

Diabetes Self-Management Education Mini – Grant Funding Availability Notification FY 2014 - 2015

I. Purpose and Eligibility Requirements

The purpose of this funding is to establish an accredited or recognized diabetes self-management education (DSME) program in Hamilton, Suwannee, Lafayette, Dixie, Columbia, Gilchrist, Levy, Union, Bradford, Putnam and Lake counties in order to increase access to quality DSME services for people with diabetes in these counties.

The Florida Department of Health, Division of Community Health Promotion, is partnering with WellFlorida Council to manage mini-grant distribution and provide technical assistance and expert mentoring services to DSME programs in Florida. There will be two categories of funding: Category A and Category B.

Category A: Unaccredited/unrecognized DSME programs which receive a mini-grant through this mini-grant funding will be required to prepare their program for accreditation (American Association of Diabetes Educators-AADE) or recognition (American Diabetes Association-ADA), undergo a site visit/mock audit by an experienced DSME program auditor, and make application to either the AADE or the ADA.

Category B: Accredited/recognized DSME programs which receive a mini-grant through this mini-grant funding will be required to establish a satellite location in a county which does not have an existing accredited/recognized DSME program.

Organizations or service providers may include, but are not limited to local health departments, county extension services, federally qualified health centers, hospitals, pharmacies, Area Health Education Centers, Rural Health Councils, health maintenance organizations and senior centers who meet the following eligibility requirements:

- Category A applicants (those seeking accreditation/recognition) must neither be accredited nor recognized at this time
- Category B applicants (those seeking to establish a satellite location) must currently be accredited or recognized
- Category A applicants must be located in a priority county in the WellFlorida Council service area (Hamilton, Suwannee, Lafayette, Dixie, Columbia, Gilchrist, Levy, Union, Bradford, Putnam and Lake)
- Category B applicants must agree to establish a satellite DSME program in one of the priority counties listed above.
- Applicants must agree to provide DSME on a sliding fee scale

- Preference will be given to applicants who will provide services in counties that currently have no nationally recognized DSME program

II. Important Dates

January 30, 2015: Deadline for receipt of proposals by WellFlorida Council (Note: this is not a postmarked date.)

February 13, 2015: Mini-grant Grantees announced

February 27, 2015: Mini-grant Grantees will receive 50% of their allocated funding

June 19, 2015: Grantee Final Report and Invoice Due (templates will be provided by WellFlorida Council)

June 30, 2015: Grantee receives final payment (provided Grantee submitted Final Report and Invoice by June 19, 2015)

Anticipated Contract Dates: February 15, 2015 – June 30, 2015

III. Funding

The total amount for mini-grant funding will not exceed \$15,600 per program site and \$73,200 total mini-grant funding. This will be a fixed-price funding type. WellFlorida Council reserves the right to not award any grants in this funding cycle.

The funds may be used for:

- Recognition/accreditation application fee
- Hiring of part-time or temporary staff (or a stipend) to assist with completing and submitting the documentation and application to the CMS accredited agency. Only hourly pay for actual hours worked may be paid with these funds.
- Handouts and visual aids related to the project
- Software related to the project

The funds may not be used for:

- Training, tuition or certification for individuals to obtain credentials, e.g. BSN, CDE, CHES, RD, etc.
- Supplanting existing salaries
- Construction, equipment, furniture, etc.
- Building infrastructure
- Consultants/Subcontractors

IV. Grantee Responsibilities

- Applicants must provide assurance to WellFlorida that the DSME program is in place on the day of application for mini-grant funding and that, if awarded, the Grantee is committed to maintaining the DSME program throughout the funding cycle and beyond. If any changes to the DSME program occur that affect the Applicant/Grantees ability to maintain the program, the Applicant/Grantee must notify WellFlorida Council immediately.
- The designated Florida Diabetes Alliance mentor, as assigned by WellFlorida Council, must verify that the program appears to be ready to apply for recognition/accreditation within three months after the end of the funding period (September 30, 2015).
- By the end of the funding period, Grantees will be expected to have submitted a complete application to a CMS-accredited agency for program recognition/accreditation OR will be applying for recognition/accreditation within three months of the end of the funding period (September 30, 2015).
- Submit a Final Report and Invoice by June 19, 2015 to WellFlorida Council (Final Report template and Invoice Template to be provided by WellFlorida Council).

V. WellFlorida Council Responsibilities

- Coordinate dissemination of the funding opportunity
- Coordinate the receipt and review responses to the notice of funding availability and make award determinations
- Announce the Grantees
- Distribute 50 percent of allocated funding to selected mini-grant applicants (grantees).
- Provide technical assistance to all mini-grantees as follows
 - One conference call/webinar for all accreditation mini-grantees; webinar will be conducted once between March 1, 2015 and March 15, 2015
 - Email and phone-based technical assistance (TA) for all satellite establishment mini-grantees
- Facilitate agreements with the Florida Diabetes Alliance to provide mentors with DSME program auditing experience to assist the accreditation/recognition seeking mini-grantees.
- Upon receipt of each Grantee's Final Report, distribute the final 50 percent of allocated funding to mini-grantees. Note: final payment to grantees will not be made without receipt of final reports documenting grantees has completed all Grantee Requirements.

VI. Method of Selection

A review team consisting of WellFlorida Council staff will review and score applications based on the criteria which are described in detail in Section VIII. Proposal Requirements.

VII. Submission of Proposals

Proposals must be received by January 30, 2015. Proposals must include all required components as described in Section VIII. Submit the original copy of the proposal to:

Attention: Lindsey K. Redding – DSME Proposal
WellFlorida Council
1785 NW 80th BLVD
Gainesville, FL 32606

Electronic submissions will not be accepted. Fax submissions will not be accepted.

VIII. Proposal Requirements

Follow this outline in presenting your proposal information. The proposal must be submitted in the following format.

- Use 8 ½ X 11 paper
- 1" margins
- Times New Roman font.
- The proposal must be double-spaced except for the cover letter and budget.
- The budget must be submitted using the budget template in Attachment 1.

Section 1: Cover Page (1 page limit, 5 points maximum)

1. Identify the Applicant organization name, address and county
2. Identify the Applicant contact person name, phone number and email address
3. Identify the amount of funding requested (maximum amount per award is \$15,600)
4. Include a statement of willingness to accept mentoring services from a member of the Florida Diabetes Alliance who will be designated by WellFlorida Council. Mentors will:
 - a. Provide email and phone-based technical assistance to all Category A mini-grant Grantees
 - b. Conduct one in-person mock audit for each mini-grantee for each Category A mini-grant Grantee. Mock audits will be conducted between March 15, 2015 and May 31, 2015.
5. Include the name and signature of Applicant organizational representative authorized to submit a proposal
6. Provide the Applicant's organizational structure, mission statement and goals. A formal organizational chart is not required but may be included as an attachment

Section 2: Program Criteria (2 pages limit, 20 points maximum)

There are two categories for funding as follows:

- a. Category A: Unaccredited/unrecognized DSME programs who will be required to prepare their program for accreditation (American Association of Diabetes Educators-AADE) or recognition (American Diabetes Association-ADA) and make application to either the ADA or the AADE.
- b. Category B: Accredited/recognized DSME programs who will be required to establish a satellite location in a county which does not have an existing accredited/recognized DSME program.

Applicants applying under Category A should address the following criteria:

1. In what county are you currently providing DSME programs and seeking mini-grant funding to prepare and make application to either the ADA or the AADE for recognition or accreditation?
2. Describe the county's current need for a DSME program as supported by data. Data sources may include, but are not limited to: FloridaCHARTS, HRSA, US Census Bureau.
3. Is there a recognized/accredited DSME program in the county?
 - a. If Yes, how is that program not meeting the need? How will the Applicant's program fill the need while not duplicating existing services?
 - b. If No, How will applicant meet the needs of the county?
4. Include a sustainability plan that addresses:
 - a. Continuity of DSME program and accrediting process in the event of staffing or funding changes at any time between award of funding and the end of the funding period
 - b. Continuity of DSME program after application for accreditation/recognition is submitted
 - c. Marketing plan
 - d. Any other sustainability issues identified by Applicant.

Applicants applying under Category B should address the following criteria:

1. In what county or counties are you currently providing recognized/accredited DSME programs?
2. In what county are you proposing to establish a satellite location?
3. Describe the current need for DSME in the proposed satellite county as supported by data. Data sources may include, but are not limited to FloridaCHARTS, HRSA, US Census Bureau.
4. Where will DSME be offered? Hours and days of operation? Do you currently have a facility at this location or an MOU/MOA with a host organization?
5. Include a sustainability plan that addresses:
 - a. Continuity of the satellite DSME program in the event of staffing or funding changes at any time between award of funding and the end of the funding period
 - b. Continuity of the satellite DSME program after funding cycle ends
 - c. Marketing plan
 - d. Any other sustainability issues identified by Applicant.

Section 3: National Standards (5 page limit, 50 points maximum)

Please describe the extent the applicant organization has the National Standards for Diabetes Self-Management Education criteria in place OR how they will be developed. Please note, applicants are not required to have all of these criteria completely in place prior to submitting their proposal; however, the more prepared the applicant is, the higher the score they will receive.

Standard 1: Internal Structure: The provider of DSME will document an organizational structure, mission statement and goals. For providers working within a larger organization that organization will recognize and support quality DSME as an integral component of diabetes care. (E.g. mission statement, communication plan, goals, objectives, defined relationships and roles and managerial support)

Standard 2: External Input: The provider of DSME will seek ongoing input from external stakeholders and experts to promote program quality (E.g. advisory board, documented plan for seeking external input)

Standard 3: Access: The provider of DSME will determine whom to serve, how best to deliver diabetes education to that population and what resources can provide ongoing support for the population (applicant has determined the diabetes education needs of the priority population and has identified resources necessary to meet those needs)

Standard 4: Program Coordination: A coordinator will be designated to oversee the DSME program. The coordinator will have oversight responsibility for the planning, implementation and evaluation of education services. (E.g. coordinator ensures accountability and continuity, oversight may include designing an education program or service that aids participants in accessing needed resources. Coordinator must be knowledgeable of the lifelong diabetes management process.

Standard 5: Instructional Staff: One or more instructors will provide DSME and when applicable, DSMS. At least one of the instructors responsible for designing and planning DSME and DSMS will be an RN, RD, or pharmacist with training and experience pertinent to DSME, or another professional with a certification in diabetes care and education such as a CDE or BC-ADM. Other health workers can contribute to DSME and provide DSMS with appropriate training in diabetes with supervision and support.

Standard 6: Curriculum: Written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcome, will serve as the framework for the provision of DSME. The needs of the individual participant will determine which parts of the curriculum will be provided to that individual. (Curriculum must reflect current evidence and practice guidelines.)

Standard 7: Individualization: The diabetes self-management education and support needs of each participant will be assessed by one or more instructors. The participant and instructor(s) will then together develop an individualized education and support plan focused on behavior change. (What assessment tool is used to develop an individualized DSME plan?)

Standard 8: Ongoing Support: The participant and instructor will together develop a personalized follow-up plan for ongoing self-management support. The participant's outcomes and goals and the plan for

ongoing self-management support will be communicated to other members of the medical team. (DSME is necessary and effective; however, it doesn't guarantee a lifetime of effective diabetes self-care. What community resources can be offered to participants to aid in supporting their commitment to behavior modifications? DSME providers should be able to offer such community programs to their participants. These community programs may serve on the external advisement committee in Standard 2)

Standard 9: Patient Progress: The providers of DSME and DSMS will monitor whether participants are achieving their personal diabetes self-management goals and other outcomes as a way to evaluate the effectiveness of the educational intervention, using appropriate measurement techniques. (All goals, including behavioral goals must be SMART- specific, measurable, achievable, reasonable and timely. They must relate to the AADE7 essential factors (healthy eating, physical activity, taking medications, monitoring, diabetes self-care related problem solving, reducing risks of acute and chronic complications, and psychosocial aspects of living with diabetes. Participants are not required to work on all 7 behavioral goals at once, however, participant medical records must reflect assessment of the participant's achievements of goals and any adjustments made to the plan or goals.)

Standard 10: Quality Improvement: The provider of DSME will measure the effectiveness of the education and support and look for ways to improve any identified gaps in services or service quality, using a systematic review of process and outcome data. (Programs must have a process in place to collect, aggregate and analyze clinical outcome measures and behavioral goal achievements. Continuous Quality Improvement insures program engagement, intentional and systematic service improvement with the intention of increasing positive outcomes.)

Section 4: Budget (2 page limit including budget template, 15 points maximum)

Include a budget which follows the budget template provided in Attachment I. Include a budget justification narrative which accurately and adequately explains each budget item requested.

IX. Definitions

1. **Applicant:** Entity submitting an application for funding.
2. **Grantee:** Successful applicant. Also called a Provider.
3. **Centers for Medicare and Medicaid Services (CMS):** The US federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Program.
4. **CMS accredited agency:** An agency accredited by CMS for delivery of diabetes self-management education.
5. **Bureau of Chronic Disease Prevention (Bureau)::** The state office within the Florida Department of Health that is funded by the Centers for Disease Control and Prevention (CDC) to promote the prevention and management of diabetes. The Bureau is tasked by the CDC to increase the number of quality, recognized or accredited DSME programs in Florida serving at-risk and disparate populations.
6. **Diabetes self-management education (DSME):** The ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care. This process incorporates the

needs, goals, and life experiences of the person with diabetes and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision-making, self-care behaviors, problem-solving, and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life. [Funnell et al: National Standards for Diabetes Self-Management Education. Diabetes Care 30:1630-1637, 2007]

7. **Florida Community Health Assessment Resource Tool Set (CHARTS):** A service of the Florida Department of Health that provides on-line health statistics such as births, deaths, disease morbidity, population, and behavioral risk factors.
8. **National Standards for DSME:** A set of 10 standards designed to define quality DSME and to assist diabetes educators in a variety of settings to provide evidence-based education.
9. **Recognized program:** DSME entity that has achieved recognition by a CMS accredited agency (AADE or ADA).

ATTACHMENT I

2014-2015 DSME MENTORING MINI-GRANT BUDGET

Organization:

BUDGET

Category	Description (Short)	Amount Requested	Amount Approved (WellFlorida Council will complete)
Personnel			
Supplies/Materials			
Recognition OR Accreditation Fees			
Total Budget			

You may add additional lines as needed to request funds for additional line items.