

REQUEST FOR PROPOSALS

Indiana Graduate Medical Education Residency Expansion Grant (5th RFP)

1 OVERVIEW OF FUNDING OPPORTUNITY

1.1 PROGRAM TITLE

Graduate Medical Education Residency Expansion

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
finance@che.in.gov

2 AWARD SUMMARY

2.1 AVAILABLE FUNDING

The Graduate Medical Education Residency Expansion Grant 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 appropriations for Graduate Medical Education expansion are currently \$4,000,000 per State of Indiana fiscal year, subject to appropriation by the Indiana General Assembly.¹

¹ Funds appropriated for Fiscal Year 2020 and Fiscal Year 2021 as passed into law by the Indiana General Assembly in [2019 House Enrolled Act 1001](#)

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 program², 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.
- 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

² Family Medicine residency programs are three years in length.

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 expand residency programs in Indiana.

Applicant's Name: _____ **No of Positions requested:** _____

Program Expansion (\$45K/year per filled slot)		
Evaluation Criteria	Possible Points	Applicant Score
Residency Program development in underserved areas of Indiana (County Rankings based on healthcare outcomes). Robert Wood Johnson Foundation Data.	20	
Rank 1-23	5 points	
Rank 24-46	10 points	
Rank 47-69	15 points	
Rank 70-92	20 points	
Residency Program development in rural areas of Indiana (based on Population: PCP ratio) - Bowen Center data which is updated annually	20	
<1,500: 1	5 points	
1,500-2,000: 1	10 points	
2,000-3,500: 1	15 points	
>3,500: 1	20 points	
Residency program development involving a collaborative approach such as a consortium, FQHC, Hospital Systems, Critical Access Hospital, other)	20	
Priority Score for 5 year and newer programs	25	
1st Year	25 points	
2nd Year	20 points	
3rd year	15 points	
4th Year	10 points	
5th year	5 points	
Strength of Application (i.e., Faculty commitment, Letters of Recommendation, Financial Commitment - see comments below):	20	
Total Points	105	

Comments: _____

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 length will coincide with the start and end dates of the residencies that are awarded funding.

2.5 APPLICATION DEADLINE:

Applications are due no later than the first day of the month of the Board's regularly scheduled meeting.

2.6 NOTIFICATION OF AWARD SELECTION

Applicants selected to receive Residency Expansion 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) and 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) and 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 any required attachments, no later than the first day of the month of the Board's next regularly scheduled meeting for consideration.

6.2 FORMS REQUIRED FOR SUBMISSION

A formal response to the requirements of the RFP is the grant application and proposal. Please review section 7 for additional requirements.

6.3 SUBMISSION INSTRUCTIONS

The email subject line should contain "Residency Expansion Grant Application" 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.. An Application is deemed not received by the Indiana Commission for Higher Education until Applicant has received an email confirmation. If Applicant has not received confirmation from the 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.

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 de-identified 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** (Placed a needed space) 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.

9.2.2 Priority for Funding.

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

9.2.3 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 shall receive payments through the Indiana Commission for Higher Education.

10.2.2 Invoicing and Disbursement

The total award will be disbursed upon receipt of invoice with 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 the terms of the Grant Award Agreement, 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 31st 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 31st 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 31st 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 31st. 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.