that may become available.

Note: Funding will depend on the CDC funding award allocated to LCs and may not be available for all grant years. This LC funding for Year 1 is intended to help establish a sustainable infrastructure for continued work in Years 2-5. Some of the funding is expected to be provided to LC partners implementing QI projects. LCs are expected to continue the work with or without funding in Years 2-5.

Proposed activities over the 5-year grant which are in alignment with CDC grant performance measures are listed below. Your rural hospital may be performing one or more of these activities already:

Join the FREE Wisconsin Coverdell Stroke Program. A Memorandum of Understanding will be required.
Share with your hub hospital that you are participating in this Learning Collaborative (LC). The Coverdell team will invite them to the meetings.
Participate in monthly <i>Improving Stroke Care in a Rural Setting Learning Collaborative</i> meetings, which may transition to quarterly over the 5-year grant
Attain and enter data into AHA’s Get With The Guidelines®-Stroke (GWTG) Rural Health Care Outcomes Accelerator (if eligible, AHA can provide the Rural Health Care Outcomes Accelerator FREE for 3 years) <a href="#">Rural Healthcare Outcomes Accelerator   American Heart Association</a>
Analyze GWTG data to identify successes and gaps in care for performance improvement opportunities
Share de-identified data with hub hospital
Complete a short, 22 question, gap assessment to identify areas of need and to assist the Coverdell team in agenda planning
Participate in promising practice/model sharing to share successes, barriers, and challenges
Participate in and implement quality improvement activities at your rural hospital and in conjunction with this LC
Assist in finding emergency medical services (EMS) representatives to discuss their role and challenges in the care of stroke patient’s pre-arrival
Assist in finding speakers of community partners (i.e. community health workers, rehabilitative services or facilities) to discuss their role and challenges in the care of stroke patients post-discharge

Work with this LC to develop and implement a plan to monitor, and assess referrals to clinical and social services and support needs post discharge of stroke patients admitted and discharged from your hospital
Become engaged with stroke in Wisconsin by joining (virtually or in-person) the quarterly Stroke Coordinators of WI (SCOW) meetings
Become engaged with stroke in Wisconsin by attending the bi-annual Wisconsin Stroke Coalition Meetings

Potential impacts and benefits of joining:

- **Enhanced patient outcomes:** By pooling resources and expertise, participating hospitals can improve the quality of stroke care in rural settings. This could result in better outcomes for stroke patients, including faster response times, enhanced diagnostics, community care coordination, and more effective treatment plans.
- **Access to resources:** Rural and small hospitals often face challenges in accessing specialized stroke care resources. Joining the collaborative could provide member hospitals with shared resources, best practices, and training programs to elevate their stroke care capabilities.
- **Standardization of care:** The collaborative is dedicated to ensuring that stroke care at rural and small hospitals meets the highest standards. This may involve developing and implementing standardized protocols, guidelines, and best practices to ensure consistent and high-quality care across participating hospitals.
- **Knowledge exchange:** Collaboration with institutions hub hospitals offers a platform for knowledge exchange and learning opportunities. Rural hospitals could benefit from the expertise and research findings of these larger institutions.
- **Networking opportunities:** Participation in this collaborative offers networking opportunities with key organizations and professionals in the field of stroke care, such as the American Heart Association. This networking could open doors for further collaborations, funding opportunities, and access to the latest advancements in stroke care.
- **Data registry access:** GWTG is a data registry based on the latest research-driven guidelines provided by the American Heart Association. By entering your stroke data in GWTG, you will have the opportunity to analyze your hospitals stroke data and highlight areas of success, identify gaps, and to plan for improvements in stroke care. AHA will provide technical assistance in GWTG data abstraction and running reports. Through the Rural Health Care Outcomes Accelerator initiative, hospitals like yours are eligible to join GWTG – Stroke at no cost for three years.
- **Community impact:** Enhancing stroke care in rural areas not only benefits hospitals but also positively impacts the communities they serve. Better stroke care can lead to healthier communities, reduced disabilities, and improved overall well-being.

## **Eligibility Information**

Organizations that apply for funding must be based in Wisconsin. Applicants must have, or obtain prior to contract execution, a Unique Entity ID (UEI) from [sam.gov](https://sam.gov) and must not be disbarred, suspended, or ineligible. DHS will designate a STAR Supplier ID and Grant Enrollment, Application and Reporting System (GEARS) Agency Number prior to grant agreement routing if grantees do not already have one.

Eligible rural hospitals may not discriminate based on race, ethnicity, religion, sex, sexual orientation, gender identity, gender expression, age, or national origin in their staffing policies, use of volunteers, or provision of services.

Organizations eligible will be critical access hospitals (CAH) **or** based in a rural county in Wisconsin which are priority areas of the CDC-RFA-DP-24-0060 Paul Coverdell National Acute Stroke Program. Rural counties in WI are: Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Clark, Crawford, Dodge, Door, Dunn, Florence, Forest, Grant, Green Lake, Iron, Jackson, Jefferson, Juneau, Lafayette, Langlade, Lincoln, Manitowoc, Marinette, Marquette, Menominee, Monroe, Oneida, Pepin, Polk, Portage, Price, Richland, Rusk, Sauk, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Waupaca, Waushara, and Wood.

## **Funding Availability**

This is a *scored partner interest survey/application*.

Submission does not guarantee funding within this opportunity. This allows DHS to assess capacity of interested parties to ultimately partner with to conduct the work outlined in the scope of work. DHS reserves the right not to award funding to any applicant, DHS reserves the right to award more than one agency applying, and DHS may award additional funding if more funding becomes available. DHS also reserves the right to award grants for less than an applicant's proposed amount. Should additional funding become available at any point during the grant period, DHS reserves the right to use the results of this partner survey to increase funding to the selected agencies or fund additional agencies that submitted a survey but were not selected.

It is projected the total amount of funding to be up to approximately \$40,000/year and will be divided equally amongst this LC rural hospitals, which is anticipated to be up to 20 rural/CAH hospitals. This is subject to available funding allocation for year 1 and subsequent years 2-5 and satisfactory performance. **Project expenses will be eligible for year 1 reimbursement with this funding from November 1, 2024 – June 29, 2025.**

Funded organizations are required to use [Grant Enrollment, Application and Reporting System \(GEARS\)](#). Funded organizations will report costs incurred on expenditure reporting forms and submit the forms to the GEARS Unit monthly. Additional expenditure information will also be submitted to Wisconsin Coverdell Program staff.

DHS uses a cost-based reimbursement model that limits reimbursement to actual allowable incurred costs. If funding is awarded, expenses can be submitted for reimbursement only after they have been incurred.

Recommended indirect rate, if applicable, should be  $\leq 15\%$ .

### Use of Funds

As inequitable stroke risk factors, occurrence, and mortality persist across the state, it is critical to support rural hospitals efforts that improve stroke outcomes.

The following is a list, not inclusive of all, allowable project expenses.

- Staff resource time for abstraction
- Stroke educational opportunities
- Staff time/expenses for Wisconsin stroke meeting attendance (i.e. travel)
- Initiating referrals to social services and support providers

<b>Allowable Costs and Activities</b>
Grant recipients will be required to comply with the Department of Health Services Allowable Cost Policy Manual: <a href="https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm">https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm</a>
Staff time to coordinate and implement the project
Meeting expenses related to the project (meeting room, AV equipment, travel, speakers, etc.)
Public health evaluation
Office supplies, postage, copying, etc. related to the project
Consultant and contract services needed to implement the project
<b>Unallowable Costs and Activities</b>
Direct or indirect lobbying activities
Clinical care such as health screening, patient care, personal health services, medications, patient rehabilitation and other costs associated with treatment and direct care
Costs or activities not directly related to the overall project description and scope of work
Research
Construction
Capital expenditures and capital equipment. Capital equipment costs are defined as all costs associated with the acquisition of assets having a value in excess of \$5,000, and a useful life in excess of one year.
Projects outside of Wisconsin

### Application Instructions:

Interested rural hospitals should apply by answering the following questions. All questions must be answered to be eligible for funding.

- **Complete this interest survey by 5 p.m. on October 25, 2024.**
- Click on this [link](#) to complete the grant funding opportunity survey.
- Only surveys submitted through this link will be considered.

**Questions:** If you have any questions, please contact Mary Pesik, Chronic Disease Prevention Program Director ([mary.pesik@dhs.wisconsin.gov](mailto:mary.pesik@dhs.wisconsin.gov)) or Ka Xiong, Coverdell Program Director/Epidemiologist ([ka.xiong@dhs.wisconsin.gov](mailto:ka.xiong@dhs.wisconsin.gov)) or Dot Bluma, Coverdell Program Stroke Project Specialist ([dbluma@metastar.com](mailto:dbluma@metastar.com)).

### Survey Tips:

- Depending on your scope of work and interest, the time it takes to complete this survey will vary. Therefore, we recommend you working "offline" until you're ready to complete the survey in full.
- Use the navigation buttons at the bottom of the page instead of your internet browser's navigation.
- You will not be able to navigate to any previous responses once "Submit" is selected on the last page.
- Complete this survey in one sitting. You will not be able to return to your earlier responses.
- All questions are mandatory for completion.

### Survey Questions:

1. Name of rural hospital
2. Is your hospital: (select all that apply)
  - Located in a rural county?
    - What County? \_\_\_\_\_
  - A critical access hospital (CAH)? Y/N
3. Name of tertiary/hub hospital that is able to treat complex strokes you transfer patients to.  
\_\_\_\_\_
4. Contact information for who will serve as the primary point of contact for communication regarding this interest survey.
  - a. First Name
  - b. Last Name
  - c. Title
  - d. Email
  - e. Phone
5. Organization's website (if applicable)
6. Briefly describe your organization's mission and vision.
7. Briefly describe your organization's experience or interest in participating in a learning collaborative.

8. Briefly describe your organization's staffing capacity that makes you well-qualified to implement the proposed scope of work activities. [500 words]
9. Briefly describe how you have identified and worked with focus populations\* for focused stroke prevention and care efforts. [500 words]  
  
\*For this GFO, populations of focus include people who live in a rural area, those who identify as Black, people who identify as Asian, people who identify as American Indian and Alaska Native, and people who identify as females.
10. Briefly describe how the funding would be used. Please reference Funding Availability section for details. [250 words]
11. If funds are not available in subsequent years, what are your sustainability plans for years 2-5?
12. Are you able, with the assistance of the Coverdell Team, to commit to reporting evaluation performance measures for Year 1? [Yes/No/Don't Know]
13. What other comments or questions would you like to share with the Chronic Disease Prevention Program? [250 words]

Thank you for completing this interest survey. Anticipate hearing of your status within 10 business days after this survey closes. If you have questions or technical difficulties, please contact Mary Pesik, Chronic Disease Prevention Program Director ([mary.pesik@dhs.wisconsin.gov](mailto:mary.pesik@dhs.wisconsin.gov)), Ka Xiong, Coverdell Program Director/Epidemiologist ([ka.xiong@dhs.wisconsin.gov](mailto:ka.xiong@dhs.wisconsin.gov)), or Dot Bluma, Coverdell Program Stroke Project Specialist ([dbluma@metastar.com](mailto:dbluma@metastar.com)).