

# Early Intervention for Children with Visual Impairment Grant



May 11, 2023

## Grant Information

### Applications Due: 3 p.m. EDT, Monday, July 24

The Indiana Department of Health, Children's Special Health Care Services Division (IDOH, CSHCS) is offering funding to not-for-profit organizations, local health departments and healthcare entities for FY 2024-2025 to implement early intervention programs for children ages 0-3 impacted by visual impairment.

### Applicant Eligibility

We encourage all who meet the criteria below to apply:

- Must be a nonprofit organization (as defined by the IRS Tax Determination), health department, hospital or other healthcare-related entity.
- Must collaborate with traditional and non-traditional agencies or organizations.
- Must serve populations within Indiana.
- Must comply with financial requirements of the grant.

Additional evaluation weight will be assigned to applicants who:

- Provide services in resource-limited counties.
- Promote the collaboration and building of comprehensive systems of care.

### Required Services

This grant opportunity is intended to be broad in scope, applicants may choose their performance objectives. Projects must be related to the following services and **must** include a training component for families:

1. Improving healthcare and service delivery for young children with visual impairment. Examples include:
  - a. Providing quality early intervention services to help support the success of the child at home, in the childcare or school setting, or in the community setting.
  - b. Ensuring children ages 0-3 years with visual impairment are being seen by an ophthalmologist.
2. Providing wraparound/care coordination services, including training to parents/caregivers, to increase the natural support available in the child's life. Examples include:
  - a. Assisting the family in fully understanding their child's diagnosis.
  - b. Helping the family know where to go for each identified need.
  - c. Guiding the family to set goals related to their child and family needs.
  - d. Providing services to ensure individuals return for follow-up visits.
  - e. Providing or referring to appropriate social services.

Services provided must be evidence-based and/or evidence-informed and focused on improving outcomes. Applicants should justify the target population that they are aiming to serve in Indiana.

### **Award Information**

Applicants may request up to \$121,250 per fiscal year for the 23-month grant cycle, for a total of \$242,500. Applicants selected to receive funding may be awarded a **maximum** of \$121,500 per FY for the 23-month grant cycle but may receive less than this amount. The grant cycle will begin on August 1, 2023, and end on June 30, 2025.

### **Grant Requirements**

If chosen as a grantee, you will be required to complete the following throughout the grant cycle:

1. Maintain a log of all children and young adults who receive grant-funded services including the following information:
  - a. Child's name and date of birth
  - b. Parent's name and address
  - c. Primary care provider's name and address
  - d. Date, time and summary of phone conversations
  - e. Name, address and date that packets were mailed
  - f. List of information included in the packet
  - g. Date, time, method and summary of consultation
  - h. List of information provided to the parents
  - i. Completed evaluation
2. Submit quarterly and annual reports on project status to the IDOH CSHCS Grant Consultant and/or CSHCS Director.
3. Participate in quarterly site visits with the IDOH CSHCS Grant Consultant and/or CSHCS Director to discuss progress reports and resolve any outstanding issues or concerns.
4. Provide documentation for auditing purposes as needed to ensure compliance with the requirements outlined in the grant proposal.
5. Report the unduplicated number of individuals served each year.

The IDOH CSHCS Integrated Community Services Manager will contact the grantee(s) via email quarterly to monitor progress, discuss submitted reports and provide technical assistance. If goals are not met, a work improvement plan may be enforced at the discretion of IDOH. If a work improvement plan is enforced and is unsuccessful within a specified timeframe, the grant may be terminated.

### **Application Information**

The application in its entirety cannot exceed 50 pages with one-inch margins, using easily readable 12-point font. Applications that exceed the page limit will not be entered into the review process.



## Proposal Cover Sheet

List the name, title 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

## Summary (one-page max)

Include a brief description of the project and:

- Identify the problem(s) to be addressed.
- State the objectives.
- Include an overview of solutions (methods).
- Emphasize previous accomplishments/progress related to the proposed project.
- Indicate the percentage of the target population served by your project and the percentage of racial/ethnic minority clients among your clients served.
- Focus on services and/or data collection for children ages 0-3 years with visual impairment.

## Organization Background and Capacity

Outline your organization's ability to carry out the proposed project and:

- Discuss the history, capability, experiences and major accomplishments of the applicant organization.
- Discuss the applicant organization's previous or current work related to addressing social determinants of health.
- Discuss the applicant organization's other sources of funding to implement the same or similar work.
- Identify the role of other collaborative partners (if partnering with an organization).
  - Discuss the collaboration that will occur between the project and other organizations. Explain the history of the partnership, how the collaboration will benefit the project and how each collaborates with your project. You may attach MOUs, MOAs and letters of support.

## Statement of Need

Describe the specific problem(s) or need(s) to be addressed by the project. Documentation may include current data, research, local surveys or reports from the local health department, United Way or IDOH.

**Proposals that are not adequately supported by data will not be considered. Cite your sources of information.**

The problems identified should:

- Relate to the purpose of the applicant agency.



- Include only those problems that the applicant can impact.
- Be client/consumer-focused.
- Describe the target population(s) and numbers to be served.
- Describe the current system of care and how the project fits into the system.
- Describe barriers to access to care and how those barriers will be addressed.
- Address disparities within the target population(s) and how disparities will be addressed.

### **Goals and Objectives**

- Provide the overall project goals and SMARTIE objectives: specific, measurable, achievable, realistic, time-bound, inclusive and equitable.
- State the unduplicated number of individuals the project proposes to serve (annually and over the entire project period) with grant funds.
- Describe how achievement of the goals will produce meaningful and relevant results.

### **Activities**

Describe all activities that will support the goals of the project and achieve the SMARTIE objectives.

- Determine a method to measure and document the progress of each activity, what documentation will be used and what staff position will be responsible for implementing, measuring and documenting that activity.
- Describe how the proposed service(s) or practice(s) will be implemented or expanded.
- Describe how the populations of interest will be identified, recruited and retained using knowledge of beliefs, norms and values and socioeconomic factors of the target population(s).
- Demonstrate that the necessary groundwork (e.g. planning, development of memoranda of agreement, identification of potential facilities) has been completed so that implementation can begin no later than three months after the grant award.

### **Evidence-Based Practices**

Identify the evidence-based practices that you plan to implement and discuss how they address the purpose, goals and objectives of your proposed project. **Cite your sources of information.**

- Discuss the evidence that shows that this practice is effective with your target population(s).
  - If the evidence is limited or non-existent for your target population(s), provide other information to support your selection of the intervention(s).
- Identify and justify any modifications or adaptations you will need to make (or have already made) to the proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.

### **Staffing Plan**

List all staff that will work on the project. For each staff member, include name, job title, primary duties and number of hours per week. Describe the relevant education, training and work experience of the



staff that will enable them to successfully develop, implement and evaluate the project. Copies of current professional licenses and certifications must be on file at the organization. In this section you must show that:

- Staff is qualified to operate the proposed program.
- Staffing is adequate.
- Job descriptions and curriculum vitae (CVs) of key staff are included as an appendix.

**Note:** The number of staff hours in this list should agree with the staff hours total on the budget.

### **Resource and Facilities Plan**

Describe the facilities that will house project services and demonstrate that:

- Facilities are adequate to house the proposed program.
- Facilities are accessible for individuals with disabilities by the Americans with Disabilities Act of 1990.
- Facilities are smoke-free.
- Hours of operation are posted and visible from outside the facility.

### **Evaluation Plan**

Data must be collected on an ongoing basis and reported quarterly and annually with the following evaluation plans:

1. An evaluation plan to determine whether the evidence-based interventions and activities are having an impact on SMARTIE objectives and general goals should include:
  - a. Methods for determining if the goals, objectives and activities are on target.
    - i. If activities and objectives are identified as off-target during an evaluation, identify the staff member(s) responsible for revisiting activities to make changes that may lead to improved outcomes.
  - b. Name(s) of staff member(s) responsible for the evaluation.
  - c. Explanation of what data will be collected, how it will be collected and how it will be reported.
  - d. Methods for ensuring continuous quality improvement, including consideration of disparate outcomes for different target populations (e.g., client surveys, observations).
  - e. Plan for the protection of client privacy that follows HIPAA requirements.
  - f. Description of how outcomes will be used to guide future programs.
  - g. Plan for disseminating outcomes to internal and external stakeholders.
2. A quality assurance evaluation plan to ensure that services are performed well should include:
  - a. Methods used to evaluate quality assurance (e.g., chart audits, surveys, presentation



evaluations), and address quality assurance problems.

### **Sustainability Plan**

Outline a plan for how the program activities will be sustained at the conclusion of this funding, including:

- Anticipated contributors of sustained funding (e.g., Medicaid, private funder).
- Plans to fund program staff after the conclusion of grant funding.
- Plans to continue partnerships.
- Plans to maintain program continuity during a change in the operational environment (e.g., staff turnover, change in project leadership).

## **Grant Budget Proposal**

The budget forms are to be completed and submitted as an Excel workbook along with your application. Do **not** substitute a different format. Create **separate** budgets for FY 2024 and FY 2025 using the appropriate tabs for each worksheet. The budget is an estimate of what the project will cost and should demonstrate that:

- All expenses are directly related to the project.
- The relationship between budget and project objectives is clear.
- The time commitment to the project is identified for major staff categories and is adequate to accomplish project objectives.
- The budget correlates with the project duration:
  - **FY 2024 – September 1, 2023, through June 30, 2024**
  - **FY 2025 – July 1, 2024, through June 30, 2025**

**Note:** All staff listed in the budget must be included in the staff listing.

### **Completing the Budget Workbook**

There are a total of seven tabs in the workbook – a Summary tab, and Schedule A, Schedule B and Anticipated Expenditures tabs for each fiscal year. Complete the information about your organization at the top of the Summary tab. The tables at the bottom of the Summary tab will automatically populate the totals for each category when you fill in the information on Schedule A and Schedule B for each year. **Do not change any of the formulas already populated in the total columns.**

**Note:** All amounts should be rounded to the nearest penny.

### **Schedule A**

List each staff member's name, title or role in the project, hourly rate, hours per week and weeks per



year. The Annual MCH Salary column will automatically calculate the total. Common fringe categories have been given. Only fill in the Fringe based on what is used by each staff member. The Annual Fringe Benefits column will automatically calculate the total.

Columns are provided to enter the amount of each budget item that will be paid by MCH funds, matching funds and any non-match funds (see below). These will be automatically totaled in the next column to verify that the amounts entered come to the same total as the budget item. Each column automatically totals per staff category, and that information automatically fills in the appropriate space on the Summary tab. The MCH portion also automatically fills in on the Anticipated Expenditures tab.

5							
6	111,000 Physicians	Number					
7	Employee Name	Other	Annual Fringe Benefits	MCH Portion	Match	Non-match	Total (should match Annual Fringe Benefits)
8		\$ -	\$ -				\$ -
9		\$ -	\$ -				\$ -
10		\$ -	\$ -				\$ -
11		\$ -	\$ -				\$ -
12		\$ -	\$ -				\$ -
13		Age Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -

**Schedule B**

List each contract, general categories of supplies (office supplies, medical supplies, etc.), travel by staff members, rent/utilities, communication and other expenditures in the appropriate section. Formulas have already been entered into the total column for each section.

Travel must be calculated for each staff member who will be reimbursed and may not exceed the State’s rates (\$0.49 per mile and \$41 per day per diem). Indirect costs are not allowed as a set amount or percentage of the agreement. Any indirect costs such as rent, utilities, etc. should be listed as separate line items.

As with Schedule A, there are columns to enter the MCH portion, match and non-match funds and a total to verify it matches the total of the budget item. Each column automatically totals per category, and that information automatically fills in the appropriate space on the Summary tab. The MCH portion will automatically fill in on the Anticipated Expenditures tab.



## Account Codes

<b>111.000 Physicians</b>		
Clinical Geneticist	Medical Geneticist	Pediatrician
Family Practice Physician	OB/GYN	Resident/ Intern
General Family Physician	Other Physician	Neonatologist
Genetic Fellow		
<b>111.150 Dentists/ Hygienists</b>		
Dental Assistant	Dental Hygienist	Dentist
<b>111.200 Other Service Providers</b>		
Audiologist	Genetic Counselor (M.S.)	Psychologist
Child Development Specialist	Health Educator/ Teacher	Psychometrist
Community Educator	Outreach Worker	Speech Pathologist
Community Health Worker	Physical Therapist	Occupational Therapist
Family Planning Counselor	Physician Assistant	
<b>111.350 Care Coordination</b>		
Licensed Clinical Social Worker(L.C.S.W.)	Registered Dietician	Social Worker (M.S.W.)
Licensed Social Worker (L.S.W.)	Social Worker (B.S.W.)	Registered Nurse
Physician		
<b>111.400 Nurses</b>		
Clinic Coordinator	Licensed Midwife	Pediatric Nurse Practitioner
Community Health Nurse	Licensed Practical Nurse	Registered Nurse
Family Planning Nurse Practitioner	Other Nurse	School Nurse Practitioner
Family Practice Nurse Practitioner	Other Nurse Practitioner	OB/GYN Nurse Practitioner
<b>111.600 Social Service Providers</b>		
Caseworker	Counselor (M.S.)	Social Worker (M.S.W.)
Licensed Clinical Social Worker(L.C.S.W.)	Social Worker (B.S.W.)	Counselor
Licensed Social Worker (L.S.W.)		
<b>111.700 Nutritionists/ Dietitians</b>		
Dietitian (R.D. Eligible)	Registered Dietitian	Nutritionist (Master's Degree)
Nutrition Educator		
<b>111.800 Medical/ Dental Project Director</b>		
Dental Director	Medical Director	Project Director
<b>111.825 Project Coordinator</b>		
<b>111.850 Other Administration</b>		
Accountant/ Finance/ Bookkeeper	Data Entry Clerk	Nurse Aid
Administrator/ General Manager	Evaluator	Other Administration
Clinic Aide	Laboratory Assistant	Programmer/ Systems Analyst
Clinic Coordinator (Administration)	Laboratory Technician	Secretary/ Clerk/ Medical Record
Communications Coordinator	Maintenance/ Housekeeping	Genetic Associate/ Assistant
<b>115.000 Fringe Benefits</b>		
<b>200.000 Contractual Services</b>		
Insurance and Bonding (insurance premiums for fire, theft, liability, fidelity bonds, etc.; malpractice insurance premiums cannot be paid with grant funds)	Equipment Leases	Licensing
	Maintenance Agreements	
<b>200.700 Travel</b>		
Conference Registrations	In-State Staff Travel	
<b>200.800 Rental and Utilities</b>		
Janitorial Services	Utilities	Rental of Space
<b>200.850 Communications</b>		
Postage (including UPS)	Publications	Subscriptions
Printing Costs	Reports	Telephone
<b>200.900 Other Expenditures</b>		
Approved items not otherwise classified above		





## Consultants

Individuals not directly employed by your organization, but with whom you want to contract to perform services under this grant. (If you are contracting with an organization for services, you should list the organization under 200.00 Contractual Services.)

### Grant funds cannot be expended for:

- Construction of buildings, and building renovations.
- Depreciation of existing buildings or equipment.
- Contributions, gifts, donations.
- Entertainment, food.
- Automobile purchase/rental.
- Interest and other financial costs.
- Costs for in-hospital patient care.
- Fines and penalties.
- Fees for health services.
- Accounting expenses for government agencies.
- Bad debts.
- Contingency funds.
- Executive expenses (car rental, car phone, entertainment).
- Fundraising expenses.
- Legal fees.
- Legislative lobbying.
- Equipment.
- Out-of-state travel not associated with attending the Annual Association of Maternal and Child Programs Conference (only one person is permitted to attend each year for this grant).
- Dues to societies, organizations, or federations.
- Incentives.

## Additional Requirements

### Bio-sketches

- Provide a brief Bio-sketch for key personnel.
- Provide a brief job description for key personnel.

### Timeline

- List activities to occur during planning, implementation and evaluation, and in which quarter(s) each activity will occur.
- Complete separate timelines for FY 2024 and FY 2025.

### IRS Nonprofit Tax Determination Letter (one-page max)

### Organization Chart and Program-Specific Organization Chart (two-page max)

- Attach an electronic copy (PDF recommended) of the applicant organization's overall organizational chart as well as the applicant organization's program-specific organization chart.



## Resources

- SMARTIE Objectives: <https://www.managementcenter.org/resources/smartie-goals-worksheet/>
- Data Resource Center for Child & Adolescent Health: [www.childhealthdata.org](http://www.childhealthdata.org)
- National Center for Medical Home Implementation: <http://www.medicalhomeinfo.org/>
- Standards for Systems of Care: <http://www.amchp.org/AboutAMCHP/Newsletters/member-briefs/Documents/Standards%20Charts%20FINAL.pdf>
- Antonelli, R., McAllister, J.W., & Popp, J. (2009). Making care coordination a critical component of the pediatric health system: a multidisciplinary framework. *The Commonwealth Fund; pub. no. 1277.*
- WHO, Visual Impairment and Blindness: <http://www.who.int/topics/blindness/en/>
- American Academy of Ophthalmology: <http://www.aao.org/pols-snippet/2551>
- American Optometric Association: <http://www.aoa.org/documents/optometrists/CPG-14.pdf>

### END OF APPLICATION

Please email completed applications to Madeline Wilks at [mwilks@health.in.gov](mailto:mwilks@health.in.gov)  
by **3 p.m. EDT, Monday, July 24**

### Contacts

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