Broad-Scope Sickle Cell Grant

Request for Applications

Indiana State Department of Health

Children’s Special Health Care Services (CSHCS) Division
FUNDING OPPORTUNITY DESCRIPTION

PURPOSE:
The purpose of this opportunity is to fund competitive grants for nonprofit organizations, local health departments, and health care entities within the State of Indiana to implement programs focused on addressing the needs of citizens impacted by sickle cell disease or trait. Although the scope of this funding opportunity is broad, projects should focus on improving services and/or improving data collection related to sickle cell disease or trait.

SUBMISSION DETAILS:
To be considered for this competitive funding, a completed application must be received by ISDH by NO LATER THAN

**Monday, July 29, 2019 at 3:00 PM EST**

Applicants are to submit applications electronically. For electronic submission:

**SUBMIT APPLICATIONS VIA EMAIL TO Kristi Linson**
INTEGRATED COMMUNITY SERVICES MANAGER AT Klinson@ISDH.IN.GOV

SUMMARY OF FUNDING
The Indiana State Department of Health (ISDH) Children’s Special Health Care Services (CSHCS) program is announcing a competitive grant funding opportunity to provide sickle cell disease or trait services for children and adults ages 3-21 years. This is a grant application and anyone with a project proposing to address needs in the sickle cell community is encouraged to apply. This Grant Application Packet (GAP) has been specifically designed for the sickle cell community and is integrated with the mission of ISDH: “To promote and provide essential public health services.”

Applicants may request up to $95,000 per fiscal year for the 23-month grant cycle. Applicants selected to receive funding may be awarded a maximum of $95,000 per FY for the 23-month grant cycle, but may receive less than this amount. The grant cycle for will begin on August 1, 2019, and end on June 30, 2021. **NOTE: throughout this grant application packet, “FY 2019” refers to the 11-month period from September 1, 2019-June 30, 2020, while “FY 2020” refers to the entire fiscal year from July 1, 2020-June 30, 2021. Please plan and budget accordingly.**

TECHNICAL ASSISTANCE
Submit all questions regarding this RFA and application via email to Kristi Linson at klinson@isdh.in.gov and MCHBusinessUnit@isdh.in.gov
DESCRIPTION OF REQUIRED SERVICES

NOTE: Documentation of services administered must be provided upon request by the ISDH. Although the scope of this grant opportunity is intended to be broad in scope and applicants may choose their own performance objectives, projects must be related to at least one of the following services and must include an education component for individuals with sickle disease or trait and families:

1) Improving healthcare delivery and care coordination for individuals with sickle cell disease and sickle cell trait. Possible examples include but are not limited to:
   A. Increasing education and awareness among health care providers
      a. Developing programs to build awareness in communities of need, which includes information, knowledge about status, and education about resources for sickle cell disease and trait.
      b. Ensuring individuals with sickle cell disease are being seen by a hematologist
      c. Improving emergency room education and awareness of sickle cell disease, especially in regards to sickle cell crisis or other pain episode management.
   B. Providing wraparound/care coordination services for individuals and families.
      a. Establishing ongoing communication and outreach to those with sickle cell disease and trait
      b. Providing services to ensure individuals return for follow-up visits
         a. Referring individuals to appropriate mental health services
         b. Assisting the family in fully understanding their child’s diagnosis
         c. Helping the family know where to go for each identified need
         d. Guiding the family to set goals related to their child and family needs
         e. Providing services to ensure individuals return for follow-up visits
         f. Addressing social determinants of health that affect the family
         g. Providing or referring to appropriate social services to decrease unmet needs
         h. Providing or referring to services to help support success of the individual in all areas of life including but not limited to: school, work, etc.

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. If project goals are not met, a work improvement plan may be enforced at the discretion of ISDH. If the work improvement plan is unsuccessful within a specified timeframe, the grant may be terminated.

AWARD INFORMATION

Applicants may request up to $95,000 per fiscal year for the 23-month grant cycle. Applicants selected to receive funding may be awarded a maximum of $95,000 per FY for the 23-month grant cycle, but may receive less than this amount. The grant cycle for will begin on September 1, 2019, and end on June 30, 2021. NOTE: throughout this grant application packet, “FY 2019” refers to the 10-month period from September 1, 2019-June 30, 2020,
while “FY 2020” refers to the entire fiscal year from July 1, 2020-June 30, 2021. Please plan and budget accordingly.

ELIGIBILITY AND REQUIREMENTS:

APPLICANT ORGANIZATION:

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

APPLICATION AND REVIEW INFORMATION:

Additional evaluation weight will be assigned to applicants that:

- Provide services in resource-limited counties.
- Promote collaboration and building of comprehensive systems of care.
- Address the needs of citizens impacted by sickle cell disease or trait

EXPECTED REPORTING AND PERFORMANCE CRITERIA:

1) If applicable, for all children and young adults who receive direct (face-to-face) or indirect (telephone) services, the grantee(s) shall be expected to maintain a log, including but not limited to, the following information:

- Child’s name
- Child’s DOB
- Parent’s name and address
- PCP’s name and address
- Date and time of phone conversations
- Summary of phone conversation
- Date packets were mailed
- Name and address that packets were mailed to
- List of any additional information included in the packet
- Method of consultation
- Date and time of consultation
- Summary of consultation
- List of information provided to the parents
- Received completed evaluation
2) The grantee(s) shall be required to submit quarterly and annual reports on project status to the ISDH CSHCS Grant Consultant and/or CSHCS Director.

3) The grantee(s) shall be required to participate in quarterly site visits with the ISDH CSHCS Grant Consultant and/or CSHCS Director to discuss progress reports and resolve any outstanding issues or concerns.

4) The grantee(s) shall be prepared to provide documentation for auditing purposes as needed to ensure compliance with requirements outlined in the grant proposal.

5) Applicants will be required to report the unduplicated number of individuals served each year.

*NOTE: If goals are not met, a work improvement plan may be enforced at the discretion of ISDH. If a work improvement plan is enforced and is unsuccessful within a specified timeframe, the grant may be terminated.*
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**SECTION 1: APPLICATION INSTRUCTIONS**

Please use this document for all required application information. The application, in its entirety including all supplemental information, **cannot exceed 50 pages with one-inch margins, using easily readable 12-point font**. Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. The following outlines each section that must be completed in the application document.

**SECTION 2: COMPLETION CHECKLIST**

The Completion Checklist in Section 2 serves as a guide to ensure that all appropriate and required materials are submitted with the application document. Double click on each check box to indicate a “check mark” for completion.

**SECTION 3: APPLICATION COVER PAGE**

In Section 3: Cover Page, please 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

**SECTION 4: SUMMARY (1 PAGE)**

This summary will provide the reviewer a succinct and clear overview of the agency’s plan to implement the program. The summary should be the last section written and reflect the narrative. Please include a brief description of the project with the following:

- Only relate to sickle cell disease or trait services and/or related data collection;
- Identify the problem(s) to be addressed;
- Succinctly state the objectives;
- Include an overview of solutions (methods);
- Emphasize previous accomplishments/progress related to the proposed project; and
- Indicate the percentage of the target population served by your project and the percentage of racial/ethnic minority clients among your clients served
SECTION 5: APPLICATION NARRATIVE

In Section 5: Application Narrative, all required headings are listed. Please do not alter the format of the document.

SECTION 5-A: ORGANIZATION BACKGROUND/CAPACITY

This section will enable the reviewers to gain a clear understanding of your organization and its ability to carry out the proposed project—in collaboration with local partners.

- Discuss the history, capability, experiences, and major accomplishments of the applicant organization.

- If you are partnering with any other organizations, please explain the history of this partnership.

- Discuss the applicant organization’s previous or current work related to addressing social determinants of health. Include any innovative strategies (e.g. co-located care coordination, unconventional communication strategies, etc.)

- Discuss the applicant organization’s other sources of funding to implement the same or similar work. Please complete the attached Excel sheet that accompanies the application.

- Discuss the collaboration that will occur between the project and other organizations and healthcare providers. The discussion should identify the role of other collaborative partners, how the collaborations will benefit the project, and how each collaborates with your project. You may attach MOUs, MOAs, and letters of support. It is expected that grantees will establish a formal collaboration with ISDH Newborn Screening grantees to ensure continuity of care for those aged 0-3 years.

SECTION 5-B: STATEMENT OF NEED

Describe and document the specific problem(s) or need(s) to be addressed by the project. Documentation may be provided by reference – do not include copies of source material. Documentation may include current data, research, local surveys, reports from the local Health Department or United Way, and must include data available from the ISDH website. Proposals to
address problems that are not adequately supported with such data will not be considered. The problems identified should:

- Clearly relate to the purpose of the applicant agency;
- Include only those problems that the applicant can impact;
- Be client/consumer focused;
- Be supported by data available on the ISDH website and/or from local sources (this evidence must show that the problem(s) or need(s) exist(s) in the community you are proposing to impact;
- Describe the target population(s) and numbers to be served and identify catchment areas (if applicable);
- Describe the system of care and how successfully the project fits into the system;
- Describe barriers to access to care and how those barriers will be addressed; and
- Address disparities if the county has significant minority populations and how disparities will be addressed.

SECTION 5-C: GOALS/OBJECTIVES

This section must describe how your program intends to achieve the proposed goals and objectives.

- Provide the overall project goals and each objective. Ensure SMART objectives: Specific, Measurable, Achievable, Realistic and Time-bound.

For illustration purposes, let’s say I am an experienced runner and I have a general goal of maintaining my fitness this summer. An example of a SMART objective would be: “I will jog at least twenty miles per week at a pace of 10 minute miles or faster between June 28, 2018 and August 29, 2018 for a total of at least 180 miles during this 9-week timeframe.”

This goal is:

- Specific: The SMART objective states “who” will be jogging (me), and jogging is defined (“a pace of 10 minute miles or faster”)
- Measurable: “twenty miles per week” and “a total of 180 miles” are each quantities that can be measured
- Attainable: Twenty miles per week is reasonable for an experienced runner; the goal is not to jog 180 miles per week
- Relevant: It has to do with the general goal of maintaining fitness over the summer
- Time-based: There are clear start and end dates (June 28, 2018 and August 29, 2018).

**SMART goals for this project must relate to this funding opportunity and the goals and abilities of the applicant.**

- Clearly 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.
- Describe a plan for the following:
  - A plan for follow-up with at least 10% of the total individuals or families served to ensure unmet needs were resolved.
  - A plan for assessing individual or family satisfaction with the time spent addressing their needs from the organization.

**SECTION 5-D: ACTIVITIES**

This section must describe the activities of the project. Applicants should also describe all activities that will be involved in supporting the goals of the project and achieving the SMART objectives.

- For each supporting activity described, the applicant must also indicate: a method to measure and document the progress of the 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 population of focus, discuss how the proposed approach addresses these issues in outreaching, engaging, and delivering programs to this population (e.g. collaborating with community gatekeepers).
- Identify any other organization that will participate in the proposed project. Describe their roles and responsibilities and demonstrate the commitment of these entities to the project.
• Show that the necessary groundwork (e.g. planning, development of memoranda of agreement, identification of potential facilities) has been completed or near completion so that the project can be implemented and service delivery begin as soon as possible and no later than three months after the grant award.

• Describe the potential barriers to success of the proposed project and how these barriers will be addressed.

• Describe how program continuity will be maintained when there is a change in the operational environment (e.g. staff turnover, change in project leadership) to ensure stability over time.

SECTION 5-E: 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. NOTE: The number of staff hours in this list should agree with the staff hours total on the Budget Summary page. 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 proposed program;

• Staffing is adequate; and

• Job descriptions and curriculum vitae (CVs) of key staff are included as an appendix

SECTION 5-F: RESOURCE PLAN/FACILITIES

Describe the facilities that will house project services. In this section you must address the following and demonstrate that:

• Facilities are adequate to house the proposed program;

• Facilities are accessible for individuals with disabilities in accordance with the Americans with Disabilities Act of 1990;

• Facilities will be smoke-free at all times; and

• Hours of operation are posted and visible from outside the facility. (Include evening and weekend hours to increase service accessibility and indicate hours of operation at each site on Form B-2.)
SECTION 5-G: EVIDENCE-BASED PRACTICE

Identify the evidence based service(s), evidence-informed, or promising practice(s) that you propose to implement and discuss how it addresses the purpose, goals and objectives of your proposed project. Please cite the sources of your information.

- Discuss the evidence that shows that this practice is effective with your population(s) of focus.
- If the evidence is limited or non-existent for your population(s) of focus, provide other information to support your selection of the intervention(s) for the population(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.

SECTION 5-H: EVALUATION PLAN

All applicants are required to collect data for reporting and monitoring purposes. This information must be collected on an on-going basis and reported quarterly and annually. This section should have two parts:

1) **An evaluation plan to determine whether the evidence-based interventions and activities are having an impact on SMART objectives and general goals.** Please discuss the methodology for measuring achievement of activities, including intermediate (e.g. monthly, quarterly) measures of activities as well as assessment at the end of the funding period. An effective evaluation requires that:
   - Project-specific activities to meet objectives are clear, measurable, and related to improving health outcomes;
   - Plan explains how evaluation methods for the goals, objectives, and activities be incorporated into the project evaluation;
   - Staff member(s) responsible for the evaluation is/are identified;
   - Plan explains what data will be collected and how it will be collected;
   - Plan lists how and to whom data will be reported;
   - Appropriate methods are used to determine whether measurable objectives and supporting activities are on target for being met; and
   - If activities and objectives are identified as off-target during an intermediate or year-end evaluation and improvement is necessary to meet goals, staff member(s) responsible for revisiting activities to make changes which may lead to improved outcomes is/are identified.
   - Describe methods to ensure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups (activities may include: client surveys, observations).
   - Describe plan for protection of client privacy, following HIPAA requirements.
• Describe how outcome data will be used to guide applicant’s education programs in the future.
• Describe how outcomes will be disseminated to stakeholders within the applicant agency, its partnering agencies, and throughout local and statewide communities.

2) **A quality assurance evaluation plan to ensure that services are performed well.**
   Please discuss:
   • Methods used to evaluate quality assurance (e.g. chart audits, surveys, presentation evaluations (including a copy of the presentation evaluation); and
   • Methods used to address identified quality assurance problems.

### SECTION 5-I: SUSTAINABILITY PLAN

Outline a plan for how the program activities will be sustained at the conclusion of this funding. This may include, but is not limited to:

• Anticipated contributors of sustained funding (e.g., Medicaid, private funder).
• Plans to ensure dedicated staff after the conclusion of grant funding.
• Plans to continue collaborative partnerships.

### SECTION 5-J: LITERATURE CITATIONS: (1 PAGE)

In this section, please list complete citations for all references cited*, including:

• Document title
• Author
• Agency
• Year
• Website (if applicable)

*American Psychological Association [APA] style is recommended

### SECTION 6: BUDGET

Please use the Broad Scope Sickle Cell RFA Application document, Section 6 to fill out the required Budget Narrative. For budget-related questions, please contact Verna Crenshaw at VCrenshaw@isdh.IN.gov or 317-234-3651.
Budget forms are attached as a separate Microsoft Excel workbook; this is to be completed and submitted as an Excel workbook along with your application. Do NOT substitute a different format. Create separate budgets for Fiscal Year (FY) 2019 and FY 2020 using the appropriate tabs for each worksheet; do NOT combine budget information for FY 2019 and FY 2020. The budget is an estimate of what the project will cost. In this section, be sure to demonstrate that:

- All expenses are directly related to project;
- The relationship between budget and project objectives is clear; and
- The time commitment to the project is identified for major staff categories and is adequate to accomplish project objectives.

All staff listed in the budget must be included in the Staff listing as indicated in Section 6 above. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed State rates. Currently, the in-state travel reimbursement is $0.38 per mile and $26 per day per diem. Please check for consistency among all budget information. Your budget must correlate with project duration:

- FY 2019 – September 1, 2019 through June 30, 2020 and

In completing the packet, remember that all amounts should be rounded to the nearest penny.

Completing the Budget Workbook

There are a total of seven tabs in the workbook – a Summary tab as well as a Schedule A, Schedule B, and Anticipated Expenditures tab for each fiscal year. Please 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 totals columns.**

Schedule A

For each individual staff member, provide the name of the staff member and their title or role in the project. Each staff member must be listed by name. Each staff member’s hourly rate, hours per week, and weeks per year should be entered, and the Annual MCH Salary column will automatically calculate the total. Common fringe categories have been given, but please only fill in the Fringe based on what is used by each staff member. Again, 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, match funds, and any non-match funds (see diagram below). Those three amounts are automatically totaled in the next column so you can easily 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.

**Schedule B**

Typical contractual service categories have been provided as guide. 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 as indicated for each item. Please be aware that 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 out 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 also automatically fills in on the Anticipated Expenditures tab.
### Account Codes

#### 111.000 Physicians
- Clinical Geneticist: Medical Geneticist
- Family Practice Physician: OB/GYN
- General Family Physician: Other Physician
- Genetic Fellow: neonatologist

#### 111.150 Dentists/ Hygienists
- Dental Assistant: Dental Hygienist

#### 111.200 Other Service Providers
- Audiologist: Genetic Counselor (M.S.)
- Child Development Specialist: Health Educator/ Teacher
- Community Educator: Outreach Worker
- Community Health Worker: Physical Therapist
- Family Planning Counselor: Physician Assistant

#### 111.350 Care Coordination
- Licensed Clinical Social Worker(L.C.S.W.): Registered Dietitian
- Licensed Social Worker (L.S.W.): Social Worker (B.S.W.)

#### 111.400 Nurses
- Clinic Coordinator: Licensed Midwife
- Community Health Nurse: Licensed Practical Nurse
- Family Planning Nurse Practitioner: Other Nurse
- Family Practice Nurse Practitioner: Other Nurse Practitioner

#### 111.600 Social Service Providers
- Caseworker: Counselor (M.S.)
- Licensed Clinical Social Worker(L.C.S.W.): Social Worker (B.S.W.)
- Licensed Social Worker (L.S.W.): Counselor

#### 111.700 Nutritionists/ Dietitians
- Dietitian (R.D. Eligible): Registered Dietitian
- Nutrition Educator: Nutritionist (Master’s Degree)

#### 111.800 Medical/ Dental Project Director
- Dental Director: Medical Director

#### 111.825 Project Coordinator
- Medical Director: Project Director

#### 111.850 Other Administration
- Accountant/ Finance/ Bookkeeper: Data Entry Clerk
- Administrator/ General Manager: Evaluator
- Clinic Aide: Laboratory Assistant
- Clinic Coordinator (Administration): Laboratory Technician
- Communications Coordinator: Maintenance/ Housekeeping

#### 115.000 Fringe Benefits

#### 200.000 Contractual Services
- Insurance and Bonding (insurance premiums for fire, theft, liability, fidelity bonds, etc.; malpractice insurance premiums cannot be paid with grant funds)

#### 200.700 Travel
- Conference Registrations: In-State Staff Travel

#### 200.800 Rental and Utilities
- Janitorial Services: Utilities

#### 200.850 Communications
- Postage (including UPS): Publications
- Printing Costs: Reports

#### 200.900 Other Expenditures
- Consulting: 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.)
EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

1. Construction of buildings, building renovations;
2. Depreciation of existing buildings or equipment;
3. Contributions, gifts, donations;
4. Entertainment, food;
5. Automobile purchase / rental;
6. Interest and other financial costs;
7. Costs for in-hospital patient care;
8. Fines and penalties;
9. Fees for health services;
10. Accounting expenses for government agencies;
11. Bad debts;
12. Contingency funds;
13. Executive expenses (car rental, car phone, entertainment);
14. Fundraising expenses;
15. Legal fees;
16. Legislative lobbying.
17. Equipment;
18. Out-of-state travel not associated with attending the Annual Association of Maternal and Child Programs Conference (only one person permitted to attend each year for this grant); and
19. Dues to societies, organizations, or federations.
20. Incentives

For further clarification on allowable expenditures, please contact:

Melba Oxley, MCH Finance Manager, MOxley1@isdh.IN.gov or 317-233-7120
SECTION 7: REQUIRED ATTACHMENTS

SECTION 7-A: BIO-SKETCHES (INSTRUCTIONS)

- For positions already filled, provide a brief Bio-Sketch for key personnel.

SECTION 7-B: JOB DESCRIPTIONS (INSTRUCTIONS)

- For positions to be announced and positions currently filled, please provide a brief Job Description for key personnel.

SECTION 7-C: TIMELINE (INSTRUCTIONS)

- Please include a minimum of the following information in the Timeline:
  - List activities to occur within each of the Phases (Planning, Implementation, and Evaluation).
  - Indicate in which quarter(s) each activity will occur.
  - Please ensure these activities and dates of occurrence correspond with the activities and dates listed in the Activities narrative.
  - You will complete separate timelines for FY19 and FY20.

SECTION 7-D: OUTCOMES FORMS (INSTRUCTIONS)

Please use the Broad Scope Sickle Cell APPLICATION document, Section7-D to fill out the required Outcomes Forms.
SECTION 8: ADDITIONAL REQUIRED DOCUMENTS

SECTION 8-A: IRS NONPROFIT TAX DETERMINATION LETTER (1 PAGE MAX)

If applicable, please include with the submission of the Broad Scope Sickle Cell RFA APPLICATION document, an attachment of an electronic copy (PDF recommended) of the applicant organization’s IRS Nonprofit Tax Determination Letter. Please limit this attachment to 1 page total.

ATTACHMENT 8-B: ORG CHART & PROGRAM-SPECIFIC ORG CHART (2 PAGES MAX)

Please include with the submission of the Broad Scope Sickle Cell RFP APPLICATION document, an attachment of an electronic copy (PDF recommended) of the applicant organization’s overall organizational chart as well as the applicant organization’s program-specific organization chart. The program specific-organization chart must include program partners, existing program staff, to-be-hired program staff, key personnel, etc. Please limit this attachment to 2 pages total.
ADDITIONAL RESOURCES

CSHCS CONTACTS

KRISTI LINSON
Integrated Community Services Manager
317.233.7898
klinson@isdh.in.gov

GRANTS MANAGEMENT CONTACTS

VERNA CRENSHAW
MCH Finance Manager
317-234-3651
VCrenshaw@isdh.IN.gov

WEBSITE RESOURCES

- Indiana State Department of Health- Children’s Special Health Care Services: http://cshcs.in.gov
- Social Determinants of Health: https://www.cdc.gov/publichealthgateway/publichealthservices/pdf/ten_essential_services_and_sdoh.pdf
- Maternal and Child Health Bureau: www.mchb.hrsa.gov
- Life-course Perspective: www.mchb.hrsa.gov/lifecourseresources.htm
- Data Resource Center for Child & Adolescent Health: www.childhealthdata.org
- Outcome Indicator Percentages by County of Residence and Race of Mother (Table): http://www.in.gov/isdh/reports/natality/2012.tblI32_t.htm
- National Center for Medical Home Implementation: http://www.medicalhomeinfo.org/
Definitions

- **Client/patient**: A recipient of services that are supported by program expenses funded in whole or in part by ISDH CSHCS dollars.

- **Clinical patient**: Any individual who had an appointment and was evaluated by or received services.

- **College or graduate level students**: Includes nursing and medical students.

- **Consultation**: A visit with a patient where the grantee is **not** the primary provider of services.

- **Cultural competence**: a defined set of values, principles, behaviors, attitudes, policies and structures that enable organizations to work effectively cross-culturally. To be culturally competent, an organization must have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve. Organizations must incorporate this in all aspects of policy-making, administration, practice, and service delivery, and involve consumers, key stakeholders, and communities. Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum. (Adapted from: Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care, volume 1*. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.)

- **Evaluation/counseling**: Some degree of assessment (e.g., a physical examination) is performed in addition to genetic counseling services.

- **CSHCS supported services**:
  - Direct medical and dental care
  - Enabling services: care coordination

- **Program expense**: Any expense included in the budget to be funded by CSHCS (staff, supplies, space costs, etc.)

- **Return visit**: Clients who have been previously seen in your project clinic and are returning for follow-up care.

- **SMART goals**: SMART is an acronym for Specific, Measurable, Attainable, Relevant, and Time-based. SMART goals take each of these into account. For example: “During FY 2018, my facility will distribute the ISDH Sickle Cell Trait Educational Packet to at least 98% of all clients (or their families) with sickle cell trait or trait of another hemoglobinopathy that are seen in person at my facility.” This goal is:
  - **Specific**: Detailed
  - **Measurable**: “at least 98%”
  - **Attainable**: It is reasonable to hand out packets to almost all patients.
- Relevant: It has to do with the activities outlined in this grant application packet.
- Time-based: This is to occur during FY 2016, which has a specific start and end date.

**Social Determinants of Health:** Public health departments and their partners need to consider how conditions in the places where people live, learn, and work, and play affect a wide range of health risks and outcomes. These social determinants of health (SDOH), and actions to address the resulting health inequities, can be incorporated throughout all aspects of public health work (CDC. (2018) [https://www.cdc.gov/publichealthgateway/publichealthservices/pdf/ten_essential_services_and_sdo.png](https://www.cdc.gov/publichealthgateway/publichealthservices/pdf/ten_essential_services_and_sdo.png)).

- **System of care:** “A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.” (Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, D.C.: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children’s Mental Health.)

- **Telephone contact:** A phone conversation where a limited amount of counseling and/or a referral is discussed.

- **Types of clients:** Pregnant women, children, children with special needs, adolescents, adult women, families, etc.
Figure 1. A Framework for High-Performing Pediatric Care Coordination

**Care Coordination Definition:**

Pediatric care coordination is a patient- and family-centered, assessment-driven, team-based activity designed to meet the needs of children and youth while enhancing the caregiving capabilities of families. Care coordination addresses interrelated medical, social, developmental, behavioral, educational, and financial needs to achieve optimal health and wellness outcomes.

**Defining Characteristics of Care Coordination:**

1. Patient- and family-centered  
2. Proactive, planned, and comprehensive  
3. Promotes self-care skills and independence  
4. Emphasizes cross-organizational relationships

**Care Coordination Competencies:**

1. Develops partnerships  
2. Communicates proficiently  
3. Uses assessments for intervention  
4. Is facile in care planning skills  
5. Integrates all resource knowledge  
6. Possesses goal/outcome orientation  
7. Takes an adaptable and flexible approach  
8. Desires continuous learning  
9. Applies team-building skills  
10. Is adept with information technology

**Care Coordination Functions:**

1. Provides separate visits and care coordination interactions  
2. Manages continuous communications  
3. Completes/analyzes assessments  
4. Develops care plans with families  
5. Manages/tracks tests, referrals, and outcomes  
6. Coaches patients/families  
7. Integrates critical care information  
8. Supports/facilitates care transitions  
9. Facilitates team meetings  
10. Uses health information technology

**Delivery of Family-Centered Care Coordination Services Includes:**

- Assessment
- Continuous Monitoring
- Goal Setting
- Care Planning
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