



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF FAMILY AND COMMUNITY HEALTH SERVICES

Bureau of Early Intervention Services

Regional Infant Hearing Program

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEAR 2007

(07/01/06 – 06/30/07)

Local Public Applicant Agencies

Non-Profit Applicants

CONTINUATION GRANT APPLICATION INFORMATION

Table of Contents

I. APPLICATION SUMMARY and GUIDANCE

- A. Policy and Procedure 2
- B. Application Name..... 2
- C. Purpose 2
- D. Qualified Applicants..... 2
- E. Service Area 2
- F. Number of Grants and Funds Available..... 3
- G. Due Date..... 3
- H. Authorization..... 3
- I. Goals, Program Priorities & Requirements 3
- J. Program Period and Budget Period 11
- K. Local Health Districts Improvement Standards..... 11
- L. Public Health Impact Statement 11
- M. Appropriation Contingency 12
- N. Programmatic, Technical Assistance & Authorization for Internet Submission 12
- O. Acknowledgment..... 12
- P. Late Applications 12
- Q. Successful Applicants..... 12
- R. Unsuccessful Applicants 12
- S. Review Criteria 13
- T. Freedom of Information Act..... 13
- U. Ownership Copyright 13
- V. Reporting Requirements..... 14
- W. Special Condition(s)..... 15
- X. Unallowable Costs..... 15
- Y. Audit..... 16
- Z. Submission of Application 17

II. APPLICATION REQUIREMENTS AND FORMAT

- A. Application Information 18
- B. Annual Assurances 18
- C. Budget 18
- D. Budget Certification 19
- E. Program Narrative 20
- F. Attachments..... 21
- G. Electronic Funds Transfer (EFT) Form 21
- H. Internal Revenue Service (IRS) W-9 Form 21
- I. Public Health Impact Statement Summary..... 21
- J. Public Health Impact Response/Statement..... 21
- K. Liability Coverage..... 21
- L. Non-Profit Organization Status 21
- M. Attachments as Required by Program 22

III. APPENDICES

- 1. Appendix 1, Regional Infant Hearing Program Map..... 23
- 2. Appendix 2, Regional Infant Hearing Program Funding Allocation 24
- 3. Appendix 3, Regional Infant Hearing Program Components 25
- 4. Appendix 4, UNHS Follow-up and Tracking Protocol 27
- 5. Appendix 5, Grant Application Review Form..... 29
- 6. Appendix 6, Proposed Program Report Forms..... 34
- 7. Appendix 7, Instructions for Submitting Attachments via GMIS 35
- 8. Appendix 8, Submitting Program Reports via GMIS 36

I. APPLICATION SUMMARY and GUIDANCE

An application for an ODH grant consists of a number of required parts – an electronic component submitted via an Internet Website (**which is sent with electronic acknowledgment in lieu of signature page**), various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

The application summary information is provided to assist your agency in identifying funding criteria:

A. Policy and Procedure: Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to assure adherence to the rules, regulations and procedures for preparation of all Subgrantee applications. The GAPP manual is available on the ODH web-site <http://www.odh.ohio.gov> (Click on “About ODH,” click on “ODH Grants” and then click on “GAPP Manual.”)

B. Application Name: **The Regional Infant Hearing Program**

C. Purpose: The Regional Infant Hearing Program (RIHP) has two responsibilities:

1. To provide follow-up and tracking of infants who did not pass their newborn hearing screening; and
2. To provide appropriate habilitative services to infants and toddlers (birth to three) who have been diagnosed as deaf or hard-of-hearing and their families.

Federal funds provided through this program are authorized by Public Law PL 108-446, Part C of the Individuals with Disabilities Education Act (IDEA). These funds shall not be used to supplant existing funds, activities or services, and must not result in a reduction of services. They must be used in accordance with federal law and regulations and in conformance with the Infant Hearing Program guidelines and Ohio Help Me Grow program policies and rules (see section I, pg. 2).

D. Qualified Applicants: Only agencies, currently funded under The Regional Infant Hearing Program (RIHP) are eligible to apply. All applicants must be a local public or non-profit agency and currently funded. Eligible applicants are: Lima Memorial Joint Operating Company, Clermont County Board of MR/DD, Cleveland Hearing & Speech Center, Columbus Public Schools, Guernsey County Board of MR/DD, Flower Hospital, Family Service Association (Montgomery County), Referral and Educational Association for Child Health, Inc., Children’s Hospital Medical Center - Akron.

E. Service Area: Services will be provided to all 88 Ohio counties. Applicants will provide services to all counties within their assigned region(s).

F. Number of Grants and Funds Available: Funding is available for up to nine (09) subgrantees. The total amount available for the RIHP is \$1,500,000. Maximum funding

levels available for each defined region are listed in Appendix #2, Regional Infant Hearing Program Funding Allocation Table.

G. Due Date: Applications are due via the Internet on or before **Monday, April 10, 2006**.

Applications including any mailed forms and required attachments are due by **Monday, April 10, 2006**. Attachments and any mailed forms will be considered to be “on time” if they are postmarked or received on or before the established due date. Instructions for the submittal of application attachments, via the Internet, are contained in attachment #7.

For questions, contact Constance Block, Infant Hearing Program Supervisor, at 614-387-1228 or Constance.Block@odh.ohio.gov or one of the Public Health Audiologists:

Reena Kothari	614-387-0135	Reena.Kothari@odh.ohio.gov
Rachel Nadal	614-644-9167	Rachel.Nadal@odh.ohio.gov
Sheryl Silver	614-728-4616	Sheryl.Silver@odh.ohio.gov
Susan Wendt	614-466-8583	Susan.Wendt@odh.ohio.gov

H. Authorization: Authorization of funds for this program is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 84.181A; Part C of the Individuals with Disabilities Education Act, Public Law 108-446; Ohio Governor’s Executive order 2002-14T, signed by Governor Bob Taft, on October 18, 2002.

I. Goals: The Regional Infant Hearing program has two responsibilities:

1. To provide follow-up and tracking of infants who did not pass their newborn hearing screening; and
2. To provide appropriate habilitative services to infants and toddlers (birth to three) who have been diagnosed as deaf or hard-of-hearing and their families.

The Regional Infant Hearing Program serves infants and toddlers, birth to three, who have been diagnosed with a hearing loss. Children with bilateral or unilateral hearing loss are eligible for services. Children with otitis media or other temporary middle ear problems are not eligible for RIHP services, and should be referred to their medical home for treatment and follow-up.

This grant is funded by Part C of the Individuals with Disabilities Education Act (IDEA). The Regional Infant Hearing Program follows Ohio’s Help Me Grow policies, rules and procedures that apply to Part C services (Part C federal regulations may be found at the NECTAC website www.nectac.org and state Help Me Grow program policies can be found on the Help Me Grow website at www.ohiohelpmegrow.org) and rules on the Ohio Department of Health web site at www.odh.ohio.gov. Any family offered services by the RIHP must also enroll in Help Me Grow. Help Me Grow is responsible for providing all Part C services, service coordination, and the Individualized Family Service Plan (IFSP) for infants and toddlers receiving RIHP habilitative services.

Background and History:

During the past two decades, national and state legislatures passed a number of laws that affected the early identification and treatment of infants and young children with a

variety of congenital disorders. Congress passed PL 99-457, the Education of the Handicapped Amendments of 1986. The name changed in 1991 to the Individuals with Disabilities Education Act, or IDEA, but the essence of the legislation remained unchanged. This amendment was re-authorized in 1997, as PL 105-17, with Early Intervention changing from Part H to Part C. The legislation was re-authorized in December 2004 as PL 108-446, the Individuals with Disabilities Improvement Act.

The Joint Committee on Infant Hearing (JCIH) 2000 Position Statement outlined the “1-3-6” plan. The plan states that every baby should receive a hearing screening by one month of age; those that do not pass should receive a diagnostic hearing evaluation by three months of age; and those diagnosed with a hearing loss should begin receiving services by six months of age. The JCIH 2000 position statement can be accessed online at <http://www.jcih.org>.

Since 1988, Ohio had legislation in place requiring that every newborn have a “Risk Questionnaire” completed at birth, and that those identified with a risk factor for hearing loss were to be referred for a hearing screening (then called an “assessment”). In 1995, a competitive grant was issued to establish programs that would provide habilitative services to infants and toddlers, birth to three, who had been diagnosed as deaf or hard-of-hearing and their families. The habilitative services projects used the SKI-HI curriculum as the model for the services that were provided.

In Fiscal Year 2001, a competitive grant was issued to expand the habilitative services projects to statewide coverage. Funded by Part C dollars, the Regional Infant Hearing Program (RIHP) was still responsible for using the SKI-HI curriculum to provide habilitative services to infants and toddlers diagnosed with a hearing loss. In anticipation of pending universal newborn hearing screening legislation, this grant expanded the role of the RIHP to include the follow-up and tracking of newborns who were at risk for hearing loss or did not pass their newborn hearing screening (some birthing hospitals had voluntarily begun newborn hearing screening).

In 2003, Ohio passed legislation implementing universal newborn hearing screening (UNHS). The legislation can be found in the Ohio Revised Code, §3701.503 - §3701.509, §3923.55 - §3923.56 and the Ohio Administrative Code, Chapter 3701-40. The Ohio Administrative Code (rules for UNHS) can be accessed online at www.odh.state.oh.us. Under Rules & Regulations, select Final. Scroll down and select 3701-40: Universal newborn hearing screening. The law was fully implemented June 30, 2004.

The Ohio Department of Health’s Infant Hearing Program, within the Bureau of Early Intervention Services, is responsible for monitoring hospital compliance, collecting UNHS results and providing follow-up and tracking of infants who did not pass the newborn hearing screening. ODH also assures that habilitative services are provided for infants and toddlers diagnosed with hearing loss and their families via the Regional Infant Hearing Program.

Per the UNHS legislation, all birthing hospitals, children's hospitals and freestanding birthing centers are responsible for ensuring that each newborn receives a physiologic hearing screening before discharge. If they do not pass the initial screening, a second screening must be conducted before discharge. If they do not pass the second screening, the hospital must refer the newborn to an audiologist for a full hearing evaluation. The hospitals are to provide a list of nearby audiologists to the parents.

Hospitals are required by law to report all UNHS results to ODH within 14 days of the screening. ODH staff sort and tabulate the results. Information from each of the non-pass results is entered into the HI-TRACK software. Referrals to the different Regional Infant Hearing Programs are extracted from this system and sent electronically.

Each Regional Infant Hearing Program is required to follow the UNHS Follow-Up and Tracking Protocol (see Appendix 3, pg. 27). The RIHP contacts the family by telephone or mail. Once contact is made, the RIHP determines if a follow-up hearing evaluation has been scheduled. If not, assistance in scheduling may be offered. The RIHP can provide information to the family during this process, but cannot offer habilitative services until a hearing loss has been diagnosed.

Families who need assistance in obtaining follow-up hearing evaluations should be referred to the Bureau for Children with Medical Handicaps (BCMh). BCMh can pay for diagnostic hearing testing to determine the presence of a hearing loss.

If the follow-up hearing evaluation reveals no hearing loss, no further services are offered. If hearing loss is diagnosed, the RIHP offers services and informs the family about Help Me Grow. To receive RIHP services, the family must enroll in Help Me Grow. Upon the parents' consent, a referral is made to Help Me Grow and RIHP habilitative services can begin.

Philosophy:

Families with infants and toddlers who have been identified as deaf or hard-of-hearing have very specific needs. If those needs are not addressed, these children may be at a disadvantage for their entire lives. It is essential to ensure the existence of an appropriate system of services for these families as soon as possible.

The Regional Infant Hearing Program uses the comprehensive family-centered SKI-HI Curriculum as its primary resource for information, strategies, activities and habilitative services. Parent Advisors are required to have SKI-HI training within the first year of employment with the RIHP and before providing home visits and habilitative services on their own. Recertification is required every three years, or in the event of a curriculum change. It is also recommended that Project Directors be familiar with or complete SKI-HI training. Each RIHP should have at least one copy of the latest SKI-HI manual.

As stated in the introduction of the SKI-HI Curriculum, SKI-HI "focuses on *family-centered* services since the family is the most important element in the life of the young child." (Volume 1, pg. 3)

“Central to SKI-HI programming and the SKI-HI Curriculum is parent and family choice. For example, communication methodology choices are made based on family choice and the unique abilities of each child resulting in communication options that are matched appropriately with children. This can mean the family’s use of one way (method) of communicating, but may also mean combining methods or components of methods. Whatever the child and family needs is supported and provided. Family choice based on needs and the providing of a menu of resources to best meet those needs is at the heart of SKI-HI programming and this curriculum.” (Volume 1, pg. 5)

“The SKI-HI curriculum advocates a family-centered approach that brings key persons together to provide information and support that is in the best interest of the child and family. The parents are the ‘soul’ of the team (the decision-makers and guides). The Parent Advisor can illuminate possibilities to the family, support the family in making choices, and provide services and resources. They do not vie for the parent’s favor or try to persuade parents one way or another related to choices for the child and family. Of course, parent choice always prevails.” (Volume 1, pp. 5 - 6)

“SKI-HI does not support one ‘method’ of communication but advocates for families receiving the information they need to make appropriate communication ‘matches’ for their child and family. In the SKI-HI approach, early interventionists offer a consistent presence of support in:

- (a) Providing information and sharing skills the family members desire in order to interact effectively with their young child who is deaf or hard of hearing; and
- (b) Supporting family members while they develop their abilities to work with agencies and professionals, to access resources, and to make decisions as needed.

The new SKI-HI curriculum (2004) includes 21 sections and provides a comprehensive program for early interventionists to share with families.” (National Early Hearing Detection and Intervention Conference program abstract, March 2005)

Components:

The Regional Infant Hearing Program adheres to the family-centered, unbiased, SKI-HI philosophy. Recipients of these funds are expected to include and address, at a minimum, all of the following components. Please review the components in more detail in Appendix 3.

Each program shall:

1. Coordinate follow-up and tracking of newborns identified through UNHS;
2. Collaborate with Help Me Grow to assure that all families enrolled in the program receive the Part C core services;
3. Assure a system of support for all families enrolled in the program to address their educational and emotional needs, concerns and questions;
4. Assist families in understanding the impact of the child's hearing loss on development and promote realistic expectations;
5. Inform families about all communication methods in an objective and non-biased manner, and support families as they select and implement a communication

- approach and if they decide to change the approach;
6. Provide educational services, including but not limited to the following:
 - a. Assisting families in planning and implementing strategies for providing communicative and cognitive stimulation (using, at a minimum, the information included in the SKI-HI curriculum);
 - b. Supporting families in developing positive, nurturing, and mutually enjoyable interactions with the child;
 - c. Helping families recognize and respond to their child's communication attempts to facilitate the development of communication;
 - d. Emphasizing the importance of play as the central medium for learning and facilitating motor, social, cognitive, and communicative skills; and
 - e. Sharing the importance of reading to their infants and toddlers who are deaf or hard-of-hearing;
 7. Assist families in obtaining comprehensive audiology services; and
 8. Assure that families enrolled in the program have opportunities to interact with members of the Deaf community.

The RIHP is also expected to establish and maintain local networks of service and support providers for families with infants and toddlers who are deaf or hard of hearing. Continuous planned outreach efforts with local agencies and providers are necessary in order to provide these services and close the loop.

All services are to be provided year-round. It is strongly recommended that each RIHP have a central location, with a main telephone number, internet and fax capabilities. The central location should be used to store client records/files in accordance with the agency's HIPAA policy, as well as resources (toys, storybooks, etc.) for use by the Parent Advisors.

For follow-up and tracking, ODH will provide the UNHS referrals to the RIHP in an electronic format. Each RIHP must have internet access. Future Early Track data system training may be required for Data Entry Coordinators and Project Directors.

ODH expects that each RIHP will consistently carry out the components of the program as described in this grant.

Program Staff:

Each Regional Infant Hearing Program must include the following:

Project Director: The Project Director is responsible for the monitoring, oversight, and coordination of all Regional Infant Hearing Program activities. The Project Director will serve as the primary contact between the funded agency's RIHP and the Infant Hearing Program at ODH.

The Project Director named in the grant application holds responsibility for compliance with the grant requirements and for all Regional Infant Hearing Program activities, including:

- Assuring grant activities are carried out per required timelines;
- Quarterly, mid-year, year-end and other reports;
- Budget revisions;
- Family questions/concerns;
- Parent Satisfaction surveys; and
- Other activities and projects.

Staff supervision and evaluation is a key Project Director responsibility. The Project Director shall conduct an evaluation of each employee or contracted employee at least annually or per agency requirements. The Project Director is also required to observe at least one home visit with each Parent Advisor annually.

The Project Director should also plan, organize and participate in outreach efforts to professionals (audiologists, hospitals, physicians) and other organizations (Help Me Grow, MR/DD) in their region, to promote awareness of the RIHP and the services that are available. Such outreach should also emphasize the importance of hearing evaluations as follow-up to UNHS and the sharing of results with the RIHP.

Each Project Director should be familiar with the SKI-HI Curriculum, and is encouraged to complete the SKI-HI training. The Project Director is required to complete Help Me Grow: The Basics and Early Track training. Additional BEIS trainings may be required.

Data Entry Coordinator(s): Data Entry Coordinators are the staff responsible for the follow-up and tracking of all infants residing in their region who did not pass the newborn hearing screening (UNHS). A UNHS referral does not qualify a child for Part C services, but assistance can be provided in finding an audiologist for follow-up hearing evaluations and scheduling appointments. The process for completing UNHS follow-up can be found in Appendix 4.

Data Entry Coordinator(s) must have excellent communication skills since they will be making phone contact with new parents to determine if a follow-up hearing evaluation has been scheduled or completed. The Data Entry Coordinators will also be communicating with hospital personnel, audiologists and physician office staff to confirm hearing evaluation appointments, obtain audiologic results and provide information about the RIHP services.

UNHS is a public health initiative. Part C requires follow-up within two working days of the referral of a child identified as potentially eligible for services. Each RIHP must plan appropriate Data Entry Coordinator coverage and backup as needed to assure year-round follow-up within two working days.

Data Entry Coordinators must attend any Infant Hearing Program required trainings as determined.

Parent Advisor(s): Parent Advisors are the frontline staff, working directly with infants and toddlers with hearing loss and their families. Parent Advisors must have at least a bachelor's degree in one of the following fields:

- hearing and/or speech;
- language development;
- child development;
- education;
- rehabilitation services, or
- nursing

Parent Advisors must also have experience working with infants, toddlers or preschoolers who are deaf or hard of hearing (a minimum of three years of broad-based experience is recommended).

All Parent Advisors must attend the comprehensive SKI-HI training before providing services to families. SKI-HI recertification is required every three years, or in the event of a SKI-HI curriculum change or update. Parent Advisors must also complete Help Me Grow: The Basics. Additional BEIS trainings may be required and the following are recommended: VISA, INSITE and home visiting.

Responsibilities of the Parent Advisors include parental education, empowerment and advocacy; provision of home-based and/or center-based habilitative services (auditory training, communication training, pre-literacy training, etc.); appropriate referrals to outside sources for evaluation and therapy (audiologists, speech-language therapists, physicians, social workers, etc.); and assessment of communication function using the SKI-HI Language Development Scale and/or other tools specified by ODH.

The Parent Advisors actively participate in outreach efforts designed to enhance awareness and interaction between families and providers. They also provide outreach to professionals in their region to broaden families' access to support and services.

Contracting with Parent Advisors to provide coverage to a portion of a region is permitted. The same requirements listed above apply. See the Grants Administration Policies and Procedures (GAPP) Manual for the specifics on arranging a contract (budget revision, completion of the Confirmation of Contractual Agreement, etc.).

Professional Consultants (required): In addition to the program staff described above, each Regional Infant Hearing Program shall have on staff or have consultation from at least one each of the following:

- **Teacher(s) of the Deaf**, who must be licensed in Ohio and who have demonstrated knowledge of the principles of early intervention, including family-centered service delivery;
- **Speech Language Pathologist(s)**, licensed under section 4753.07 of the Ohio

Revised Code or certified by the Ohio Department of Education;

- **Audiologist(s)**, licensed under section 4753.07 of the Ohio Revised Code or certified by the Ohio Department of Education;

Each of these Professional Consultants should have experience working with and providing services to infants, toddlers or preschoolers who are deaf or hard-of-hearing and their families. These professionals should be available for the RIHP to contact when needed. A Parent Advisor who is licensed as one of these professionals could also serve as the Professional Consultant for that field.

Mentors (not required): The SKI-HI Curriculum describes **Deaf Mentors** as adults who are Deaf who can share experiences of being Deaf and introduce families to Deaf culture and the Deaf community. The SKI-HI Institute offers Deaf Mentor training, which should be completed by an individual serving as a Deaf Mentor. Having a Deaf Mentor available to work with interested families meets the component of providing opportunities for families to interact with the Deaf community (see Appendix 3).

The introduction of the SKI-HI Curriculum also states that other Mentors “can also be an Oral Deaf Mentor or Mentor who is hard of hearing, or any other Mentor who can best relate to the child and family and provide information, support and guidance.” (Volume 1, pg. 6)

Meetings and Workgroups:

Up to four (4) Regional Infant Hearing Program meetings may be held during the grant year. Project Directors are expected to attend all meetings, and other Regional Infant Hearing Program staff members may be expected to attend as well. Project Directors will be notified of the meetings in advance, by e-mail. Conference calls may also be arranged as needed.

Workgroups comprised of Project Directors, Parent Advisors, and/or data Entry Coordinators may be formed to develop activities, guidelines and forms for use by the Regional Infant Hearing Program.

Site Visits:

Each Regional Infant Hearing Program will receive at least two site visits from the designated ODH Infant Hearing Program Consultant/Public Health Audiologist. Site visits will provide opportunities for ODH to review each project, meet personnel, observe home visits, discuss the provision of services, and provide technical assistance as needed.

J. Program Period and Budget Period: The grant cycle is for twenty-one (21) months. The program period will begin on October 1, 2005 and end on June 30, 2007. The budget period for this application is July 1, 2006 through June 30, 2007.

K. Local Health Districts Improvement Standards: This grant program will address the

following Local Health Districts Improvement Goal(s) and Standard(s):

- 3701-36-06 Assure A Safe and Healthy Environment -- all.
- 3701-36-07 Promote Healthy Lifestyles – Standard 3701-36-07-03 Prevention, health promotion, early intervention, and outreach services are provided.
- 3701-36-08 Address the Need for Personal Health Services – Standard 3701-36-08-04 Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts.

The Local Health District Improvement Standards are available on the ODH web-site <http://www.odh.state.oh.us> (click on “Local Health Districts” then “Local Health Districts Performance Standards Workgroup Information,” and click the link “Local Health District Improvement Goals/Standards/Measures”). Please note the citation format for the Local Health Department Improvement goal and standards has changed. The citation for goals has an eight digit format (ex. 3701-36-07), the standards have a ten digit format (ex. 3701-36-08-02).

L. Public Health Impact Statement: All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards.

1. *Public Health Impact Statement Summary* - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

- (1) The Local Health District Improvement Standard(s) to be addressed by grant activities;
- (2) A description of the target population to be served;
- (3) A summary of the services to be provided or activities to be conducted; and,
- (4) A plan to coordinate and share information with appropriate local health districts.

The Applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the Local Health Districts Improvement Standards (**not required for continuation cycle, if unchanged**).

2. *Public Health Impact Statement of Support* - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available (**not required for continuation cycle, if unchanged**).

M. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose and is dependent on the amount of federal Part C funds awarded to Ohio.

N. Programmatic, Technical Assistance and Authorization for Internet Submission: Please contact Constance Block, Infant Hearing Program Supervisor, at 614-387-1228 or Constance.Block@odh.ohio.gov, or one of the Public Health Audiologists:

Reena Kothari	614-387-0135	Reena.Kothari@odh.ohio.gov
Rachel Nadal	614-644-9167	Rachel.Nadal@odh.ohio.gov
Sheryl Silver	614-728-4616	Sheryl.Silver@odh.ohio.gov
Susan Wendt	614-466-8583	Susan.Wendt@odh.ohio.gov

O. Acknowledgment: An electronic mail (e-mail) message will be sent to the valid e-mail addresses listed in the applicant agency's "Application Information Page" acknowledging ODH system receipt of the Internet submission.

P. Late Applications: Applications are dated the time of actual submission via the Internet, or are automatically submitted on the application due date. Any required forms and required any attachments will be considered to be "on time" and reviewable if they are postmarked or received on or before the established application due date of **Monday, April 10, 2006**.

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Administration, Central Master Files; but they must be delivered by 4:00 p.m. on the application due date. FAX attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

Q. Successful Applicants: Successful applicants will receive official notification in the form of a "Notice of Award" (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.

R. Unsuccessful Applicants: Within 30 days after a decision to disapprove or not fund a grant application for a given review cycle, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.

S. Review Criteria: All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources;

5. Estimates reasonable cost to the Ohio Department of Health, considering the anticipated results;
6. Demonstrates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the request for proposal; and
9. Has demonstrated acceptable past performance.

Applications will be evaluated by a review team using the attached scoring sheet (Appendix 5).

The Ohio Department of Health will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given request for proposals. There will be no appeal of the Department's decision.

T. Freedom of Information Act: The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.

U. Ownership Copyright: Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The Department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the Ohio Department of Health. All material(s) must clearly state:

Funded by Ohio Department of Health/Federal Government
Bureau of Early Intervention Services
Infant Hearing Program

V. Reporting Requirements: Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the Ohio Department of Health, Grants Administration Policies and Procedures (GAPP) Manual. Reports must be received before the Department will release any additional funds.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of your agency flexibility status and/or further payments.

Submit reports as follows:

1. Program Reports:

Quarterly Data Report(s) (7/1/2006 – 9/30/2006)	due October 15, 2006
Quarterly Data Report(s) (10/01/2006 – 12/31/2006)	due January 15, 2007
Quarterly Data Report(s) (1/1/2007 – 3/31/2007)	due April 15, 2007
Quarterly Data Report(s) (4/1/1007 – 6/30/2007)	due July 15, 2007
Final Data Report(s)	due August 15, 2007
Mid-year, year-end and other program reports as required	

Additional required attachments (non-Internet submitted) associated with a Program Report must be submitted to Central Master Files by the specific report due date.

Submission of Subgrantee Program Reports via the Ohio Department of Health's GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of this submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations.

2. Subgrantee Program Expenditure Reports: Subgrantee Program Expenditure Reports **must** be completed and submitted **via the Internet** by the following dates:

First Quarter (7/1/2006 – 9/30/2006)	due October 15, 2006
Second Quarter (10/1/2006 – 12/31/2006)	due January 15, 2007
Third Quarter (1/1/2007 – 3/31/2007)	due April 15, 2007
Fourth Quarter (4/1/2007 - 6/30/2007)	due July 15, 2007
Final Expenditure Report	due August 15, 2007

Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health's GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

3. Final Expense Reports: A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via the Internet** within 45 days after the end of the budget period by August 15, 2007. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expenditure Report. The Subgrantee Final Expense Report serves as invoice to return unused funds.

Submission of the Subgrantee Final Expense Report via the Ohio Department of Health's GMIS system indicates acceptance of ODH Grants Administration Policy

and Procedure (GAPP). Clicking the “submit” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

- 4. Inventory Report:** A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via the Internet as part of the Subgrantee Final Expense Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

W. Special Condition(s): Responses to all special conditions **must be submitted via the Internet within 30 days of receipt of the first quarter payment.** A Special Conditions link is available on the Welcome screen for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee’s first payment. The 30-day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

Submission of response to grant special conditions via the Ohio Department of Health’s GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the “submit” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

X. Unallowable Costs: Funds **may not** be used for the following:

1. To advance political or religious points of view, or for fund raising or lobbying, but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fee for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent

- improvement of any building;
- 15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
- 16. Travel and meals over the current state rates (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>);
- 17. All costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
- 18. Training longer than one week in duration, unless otherwise approved by ODH;
- 19. Contracts, for compensation, with advisory board members;
- 20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH; and
- 21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

Use of grant funds for prohibited purposes will result in the loss or recovery of those funds.

Y. Audit: An independent audit must be completed no later than nine months after the end of the agency’s fiscal year.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend \$500,000 or more in Federal awards in its fiscal year are required to have a single audit (\$300,000 for fiscal years that ending on or before December 31, 2003). The fair share of the cost of the single audit is an allowable cost to Federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards (\$300,000 for fiscal years ending on or before December 31, 2003). The financial audit is not an allowable cost to the program.

Once the audit is completed, a copy must be sent to the ODH, Grants Administration, Central Master Files address within 30 days. Reference GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Z. Submission of Application:

The Internet application submission must consist of the following:

<p>Complete & Submit Via Internet</p>
--

1. Application Information
2. Assurances
3. Budget
 - Cover Page
 - Personnel
 - Other Direct Costs

- Equipment
- Contracts
- Confirmation of Contractual Agreements
- Section D
- Summary
- 4. Budget Certification
- 5. Program Narrative
- 6. Attachments as required by Program: NA

An original and one (1) copy of the following forms, available on the Internet, must be completed, printed, signed in blue ink with original signatures and mailed to the address listed below:

**Complete,
Sign &
Mail To
ODH**

1. Electronic Funds Transfer (EFT) Form. **(Required if new agency, thereafter only if banking information has changed)**
2. IRS W-9 Form **(Required if new agency, thereafter only if changed)**

Two (2) copies of the following documents must be mailed to the address listed below:

**Copy &
Mail To
ODH**

1. Public Health Impact Statement **(for continuation, only if changed)**
2. Statement of Support from the Local Health Districts **(for continuation, only if changed)**
3. Liability Coverage **(Non-Profit Organizations only; for continuation, only if changed)**
4. Evidence of Non-Profit Status **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed)**

One (1) copy of the following documents must be mailed to the address listed below:

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. An original and two copies of **Attachments** (non-Internet compatible) as required by Program: NA

**Complete
Copy &
Mail To
ODH**

::

**Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

To access the on-line Grants Management Information System (GMIS), enter the GMIS site address: <http://gap.odh.state.oh.us> and enter the 11-digit program number provided by your program contact, which serves as your username when you log in. Do not submit the grant application until all appropriate sections have been completed and saved. For additional instructions, please refer to the information available on each individual screen through the on-line GMIS System's User Manual.

All applications must be submitted via the Internet. Submission of all parts of the grant application via the Ohio Department of Health's GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Checking the Acknowledge Button signifies your authorization of this submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations in lieu of an executed Signature Page document

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed in its entirety. Include e-mail addresses for receipt of acknowledgements. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Annual Assurances:** Each subgrantee must submit the "Federal and State Assurances for Subgrantees" form. This form is submitted automatically with each application via the Internet.
- C. Budget:** Prior to completion of the budget section, please review page 15 of the RFP for unallowable costs.

Match or Applicant Share is not required by this program; do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

1. Cover Page: Provide a detailed narrative budget justification that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and Section D(9) of the application for additional information.

2. Personnel, Other Direct Costs, Equipment, Contracts & Confirmation of Contractual Agreement (CCA) Form(s): Submit a budget with these sections and form(s) completed as necessary to support costs for the period 7/1/2006 to 6/30/2007.

Funds may be used to support personnel, their training, travel (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>) and supplies directly related to

planning, organizing, and conducting the Initiative/program activity described in this announcement.

Where appropriate, retain all contracts on file. The contracts should not be sent to ODH. A completed “Confirmation of Contractual Agreement” (CCA) form must be submitted via the Internet for each contract. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

Submission of the “Confirmation of Contractual Agreement” (CCA) via the Ohio Department of Health’s GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the “submit” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations.

Where appropriate, itemize all equipment (**minimum \$300.00 unit cost value**) to be purchased with grant funds in the Equipment Section

3. Section D: Answer each question on this form as accurately as possible. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.

4. Budget Summary: Enter information about the funding sources, budget categories and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete this section will cause delays in receipt of grant funds.

D. Budget Certification: The Budget Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Complete the form by entering the State and Congressional Districts. By clicking the Acknowledge box when submitting an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

E. Program Narrative:

1. Executive Summary: Briefly describe the current population, number being served and services being offered (10/01/2005 to present), including both tracking and follow-up and habilitative services. Summarize how your agency is meeting each of the required components in Appendix 3 and highlight any significant achievement(s).

2. Description of Applicant Agency/Documentation of Eligibility/Personnel: Summarize the agency’s structure as it relates to this program, and as the lead agency, how it will manage the program. Briefly discuss the agency’s history with this program and include any changes, adaptations, or expansions that have occurred since

the agency originally began receiving this grant. Note any personnel or equipment deficiencies that will need to be addressed in order to continue to carry out this grant. Describe plans for hiring and training of personnel. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include any new position descriptions or ones that were modified since submission of the competitive grant application in 2005.

3. Problem/Need:

Discuss the habilitative services that will be provided to the infants and toddlers diagnosed with hearing loss and their families by your project for the 7/01/06–6/30/07 grant period. Include in the description your plans for:

- a. Providing follow-up and tracking of all infants referred for non-pass of UNHS (see Appendix 4);
- b. Providing habilitative services for the projected number of infants and toddlers in your region with diagnosed hearing loss;
- c. Interacting with other agencies/organizations for the purposes of this grant;
- d. Making contact with and outreach to hospitals, audiologists, primary care physicians, Help Me Grow programs and other providers in your region; and
- e. Providing services to all counties within your region.

4. Methodology:

In a narrative, identify the program goals, objectives, and activities for 7/1/2006 – 6/30/2007, noting any changes from those submitted in the competitive grant application. Indicate how they will be evaluated to determine the level of success of the program. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

F. Attachment(s): Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments will be sent via GMIS as a file as part of an email utilizing the GMIS Send/Record Comments link. Attachments sent electronically must be transmitted by the application due date. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address on or before **Monday, April 10, 2006**. All attachments must clearly identify the authorized program name and program number.

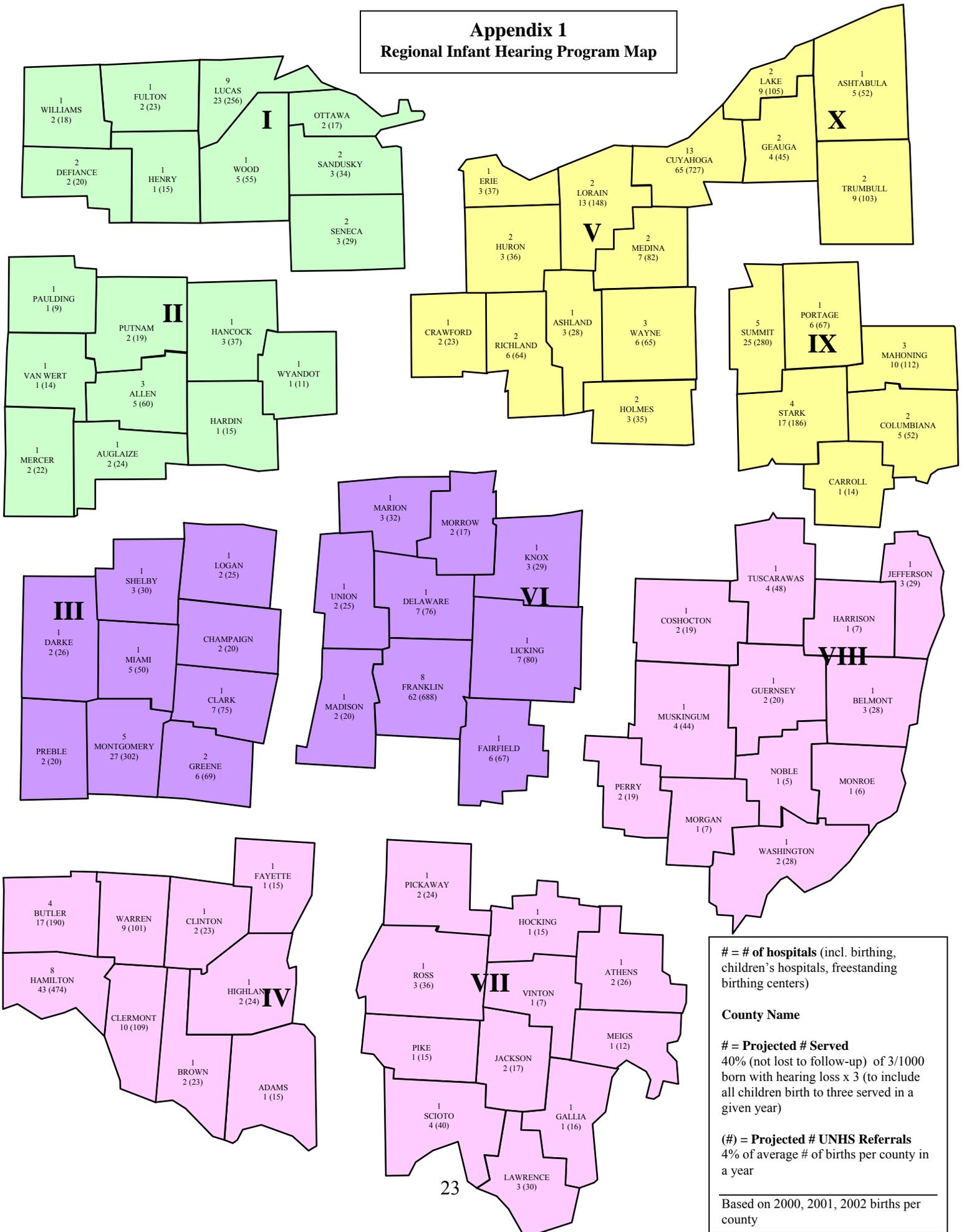
G. Electronic Funds Transfer (EFT) Form: Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be dated and signed, in blue ink, with original signatures**. Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**

- H. Internal Revenue Service (IRS) W-9 Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be dated** and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required if new agency, thereafter only when tax or agency address information has changed.)**
- I. Public Health Impact Statement Summary:** Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for continuation, only if changed)**.
- J. Public Health Impact Response/Statement:** Submit two (2) copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for continuation, only if changed)**.
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; for continuation, only if changed)**.
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving your 501(c)(3) exempt status **(Non-Profit Organizations only; for continuation, only if changed)**.
- M. Attachments as Required by Program: None to be returned.**

III. APPENDICES

1. Appendix 1, Regional Infant Hearing Program Map;
2. Appendix 2, Regional Infant Hearing Program Funding Allocation Table;
3. Appendix 3, Regional Infant Hearing Program Components;
4. Appendix 4, UNHS Follow-Up and Tracking Protocol
5. Appendix 5, Grant Application Review Form
6. Proposed Report Forms
7. Instructions for the Submitting Attachments via GMIS
8. Submitting Program Reports via GMIS.

Appendix 1 Regional Infant Hearing Program Map



= # of hospitals (incl. birthing, children's hospitals, freestanding birthing centers)

County Name

= Projected # Served
40% (not lost to follow-up) of 3/1000 born with hearing loss x 3 (to include all children birth to three served in a given year)

(#) = Projected # UNHS Referrals
4% of average # of births per county in a year

Based on 2000, 2001, 2002 births per county

APPENDIX 2
Regional Infant Hearing Program
Funding Allocation Table

Region	Projected # Served	Projected % Served	Base Funding	Additional Funding*	Total Award
I	43	8%	\$25,000	\$100,000	\$125,000
II	18	3%	\$25,000	\$37,500	\$62,500
III	56	10%	\$25,000	\$125,000	\$150,000
IV	87	16%	\$25,000	\$200,000	\$225,000
V	46	8%	\$25,000	\$100,000	\$125,000
VI	94	17%	\$25,000	\$212,500	\$237,500
VII	21	4%	\$25,000	\$50,000	\$75,000
VIII	26	5%	\$25,000	\$62,500	\$87,500
IX	64	12%	\$25,000	\$150,000	\$175,000
X	92	17%	\$25,000	\$212,500	\$237,500
TOTAL	547	100%	\$250,000	\$1,250,000	\$1,500,000

*Based on % Served
of Total Projected #
Served

The above data is based on number of births per county in 2000, 2001 and 2002.

The projected number of children served is 3/1000 (the standard estimate of the incidence of congenital hearing loss) applied to the total number of births per county for 2000, 2001 and 2002. This estimates the number infants and toddlers, birth to three, with congenital hearing loss. The projected percentage served is the percentage of the state total projected number (547).

Projected number of UNHS referrals is 4% of the average number of births per county in 2000, 2001 and 2002.

FUNDING PER REGION = BASE AMOUNT + (PROJECTED % SERVED x REMAINING GRANT DOLLARS)

Base amount = \$25,000 per Region.

Remaining Grant Dollars = \$1,250,000 [\$1,500,000 minus \$250,000; \$250,000 = Base amount times 10].

Projected % Served = Projected # Served per Region divided by the Total Projected # Served.

APPENDIX 3

Regional Infant Hearing Program Components

Each program shall include at a minimum the following components:

1. Regional Infant Hearing Programs will coordinate follow-up and tracking of newborns identified through Ohio's newborn hearing screening program. This involves working in cooperation with local hospital newborn hearing screening personnel, county Help Me Grow programs, and the child's medical home. Program staff will utilize data in Early Track and other appropriate data systems and will employ the protocols for follow-up and tracking developed by the Regional Infant Hearing Program workgroup and approved by the Department (see Appendix 4).
2. Regional Infant Hearing Programs will collaborate with Help Me Grow to assure that all families enrolled in the program receive Part C core services:
 - Refer to Help Me Grow for service coordination for each family, to assure that services are coordinated and that families receive all of the identified needed services;
 - A multidisciplinary developmental evaluation and ongoing assessment for each child with documented hearing loss, which accurately reflects the child's needs and abilities and includes medical and vision evaluations;
 - Individualized Family Service Plans (IFSPs), developed, utilized, and updated for each child enrolled in the program, in accordance with the guidelines established by the Individuals with Disabilities Education Act (IDEA) and Ohio policy; and
 - A system for ensuring each child and family has a seamless transition into preschool services when the child reaches age three, in accordance with the guidelines established by the Individuals with Disabilities Education Act (IDEA) and Ohio policy.
3. Regional Infant Hearing Programs will assure a system of support for all families enrolled in the program to address their educational and emotional needs, as well as their concerns and questions. This may include but is not limited to one-on-one family to family support.
4. The Regional Infant Hearing Programs will assist families in understanding the impact of the child's hearing loss on development and will promote realistic expectations of the child.
5. The Regional Infant Hearing Programs will inform families about all communication methods in an objective and non-biased manner. Staff will support families as they select and implement a communication approach that meets the child's and family's

needs – and as they change the approach, if they choose to do so.

6. The Regional Infant Hearing Programs will provide educational services, including but not limited to the following:
 - a. Assist families and others involved with the child on an ongoing basis in planning and implementing strategies for providing communicative, auditory, and cognitive stimulation, including strategies for reading to their child. Services must be offered weekly in everyday routines, activities, and places, which include the home or facilities where the child is educated or cared for a major portion of the time (each child should be exposed, at a minimum, to the information included in the SKI-HI curriculum).
 - b. Supporting families in developing positive, nurturing, and mutually enjoyable interactions with the child.
 - c. Helping families recognize and respond to their child's communication attempts to facilitate the development of communication.
 - d. Assisting families in understanding the importance of play as the central medium for learning and facilitating motor, social, cognitive, and communicative skills.
 - e. Assisting families in understanding the importance of reading to their infants and toddlers who are deaf or hard-of-hearing.

7. The Regional Infant Hearing Programs will assist families in obtaining comprehensive audiology services. These services are not funded through this program, unless no other funding source is available. Different sources of payment (e.g., BCMH, private insurance, Medicaid, CHIP) for these services are strongly encouraged. Audiology services include, but are not limited to, the following:
 - a. Ongoing monitoring of hearing and the appropriateness of amplification systems;
 - b. Counseling about the type, degree, and severity of the child's hearing loss, as well as how the loss affects the way the child perceives sound;
 - c. Referral of families, especially those who are unaware of the etiology of the child's hearing loss, for genetic counseling;
 - d. A system for ensuring continuous availability of amplification systems; and
 - e. Auditory training.

8. Regional Infant Hearing Programs will assure that families enrolled in the program have opportunities to interact with members of the Deaf community. These may include but are not limited to provision of Deaf Mentors, activities established by the program, and provision of information about activities of the Deaf community.

APPENDIX 4
UNHS Follow-Up and Tracking Protocol
Required to be followed by all Regional Infant Hearing Programs

DOCUMENT all telephone/mail contacts and outcomes of diagnostic follow-up hearing evaluations (use UNHS Follow-up and Tracking Contact Log)

I. UNHS Referral received

- A. Electronic Report from ODH (details addressed at trainings)
(Recommended: Mail letter to primary care physician/medical home upon referral)

II. Contact Help Me Grow (HMG) prior to contacting the family to determine if child is receiving HMG services

- A. **THIS IS NOT A REFERRAL TO HMG**
B. If receiving Help Me Grow services
1. Identify Help Me Grow Service Coordinator
2. Determine who (RIHP or HMG Svc. Coordinator) will contact family in re: follow-up
C. If **NOT** receiving HMG services
1. Contact family

III. MAKE VERBAL OR WRITTEN CONTACT WITH FAMILY (Target timeline = within two working days of receiving referral)

- A. **VERBAL - Make a minimum of THREE contact attempts by telephone**
1. First call within TWO WORKING DAYS, if possible
2. Document reason(s) if unable to contact within two working days
B. **WRITTEN - Mail 1st letter to family** (if no contact by telephone) within TWO WORKING DAYS
1. If no contact w/in 30 days, MAIL 2nd LETTER
2. If no contact w/in **SIX MONTHS** of date of referral, MAIL 3rd LETTER
3. If no contact w/in 30 days of mailing the 3rd letter, **close case**
C. **CONTACT is made**
1. Explain the UNHS Follow-Up and Tracking role of the RIHP
a. BE CAREFUL not to frighten the parent into excessive worry, but recommend a hearing evaluation
2. If parent declines services, **close case**

IV. Determine if child has had a DIAGNOSTIC HEARING EVALUATION (as follow-up to UNHS)

- A. If no hearing evaluation has been scheduled/completed
1. Offer to help schedule/refer for a diagnostic hearing evaluation
2. Provide list of nearby audiologists

- B. If a hearing evaluation has been scheduled
 - 1. Offer to check back with parent or provider to obtain the results
- C. If hearing evaluation has been completed, **determine the diagnostic results**
 - 1. **Normal Hearing**
 - a. **Close case** (recommended: explain Help Me Grow if there are other concerns)
 - 2. **Diagnosed hearing loss, offer to provide services**
 - a. Obtain VERBAL CONSENT from parent, and REFER to Help Me Grow for Part C entitlements

APPENDIX 5
Grant Application Review Form

Applicant Agency: _____ Region _____

ODH Program Title: **REGIONAL INFANT HEARING PROGRAM**

Grant Period: **07/01/06 – 6/30/07**

Project Number: _____ Grant Amount: _____

Reviewed by: _____ Date Reviewed: _____

- This is a continuation grant application. Please review the Regional Infant Hearing Program RFP (FY07) prior to application review.

Review the grant application and any attachments carefully.

For each of the criteria listed within, circle the appropriate score
(2 = Criterion Met; 1 = Criterion Partially Met; 0 = Criterion Not Met).

Once reviewed, record the scores and circle your recommendation:
Approval, Disapproval or Approval with Recommendations (special conditions).

Scoring

Agency	_____ / 6	
Program/Services	_____ / 46	
Personnel	_____ / 6	TOTAL
Budget	_____ / 10	_____ / 68

Recommendation (circle one):

APPROVAL

DISAPPROVAL

APPROVAL WITH RECOMMENDATIONS

Grant Application Review Form

Agency	Met		Not Met
1. Does this application describe demonstrated previous experience as part of the Regional Infant Hearing Program?	2	1	0
2. Does the application describe a central location and point of access?	2	1	0
3. Does the application include plans for program communication capabilities: telephone, internet and fax?	2	1	0

Comments/Concerns:

Program/Services

4. Does the application identify and describe the philosophy/purpose of the Regional Infant Hearing Program?	2	1	0
5. Does the application address both of the Regional Infant Hearing Program goals? (RFP, pg. 2)			
a. To provide follow-up and tracking of infants who did not pass their newborn hearing screenings	2	1	0
b. To provide appropriate habilitative services to infants and toddlers birth to three, diagnosed with hearing loss	2	1	0
6. Does the application describe programs/services that <u>have been provided</u> , addressing all eight program components?			
a. To coordinate tracking and follow-up of UNHS referrals	2	1	0
b. To collaborate with Help Me Grow to assure that families receive Part C core services	2	1	0
c. To assure a system of support for all enrolled families	2	1	0
d. To assist families with understanding the impact of hearing loss and setting realistic expectations	2	1	0

Grant Application Review Form

Not	Met	Met			
e. To provide non-biased provision of information/education regarding all methods of communication and support in implementing chosen method(s)	2	1	0		
f. To provide educational services to families, including all five listed	2	1	0		
g. To assist families in obtaining comprehensive audiology services	2	1	0		
h. To assure opportunities for families to interact with the Deaf community	2	1	0		
7. Has the program been providing appropriate habilitative services to a number of infants/toddlers/families in their region which is close to the projected population for their region (see projected pop. map)?	2	1	0		
8. Does the application describe plans that the program <u>will address</u> all eight of the program components in the upcoming year?					
a. To coordinate tracking and follow-up of UNHS referrals	2	1	0		
b. To collaborate with Help Me Grow to assure that families receive Part C core services	2	1	0		
c. To assure a system of support for all enrolled families	2	1	0		
d. To assist families with understanding the impact of hearing loss and setting realistic expectations	2	1	0		
e. To provide non-biased provision of information/education regarding all methods of communication	2	1	0		
f. To provide educational services to families, including all five listed in Appendix 3	2	1	0		
g. To assist families in obtaining comprehensive audiology services	2	1	0		
h. To assure opportunities for families to interact with the Deaf community	2	1	0		
9. Does the application describe how the program will conduct outreach to establish and maintain local networks of services and supports? (RFP, pg 7)	2	1	0		

Grant Application Review Form

	Met		Not Met
10. Does the application describe the provision of year-round continuous services? (RFP, pg 7)	2	1	0
11. Does the application include a program activities timeline? (RFP pg 20)	2	1	0

Comments/Concerns:

Personnel

12. Does the program have on staff or collaborate with appropriate personnel as outlined in the RFP?			
a. Project Director, Data Entry Coordinator(s), and Parent Advisor(s)	2	1	0
b. Teacher(s) of the Deaf, Speech-Language Pathologist(s) and Audiologist(s).	2	1	0
13. Have the personnel received the appropriate training for their roles with the Regional Infant Hearing Program?	2	1	0

Comments/Concerns:

Grant Application Review Form

Not

Budget	Met	Met	Met
14. Does the Budget clearly describe the appropriate use of grant dollars, including travel reimbursement in accordance with state guidelines? (RFP, pg. 16)	2	1	0
15. Is the budget consistent with the activities, functions, and personnel described in the Program Narrative?	2	1	0
16. Are Section D of the Budget and the Budget Certification completed? (RFP pg.19)	2	1	0
17. Does the Budget Summary include everything described in the Budget Narrative?	2	1	0
18. Does the Budget Summary correctly add up?	2	1	0

Comments/Concerns:

Recommendations:

APPENDIX 6

PROPOSED PROGRAM REPORT FORMS

1. Quarterly Reports – based on timelines in RFP, pg. 14
 - a. Data Collection Tool (Excel spreadsheet – to be provided)
 - b. UNHS Tracking and Follow-Up Log (Excel spreadsheet – to be provided)
 - c. Non-UNHS Tracking and Follow-Up Log (Excel spreadsheet – to be provided)

2. Other Reports (mid-year and year-end)
 - a. Outreach activities
 - b. Interaction with the Deaf community
 - c. Parent Support activities

Send all reports electronically per instructions in Appendix 8.

As ODH moves toward more electronic reporting, the report formats may change. Projects will be notified of the approved format.

Appendix 7

Instructions for Submitting Attachments via GMIS

1. Complete the Word document “FY05 RFP Attach” then save the document to your computer’s hard drive using “FY05 *Your Agency’s Name* RFP Attachment” as a file name.
2. After submission of your FY05 grant application through GMIS, go to the GMIS Welcome screen and click on “**Send-Record Comments.**”
3. An e-mail message box will come up. Scroll down to the **Add New Comments** section. Type in a message indicating that you are submitting your FY05 grant attachments.
4. Next to the Attachment box, click on the **Browse** button.
5. Find your saved attachment (FY05 *Your Agency’s Name* RFP Attachment) document on your hard drive.
6. Double click on the file name and the file name will appear in the Attachment box on the **Add New Comments** screen.
7. Click on **Add New Comments** screen at the bottom of the page.
8. You should get a message that says “Please wait Sending e-mail.” This may take a few minutes.
9. This should be followed by a message that says “e-mail sent successfully!”
10. If no other attachments are needed, click on **CLOSE**. If other attachments are needed, return to step #1 and begin the process again.

If you have any questions or problems, please contact one of the Infant Hearing Program Consultants, or the Infant Hearing Program Supervisor, at (614) 644-8389.

Appendix 8

Submitting Program Reports via GMIS

1. Log on to your GMIS account.
2. You will see the Welcome screen.
3. Choose the **Program Report** option.
4. Select the appropriate **Available Report Period**.
5. Click the **Get Information** button.
6. The screen will display the **Subgrantee Program Report** form. This form will display three boxes with questions and text boxes. In the first text box, **I. Comparison of actual accomplishments to the objectives required by the Request for Proposals (RFP)**, type a response which indicates that you are submitting the program report with this report (for example, "Program Quarterly Activity Reports for second quarter FY05 are being submitted on 4/12/05.") You do not need to enter a message in all of the text boxes, just the first one.
7. Scroll down to the bottom and click on **Save Changes**.
8. Then click on **Add Attachments**.
9. An e-mail message box will come up. Scroll down to the **Add New Comments** section. Type in a message indicating that you are submitting your program report.
10. Next to the Attachment box, click on the **Browse** button.
11. Find your saved program report document on your hard drive.
12. Double click on the file name and the file name will appear in the Attachment box on the Add New Comments screen.
13. Click the **Add Comments** button at the bottom of the page.
14. You should get a message that says "Please wait. Sending e-mail. This may take a few minutes."
15. This should be followed by message that says "E-mail Sent Successfully!"
16. If you wish to send another attachment (with optional forms), click on the box that says "Send Another E-mail" and attach your document to this e-mail.
17. If no other attachments are needed, click on **Close**.
18. You should then be back at the **Subgrantee Program Report** screen. Go to the bottom of this page and click on **Save Changes**. Then click on the **Submit Program Report** button. You should get a message box that says "The Program Report has been Successfully Submitted!"
19. You are then finished.

If you have any questions or problems, please contact one of the Infant Hearing Program Consultants, or the Infant Hearing Program Supervisor, at (614) 644-8389.