

Indiana State Department of Health
Genomics and Newborn Screening Department- Division of
Maternal and Child Health

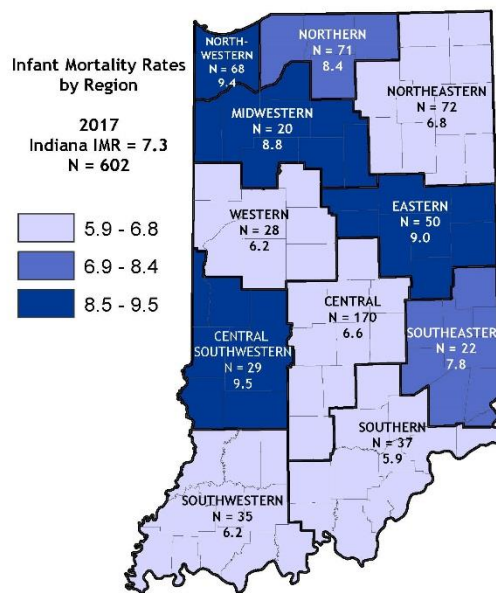
Request for Applications (RFA) - SCID/SMA FY 2020- FY 2021

Key Dates:

Application Deadline	Applications are due by Friday, April 19, 2019 at 3PM EST.
Submit applications via email to:	MCHBusinessUnit@isdh.IN.gov

EXECUTIVE SUMMARY

An Indiana key health initiative is collaborating with community partners to reduce infant mortality rates across the state. With over 83,000 births annually in Indiana, prevention and early detection of problems in infants are vital to reduce the magnitude of financial, personal and emotional burdens associated with adverse outcomes. As part of this improvement collaboration, the Genomics and Newborn Screening Program is looking for community partners that are able to help in the reduction of infant mortality within one or more core functions. These core functions include; quality improvement data methods, finance and payment mechanisms, education outreach and marketing, and health equity.



Source: Indiana State Department of Health, Division of Maternal and Child Health
Created: November 1, 2018
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

TECHNICAL ASSISTANCE

To ensure fair and equitable consideration to all applicants, questions about the requirements or the application process must be submitted in writing via email to ISDHNBS@isdh.IN.gov. All questions in regards to this RFA will need to be sent by Monday April 8, 2019 by 5pm. An email response will then be sent by Monday April 15, 2019.

SUMMARY OF TIMELINE

Event:	Date:
Posting of Request for Applications	April 1, 2019
Deadline to Submit Written Questions	April 8, 2019 @ 5pm EST
Response to Written Questions	April 15, 2019
Application Due Date	April 19, 2019 @ 3pm EST
Length of Project Period	2 years with the opportunity for a 2 year contract extension to FY 2024 if eligible.

I. FUNDING OPPORTUNITY DESCRIPTION

The Genomics and Newborn Screening (GNBS) department announces the availability of funds to satisfy the need for care coordination and follow up services from a community partner in order to reduce morbidity and mortality rates within the state of Indiana. Services included in this opportunity are focused on confirmation of disease and connection to resources for children 0 through 3 years of age diagnosed with SCID/SMA. Services will be for state fiscal years 2020-2021 beginning July 1, 2019 through June 30, 2021.

Provided funds availability and meeting performance expectations, the awardee will have the opportunity for a two year extension to fiscal year 2023 with the same award as given in fiscal years 2020-2021, unless approved through state amendment.

Applicants, at a minimum, must provide services for the following:

1. Provide early contact with primary care provider (PCP) and families of children with newborn screening results that are positive for SCID/SMA and ensure that appropriate confirmatory testing is performed.
2. Provide services to patients ages 0 through 3 years in the state of Indiana including:
 - Treatment and/or Management of diagnosed condition
 - Genetic counseling, pre and post-diagnosis counseling, and counseling for prenatal patients as appropriate.
 - Evaluation and counseling to patients and families
 - Other consultations as necessary
3. Address access to care with patients and families (care/providers, transportation needs, funding and other available resources).
4. Refer families of children with special care needs to appropriate resources, including Children’s Special Health Care Services, Women with Infants and Children (WIC) clinic, and First Steps (for infants under age 3).

5. When appropriate, provide education to patients and families regarding the proactive effects of family planning and options for future family growth as a genetic carrier, as well as referrals to MCH programs as needed.
6. Provide educational presentations to general public, health care professionals, and college/graduate level students regarding the field of medical genetics and SCID/SMA.

Applicants MUST be willing to work directly with GNBS director and team to ensure compliance to program with requirements outlined in the grant proposal. Applicants will provide:

1. Reports and documents for ALL children who receive direct (face-to-face) and indirect (telehealth) services and consultations. Reports will be sent securely via email to ISDHNBS@isdh.in.gov and will include the following forms for each patient treated/managed (if applicable):

****All reports and forms will be provided by ISDH.**

- Confirmation of disease
 - Enrollment into services
 - Long term follow-up
 - Transfer of care
 - Co-management Letter Agreement
 - Transition of care
 - Refusal of care
 - Annual report
2. Community partner shall be required to participate in kickoff, quarterly, and annual meetings with the GNBS Team.
 3. Community partner will contact the Newborn Screening team via email ISDHNBS@isdh.in.gov regarding any open cases quarterly.
 4. Community partner will be expected to participate with GNBS on technology advancement initiatives.

II. AWARD INFORMATION

1. AWARD AMOUNT

It is expected that up to \$400,000 USD will be available to fund in FY 2020-21 for children diagnosed with SCID/SMA ages 0 through 3 years.

Proposed budgets cannot exceed the allowable amount \$200,000 per year of the supplement. There will be an opportunity for a two year extension to fiscal year 2023 depending on the availability of funds, partner progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award. If said opportunity takes place, the allotted award will be the same as the previous fiscal period.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility for this competitive supplemental funding opportunity is limited to FY 2020-21. GNBS is providing supplemental funding for this program in order to better address the full range of care and treatment of individuals 0 through 3 years of age who are diagnosed with SCID/SMA and the counseling services provided for their families.

2. OTHER

Additional Eligibility Requirements

Community partner must have a staff team including (at a minimum) licensed/board-certified medical geneticist, genetic counselor(s), and social worker/case manager.

IV. APPLICATION AND SUBMISSION INFORMATION

1. BUDGET AND GRANT APPLICATION SUBMISSION

Additional information that will need to be sent will be the Microsoft Excel budget worksheet (please do not substitute a different format other than what is provided). Applications are due by **03:00 PM** (Eastern Standard Time) on April 19, 2019. **Your application must be submitted via email to: MCHBusinessUnit@isdh.IN.gov**

1.1 INSTRUCTIONS FOR BUDGET FORM

Using the Excel template provided, create separate budgets for Fiscal Year 2020 and 2021 using a tab for each worksheet (*note that FY 2020 runs from July 1, 2019 through June 30, 2020; FY 2021 runs from July 1, 2020 through June 30, 2021*). 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 the project
- The relationship between budget and project objectives is clear

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

EXAMPLES OF EXPENDITURE ITEMS THAT **WILL** BE ALLOWED:

**Note that all allowable expenditure items are for children within the designated program diagnosed between the ages of 0 through 3 years.

- Medical food/ metabolic formula
- Patient visit fees
- Patient transportation (only when all other resources are not available)
- Medical supplies/ treatment supplies
- In-state staff travel for patient care (if/ when necessary)

Note: 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, \$32 per day per diem, and \$94 plus tax per night of lodging.

- Laboratory testing fees
- Fees associated with patient communication and outreach services
- Courier service for patient medication/food/formula delivery (only if outside reasonable travel distance, with evidence)
- Other costs associated with providing patient care

EXAMPLES OF EXPENDITURE ITEMS THAT WILL **NOT** BE ALLOWED:

- Personnel salaries
- Construction of buildings, existing building renovations
- Depreciation of existing buildings or equipment
- Contributions, gifts, donations
- Entertainment and/or food
- Automobile purchase

- Interest and other financial costs such as internet, electric, utilities, etc.
- 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, unrelated travel expenses)
- Fundraising expenses
- Legal fees
- Legislative lobbying
- Equipment (over \$5,000 per unit)
- Dues to societies, organizations, or federations
- Incentives

1.2 REQUIRED APPLICATION COMPONENTS/ INSTRUCTIONS

Applications cannot exceed 30 pages with one inch margins using Times New Roman 12-point font, not including the separate budget Excel worksheet. Applications must include the following required components:

- **Application cover page** – Form A provided with RFA posting. *Note: This page is not included in the 30 page count.*
- **Project Description** – Form B-1 provided with RFA posting. *Note: This page is not included in the 30 page count.*
- **Narrative-** Created by Applicant and must have the following:
 - **Applicant Description** – The following outlines each section that must be completed in the application narrative:

- a. Respondent should include a brief organizational history. Be sure to include the name, title, and contact information for the individual responsible for oversight of the GNBS program, along with an explanation of applicant interest in Newborn Screening and program participation.
- b. Due to the complexity of disease prevalence within the state of Indiana there is an opportunity to fund by geographical area in order to best support the population. Respondent should discuss their current services provided for the targeted population including a catchment area within the state or demonstrate ability to reach statewide through individual network, community partners or telehealth solutions.
- c. Respondent should include ability of agency to perform, at a minimum, basic business practices without NBS grant funding. What will care coordination and follow-up services look like?

➤ **Statement of Need** – Provide a statement of need. Describe specific problem(s) or need(s) to be addressed by the project. Applicants can include documentation such as current data, research, local surveys, reports from professional local and national health organizations, and other reliable resources. Please be sure to include a reference page for sources of documentation.

- **Performance Objectives, Goals, and Activities – Form C** provided with RFA posting. *Note: This page is not included in the 30 page count.*

Community Partner is expected to fulfill the requirements of Indiana’s Newborn Screening Law (Indiana Code 16-41-17, available at <http://iga.in.gov/legislative/laws/2017/ic/titles/016/> as outlined in the PMs for this funding opportunity.

- **Staffing Plan** – List all staff that will work on this project including their role. The newborn screening coordinator should be designated along with all contact information. They will be the main point of contact between the community partner, newborn screening laboratory, and ISDH. If turnover occurs you have 14 days to contact ISDH with replacement’s information. Submit shortened curriculum vitae (CV) of key staff highlighting pertinent experience and publications (*Note: this will be included in the 30 page count*). Copies of current professional licenses and certifications must be on file at the organization. Copies do not need to be submitted with the application, only include the license number on the appropriate CV. In this section applicants must show that:
 - a. Staff is qualified to participate in the proposed program
 - b. Staffing is adequate to manage requirements and objectives

- **Facilities** – Form B-2 provided with RFA posting. *Note: This page is not included in the 30 page count.*
- **Endorsements** – Each application must include at least three current letters of support from or memoranda of understanding (MOU) with relevant agencies outside of applicant’s healthcare network. Letters of support and MOUs must demonstrate a commitment to collaboration between applicant agency and other relevant community organizations. MOUs must clearly delineate the roles and responsibilities of the involved parties in the delivery of community-based health care. MOUs should clearly state how the services will work together. *Note: These will not be included in the 30 page count.*

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

All proposals will be reviewed on the quality, clarity, and completeness of the application. Items to make sure to demonstrate should be as follows:

- Program goal contributes to the advancement and/or improvement of health to Indiana children ages 0 through 3 years who are diagnosed with SCID/SMA. The goal should include making sure newborns with positive screen results to receive proper clinical care and diagnostic testing. Not all of the children will be diagnosed with a condition.
- Is responsive to program objectives for activities for which grant dollars are being made available.
- Explicitly identifies target population who experience a disproportionate burden of the health condition and explains the root causes of disparities.
- Describes SMART (Specific, Measurable, Attainable, Relevant, Time-based) objectives, activities, performance measures and outcomes with respect to timelines and resources.
- Provides an evaluation plan and/or data source(s) that will be used to determine the level of success for the project.
- Is responsive to the need for community partnership with the ISDH and Hoosier population in whole as specified in this Request for Application (RFA).
- Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship with program personnel that are qualified for their roles.

Section A: Forms A, B-1, B-2, and Budget Worksheet (10 points)

All of the attached forms are complete and comprehensive. Problems to be addressed are identified and align with the grant opportunity.

Section B: Application Narrative (35 points)

Describe your organization’s experience with the SCID/SMA program. Report on accomplishments to date. Discuss any obstacles/problems that have been encountered and

actions taken towards their resolution. Demonstrate ability to reach statewide through individual network, community partners or telehealth solutions

Section C: Proposed Performance Objectives and Goals-Form C (35 points)

Describe your plans to expand or enhance your existing program and how your planned activities will meet the expected goals and objectives of the supplemental program. Clearly describe all activities that will be supported with the supplemental grant funds. Discuss how the supplemental activities will be integrated into the ongoing project.

Section D: Staffing Plan and Shortened CV's (10 points)

Present your staffing plan to show how necessary staff will implement projects and treatment and how the project will pertain to the general public.

Section E: Endorsement (10 points)

Provide MOUs or letters of support from relevant agencies outside the applicant's health network. All letters of support and MOUs should show evidence that healthcare agencies work in partnership for the project's goal.

(Note: If there is other information about your proposed project that you deem important to the application, discuss it in the appropriate section(s) above, while staying within the 30 page limit.)

2. REVIEW AND SELECTION PROCESS

Applications are reviewed by ISDH agency staff according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- The strengths and weaknesses of the application as identified by ISDH agency staff
- Relevance of program to Newborn Screening (ages 0 through 3 years).
- Problems addressed are identified clearly and align with this grant opportunity.
- Solutions and performance objectives using SMART goal setting are realistic and relevant to the needs identified.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

You will receive a letter from ISDH GNBS Program through email that describes the general results of the review of your application, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through email, the Notice of Award (NoA), signed by ISDH Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive federal funding for work on the grant project.

If you are not funded, you will receive notification from ISDH GNBS.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award.
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, ISDH GNBS may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - Actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - Requirements relating to additional data collection and reporting;
 - Requirements to address problems identified in review of the application; or
 - Revised budget.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. ISDH GNBS program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in withholding opportunity for continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.

VII. AGENCY CONTACTS

For questions about application process contact:

Martha Allen
Indiana State Department of Health
Director of Maternal and Child Health
2 Meridian St
Indianapolis, IN 46204
(317) 233-1252
MarAllen@isdh.IN.gov

For questions on grants management contact:

Rebecca Chauhan
Indiana State Department of Health
Director of Grants and Contracts
2 Meridian St
Indianapolis, IN 46204
(317) 233-7087
RChauhan1@isdh.IN.gov

VIII. DEFINITIONS

- **Client/ patient:** A recipient of services that are supported by program expenses funded in whole or in part by ISDH Genomics and Newborn Screening (GNBS) 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 community partner is **not** the primary provider (PCP) of services.
- **Counseling only:** A communication which deals with the human problems associated with the occurrence or risk of occurrence of a disorder in a family. No physical exam or prenatal procedure is performed during this type of encounter.
- **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.
- **INSTEP:** Indiana Newborn Screening Tracking and Education Program (INSTEP) is a web-based application developed by the Indiana State Department of Health Newborn Screening (NBS) Program in order to help ensure that all children in Indiana receive the best care related to newborn screening.
- **NBS supported services:**
 - Direct medical and dental care: family planning, prenatal care, child health (infant, child adolescent), women's health
 - Enabling services: prenatal care coordination, family care coordination.
- **Program expense:** Any expense included in the budget to be funded by NBS (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. 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.
- **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.
- **Telehealth:** the provision of healthcare remotely by means of telecommunications technology.
- **Types of clients:** Pregnant women, infants (age 0 through 3 years), and families.