

# **REQUEST FOR PROPOSALS**

## **Indiana Graduate Medical Education: Development and Expansion Grants (3<sup>rd</sup> RFP)**

## **1 OVERVIEW OF FUNDING OPPORTUNITY**

### **1.1 PROGRAM TITLE**

Medical Residency Education Fund

### **1.2 SYNOPSIS OF PROGRAM**

In 2015, the Indiana General Assembly passed House Enrolled Act 1323, Pub. L. 190-2015, adding Ind. Code Chpt. 21-13-6.5 and Ind. Code Chpt. 21-44-7 to the Indiana Code (see Appendix A), establishing Medical Residency Education Fund and the Graduate Medical Education Board and Fund. The Medical Residency Education Fund is available to support the creation and maintenance of new residency positions at existing and new GME programs. A ten-member Graduate Medical Education Board was created to develop a plan to utilize this funding for the most effective expansion of graduate medical education in Indiana.

### **1.3 POINT OF CONTACT**

Indiana Commission for Higher Education  
101 West Ohio Street, Suite 300  
Indianapolis, IN 46204  
[ejohnson@che.in.gov](mailto:ejohnson@che.in.gov)  
[finance@che.in.gov](mailto:finance@che.in.gov)

## **2 AWARD SUMMARY**

### **2.1 AVAILABLE FUNDING**

The Medical Residency Education Fund is funded from a General Revenue appropriation, which will provide grant awards (“Grant”) to support new residency training positions (i.e., new residency training positions which are over the CMS federal cap and not presently eligible for CMS funding) in residency programs.

#### **FISCAL IMPACT STATEMENT**

State Expenditures - Total state expenditures are estimated to be \$2,500,000.

### **2.2 AWARD AMOUNTS AND NUMBER OF SUBMISSIONS**

#### **2.2.1 Award per Newly Created Residency Position.**

Award amount is \$45,000 per training year for each new residency position. For

example, if an applicant is applying for funding to support one new residency position in a Family Medicine residency program, the applicant may apply for \$45,000 of funding for each year of the training program<sup>1</sup>, or \$135,000.

#### **2.2.2 Maximum Number of Awards.**

The maximum number of residency position awards is contingent upon the amount of appropriation available.

#### **2.2.3 Maximum Number Submissions.**

An eligible Applicant may request awards for multiple qualified residency positions in one or more eligible programs.

#### **2.2.4 Prioritization of Award Selection.**

The following criteria for award selection will be applied:

It is mandatory that residency programs use the funding to increase the number of residents in programs that prepare physicians for entry into the following specialties:

- Family Medicine
- Outpatient Community-Based Pediatrics
- OB/GYN
- Psychiatry
- Emergency Medicine
- General Surgery
- Outpatient Community-Based Internal Medicine

Priority will be given to:

- Residency programs that expose residents to rural and/or underserved regions of the state.
- Residency programs that are collaborative in nature, such as programs that are developed through a consortium approach.
- Residency programs that include the involvement of an FQHC or AHEC organization.
- Residency programs that produce graduates who practice in underserved and/or rural areas of Indiana.

Following the Indiana Commission for Higher Education application guidelines, the Indiana Graduate Medical Education Board will use the following rubric to evaluate applications. However, ALL applications will be given consideration. Ultimately, the overall objective is to

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<sup>1</sup> Family Medicine residency programs are three years in length.

expand residency programs in Indiana.

<b>Evaluation Criteria</b>	<b>Possible Points</b>	<b>Applicant Score</b>
Residency program expansion in rural and or underserved areas of Indiana	45	
Residency programs that incorporate components of and/or expose residents in rural and/or underserved regions of the state.	25	
Residency program expansion involving an FQHC.	15	
Residency program expansion involving a collaborative approach such as a consortium	5	
Residency program expansion planning involving an AHEC	5	
Existing program expansion in existing program that has positive program outcomes such as location of graduates' practices in underserved and/or rural areas in Indiana and graduates practicing specialties of need listed above.	5	
<b>Total Points</b>	<b>100</b>	

### **2.3 COST SHARING OR MATCHING REQUIREMENTS**

Applicants must agree to provide matching funds or in-kind resources to support newly created residency positions equal to at least 25% of the funding provided through the grant.

### **2.4 GRANT LENGTH**

The Grant is one year in duration, beginning at the time when the funds are awarded.

### **2.5 APPLICATION DEADLINE:**

March 31, 2018

### **2.6 NOTIFICATION OF AWARD SELECTION**

Applicants selected to receive Program Development Grants will be notified by no later than 10 state business days following the Board meeting in which the proposal was reviewed.

### **3 PROGRAM PURPOSE**

The purpose of the grant program is to support an increase in the number new Residency Positions available in the state.

This Request for Proposals (RFP) relates to Applications from GME programs and sponsoring institutions intending to accomplish one or more of the following during the Grant Period:

- Increase and fill ACGME/AOA-approved Residency Positions in existing programs; or
- Increase and fill ACGME/AOA-approved Residency Positions in new GME programs.

Additional information is provided in Section 4, Eligibility Information.

### **4 ELIGIBILITY INFORMATION**

An eligible Applicant is:

- (a) a GME program which intends to increase and fill ACGME/AOA-approved Residency Positions during the Grant Period; or
- (b) a sponsoring institution that has a GME program which intends to increase and fill ACGME/AOA-approved Residency Positions during the Grant Period.

### **5 INQUIRIES**

All inquiries shall be directed to the Point of Contact per RFP Section 1.3.

Any information deemed by the Indiana Graduate Medical Education Board to be important and of general interest or which modifies requirements of the RFP shall be sent in the form of an addendum to the RFP to all Applicants that have submitted an Application. All Applicants must acknowledge receipt of all addenda, if any, to this RFP by an email to Eugene Johnson ([ejohnson@che.in.gov](mailto:ejohnson@che.in.gov)) and [finance@che.in.gov](mailto:finance@che.in.gov).

### **6 APPLICATION SUBMISSION GUIDELINES**

Each Applicant has the option to submit their completed Application, including the required attachments, electronically to Eugene Johnson ([ejohnson@che.in.gov](mailto:ejohnson@che.in.gov)) and [finance@che.in.gov](mailto:finance@che.in.gov) or mail a hard copy to the following address:

Indiana Commission for Higher Education  
101 West Ohio Street, Suite 300  
Indianapolis, IN 46204

#### **6.1 SUBMISSION DEADLINE**

Each Applicant must submit a completed Application, including the required attachments, by March 31, 2018 for consideration during Graduate Medical Education Board's next scheduled meeting.

## **6.2 FORMS REQUIRED FOR SUBMISSION**

Application forms are available on the Indiana Commission for Higher Education website: (<http://www.in.gov/che/index.htm>).

## **6.3 SUBMISSION INSTRUCTIONS**

The email subject line should contain "Development and Expansion Grant 2018" and the Applicant's name.

Applicant is solely responsible for ensuring that Applicant's complete electronic Application is sent to and received by the Indiana Commission for Higher Education in a timely manner. Applicant should retain proof of timely submission.

The Indiana Commission for Higher Education will email confirmation of Application receipt to Applicant within three state business days of receipt by the Indiana Commission for Higher Education. An Application is deemed not received by the Indiana Commission for Higher Education until Applicant has received an email confirmation from the Indiana Commission for Higher Education. If Applicant has not received such confirmation from the Indiana Commission for Higher Education within three state business days of submission, contact the Point of Contact. Applicant will be requested to provide proof of timely submission.

## 7 APPLICATION FORMAT

Every Application must include the three components listed in items (1) through (3) below:

(1) **Certification of the Application Information**, as described in Section 7.1. Provide one certification form per Applicant regardless of the number of eligible GME programs for which funding is being requested.

(2) **General Applicant Information**, as described in Section 7.2. Provide one Applicant information form per Applicant regardless of the number of eligible GME programs for which funding is being requested.

(3) **GME Program Information**, as described in Section 7.3 through Section 7.6. A separate GME Program Information Form must be provided for each eligible GME program for which funding is being requested.

Every Application must be submitted on the Application Forms provided by the Indiana Commission for Higher Education website (<http://www.in.gov/che/index.htm>).

Further detail on required Application content is provided in Section 7.1 through Section 7.6.

### 7.1 CERTIFICATION OF THE APPLICATION INFORMATION

The Application must be certified and submitted by an individual who is legally authorized to submit the Application on behalf of the Applicant.

### 7.2 GENERAL APPLICANT INFORMATION

Provide the following information on the Sponsoring Institution and a summary of program awards requested.

- Name of Sponsoring Institution
- Sponsoring Institution Contact Information
- List of all GME programs and positions for which funding is being requested
- Letter of approval from present CEO or DIO

### **7.3 GME PROGRAM-SPECIFIC INFORMATION**

For each eligible GME program for which funding is being requested, provide information on the program, including:

- Name of Eligible Program
- Program Specialty and Length
- Existing Accreditation Date, Accreditation Application Date and Expected Start Date, as applicable
- Program Location (City, Zip Code, and County)
- Program Director Contact Information
- Information required under Section 7.4 through Section 7.6 of this RFP
- If available, existing residency program outcomes such as location of graduates' practices in underserved and/or rural areas in Indiana and graduates practicing specialties of need (as identified in 2.2.4 of this proposal) in Indiana in the last five years.

### **7.4 RESIDENCY POSITION DATA**

#### **7.4.1 Number of Positions**

For each eligible GME program for which funding is being requested, this section of the Application must include by postgraduate year (PGY):

- The number of positions approved by the accrediting body;
- The number of filled positions as of July 1, in the previous academic year;
- The number of newly accredited positions for which Applicant is requesting funding for the upcoming academic year; and
- The number of newly accredited positions which are above the CMS cap at existing programs.

#### **7.4.2 Data Qualifications**

When submitting information under Section 7.4.1 above, if the accrediting body does not approve positions by PGY level, enter the total number of approved positions for the program.

### **7.5 BUDGET**

The budget must include amounts of allowable Grant fund expenditures over the Grant Period.

The budget must indicate how applicants intend to provide matching funds or in-kind resources equal to at least 25% of the funding provided.

### **7.6 FINANCIAL VIABILITY**



### **7.6.1 Existing Programs**

Provide a financial statement (i.e., executive summary of expenses and revenues) for the GME program for the previous fiscal year. The statement should include a summary overview of amounts and sources of income and amounts and categories of expense related to operation of the program.

### **7.6.2 New Programs**

Provide a projected financial statement for the first year the GME program is in operation. The statement should include amounts and sources of estimated income and amounts and categories of estimated expense related to the operation of the program.

**Note:** The Graduate Medical Education Board members/staff will be the only representatives to view financial data provided via the Financial Viability requirements stated in 7.6 of this RFP. An aggregated deidentified summary of financial data may be presented to the General Assembly and public.

## **7.7 DOCUMENTATION OF ELIGIBLE RESIDENCY PROGRAM(S)**

Provide information specified in Section 7.7.1 through Section 7.7.3 below as a separate attachment to the Application.

### **7.7.1 Existing Programs**

Applications relating to existing GME programs must include the following documentation for each program:

- (a) *Documentation of Current Program Accreditation.* Provide each program's and Institution's most recent accreditation letter from the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, as applicable, listing current accreditation status, any citations or areas of concern, or quality improvement. (Note: Programs maybe dually accredited until 2020)
- (b) *Documentation of Approved and Filled Positions.* Provide evidence of the residency program's approved and filled positions by PGY as of July 1, for the previous year.

### **7.7.2 Expanded Existing Programs**

Provide documentation of request for and approval of additional residency positions.

- (a) Provide evidence of Applicant's request to and approval from the program's accrediting body for the increase in number of program positions. If the request and approval are for a temporary increase, provide a plan, including timetable, for obtaining accreditor approval for a permanent increase in number of program positions.

### **7.7.3 New Programs**

Applications relating to new and planned GME programs must provide a plan, including a timetable, for achieving accreditation from Applicant's accrediting body. Applicant must also provide documentation relating to an application in process for program accreditation.

## **8 USE OF AWARD FUNDS**

### **8.1 ALLOWABLE COSTS**

Funds awarded under the Medical Residency Education Grant must be expended to support direct resident costs in the following Allowable Budget Categories:

- Resident Compensation: Salaries/stipends and benefits for residents participating in the awarded program
- Professional Liability Insurance: For residents participating in the awarded program
- Other Direct Resident Costs, as justified in the Application

### **8.2 BUDGET CHANGES**

Expenditures greater than approved budget category amounts are allowable, provided that all expenditures are within allowable cost categories and that overall expenditure does not exceed total grant award.

## **9 SELECTION FOR FUNDING**

### **9.1 APPLICATION SCREENING**

The Indiana Graduate Medical Education Board will review Applications to determine if they adhere to the Grant program requirements and the funding priorities contained in the RFP. An Application must meet the requirements of the RFP and be submitted with proper authorization before or on the day specified by in the RFP to qualify for further consideration.

### **9.2 SELECTION OF APPLICANTS FOR AWARDS**

#### **9.2.1 Evaluation.**

The Indiana Graduate Medical Education Board shall evaluate Applications, which must demonstrate that the Applicant will use funding to increase the number of accredited residency positions.

#### **9.2.3 Priority for Funding.**

Priority will be applied to GME programs as described in Section 2.2.4 of this RFP.

#### **9.2.4 Matching Requirement.**

Applicants must indicate how they intend to provide matching funds or in-kind resources equal to at least 25% of the funding provided.

### **9.3 RECOMMENDATION FOR FUNDING**

The Indiana Graduate Medical Education Board shall make a recommendation of selected Applicants to be funded to the Commission for Higher Education. The Commission shall make the final funding decision and submit it to the Indiana Graduate Medical Education Board for their final approval.

## **10 DISTRIBUTION OF AWARD FUNDS**

### **10.1 VERIFICATION OF FILLED POSITIONS**

#### **10.1.1 Verification of filled positions**

To qualify for distribution of awarded funds, Awarded Applicant must submit verification to the Indiana Graduate Medical Education Board that the new residency positions have been filled.

#### **10.1.2 Awarded Positions Not Filled**

If an Applicant selected for an Award fails to verify to the Indiana Graduate Medical Education Board that the awarded residency positions have been filled, Applicant shall forfeit the award for any unverified positions.

### **10.2 FUNDS DISTRIBUTION**

#### **10.2.1 Payments**

Awarded Applicant shall receive payments through the Indiana Commission for Higher Education.

#### **10.2.2 Disbursement**

The total award will be disbursed upon verification that the awarded residency positions have been filled for the upcoming academic year.

#### **10.2.3 Retraction or Reduction of Payments**

The Indiana Commission for Higher Education is not bound by any award estimates in the RFP. After making a finding that an Awarded Applicant has failed to perform or failed to conform to Grant Conditions, The Indiana

Commission for Higher Education may retract or reduce the Grant Amount for the Awarded Applicant.

#### **10.2.4 Unexpended Balance**

Any unexpended balance of the award at the end of the Grant Period will be returned to the Indiana Commission for Higher Education.

#### **10.2.5 Return Prorated Funds**

If an Applicant is awarded funding for a residency position, but the resident leaves, is terminated or otherwise fails to remain qualified prior to completion of the program, the Applicant is required to return the prorated amount funded for the duration of the residency program.

## **11 REPORTING REQUIREMENTS**

Awarded Applicant must electronically submit for each funded program the reports listed in Sections 11.1 – 11.3. The Indiana Commission for Higher Education will provide reporting instructions.

### **11.1 ANNUAL PROGRAM REPORT**

On January 31<sup>st</sup> of each year during the Grant Period, an Annual Program Report shall be submitted electronically to the Indiana Commission for Higher Education in a format specified by the Indiana Graduate Medical Education Board. The report will include, but may not be limited to, the Annual Roster of Residents. The roster will include the following data for each resident funded by the Grant: name, temporary or permanent physician license number issued by the Indiana Medical Board, medical school, gender, and race/ethnicity. The Annual Program Report must be certified by the Program Director, or other authorized representative of the Sponsoring Institution.

### **11.2 FINAL PROGRAM REPORT**

A Final Program Report will be required by August 31<sup>st</sup> in the academic year after the end of the Grant's duration. This will include, but not be limited to, where the residents of the newly funded positions have or will be establishing practice, whether located in a rural or underserved area, and whether they remained in the prioritized specialty listed in 2.2.4 above.

### **11.3 FINAL FINANCIAL REPORT**

No later than August 31<sup>st</sup> in the academic year after the end of the Grant duration, a Final Financial Report shall be submitted electronically or mailed to

the Indiana Commission for Higher Education in a format specified by the Indiana Graduate Medical Education Board. The Final Financial Report must detail the actual expenditures for the Grant duration by purpose and amount. The report must also document the unexpended balance of Grants program funds as of July 31<sup>st</sup>. The Final Financial Report must include a statement certifying expenditures and unexpended balance by the authorized representative of the Sponsoring Institution.

#### **11.4 DELINQUENT REPORTS**

GME programs with any required reports deemed to be delinquent may be ineligible to participate in future funding cycles.

