Hyperbaric Oxygen Treatment Pilot Program
Request for Applications

Indiana State Department of Health

APPLICATION DEADLINE: MONDAY 02/26/2018

Funding Opportunity Description

The purpose of this Request for Application (RFA) is to select a medical provider for the Hyperbaric Oxygen Treatment Pilot Program established by IC 10-17-13.5. It is the intent of the ISDH to contract with a vendor that provides quality HBOT testing and treatment for eligible veterans under the HBOT Pilot Program.

Scope of Work

The scope of work under this RFA is meant to satisfy provisions of IC 10-17-13.5, effective July 1, 2017. All definitions and other provisions in the statute are applicable under this RFA. The statute mandates that the ISDH establish a Hyperbaric Oxygen Treatment (HBOT) pilot program and select one provider to provide HBOT treatment for eligible veterans. Of those prospective providers responding to this RFA, the ISDH will select the one which it determines can best provide HBOT services to eligible veterans. The selected provider is the only provider eligible to participate in the program.

To be eligible, veterans must have had a service-related event causing traumatic brain injury (TBI) or post-traumatic stress disorder (PTSD) within the 12 months immediately prior to starting treatment under this program and pay a co-pay equal to 10% of the cost of treatment. The selected health care provider must determine veterans’ eligibility and document it in writing.

The provider chosen by the ISDH through this RFA process must also submit a treatment plan for each individual eligible veteran to the ISDH for review and approval. These individualized treatment plans for each eligible veteran must include a detailed description of the treatment to be provided to the veteran by the provider under the treatment plan, a prescription from a health care provider, verification that the veteran is eligible to participate and does so voluntarily, an estimate of the total cost of the treatment for each eligible veteran and provide a description of the sources of funding that will be used to pay the total cost of the veteran’s hyperbaric oxygen treatment. The ISDH will have 90 days to approve or disapprove each treatment plan.

Treatment costs will be paid to the provider from funds provided by the Indiana Department of Veterans Affairs (IDVA). The IDVA may pay the provider for services rendered under this pilot only if the treatment provided was based on the approved treatment plan, the drug or device used in the treatment plan has been approved for any purpose by the federal Food and Drug Administration, the veteran’s health improved as demonstrated by either standardized, independent pretreatment and posttreatment neuropsychological testing, nationally accepted survey instruments and/or neurological
examination or clinical examination and the IDVA has received all pretreatment and posttreatment evaluation documentation. Payment shall be made only for diagnostic testing and hyperbaric oxygen treatment for eligible veterans. Payments may not be made after June 30, 2019.

All data and information which could identify an individual veteran is confidential. Subject to the requirements of the Health Insurance Portability and Accountability Act and any other applicable medical records laws, all data and information from which the identify of an individual veteran cannot be reasonably ascertained must be available to the General Assembly, participating institutional review boards, participating health care providers, medical researchers and other governmental agencies.

**Summary of Timeline**

<table>
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<tr>
<th>Event:</th>
<th>Date:</th>
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<tr>
<td>Post RFA online (4 weeks)</td>
<td>Monday, January 29, 2018</td>
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<tr>
<td>Application Deadline</td>
<td>Monday, February 26, 2018</td>
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<tr>
<td>Notify Award recipient</td>
<td>Monday, April 30, 2018</td>
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<tr>
<td>Contract Start Date</td>
<td>Friday, June 29, 2018</td>
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**Terms of the Contract**

The ISDH intends to sign a contract with one (1) respondent to fulfill the requirements in this RFA. The term of the contract shall be for a period of one (1) year from the date of contract execution, not to extend beyond 06/30/2019. At this time, no renewals of this contract are contemplated.

**Application Instructions**

The application, in its entirety including all required attachments, cannot exceed 30 pages with one inch margins, double spaced, Times New Roman 12-point font and should be submitted as a single PDF document. Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. The budget worksheet is to be submitted with the application as a separate document and does not count towards the above page limit. All required section headings are listed below. Please do not alter the format of the document. Final applications must be emailed to Rebecca Chauhan at rchauhan1@isdh.IN.gov by 5:00 p.m. on Monday February 26, 2018.

**Section 1: Application Cover Page**

List the full legal name of your organization, including address and Tax ID number (EIN).
List the name, title, telephone number, email address, and signature of the following individuals within the applicant agency:

- Authorized Executive Director
- Project Director
- Person of Contact
- Person authorized to make legal and contractual agreements
Section 2: Project Narrative

1. Please provide a detailed plan for determining and documenting eligibility of each veteran.
2. Please detail your certifications and qualifications which you believe relevant in assisting the ISDH in evaluating your proposal to treat service-related events causing traumatic brain injury or posttraumatic stress disorder.
3. What is your detailed plan for documenting service-related events that caused traumatic brain injury or posttraumatic stress disorder within 12 months of the date of planned start of treatment?
4. Please provide a detailed plan for collecting and documenting payment of co-pay equal to 10 percent of the cost of treatment that will be billed to the state department of veterans affairs.
5. What is your detailed protocol for treatment by Hyperbaric Oxygen Treatment for eligible veterans? The protocol will address prevention of risk of adverse events including:
   i. Temporary nearsightedness (myopia)
   ii. Middle ear injuries
   iii. Lung collapse
   iv. Fire
6. Please provide detailed documentation that the protocol detailed above for treatment by Hyperbaric Oxygen Treatment for eligible veterans has been reviewed and approved by the appropriate Institutional Review Board.
7. What is your detailed plan for developing and submitting to the Indiana State Department of Health an Individual Treatment Plan (ITP) for each eligible veteran? The ITP will include:
   i. A detailed description of the treatment to be provided to the veteran by the provider under the treatment plan;
   ii. A prescription from a health care provider;
   iii. Verification that the veteran is eligible for participation in the program;
   iv. Verification that the veteran voluntarily accepts treatment through the program;
   v. An estimate of the total cost of the veteran’s treatment under the treatment plan;
   vi. A description of the sources of funding that will be used to pay the total cost of the veteran’s HBOT; and
   vii. Documentation that the drug or device used in the treatment plan has been approved for any purpose by the federal Food and Drug Administration.
8. Please provide a detailed plan for how you will demonstrate that a veteran’s health improved as a result of treatment by conducting pre- and post-treatment testing by:
   i. Standardized, independent pretreatment and posttreatment neuropsychological testing;
   ii. Nationally accepted survey instruments;
   iii. Neurological examination; or
   iv. Clinical examination.
9. What is your detailed plan to submit all pre-treatment and post-treatment evaluation documentation to the state department of veteran’s affairs?
10. What is your detailed plan to keep confidential all data and information which could identify an individual veteran?
11. Please provide a detailed plan that, subject to the requirements of the Health Insurance Portability and Accountability Act and any other applicable medical records laws, all data and information from which the identity of an individual veteran cannot be reasonably ascertained...
will be available to the General Assembly, participating institutional review boards, participating health care providers, medical researchers and other governmental agencies.

**Cost Proposal**

The Respondent should provide a budget breakdown detailing expenses for the term of the project. Total annual cost will not exceed $1 million. The breakdown should be focused on clarifying how the proposed prices correspond directly to the respondent's proposed activities.

The respondent should list and describe as part of its Cost Proposal any special cost assumptions, conditions, and/or constraints relative to, or which impact, prices and expenses. It is of particular importance to describe any assumptions made by the respondent in the development of the respondent's application that have a material impact on expense items.

**Application Evaluation Procedure**

The State has selected a group of personnel to act as an application evaluation team. Applications will be evaluated based upon the proven ability of the Respondent to satisfy the requirements of the RFA in a cost-effective manner.