

MEMORANDUM

Date: April 10, 2007

To: Prospective Regional Infant Hearing Program Applicants

From: Karen Hughes, Chief 
Division of Family and Community Health Services
Ohio Department of Health

Subject: **Updated information re:**
Regional Infant Hearing Program
Notice of Availability of Funds – State Fiscal Year 2008
(July 1, 2007 – June 30, 2008)
Competitive Grant Application Information

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Early Intervention Services (BEIS) announces the availability of grant funds to support the Regional Infant Hearing Program (RIHP).

To obtain a grant application packet:

1. Go to the ODH website at www.odh.ohio.gov;
2. From the home page, click on "About ODH"
3. From the next page, click on "ODH Grants";
4. Click on "Grants Request for Proposals". The pull down menu lists current RFPs;
5. Select Regional Infant Hearing Program RFP and click "Submit"

All grant applications must be submitted via the Internet, using GMIS 2.0. To be eligible for funding, all interested applicants must: 1) Submit the attached *Notice of Intent to Apply for Funding* form not later than Friday, April 13, 2007 and 2) attend a mandatory GMIS 2.0 Training Session. Please complete and return the attached *GMIS 2.0 Training* form to schedule a specific training session date.

An applicant may apply for a region in which they are not physically located.

All potential applicants are encouraged to attend a Bidders' Conference. Information on the date, time, and site of the Bidders' Conference, as well as directions to the site, will be provided via e-mail (e-mail address is on the non-binding *Notice of Intent to Apply for Funding*).

Should you have any questions, please contact Constance Block, Infant Hearing Program Supervisor, in the Bureau of Early Intervention Services at (614) 644-8389 or by e-mail at constance.block@odh.ohio.gov.

NOTICE OF AVAILABILITY OF FUNDS

Ohio Department of Health
Division of Family and Community Health Services
Bureau of Early Intervention Services

Regional Infant Hearing Program (RIHP)

Competitive Grant Applications for State Fiscal Year 2008

Introduction/Background

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.

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.

In 2003, Ohio passed legislation implementing universal newborn hearing screening (UNHS). All birthing hospitals, children's hospitals and free-standing birthing centers are required to provide a hearing screening for each newborn before hospital discharge. The law was fully implemented June 30, 2004. The Regional Infant Hearing Program is responsible for providing follow-up and tracking of infants who did not pass the newborn hearing screening.

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.

The Regional Infant Hearing Program uses the comprehensive family-centered SKI-HI Curriculum as its primary resource for information, strategies, activities and habilitative services.

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. Any family offered services by the RIHP must also enroll in Help Me Grow. Help Me Grow is responsible for providing all Part C entitlements, service coordination, and the Individualized Family Service Plan (IFSP) for infants and toddlers receiving RIHP habilitative services.

NOTICE OF AVAILABILITY OF FUNDS

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Eligibility

All applicants must be a local public or non-profit agency that can demonstrate the capacity for carrying out the requirements of the Regional Infant Hearing Program. Services will be provided to all 88 Ohio counties. Applicants may apply for more than one region. In the event that a region is without a qualified applicant, ODH may reassign the counties in order to assure statewide coverage.

Successful applicants must successfully attain the outcomes and performance measures that are described in the Request for Proposals (RFP). The applicants must collaborate with healthcare providers in their region, including audiologists, hospitals, and physicians; and with service agencies and other providers of birth to three services in the region served. Applicants must also have the capacity to set up an electronic funds transfer (EFT).

Project Period, Budget Period and Award Amounts

Approximately \$1,125,000 will be awarded to fund up to ten (10) grants for the Regional Infant Hearing Program. The program period begins on July 1, 2007 and ends on June 30, 2009. The budget period is 7/1/07 – 6/30/08.

To Obtain a Grant Application Packet

1. Go to the ODH website at www.odh.ohio.gov; from the home page, click on “about ODH;” from that page click on “ODH Grants.” Next click on “Grant Request for Proposals.” Next you will get a pull down menu with current RFPs by name. Select and highlight **Regional Infant Hearing Program** RFP and click “Submit.” This process invokes Adobe Acrobat, and displays the entire RFP. You can then read or print the document as desired.
 - a. **Request for Proposals (RFP)** – This document outlines detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.
 - b. **Notice of Intent to Apply for Funding** - The purpose of this document is to ascertain your intent to apply for available grant funds.
2. When you have accessed the application packet:
 - a. Review the RFP to determine your organization’s ability to meet the requirements of the grant and your intent to apply.

NOTICE OF AVAILABILITY OF FUNDS

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- b. After your RFP review, if you want to submit a grant application, complete the **Notice of Intent to Apply for Funding** form in the application packet. Mail, e-mail or fax it to ODH, per the instructions listed and by the due date, **April 13, 2007**. The **Notice of Intent to Apply for Funding** form is **mandatory** if you are intending to apply for the grant.

Bidders' Conference

All potential applicants are encouraged to attend a Bidders' Conference that will be held on **Tuesday, April 10, 2007**. The Bidders' Conference will provide an opportunity for interested parties to learn more about the application and to clarify questions. Potential applicants should note their intent to attend the Bidders' Conference on the Notice of Intent to Apply for Funding. Information on the site of the Bidders' Conference and directions will be provided upon registration.

Upon receipt of your completed **Notice of Intent to Apply for Funding** form; ODH will:

- a. Create the grant application account number for your organization; allowing you to proceed with the application process as outlined in the RFP. All grant applications **must be** submitted via the Internet, using the Grants Management Information System (GMIS 2.0).
- b. Assess your organizations' GMIS 2.0 training requirements (as indicated on the completed **Notice of Intent to Apply for Funding** form) and contact you regarding those needs. GMIS 2.0 training is **mandatory**, if your organization has never been trained on GMIS 2.0.

Once ODH receives your completed **Notice of Intent to Apply for Funding** form, you can proceed with the application process as outlined in the RFP. If you have questions, please contact Constance Block, Supervisor, Infant Hearing Program, at (614) 644-8389; by FAX at (614) 728-9163; or email at Constance.Block@odh.ohio.gov.

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Family and Community Health Services
Bureau of Early Intervention Services

ODH Program Title: Regional Infant Hearing Program

ALL INFORMATION REQUESTED MUST BE COMPLETED (Please Print Clearly or Type)

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency (check one)

- County Agency Hospital Local School
 City Agency Higher Education Not for Profit

Agency/Organization: _____

Agency Address: _____

Contact Person/Title: _____

Telephone Number: _____

E-mail Address: _____

GMIS 2.0 Training (Check One)

- Yes, Our agency will need GMIS 2.0 training
 No, we have had GMIS 2.0 training

Bidders' Conference (Check One)

- Yes, Our agency will attend the Bidders' Conference
Number potentially to attend _____
 No, Our agency will not attend the Bidders' Conference

Mail, E-mail, or Fax to: Constance Block, Supervisor
Infant Hearing Program
Ohio Department of Health
Bureau of Early Intervention Services
246 N. High Street, 5th Floor
Columbus, Ohio 43215

e-mail: Constance.Block@odh.ohio.gov
FAX: 614-728-9163

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED
BY April 13, 2007

**Ohio Department of Health
GMIS 2.0 TRAINING**

**ALL INFORMATION REQUESTED MUST BE COMPLETED for EACH EMPLOYEE
FROM YOUR AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.**

(Please Print Clearly or Type)

Grant Program _____ RFP Due Date _____

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

GMIS 2.0 Training Authorized by: _____
(Signature of Agency Head or Agency Fiscal Head)

Required

Please Check One: _____ Yes – I ALREADY have access to the
ODH GATEWAY (SPES, ODRS, LHIS, etc)

_____ No – I DO NOT have access to the ODH GATEWAY

Please indicate your training date choices: 1st choice _____, 2nd choice _____, 3rd choice _____

Mail, E-mail, or Fax To:

GAIL BYERS

Grants Administration Unit

Ohio Department of Health

246 N. High Street

Columbus, Ohio 43215

E-mail: gail.byers@odh.ohio.gov

Fax: 614-752-9783

CONFIRMATION OF YOUR GMIS 2.0 TRAINING SESSION WILL BE E-MAILED TO YOU



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF
Family and Community Health Services

BUREAU OF
Early Intervention Services

Infant Hearing Program
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2008
(07/01/07 – 06/30/09)

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

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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: 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 108–446. Part C of the Individuals with Disabilities Education Improvement Act (IDEIA). 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: All applicants must be a local public or non-profit agency that can demonstrate the capacity for carrying out the requirements of the Regional Infant Hearing Program. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS 2.0) training and must have the capacity to accept an electronic funds transfer (EFT).

E. Service Area: Services will be provided to all 88 Ohio counties. Each applicant will serve at least one region, as defined on the map included (see Appendix #1, page 23). Applicants may apply for more than one region. In the event that a region is without a qualified applicant, ODH may reassign the counties in order to assure statewide coverage.

F. Number of Grants and Funds Available: Funding is available for up to ten (10) projects. Maximum funding levels available for each defined region are listed in Appendix #2, Regional Infant Hearing Program Funding Allocation Table (pg. 24).

G. Due Date: Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by **Monday, April 30, 2007**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

For questions, contact Constance Block, Infant Hearing Program Supervisor, at (614) 387-1228 or Constance.Block@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 Improvement Act, Public Law 108–44.

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

3. To provide follow-up and tracking of infants who did not pass their newborn hearing screening; and
4. 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 two goals of Ohio’s Regional Infant Hearing Program conform to the national early hearing detection and intervention 1 – 3 – 6 guidelines: before one month of age, hearing screening; before three months of age, hearing evaluation; before six months of age, early intervention.

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). State Help Me Grow program policies can be found on the Ohio Help Me Grow website at www.ohiohelpmegrow.org and rules on Ohio Department of Health website 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 Education 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.ohio.gov. 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. In accordance with the national 1 – 3 – 6 guidelines, Infant Hearing Program staff at ODH emphasize a smooth progression from screening to evaluation and diagnosis as well as intervention beginning immediately upon confirmation of hearing loss.

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 inform families and primary care providers of hearing screening results and to report all UNHS data to ODH within 14 days of the screenings. 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 on a weekly basis.

Each Regional Infant Hearing Program is required to follow the UNHS Follow-Up and Tracking Protocol for infants not passing UNHS to standardize efforts across the state (see Appendix 3, page 27). The RIHPs contact families by telephone or mail, as per the protocol. 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. In delivering services, RIHP staff must be aware of what is culturally appropriate for individual families and be prepared to use interpreters (sign language, translation) as needed.

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. Component details are in Appendix 3, page 25.

Each program shall:

1. Coordinate follow-up and tracking of newborns identified through UNHS, emphasizing the importance of completing diagnostic audiologic evaluations before three months of age;
2. Offer habilitative services to families of all infants and toddlers within the designated region upon confirmation of permanent childhood hearing loss (PCHL);
4. Collaborate with Help Me Grow to assure that all families enrolled in the program receive the Part C health and developmental services, according to Individualized Family Service Plans (IFSPs);
3. Assure a system of support for all families enrolled in the RIHP 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. Provide families with ODH materials on genetics and hearing loss
6. 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;
7. Provide educational services as specified in Appendix 3
8. Assist families in obtaining comprehensive audiology services;
9. Assure that families enrolled in the program have opportunities to interact with members of the Deaf community; and
10. Establish and maintain local networks of service and support providers for families with infants and toddlers who are deaf or hard of hearing, understanding that this requires planned outreach efforts.

All services are to be provided year-round. It is required 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 data collection system training may be required for funded staff.

Regional Infant Hearing Program Responsibilities:

ODH expects that each RIHP will consistently carry out the components of the program as described in this grant, assuring that the following will be met:

Project Director: One individual must be designated as the primary contact between

the funded agency's RIHP and the Infant Hearing Program at ODH. This individual will be held responsible for the oversight, monitoring, and coordination of all Regional Infant Hearing Program activities as well as assuring compliance with requirements stipulated in the grant:

- Grant activities are carried out per required timelines;
- Quarterly, mid-year, year-end and other reports;
- Budget revisions;
- Family questions/concerns;
- Parent Satisfaction surveys;
- Conducting evaluations of each employee or contracted employee at least annually or per agency requirement;
- Observing at least one home visit with each Parent Advisor annually;
- Planning and conducting outreach efforts to professionals (audiologists, hospitals, physicians) and other organizations (Help Me Grow, MR/DD,) in the region, to promote awareness of the RIHP, services that are available, and the importance of hearing evaluations as follow-up to UNHS
- Being familiar with the SKI-HI Curriculum;
- Completing required BEIS trainings; and
- Other activities and projects

Coordination of tracking and follow-up: Each Regional Infant Hearing Program is **responsible** for the follow-up and tracking of all infants residing in the region who did not pass the newborn hearing screening (UNHS). A UNHS referral does not qualify a child for Part C services, but assistance should be provided families to find audiologists for follow-up hearing evaluations and schedule appointments before the infants reach three months of age. The process for completing UNHS follow-up can be found in Appendix 4, page 27.

Staff coordinating tracking and follow-up 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 protocols and scripts provided by ODH are to be followed in talking with parents and in 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 coverage and backup as needed to assure prompt year-round follow-up upon receipt of referrals. Often multiple methods must be used to track down families of infants who did not pass UNHS, such as checking various internet directories, calling primary care providers and the birth hospital, or consulting with Help Me Grow.

Staff coordinating tracking and follow-up must attend any Infant Hearing Program required trainings as determined.

Habilitative Service Provision: Children diagnosed with PCHL are served by specialized service providers. SKI*HI uses the term “Parent Advisors” (and ODH endorses this term) to refer to the frontline staff working directly with infants and toddlers with hearing loss and their families. Other titles may be used in conformance with agency policy. 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; or
- rehabilitation services or
- nursing

Individuals who fulfill the role of Parent Advisor 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 individuals in the role of 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 individuals fulfilling the role of Parent Advisor 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 individuals serving as 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 individuals to fulfill the Parent Advisor role and 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): 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, page 25).

Parent to Parent Support: Providing peer support to parents at each step in the UNHS follow-up process is important. RIHPs are encouraged to incorporate parent testimonials in their written materials and to create a network of parents who have been through the system and are willing to speak with newly referred families. RIHPS are urged to arrange activities for families of children with diagnosed hearing loss and to promote parent groups, where ever feasible.

Meetings and Workgroups:

Up to three (3) 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 period is for twenty-four (24) months. The program period will begin on July 1, 2007 and end on June 30, 2009. The budget period for this application is July 1, 2007 through June 30, 2008.

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.ohio.gov> (click on “Local Health Districts” then “Local Health Districts Performance Standards Workgroup Information,” and click the link “Local Health District Improvement Goals/Standards/Measures”).

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.

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.

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: Initial authorization for Internet submission will be distributed after the GMIS 2.0 Training Session. Please contact Constance Block, Infant Hearing Program Supervisor, at (614) 387-1228 or Constance.Block@odh.ohio.gov

For competitive RFPs ONLY: Applicant must attend a Grants Management Information System 2.0 (GMIS 2.0) training in order to receive authorization for Internet submission.

O. Acknowledgment: An electronic message will appear in GMIS 2.0 that acknowledges ODH system receipt of the Internet submission.

P. Late Applications: Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0 with an Electronic Signature. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of April 30, 2007.

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 2.0 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 program period, 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, page 31).

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:** Subgrantee Program Reports **must** be completed and submitted **via the Internet** using the ODH electronic reporting procedures and following the established timelines (both to be provided at time of grant awards). Any paper non-Internet compatible report attachments 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 2.0 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 (7/1/2007 – 9/30/2007)	due October 15, 2007
Second Quarter (10/1/2007 – 12/31/2007)	due January 15, 2008
Third Quarter (1/01/2008 – 3/31/2008)	due April 15, 2008
Fourth Quarter (4/01/2006 - 6/30/2008)	due July 15, 2008
Final Expenditure Report	due August 15, 2008

Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health's GMIS 2.0 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 Expense 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, 2008. 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 Expense 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 2.0 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 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 2.0 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;
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; and

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.

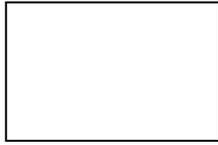
Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend \$500,000 or more in Federal awards in its fiscal year are required to have a single audit (\$300,000 for fiscal years ending on or before December 31, 2003). The fair share of the cost of the single audit 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:



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. EEO Survey
7. Attachments as required by Program
 - Program Activities Timeline Table

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:



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:



1. Public Health Impact Statement **(for competitive cycle only; for continuation, only if changed)**
2. Statement of Support from the Local Health Districts **(for competitive cycle only; for continuation, only if changed)**
3. Liability Coverage **(Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period)**
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.

**Complete
Copy &
Mail To
ODH**

2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire **(Required by ALL Non-Governmental Applicant Agencies)**
3. An original and (two) copies of **Attachments** (non-Internet compatible) as required by Program: (NONE)

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line Grants Management Information System 2.0 (GMIS 2.0), will be provided after your GMIS 2.0 training session.

All applications must be submitted via the Internet. Submission of all parts of the grant application via the Ohio Department of Health's GMIS 2.0 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. 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 14-15 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 July 1, 2007 to June 30, 2008.

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 2.0 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: Identify the target population, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problems that the program will address.

2. Description of Applicant Agency/Documentation of Eligibility/Personnel: Briefly discuss the applicant agency’s eligibility to apply. Summarize the agency's structure as it relates to this project, and as the lead agency, how it will manage the project. Briefly discuss the agency’s history with this project 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 carry out this grant. Describe plans for the hiring and training of personnel as necessary. Delineate all personnel who will be directly involved in project activities. Include the relationship between project staff members, staff members of the applicant agency, and other partners and agencies that will be working on this project. Include position descriptions for these staff.

- 3. Problem/Need:** Describe the local health status concern that will be addressed by the program: infants and toddlers diagnosed as deaf or hard-of-hearing and their families. Do not restate national and state data. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g. morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based.

Clearly identify the target population. List the projected number of infants referred from newborn hearing screening (UNHS), as well as the projected number of infants and toddlers diagnosed with hearing loss (see Appendix 1, pg. 24). Discuss the habilitative services that will be provided to them and their families by your project.

For the 7/01/07 – 6/30/08 budget grant period, discuss plans for:

- a. Providing follow-up and tracking of all infants referred for non-pass of UNHS (see Appendix 4, page 27).
- 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;
- e. Providing services to all counties within your region, and
- f. Fostering staff development and regularly evaluating performance

4. Methodology:

In a narrative, identify the program goals, objectives, and activities for the grant program period 7/01/2007 – 6/30/2009. Required goals are:

- (1) Track and follow-up on all non-pass UNHS referrals received;
- (2) Provide habilitative services to families of eligible infants and toddlers (up to age three) in region, according to SKI*HI curriculum and ODH guidelines;
- (3) Increase public and professional awareness of Early Hearing Detection and Intervention (EHDI) and RIHP services, develop resource networks and promote collaborative efforts;
- (4) Foster staff development and regularly evaluate performance.

Additional goals may be added by the applicant if desired. Indicate how goals, objectives and activities will be evaluated to determine the level of success of the

program.

Complete a Program Activities Timeline Table (see Appendix 5, p. 29) to identify program objectives and activities, start and completion dates, and staff position with primary responsibility for each.

- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. 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 (April 30, 2007). 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 competitive cycle only; 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 competitive cycle only; 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; current liability coverage and thereafter at each renewal period).**
- 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 non-tax exempt status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed**).

M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire: The DMA is a Questionnaire that must be completed by all grant applicant agencies to certify that they have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must** be dated and signed, in blue ink, with the Agency Head’s signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Homeland Security Website:

http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.pdf

- Click on “DMA Forms”
- Click on “DMA for funding and business contracts”
- Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and your responses must be truthful to the best of your knowledge. (**Required by all Non-Governmental Applicant Agencies**)

N. EEO Survey - The Civil Rights Review Questionnaire (EEO) Survey will be part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

O. Attachments as Required by Program:

1. Program Activities Timeline Table

III. APPENDICES

- (1) Regional Infant Hearing Program Map
- (2) Regional Infant Hearing Program Funding Allocation Table
- (3) Regional Infant Hearing Program Components
- (4) UNHS follow-Up and Tracking Protocol
- (5) Program Activities Timeline Table
- (6) Application Review form

Ohio Department of Health • Bureau of Early Intervention Services
Regional Infant Hearing Programs:
Projected UNHS Non-Passes + Reported Infants/Toddlers Served



= estimated number not passing UNHS annually (4% of average 2002, 2003, 2004 births per county)

(#) = infants & toddlers up to age 3 with diagnosed hearing loss enrolled in Regional Infant Hearing Program between 10/05 and 6/06 (nine months)

**Regional Infant Hearing Program
Funding Allocation for 7/1/2007 – 6/30/2008**

Region	# Counties	12-Month Base Funds ¹	% Non-Pass UNHS (4% of 02, 03, 04 births – averaged) ²	% of Total # Served by RIHPs (10/05 – 6/06) ³	Sum of Percents (Non-pass UNHS + Total # Served)	Sum of Percents Divided by 2	Additional Funds ⁴	12-Month Allocation
I	9	30,000	8	7	15	8	61,313	91,313
II	9	32,500	4	3	7	4	28,613	61,113
III	9	30,000	10	13	23	12	94,013	124,013
IV	9	30,000	16	14	30	15	122,625	152,625
V	9	30,000	8	8	16	8	65,400	95,400
VI	9	30,000	18	17	35	18	143,063	173,063
VII	11	32,500	4	4	8	4	32,700	65,200
VIII	12	32,500	4	3	7	4	28,613	61,113
IX	6	30,000	11	10	21	11	85,838	115,838
X	5	30,000	17	21	38	19	155,325	185,325
Totals	88	\$307,500	100%	100%	200%	100%	\$817,500	\$1,125,000

¹ **12-Month Base Funds:** \$30,000 except for regions serving less than five percent of the total number served

² **% Non-Pass UNHS:** The projected number of newborns residing in the region anticipated to be referred annually by birth hospitals for non-pass of Universal Newborn Hearing Screening (UNHS), approximately four percent (4%) statewide – calculated from the average of the number of births in 2002, 2003 and 2004

³ **% of Total # Served by RIHPs:** The number of infants and toddler receiving Regional Infant Hearing Program (RIHP) habilitative services between 10/01/2005 and 6/30/2006, as reported to the Ohio Department of Health by RIHP subgrantees via Year End Grant Reports

⁴ **Additional Funds:** Sum of Percents Divided by 2 times \$817,500 (\$1,125,000 available funds minus 12-Month Base Fund Total of \$307,500 = \$817,500)

APPENDIX 3

Regional Infant Hearing Program Components

Each program shall include at a minimum the following components:

1. Regional Infant Hearing Programs will coordinate the follow-up and tracking of newborns who do not pass Universal Newborn Hearing Screening, 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, page 27).
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 telephone/mail contacts and outcomes of diagnostic follow-up hearing evaluations (UNHS Follow-up and Tracking Contact Log is recommended)

- I. **UNHS Referral received**
 - A. Electronic Report from ODH (details addressed at trainings)

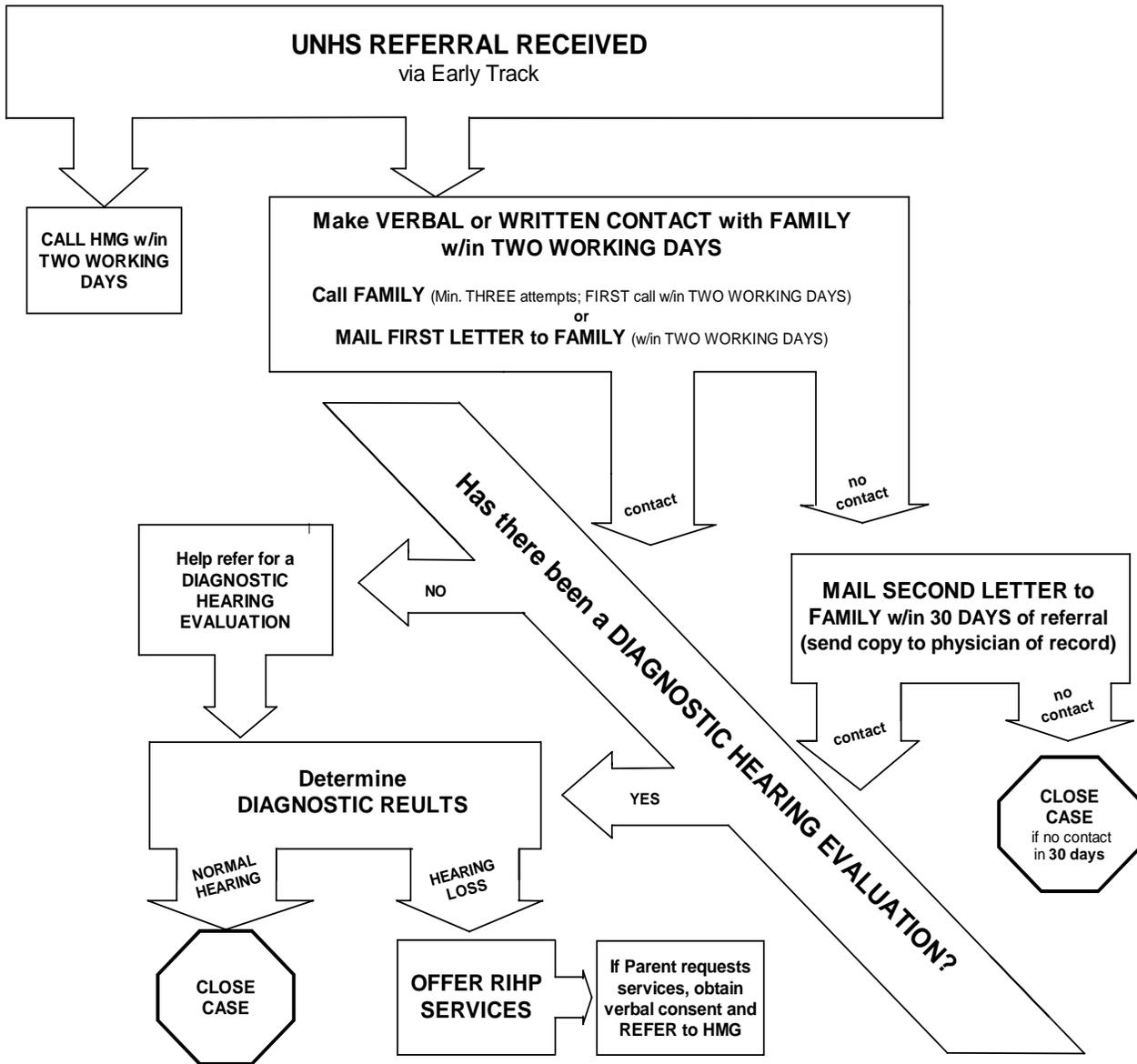
- II. **Contact Help Me Grow (HMG) prior to contacting the family to determine if child is receiving HMG services**
 - A. **THIS IS NOT A REFERRAL TO HMG**
 - B. If receiving Help Me Grow services
 1. Identify Help Me Grow Service Coordinator
 2. Determine who (RIHP or HMG Svc. Coordinator) will contact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

- III. **MAKE VERBAL OR WRITTEN CONTACT WITH FAMILY (in two work days, if possible)**
 - A. **VERBAL - Make a minimum of THREE contact attempts by telephone**
 1. First call within TWO WORKING DAYS, if possible
 2. Try evening call(s) for those not reached during day
 3. If phone is disconnected, try again in a week (might be reconnected)
 - B. **WRITTEN - Mail 1st letter to family** (if no contact by telephone)
 1. If no contact w/in 30 days, MAIL 2nd LETTER
 2. Send a copy of the second letter to the physician of record
 3. If no contact w/in 30 days of mailing the 2nd letter, **close case**
 - C. **CONTACT is made**
 1. Explain the UNHS Follow-Up and Tracking role of the RIHP
 2. Follow Telephone Protocol (addressed at trainings) and suggested scripts
 3. 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

UNHS Follow-Up and Tracking Protocol

Required to be followed by all Regional Infant Hearing Programs



NOTES:

1. **Document all contacts/attempts at contacting families**, Help Me Grow, physicians and outcomes of diagnostic follow-up hearing evaluations (UNHS Follow-up and Tracking Contact Log is recommended).
2. The initial contact with Help Me Grow (HMG) **is not a referral**. This contact is only to see if the infant is already receiving HMG services. If so, talk to the child's Service Coordinator to decide who will contact the family to determine if there has been a diagnostic hearing evaluation (and if not, assist with scheduling).
3. Once hearing loss is **diagnosed**, obtain **verbal consent** from the parent, guardian, or custodian, and refer the child to Help Me Grow.
4. **If a parent, guardian or custodian declines services at any point, CLOSE THE CASE.**

Program Activities Timeline Table

Goal I: Track and Follow-up on all non-pass UNHS referrals received				
Objectives and Activities	Start Date	End Date	Position Primarily Responsible	Tracking/Evaluation Methods
Objective 1: 1. Activity 2. Activity				
Objective 2: 1. Activity 2. Activity				
GOAL II: Provide habilitative services to families of eligible infants and toddlers (up to age three) in region, according to SKI*HI curriculum and ODH guidelines				
Objectives and Activities	Start Date	End Date	Position Primarily Responsible	Tracking/Evaluation Methods
Objective 1: 1. Activity 2. Activity				
Objective 2: 1. Activity 2. Activity				
Goal III: Increase public and professional awareness of EHDI and RIHP services; develop resource networks and promote collaborative efforts				
Objectives and Activities	Start Date	End Date	Position Primarily Responsible	Tracking/Evaluation Methods
Objective 1: 1. Activity 2. Activity				
Objective 2: 1. Activity 2. Activity				

Program Activities Timeline Table

Goal IV: Foster staff development and regularly evaluate performance				
Objectives and Activities	Start Date	End Date	Position Primarily Responsible	Tracking/Evaluation Methods
Objective 1: 1. Activity 2. Activity				
Objective 2: 1. Activity 2. Activity 3.				

Add rows as needed for additional objectives and/or goals

APPENDIX 6
Grant Application Review Form

Applicant Agency: _____ Region: _____

ODH Program Title: REGIONAL INFANT HEARING PROGRAM (RIHP)

Grant Period: 7/01/07 - 6/30/09 Program Period: 7/01/2007 – 6/30/2008

Project Number: _____ Grant Amount: _____

Reviewed by: _____ Date Reviewed: _____

- This is a COMPETITIVE grant application.
1. Read the Request for Proposals (RFP) before reviewing an application.
 2. Carefully review the grant application and any attachments.
 3. For each of the criteria listed within, circle the appropriate score:
2 = Criterion Met; 1 = Criterion Partially Met; 0 = Criterion Not Met
 4. Under each section, list any comments or concerns. Please explain why a full score was not given for any criterion.
 5. Once reviewed, record the total score out of 70 and circle your recommendation:
APPROVAL, APPROVAL WITH RECOMMENDATIONS (special conditions), or DISAPPROVAL.

Scoring

Agency	_____ / 8
Program/Services	_____ / 34
Personnel	_____ / 12
Budget	_____ / 12
Other	_____ / 4
TOTAL	_____ / 70

APPROVE

Recommendation (circle one): **APPROVE WITH RECOMMENDATIONS**
(State recommendations on last page)

DISAPPROVE

APPENDIX 6
Grant Application Review Form

Agency

1. Does the application include the description and qualifications of the applicant agency? (RFP, pg. 1)	2	1	0
2. Does the application state a central location and point of access? (RFP, pg. 6)	2	1	0
3. Does the application include plans for program communication capabilities: telephone, internet, and fax? (RFP, pg. 6)	2	1	0
4. Does the application include plans for adhering to the Follow-up and Tracking Protocol? (Appendix 3, p. 27 and Appendix 4, pg. 28)	2	1	0

Comments/Concerns:

Program/Services

5. Does the application address both of the RIHP goals? (RFP, pg. 2)			
a. To provide follow-up and tracking of infants who did not pass their newborn hearing screening	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 identify and describe the philosophy/purpose of the RIHP? (RFP, pg. 4)	2	1	0
7. Are services planned to be provided for at least one entire region?	2	1	0
8. Does the application describe plans to address all eight of the habilitative services components? (RFP, pg. 5-6, Appendix 3)			
a. To coordinate tracking and follow-up of UNHS referrals	2	1	0
b. To collaborate with Help Me Grow to assure 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. Provide families with ODH materials on genetics and hearing loss	2	1	0
f. To provide non-biased information/education regarding all methodologies of communication and support in implementing chosen method(s)	2	1	0
g. To provide educational services to families, including all five listed	2	1	0
h. To assist families in obtaining comprehensive audiology services	2	1	0
i. To assure opportunities for families to interact with the Deaf Community	2	1	0

APPENDIX 6
Grant Application Review Form

- | | | | |
|---|---|---|---|
| 9. Does the application describe how the program would conduct outreach to establish and maintain local networks of services and supports? (RFP, pg. 6) | 2 | 1 | 0 |
| 10. Does the application describe plans to foster parent-to-parent support? | 2 | 1 | 0 |
| 11. Does the application describe the provision of year-round, continuous services? (RFP, pg. 6) | 2 | 1 | 0 |
| 12. Does the Program Activities Timeline Table list objectives/activities to reach goals and address how their effectiveness will be determined? (RFP, pg 19) | 2 | 1 | 0 |

Comments/Concerns:

Personnel

- | | | | |
|---|---|---|---|
| 13. Does the application describe the administrative role and responsibilities of the Project Director? (RFP, pg. 6-7) | 2 | 1 | 0 |
| 14. Does the application describe qualifications and role/responsibilities of the staff coordinating tracking and follow-up? (RFP, pg. 7) | 2 | 1 | 0 |
| 15. Does the application describe qualifications and role/responsibilities of the Parent Advisor(s)? (RFP, pg. 8) | 2 | 1 | 0 |
| 16. Does the application include plans to have on staff or establish consultation with Teacher(s) of the Deaf, Speech-Language Pathologist(s), and Audiologist(s)? (RFP, pg. 9) | 2 | 1 | 0 |
| 17. Does the application outline plans for all personnel to complete training required for their roles with the RIHP? (RFP, pg. 6-8) | 2 | 1 | 0 |
| 18. Does the application describe the ability of RIHP staff to attend meetings and participate in workgroups? (RFP, pg. 9) | 2 | 1 | 0 |

Comments/Concerns:

Budget

- | | | | |
|--|---|---|---|
| 19. Does Budget clearly describe appropriate use of grant dollars, including travel reimbursement in accordance with state guidelines? (RFP, pg. 15) | 2 | 1 | 0 |
| 20. Is budget consistent with the activities, functions, and personnel described in the Program Narrative and Program Activities Timeline Table? | 2 | 1 | 0 |

APPENDIX 6
Grant Application Review Form

- | | | | |
|---|---|---|---|
| 21. Is Section D completed? | 2 | 1 | 0 |
| 22. Has Budget Certification been assured? (RFP, pg. 16-17) | 2 | 1 | 0 |
| 23. Does the Budget Summary include everything described in the Budget Narrative? | 2 | 1 | 0 |
| 24. Does the Budget Summary correctly add up? | 2 | 1 | 0 |

Comments/Concerns:

Other

- | | | | |
|--|---|---|---|
| 25. Does the application address the Local Health Districts Improvement Standards? (RFP, pg. 10) | 2 | 1 | 0 |
| 26. Has the agency met the "Public Health Impact Statement" requirement? (RFP, pg. 10) | 2 | 1 | 0 |

Comments/Concerns:

Recommendations: