

2021

Indiana Department of Health  
Division of Maternal and Child Health

# Newborn Screening Care Coordination Grants

Request for Applications



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## EXECUTIVE SUMMARY

The Indiana Department of Health (IDOH) Genomics and Newborn Screening (GNBS) program under the Maternal and Child Health (MCH) Division is accepting applications for Newborn Screening (NBS) Care Coordination grants. In addition, applicants that are applying for care coordination of inborn errors of metabolism may also apply for funds to cover metabolic formula as the payer of last resort. The purpose of this opportunity is to provide newborns with abnormal or presumptive positive screening results with care coordination services to ensure a referral is made for confirmatory testing and treatment. This funding is not intended as a supplemental coverage for medical care. The GNBS program strives to promote, protect, and improve the health of identified Hoosier newborns with genetic conditions and birth defects. Through collaboration with genetic providers and specialty clinics, GNBS envisions a state that values and acknowledges genetics in healthcare by offering Hoosier families, children, and newborns equitable resources and opportunities to reach their health potential. The applicant organization is responsible for complying with instructions included in section V of this Request for Applications (RFA).

Funding Opportunity Title:	Newborn Screening Care Coordination
Due Dates for Applications:	<b>February 19, 2021 @ 11:59pm ET</b>
Anticipated Total Available Funding:	Up to \$2,800,000 (up to \$1,400,000 per year)
Maximum Request Award Amount:	Applicant budget cannot exceed \$900,000 per year (Max budget request would include care coordination for all newborn screening conditions and metabolic formula funding)
Estimated Number of Awards:	Multiple across Indiana to ensure statewide reach and all NBS conditions are referred
Estimated Award Amount:	Varied based on population served, prevalence of NBS condition(s), and metabolic formula required
Cost Sharing/Match Required	No
Project Period:	7/1/2021 – 6/30/2023
Eligible Applicants:	Eligible applicants include established genetic clinics, specialty clinics, or other healthcare facility in Indiana.

## I. FUNDING OPPORTUNITY DESCRIPTION

### Purpose

This notice solicits applications. The purpose of this opportunity is to provide financial support and collaboration among genetic clinics and specialty centers serving pediatric patients for timely care coordination of newborns with presumptive positive or abnormal newborn screen results.

### Program Goals

The overall vision of the Newborn Screening Care Coordination program is to provide every Hoosier newborn with an abnormal or presumptive positive newborn screen result with timely care coordination to ensure optimal health outcomes. This vision is accomplished through the following goals and objectives:

1. Provide early communication with primary care provider to establish a process for confirmatory testing.
2. Collaborate with primary care provider to discuss confirmatory testing results and develop care plan.
3. Report patient data for the following events to the health department and the newborn screening laboratory within 5 business days: confirmed diagnosis, diagnosis ruled out, lost to follow-up, and other outcomes. This information must be reported on *Patient Status Forms* provided by the health department. Information will assist with continuous quality improvement.

Successful applicants will:

- Have an established genetic clinic, specialty clinic, or other healthcare facility that can provide care coordination for newborns with abnormal/presumptive positive newborn screen results.
- Have adequate staff capacity that can take on the workload of newborn screening patients in identified population. Designate one staff member as the primary contact for required patient reporting and communication with GNBS.
- Ensure a direct connection or collaboration with appropriate specialists for each specified condition to ensure successful care coordination.
- Establish and maintain a collaborative relationship with all awardees, the GNBS program, and the NBS lab.

## Background

### Current Funding

This program is funded through the state newborn screening fund, pursuant to IC 16-41-17-11.

### Limit on Use of Funds

For purposes of this RFA,

Recipient expenditures necessary to perform the activities and achieve the goals of this grant could include:

- Salary/wages of staff-time dedicated to this program
- Newborn screening educational events and materials
- Travel spent for home visits, other clinic outreach visits, or hosting newborn screening educational events
- Metabolic formula cost (as payer of last resort)

Recipient expenditures may not include:

- Costs for in-hospital patient care
- Direct expenses for patient medical intervention/treatment, this funding is not intended as a supplemental coverage for medical care
- Construction of buildings, existing building renovations
- Contributions, gifts, donations
- Entertainment and/or food
- Automobile purchase
- Bad debts and/or interest
- Overhead costs such as internet, electric, utilities, etc.
- Fines and penalties
- Accounting expenses
- Contingency funds
- Executive expenses such as car rental and unrelated travel expenses
- Fundraising expenses
- Legal fees
- Legislative lobbying
- Equipment
- Dues to societies, organizations, or federations
- Incentives

Recipients must use reasonable efforts to ascertain expenditures in accordance with program activities and expectations, to document their findings in this regard, to invoice

monthly through the established agency process, and to maintain records that demonstrate such expenses.

**II. AWARD INFORMATION**

**Type of Application and Award**

Type(s) of applications sought: New Grant Awards

**Summary of Funding**

The GNBS program expects to award up to \$1,400,000 per year (up to \$2,800,000 in total for 2 years). The program period of performance is 7/1/2021-6/30/2023. Funding is dependent on exemplary recipient application. IDOH will communicate decision to fund via email.

**III. ELIGIBILITY INFORMATION**

**Eligible Applicants**

Eligible applicants include established genetic clinics or specialty clinics for newborn screening condition(s) in Indiana.

**IV. SUMMARY OF TIMELINE**

<b>Event:</b>	<b>Date:</b>
Posting of Request for Applications	January 15, 2021
Deadline to Submit Written Questions	<b>January 22, 2021 @ 11:59pm ET</b>
Response to Written Questions	January 27, 2021
<b>Application Due Date</b>	<b>February 19, 2021 @ 11:59pm ET</b>
Award Announcements	March 12, 2021

The IDOH intends to sign contracts with multiple respondents to fulfill the goals in this RFA. The term of the contract shall be for a period of two (2) years from 7/1/2021 – 6/30/2023.

## V. APPLICATION AND SUBMISSION INFORMATION

### Submission of Questions

To ensure fair and equitable consideration to all applicants, questions about the requirements or the application process must be submitted in writing via email.

**SUBMIT QUESTIONS VIA EMAIL TO:** [ISDHNBS@isdh.in.gov](mailto:ISDHNBS@isdh.in.gov)

**EMAIL SUBJECT LINE:** Newborn Screening Care Coordination RFA Question

Applicants are encouraged to submit questions by the designated due date of **11:59 p.m. Eastern Time on January 22, 2021**. The questions will be compiled into a single document that will be posted online for all applicants and will provide answers to the proposed questions by January 27, 2021.

### Submission of Applications

To be considered for this competitive funding, a completed application must be received by IDOH **NO LATER THAN February 19 at 11:59PM EST**.

**SUBMIT APPLICATIONS VIA EMAIL TO:** [ISDHNBS@isdh.in.gov](mailto:ISDHNBS@isdh.in.gov)

**EMAIL SUBJECT LINE:** Newborn Screening Care Coordination Application

### Application Page Format and Limitations

The application cover page and narrative may not exceed **15 pages**. The application should be formatted with **one-inch margins, single spaced, 12-point font, including page numbers, submitted as a single PDF document**. Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. The budget will be a separate Excel file and all other required documents should be contained within a single PDF. Any budget exceeding the maximum requested award amount of \$900,000 will not be entered into the review process. The budget and other required documents are not included in the 15-page limit. All required section headings are listed below. Please do not alter the format of the document.

**Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under this notice.**

### Application Cover Page

Information requested on the cover page includes:

- Funding request
- Organization's name, address, phone, fax, and email
- AOS Vendor ID
- IDOA Bidder ID
- Tax ID/EIN of the organization

- DUNS Number
- Additional clinic site information
- Program Contact name, title, address, email, phone, fax, and signature (electronic is acceptable)
- Signatory name, title, email, phone, signature (electronic is acceptable)

A template Application Cover Page is provided.

### **Application Narrative**

The application narrative provides a comprehensive description of the organization’s program and approach. It should be succinct, self-explanatory, and well organized so that reviewers can understand your organization’s ability and means to fulfill the program goals.

Successful applications will contain the information below. Please use the following section headers for the narrative:

### **ORGANIZATIONAL INFORMATION and STAFFING PLAN**

In this section:

- Include a brief history of the organization.
- Describe how the organization’s mission, structure, history of partnerships, and current activities contribute to the ability to meet program goals outlined in the purpose of this solicitation.
  - Identify any additional clinics that will collaborate with you to achieve the program goals.
- Describe the current staff and any additional positions that need filled to accomplish the program goals. A dietician is required on staff for applicants who wish to receive funding for metabolic formula. Provide a timeline for the completion of filling any positions.
- Designate the organization’s point of contact for the GNBS program and the newborn screening lab.
  - Identify each point of contact if the point of contact is different per condition. A contact person is required for nights, weekends, and holidays.

### **APPROACH**

In this section:

- Identify the specific population including any underserved population(s) you will serve.



- List the newborn screening conditions for which you will perform care coordination.
- Describe the organization’s strategies and process to refer and coordinate any newborn within the state to appropriate services. **You must provide a flow chart of the purposed approach per condition group. Awardees will be required to collaborate with the newborn screening lab and the GNBS program to finalize the referral and care coordination process per condition prior to July 1, 2021.**
- Describe any challenges in addressing health disparities and promotion of health equity, and how your organization will overcome these challenges.
- Applicants that are applying for metabolic formula funding should estimate the number of patients needing metabolic formula coverage and describe the process to prescribe, order, and distribute metabolic formula to patients.
- Include ideas for collaboration among all awardees and additional stakeholders including primary care providers, the newborn screening lab, the birthing facilities, and IDOH/GNBS.

## GOALS, OBJECTIVES, and ACTIVITIES

In this section:

- Identify at minimum four (4) goals per year. Each goal should include at least one (1) objective and one (1) activity necessary to meet the goal. Additional objectives and/or activities may be necessary to meet the goal.
  - Please ensure these are SMARTIE (Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, and Equitable) goals. For additional information on SMARTIE goals please visit <https://www.managementcenter.org/resources/smartie-goals-worksheet/>
- Describe, at minimum, four (4) educational initiatives each year among medical professionals and the public that you will perform. At a minimum one (1) educational event must be geared toward the public.
- **Applicants will be required to collaborate with the GNBS program to edit or finalize goals, objectives, and activities upon award.**

## COST IDENTIFICATION and DESCRIPTION OF NEED

In this section:

- Describe in detail the organization’s identified costs and need to meet the program goals for 7/1/2021 through 6/30/2023. The following allowable expenses to be funded by this application include:
  - Salary/wages of staff-time dedicated to this program
  - Newborn screening educational events and materials
  - Travel spent for home visits, other clinic outreach visits, or hosting newborn screening educational events
  - Metabolic formula cost (as payer of last resort)
- Identify and explain any additional state funding received by your organization.

## SUSTAINABILITY PLAN

In this section:

- Explain how your program would sustain all program activities if state funding continues to see a reduction.

### Budget

The budget worksheet should be completed in the provided Microsoft Excel document. Do **NOT** substitute a different format. Create a budget for each fiscal year. Fiscal year 2022 starts on 7/1/2021 and ends 6/30/2022. Fiscal year 2023 starts on 7/1/2022 and ends 6/30/2023. The budget is an estimate of what the project will cost. The budget **estimate cannot exceed \$900,000**. Awards will vary based on population served, the prevalence of newborn screening condition(s), metabolic formula coverage, and the number of applicants. The budget should demonstrate that:

- All expenses are directly related to program goals;
- The relationship between budget and program objectives and activities is clear; and
- Each budget item is clearly identified in the *Cost Identification and Description of Need* section.
- **This funding is not intended as a supplemental coverage for medical care.**

**The GNBS program will work with awardees to finalize budgets.**

### Additional Required Documents

Please also include the following documents in a single PDF file:

- An organizational chart
- Resumes/CVs of Staff
- Letters of Support/MOUs (maximum of 5)
- Grant application checklist

## VI. EVALUATION CRITERIA

### Review Process

Applications will be reviewed for completeness and funds will be awarded based upon the organization's ability to achieve the program goals. Awards will vary based on population served and prevalence of newborn screening conditions. Applications will be evaluated by various MCH division staff.

The following point breakdowns will be used for each part of the application, totaling 100 points:

- Applicant Cover Page – 1 point
- Applicant Narrative – 75 points
  - Organizational Information and Staffing Plan – 10 points
  - Approach – 20 points
  - Goals, Objectives, and Activities – 20 points
  - Cost Identification and Description of Need – 20 points
  - Sustainability Plan – 5 points
- Budget Worksheet – 20 points
- Additional Required Documents- 4 points in total:
  - Organizational Chart – 1 point
  - Resumes/CVs of Staff – 1 point
  - Letters of Support MOUs – 1 point
  - Grant Application Checklist – 1 point

## VII. REQUIRED COMMUNICATION WITH IDOH GNBS

### Information Sharing

Recipients will be required to electronically report patient data on *Patient Status Forms* to the GNBS Program and the newborn screening laboratory within five (5) business days of a qualifying event. Qualifying events include a confirmed diagnosis, a ruled-out diagnosis, lost-to-follow up, refused care, or other inability to receive care coordination and confirmatory testing. *Patient Status Forms* will be provided by GNBS staff.

The GNBS program is mandated to report quarterly on the results of newborn screening to all hospitals, physicians, and other groups interested in child welfare. To fulfil this mandate, the GNBS program will publish de-identified cumulative data quarterly.

### Reporting

Recipients will be required to submit quarterly progress reports on meeting program goals and expenditure of funds. A final report will be required at the end of the period of performance. Templates will be provided to recipients. Quarterly reporting periods

will be defined as follows. Reports will be due no later than 15 days after the end of each reporting period outlining progress to date:

- Q1 – July 1-September 30;
- Q2 – October 1-December 31;
- Q3 – January 1-March 31; and
- Q4 – April 1-June 30.

### **Meetings**

Recipients will be required to meet twice a year with GNBS staff and the newborn screening lab. A mandatory kickoff meeting will occur prior to July 1, 2021.

## **VIII. CONTACTS**

### **Points of Contact**

#### **PROGRAM**

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