

MEMORANDUM

Date: April 18, 2011

To: Regional Infant Hearing Program Subgrantees

From: Karen Hughes, Chief *KAREN F. Hughes (RPS)*
Division of Family and Community Health Services
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year 2012
July 1, 2011 – June 30, 2012 - Budget Period for Regional Infant Hearing Program (RIHP) Grants

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. 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.

This application is open to all public agencies and to private non-profit agencies with the capability to provide the required services as outlined in the Request for Proposal.

A Bidder's Conference will be held on May 10th from 2:00 pm to 4:00 pm at the Ohio Department of Health, 35 E. Chesnut Street, Columbus, OH 43015 in the Basement Training Room B. Attendance at the Bidder's Conference is required for agencies who have never received an ODH grant.

Attendance is optional for previously funded grantees. Please complete the **Notice of Intent to Apply for Funding by May 13, 2011. Please email: reena.kothari@odh.ohio.gov** if you will be attending the Bidder's Conference on Tuesday, May 10, 2011. Include **any questions with your RSVP**. Responses to the questions will be discussed at the Bidder's Conference. Please see Attachment C for further information.

To obtain a grant application packet:

1. Go to the ODH website at www.odh.ohio.gov
2. From the home page click on "Funding Opportunities"(located under At a Glance);
3. From the next page click on "ODH Grants";
4. Next click on "Grant Request For Proposals"; this will give you a drop down menu with current RFPs by name and
5. Select and Highlight the Regional Infant Hearing Program RFP and click "Submit". This process invokes the Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired.

Grant applications are due on or before 4:00 p.m. on Monday, June 6, 2011 for the funding period July 1, 2011 – June 30, 2012. All applications must be submitted electronically via GMIS 2.0. Faxed, hand delivered or mailed applications will not be accepted. For competitive RFPs only, applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 training. Please complete Attachment A to schedule a specific training session date.

If you have any questions regarding this application please contact the Public Health Audiology Consultant listed for the region. See Appendix 3 of the application.



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 2012
(07/01/11 – 06/30/12)**

**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 the internet website: ODH Application Gateway – GMIS 2.0 which includes 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 ensure 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 “Funding Opportunities” [located under At a Glance]. 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 track infants who do not pass their newborn hearing screening and to assist families with securing follow-up diagnostic evaluations.
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 Act (IDEA 2004) and the Maternal Child Health Title V Block Grant. 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 the Ohio Help Me Grow (HMG) program rules.

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) training and must have the capacity to accept an electronic funds transfer (EFT).

E. Service Area: Services shall be provided to all 88 Ohio counties. Applicants must provide services to all counties within an assigned region. Indicate in the application the Region or Regions in which your agency desires to provide services. (See Appendix 2 for counties included in each Region.)

F. Number of Grants and Funds Available: Funding is available for up to nine (9) Subgrantees. The total amount available for the RIHPs is **\$835,979**. Maximum funding levels available for each defined region are listed in Appendix 3, Regional Infant Hearing Program Funding Allocation Table.

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

G. Due Date: Applications are due via the Internet on or before 4:00 p.m. on Monday June 6, 2011. Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due on or before 4:00 p.m. on Monday, June 6, 2011. 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 the Infant Hearing Program Supervisor or Public Health Audiologist.

Naomi Halverson, Supervisor	614-387-1228	Naomi.Halverson@odh.ohio.gov
Reena Kothari, Audiologist	614-387-0135	Reena.Kothari@odh.ohio.gov
Sheryl Silver, Audiologist	614-728-4616	Sheryl.Silver@odh.ohio.gov
Susan Wendt, Audiologist	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 108-44; and, CFDA Number 93.944; Maternal Child Health Block Grant.

- I. Goals:** The Regional Infant Hearing program has two responsibilities:
1. To track infants who do not pass their newborn hearing screening and to assist families with securing follow-up diagnostic evaluations.
 2. To provide appropriate habilitative services to infants and toddlers (birth to three) 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) and the Maternal Child Health Block (MCHB) Grant. 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 <http://www.nectac.org/partc/partc.asp>). Help Me Grow program policies can be found on the Ohio Help Me Grow website at <http://www.ohiohelpmegrow.org/professional/laws/policies.aspx> and rules on Ohio Department of Health website at <http://www.odh.ohio.gov/rules/odhrules.aspx>. 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 (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 goal of the Maternal and Child Health Block (Title V) (MCHB) Grant is to improve the health of all mothers and children consistent with the applicable health status goals and national health objectives established by the Secretary of the U.S. Department of Health and Human Services. MCHB has been a Federal-State partnership for more than 65 years. When the Social Security Act was passed in 1935, the Federal Government, through Title V, pledged its support of State efforts to extend and improve health and welfare services for mothers and children.

Title V has been amended many times over the years to reflect the expansion of the national interest in maternal and child health. It was converted to a block grant program as part of the Omnibus Budget Reconciliation Act (OBRA) of 1981. Congress later sought to balance the flexibility of the block grant with greater accountability by the States. Through the 1989 OBRA States were required to report on progress made toward key maternal and child health indicators and to provide other program information.

One of the key indicators is the percent of newborns screened for hearing impairment before hospital discharge. Funds from the MCHB Grant help support this grant in order to meet this key indicator.

The Joint Committee on Infant Hearing (JCIH) 2007 Position Statement outlines the “1-3-6” plan. 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 habilitative services by six months of age. These nationally supported recommendations and

guidance for Early Hearing Detection and Intervention (EHDI) programs are accessible online at

<http://pediatrics.aappublications.org/cgi/content/full/120/4/898?ijkey=oj9BAleq21OIA&keytype=ref&siteid=aapjournals>.

In 2002, 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) can be accessed at www.odh.ohio.gov. Under Rules & Regulations, select Final. Scroll down and select 3701-40: Universal Newborn Hearing Screening.

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

Per 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 the infant does not pass the initial screening, a second screening must be conducted before discharge. If the infant does not pass the second screening, the hospital must refer the newborn for a diagnostic hearing evaluation. The hospitals are to provide a list of audiologists located within a sixty-mile radius of the baby's residence to the parents if the residence is in Ohio.

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 10 days of the screenings. Referrals of non-pass hearing screening results for newborns are provided weekly by ODH to the RIHPs. RIHPs also may access Referrals via the web-based Hi*Track data system.

Each Regional Infant Hearing Program is required to follow the ODH UNHS Follow-Up and Tracking Protocol for infants not passing UNHS in order to standardize approaches across the state (See Appendix 5 and 6 for protocol). The RIHPs contact families by telephone and/or mail to determine if a follow-up hearing evaluation has been scheduled. If not, assistance in scheduling is offered. The RIHP can provide information to the family during this process, but cannot provide habilitative services until a permanent hearing loss has been diagnosed and the child is enrolled in HMG.

Families who need financial assistance in obtaining follow-up hearing evaluations should be referred to the nearest Local Health Department Bureau for Children with Medical Handicaps (BCMh) Nurse for assistance with completing an application. BCMh will pay for diagnostic hearing testing to determine the presence of a hearing

loss for eligible families.

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. Help Me Grow rules can be found in Ohio Administrative Code, Chapter 3701-8. 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. 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 provide interpretation or to hire and 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 independently. Recertification is required every five 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 (2004).

“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 curriculum, 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 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 for family support. Recipients of these funds are expected to include and address, at a minimum, all of the following components (See Appendix 4 for Component details).

Each program shall:

1. Coordinate tracking and follow-up of newborns identified through UNHS,

- emphasizing to families the importance of completing diagnostic audiologic evaluations before three months of age;
2. Provide timely and appropriate referral to resources for assistance with diagnostic evaluation expense;
 3. 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 are enrolled in HMG and receive the Part C health and developmental services, according to Individualized Family Service Plans (IFSPs);
 5. Provide complete documentation in electronic databases, Hi*Track and Early Track, in accordance with Infant Hearing Program guidelines;
 6. Follow Ski*Hi guidelines for home-based services;
 7. Frequency of services should be appropriate to the developmental stage of the child and shall be not less than a minimum of two home visits per child per month, unless family requests fewer;
 8. Assure a system of support for all families enrolled in the RIHP to address their educational and emotional needs, concerns and questions;
 9. Assist families in understanding the impact of the child's hearing loss on development and promote realistic expectations;
 10. Provide families with ODH materials on genetics and hearing loss;
 11. Inform families about all communication methods in an objective and unbiased manner, and support families as they select, implement, and/or revise a communication approach;
 12. Provide educational services;
 13. Assist families as needed in obtaining comprehensive audiology services;
 14. Assure that families enrolled in the program have opportunities to interact with with members of the Deaf community; and
 15. Deaf community and face-to-face family support activities shall each be offered a minimum of at least quarterly and reported to OHD (See Appendix 8 and 9).

All services shall be provided year-around. Each RIHP shall 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, books, etc.) for use by the Parent Advisors. The RIHP shall provide the full range of services and support for the entire twelve month period of the grant, including intake and home based Parent Advisor interventions.

UNHS referrals will be accessed for follow-up and tracking purposes through the web-based data system HI*Track by the RIHP. Training on the use of the system will be provided for new staff and as needs are identified. RIHPs are responsible for tracking and assisting with scheduling follow-up on non-pass Referrals and infants identified as not receiving a hearing screening, and provision of Early Intervention Services for all identified deaf or hard of hearing infants and toddlers that are enrolled in HMG and reside in the assigned Region.

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 the following requirements stipulated in the grant:

- Grant activities are carried out per required timelines;
- Program and fiscal reporting requirements are met;
- Monitoring and managing budgets, budget revisions, and program expenditures;
- Staff assignments and oversight including:
 - 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;
 - Ensuring staff complete all program documentation;
- Being familiar with the SKI*HI Curriculum, and ODH protocols and procedures;
- Addressing parent questions and concerns;
- Completing required BEIS trainings;
- Annual Parent Satisfaction surveys, if initiated by ODH; and
- Other infant hearing activities and projects as necessary to maintain regional project integrity.

Coordination of tracking and follow-up:

Each Regional Infant Hearing Program is responsible for tracking infants who do not pass their newborn hearing screening and to assist families with securing follow-up diagnostic evaluations for all infants residing in their region who did not pass the newborn hearing screening (UNHS).

Each RIHP must plan appropriate coverage and backup as needed to assure prompt year-round follow-up upon receipt of referrals. Part C requires follow-up within two working days of the referral of an infant or toddler identified as potentially eligible for services.

Staff coordinating tracking and follow-up must have excellent communication skills and follow the protocols and any scripts provided by ODH for communicating with parents, hospital personnel, audiologists and physician office staff while scheduling and confirming hearing evaluation appointments, obtaining audiologic results and providing information about the RIHP services.

Staff coordinating tracking and follow-up must have good computer skills and organizational skills to methodically contact, track and document infant status from referral through diagnosis, and subsequent referral to and enrollment in HMG and

RIHP habilitative services.

Tracking and follow-up staff must attend any on-site Infant Hearing Program required trainings as determined by ODH. Such requirement shall be limited to twice annually.

Habilitative Service Provision: Specialized service providers referred to as “Parent Advisors” serve children diagnosed with Permanent Childhood Hearing Loss (PCHL). ODH endorses the use of the SKI*HI term “Parent Advisors” to refer to the frontline staff working directly with infants and toddlers with hearing loss and their families.

Responsibilities of individuals fulfilling the role of Parent Advisor include parental education, empowerment and advocacy; provision of home-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.

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

Experience working with infants, toddlers and/or preschoolers who are deaf or hard of hearing is mandatory. A minimum of three years of broad-based experience with infants, toddlers and/or preschoolers who are deaf or hard of hearing is recommended.

All individuals serving in the role of Parent Advisors must attend the comprehensive SKI*HI training before providing services to families. The initial SKI*HI training dates and the most recent recertification date shall be included in the Personnel description, and thereafter, reported annually for all Parent Advisors.

Parent Advisors must attend any on-site Infant Hearing Program required trainings as determined by ODH. Such requirement shall be limited to twice annually. Parent Advisors are also strongly encouraged to take the two day training institute for HMG.

Contracting with individuals to fulfill the Parent Advisor role and to provide coverage to a portion of a region is permitted. The same education, experience, and SKI*HI training and certification are required. 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 designate and have on staff, or have made arrangements for consultation, from at least one each of the following:

- **Teacher of the Deaf:** Individual must be currently licensed in Ohio and have demonstrated knowledge of the principles of early intervention, including family-centered service delivery;
- **Speech Language Pathologist:** Individual must be currently licensed under section 4753.07 of the Ohio Revised Code;
- **Audiologist:** Individual must be currently licensed under section 4753.07 of the Ohio Revised Code;

Each of these Professional Consultants should have experience working with and providing services to infants and toddlers who are deaf or hard-of-hearing and their families; and be reasonably available when needed. A Parent Advisor who is licensed as one of these professionals could also serve in the role of Professional Consultant for that field and designation shall be included in the narrative.

Application narrative shall include name of consultant, type of consultant, hours available for consultation, whether consultant is staff or contractual and a description of the consultant agreement for services provided (if contractual).

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

Mentors (recommended): The SKI*HI Curriculum describes **Deaf Mentors** as adults who are Deaf who can share experiences and introduce families to Deaf culture and the Deaf community. The SKI*HI Institute offers Deaf Mentor training. A trained Deaf Mentor who works with interested families meets the component of providing opportunities for families to interact with the Deaf community as described further in Appendix 3.

Meetings and Workgroups:

Up to two (2) Regional Infant Hearing Program meetings and two (2) statewide conference calls 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 appropriate. Project Directors will be notified of the meetings in advance to provide adequate time for arranging appropriate staff attendance or coverage.

Site Visits:

Each Regional Infant Hearing Program will receive a site visit from the designated ODH Infant Hearing Program Consultant/Public Health Audiologist and/or Program Administrator. 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 twelve (12) months. The program period will begin on July 1, 2011 and end on June 30, 2012. The budget period for this application is July 1, 2011 through June 30, 2012.

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 provided directly.
- 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 being developed and implemented through collaborative efforts.

The Local Health District Improvement Standards are available on the ODH Website: <http://www.odh.ohio.gov/localHealthDistricts/lhdImprovementStandards.aspx> (Click on “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 demographic characteristics (e.g., age race, gender, ethnicity of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups);
 - (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 **(Required for competitive cycle only; 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 **(Required for competitive cycle only; not required for continuation cycle, if unchanged)**.

M. Statement of Intent to Pursue Health Equity Strategies:

The ODH is committed to the elimination of health inequities. All applicant agencies must submit a statement which outlines the intent of this application to address health disparities. This statement should not exceed 1 ½ pages and must: (1) explain the extent in which health disparities are manifested within the health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) focus of this application; (2) identify specific group(s) who experience a disproportionate burden for the disease or health condition addressed by this application; and (3) identify specific social and environmental conditions which lead to health disparities (social determinants). This statement must be supported by data. The following section will provide a basic framework and links to information to understand health equity concepts. This information will also help in the preparation of this statement as well as respond to other portions of this application. **(Required for competitive cycle only; not required for continuation cycle, if unchanged)**

- *Basic Health Equity Concepts:*
Certain groups in Ohio experience a disproportionate burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as health disparities. Health disparities are not mutually exclusive to one disease or health condition and are measurable through the use of various public health data. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. People in such groups also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as social determinants. Social determinants are necessary to support optimal health. The systematic and unjust distribution of social determinants among these groups is referred to as health inequities. As long as health inequities persist, marginalized groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is

referred to as ***health equity***. Public health interventions that incorporate social determinants into the planning and implementation of programs will contribute to the elimination of health disparities. For more resources on health equity, please visit the ODH website at: www.healthyohioprogram.org/healthequity/equity.aspx

N. 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 MCH Block Grant and Part C funds awarded to Ohio. **In view of this, the Subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**

O. Programmatic, Technical Assistance and Authorization for Internet Submission:

Initial authorization for Internet submission will be distributed at your GMIIS 2.0 Training Session (new agencies). All other agencies will receive their authorization after submission of the Notice of Intent to Apply for Funding.

Please contact the Consultant Audiologists assigned to the Region with any questions. (See Appendix 3.)

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

P. Acknowledgment: An ‘Application Submitted’ status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.

Q. Late Applications: Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. 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 4:00 P.M. on the application due date of **Monday, June 6, 2011.**

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 are **not** 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.**

R. 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.

- S. **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.
- T. **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 meets the requirements outlined in Appendix 9.

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.**

- U. **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.
- V. **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
- W. **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.

Reports shall be submitted as follows:

1. **Program Reports:** Subgrantee Program Reports must be completed and

submitted as follows:

1. Deaf Community Activity log, (Quarterly)
2. Family Support Activity log, (Quarterly)
3. Early Intervention Report – by child and date of service, (Quarterly)
4. Other data reports as required

Quarterly Report (7/1/2011 – 9/30/2011)	Due October 17, 2011
Quarterly Report (10/1/2011 – 12/31/2011)	Due January 17, 2012
Quarterly Report (1/1/2011 – 3/30/2012)	Due April 16, 2012
Quarterly Report (4/1/2011 – 6/30/2011)	Due July 16, 2012

All reports **must** be completed and submitted by the due date to the assigned audiology consultant. All program report attachments must clearly identify the authorized program name and grant number.

A copy of paper, non-Internet compatible report attachments must also be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments (non-Internet submitted) will not be approved.**

2. **Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates:

First Quarter (7/1/2011 – 9/30/2011)	due October 15, 2011
Second Quarter (10/1/2011 – 12/31/2011)	due January 15, 2012
Third Quarter (1/01/2012 – 3/30/2012)	due April 15, 2012
Fourth Quarter (4/01/2012 - 6/30/2012)	due July 15, 2012

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 "Approve" 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 Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** on or before **August 15, 2012**. 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 "Approve" 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.
- X. Special Condition(s):** Responses to all special conditions **must be submitted via GMIS 2.0 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). Checking the "Selection" box and clicking "Approve" signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

- Y. 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/MiscPages/Publish/TravelPolicy.aspx>);
 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.

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

- Z. Audit:** *Subgrantees currently receiving funding from the Ohio Department of Health are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the Subgrantees 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. 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. 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.*

Subgrantee audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;

- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed-through the Ohio Department of Health;
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AA. Submission of Application:

GMIS 2.0 application submission must consist of the following:

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

1. Application Information
2. Project Narrative including Executive Summary
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Federal Funding Accounting and Transparency Act (FFATA) reporting form (Attachment B).
8. Position Descriptions

An original and one (1) copy of the following forms, available on GMIS 2.0, must be completed, printed, signed in blue ink with original signatures by the Agency Head or Agency Financial Head and mailed to the address listed below:

<p>Complete, Sign & Mail To ODH</p>
--

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 when tax identification number or agency address information has changed). One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form **(New Agency Only)**
 - b. Vendor Information Change Form **(Existing Agency with tax identification number, name and/or address change(s))**
 - c. Change request in writing on Agency letterhead **(Existing Agency with tax identification number, name and/or address change(s)).**

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 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:

**Complete
Copy &
Mail To
ODH**

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**)

The Executive Summary, Project Narrative and Positions Descriptions, as outlined in Section N are required by Program and shall be submitted via GMIS in the program narrative section.

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 for those agencies requiring training. All others will receive access after the submission of the Notice of Intent to Apply for Funding.

All applications must be submitted via GMIS 2.0. 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). Submission of the Application signifies your authorization 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. Budget:** Prior to completion of the budget section, please review Section Y 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. Primary Reason and Justification Pages:** Provide a detailed narrative budget justification that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation 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 the Compliance Section D(9) of the application for additional information.
- 2. Personnel, Other Direct Costs, Equipment, & Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2011 to June 30, 2012.

Funds may be used to support personnel, their training, travel (see OBM Website <http://www.obm.ohio.gov/MiscPages/Publish/TravelPolicy.aspx>) 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 GMIS 2.0 for each contract once it has been signed by both parties. 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 “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations. CCAs cannot be submitted until after the 1st quarter grant payment has been issued.

Where appropriate, itemize all equipment (**minimum \$300.00 unit cost value**)

to be purchased with grant funds in the Equipment Section.

3. **Compliance 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. **Funding, Cash Needs and Budget Summary Sections:** 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.

C. Assurances Certification: Each Subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances 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. Review the form and then press the "Complete" button. By submission of an application, the Subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. Narrative documents shall be completed in black ink, using font type Times New Roman or equivalent, with a font size of no less than 12. All margins shall be one inch and pages shall be numbered consecutively in the lower right hand corner. Limit Executive Summary to one (1) page and Project Narrative to no more than twenty (20) double spaced pages, including project goals and objectives.
2. **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.
3. **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 program and, as the lead agency, how it will manage the program.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant.

Delineate all personnel who will be directly involved in program activities. Include one or two paragraph position descriptions for each staff member as an attachment to the narrative. Include name of staff member, qualifications, experience, and percent of time spent on grant. (40 hours/week = 100%)

Describe plans for hiring and training, as necessary. 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.

4. **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 system (e.g., accessibility, availability, appropriateness of health services) and outcome indicators (on par with peers, educational status). The indicators should be measurable in order to serve as baseline data upon which evaluation will be based.

Clearly identify the target population. See Appendix 3 for births as reported by Vital Statistics and the percentages of 2009 birth, referral, and early intervention populations by Region as identified through ODH Vital Statistics and Hi*Track records.

Discuss the habilitative services that will be provided to referred and diagnosed infants and their families by your project.

For the 7/01/11 – 6/30/12 budget grant period, discuss plans for:

- a. Tracking of all infants referred for non-pass of UNHS, follow-up to assist with securing diagnostic evaluations, and monitoring status to verify confirmed hearing loss, and complete documentation thereof;
 - b. Providing habilitative services for the projected number of infants and toddlers in your region with diagnosed hearing loss;
 - c. Providing interpreters as requested by the family to include sign language and languages other than English;
 - c. Interacting with HMG and other agencies/organizations for the purposes of this grant;
 - d. Providing services to all counties within the region; and
 - e. Fostering staff development and regularly evaluating performance.
5. **Methodology:** In the narrative, identify the program goals, *Specific, Measureable, Attainable, Realistic & Time-Phased (SMART) process, impact, or outcome objectives*, and activities for the grant program period 7/01/2011 – 6/30/2012.

Required goals are:

- (1) Track and follow-up on all non-pass UNHS referrals received from ODH on a weekly basis;
- (2) Provide habilitative services to families of eligible infants and toddlers (birth

to age three) in region, according to SKI*HI curriculum and ODH guidelines;

(3) Foster staff development and regularly evaluate performance.

The applicant may add additional goals. **Indicate how goals, objectives and activities will be evaluated to determine the level of success of the program.**

- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a 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.
- 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 4:00 p.m. on Monday, June 6, 2011**. 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 & Vendor Forms:** 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 identification number or agency address information has changed.)**

One of the following forms must accompany the IRS, W-9:

- 1. Vendor Information Form (New Agency Only) OR**
- 2. Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s)).**
- 3. Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s)).**

Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed appropriate Vendor Form **must be dated and signed, in blue ink, with original signatures**. Submit the original and one (1) copy with the IRS, W-9 form.

- 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 Statement Summary & Intent to Pursue Health Equity Statements:** Submit two 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 and Intent to Pursue Health Equity Statements. 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). **(Non-Profit Organizations only; 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](http://www.adobe.com/products/acrobat) is required) is located at the Ohio Homeland Security Website:
- <http://www.publicsafety.ohio.gov/links/HLS0038.pdf>
- 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. Federal Funding Accountability and Transparency Act (FFATA) Requirements:**
 The Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. ODH is required to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form. A sample of the FFATA Reporting Form is attached to this RFP.

All Applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the grant application, Attachment B. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.ccr.gov.

Information on Federal Spending Transparency can be located at www.USAspending.gov or at the Office of Management and Budget’s website for Federal Spending Transparency a www.whitehouse.gov/omb/open.

(Required by all applicants, Attachment B is located on the GMIS Bulletin Board. It must be completed and attached to the GMIS Application/Project Comment Section.)

- O. Attachments as Required by Program:**

- Attachment A – GMIS Training Form**
- Attachment B – Ohio Department of Health Sub-Awardee Federal Funding Accountability and Transparency Act (FFATA) Reporting Form**
- Attachment C – Notice of Intent to Apply for Funding**

Submit via GMIS application in the following order of arrangement:

- Executive Summary – 1 page, with name of organization in upper left corner
- Project Narrative – limited to 20 double spaced pages, including project goals and objectives
- Position Descriptions – 1 for each staff position funded by this grant (Pages not counted in Narrative page limit)

- Attachment A - GMIS Training Form.....26
- Attachment B - FFATA Reporting Form.....27-28
- Attachment C – Notice of Intent to Apply for Funding.....29-30

III. APPENDICES

- 1.) Universal Identifier for Grant Application as Required by the Federal Funding Accountability and Transparency Act (FFATA).....31-32
- 2.) Regional Infant Hearing Program Map.....33
- 3.) Regional Infant Hearing Program Funding Allocation Table.....34-35
- 4.) Regional Infant Hearing Program Components.....36-37
- 5.) Basic Outline of Follow-up, Tracking and Early Intervention.....38-40
- 6.) Protocol for Physicians Custom Letters.....41-43
 - 1.) Early Track Protocol.....44-46
 - 2.) Sample Program Forms.....47-48
 - 3.) Application Review Form.....49-52

**ATTACHMENT A - 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
NOTE--Must be submitted by Friday, May 13, 2011

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

Attachment B
Ohio Department of Health Sub-Awardee
Federal Funding Accountability and Transparency Act (FFATA) Reporting Form

Submission Date
 ____/____/____

Sub-Awardee Data

1	DUNS #	
2	DUNS # plus 4	
3	Name	
4	DBA Name	
5	Address - Street # 1	
6	Address - Street # 2	
7	Address - Street # 3	
8	City	
9	State	
10	County (select from list of Ohio counties)	
11	Zip plus 4	
12	Congressional District	
13	Sub-awardee - Parent DUNS #	
14	Amount of Sub-award/Contract	Completed by ODH
15	Sub-award Obligation/Action Date (i.e., date the NOA and/or Contract is signed/approved)	Completed by ODH
16	CFDA and Program Title	Completed by ODH
17	Federal Agency Name	Completed by ODH
18	Principal Place of Performance (PPP)- City (or County if as a whole)	
19	PPP - State	
20	PPP - County	
21	PPP - Zip + 4	
22	PPP - Congressional District	

23	Sub-award/Contract # (i.e., the project ID for sub-grants)	
24	Q1. In organization's previous FY did it receive 80% or more from federal contracts and \$25,000,000 or more from federal contracts? If yes, please see Q2.	
25	Q2. Does the public have access to compensation of senior executives via the section 6104 of the IRS Code of 1986? If "yes", then the project is not required to report the compensation information. If "no" please enter the compensation information.	
26	1 of 5 highest compensated officials - Name	
27	1 of 5 highest compensated officials - Amount	
28	2 of 5 highest compensated officials - Name	
29	2 of 5 highest compensated officials - Amount	
30	3 of 5 highest compensated officials - Name	
31	3 of 5 highest compensated officials - Amount	
32	4 of 5 highest compensated officials - Name	
33	4 of 5 highest compensated officials - Amount	
34	5 of 5 highest compensated officials - Name	
35	5 of 5 highest compensated officials - Amount	
36	Project Description	Completed by ODH
37	Agency Director/President	
38	Agency Program/Project Director	
39	Agency Phone Number	
40	Program Source/Treasury Account Symbol	Completed by ODH
41	CCR # (of Parent Agency if applicable)	

Complete section below if Agency is not in the State of Ohio

42	If 'Other' County Selected, name of county outside of Ohio	
43	If 'Out of State' Congressional District Selected, provide State and Congressional District	
44	If 'Out of State' PPP - County	
45	If 'Out of State' PPP - Congressional District	

Attachment C

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: 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 County Agency Hospital Local Schools
(Check One) City Agency Higher Education Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

Please check all applicable:

- Yes, our agency will need GMIS 2.0 training**
- No, our agency has completed GMIS 2.0 training**
- First time applying for an ODH grant**
- Our agency will attend the Bidder's Conference**

Mail, Email or Fax to:

Reena Kothari, Audiologist

Infant Hearing Program

Ohio Department of Health

246 N. High Street

Columbus, Ohio 43215

Email: reena.kothari@odh.ohio.gov

Fax: 614-728-9163

**The Ohio Department of Health
246. N. High Street
Columbus, OH 43215**

Directions to the Ohio Department of Health

Please note--The meeting will take place in the 35 E. Chesnut Bldg, Basement-Training Room B. You may either enter the 246 N. High Street or 35 E. Chesnut Street Bldg.

From the North

- I-71 South to Spring Street Exit
- West on Spring Street to High Street
- North on High Street 1/2 block

From the South

- I-71 North to I-70 East
- East until Fourth Street Exit
- North on Fourth Street to Spring Street
- West on Spring Street to High Street
- North on High Street 1/2 block

From the East

- I-70 West to Fourth Street exit
- North on Fourth Street to Spring Street
- West on Spring Street to High Street
- North on High Street 1/2 block

From the West

- I-70 East to Fourth Street exit
- North on Fourth Street to Spring Street
- West on Spring Street to High Street
- North on High Street 1/2 block
-

Parking is available on the Chesnut Street garage.

Please note the main building for ODH is the 246 N. High Street Building, however the training is located in the building adjacent to 246 which is the 35 E. Chesnut Street building. You may enter at 35 E. Chesnut Street or 246. N. High Street.

Parking is available on the Chestnut Street garage.

Appendix 1

Universal identifier for Grant Applicants as Required by the Federal Funding Accountability and Transparency Act (FFATA).

Purpose

The DUNS number will be required whether an applicant is submitting the ODH Application Gateway in GMIS. By using GMIS, entities will be able to store in a central repository, information about the organization that does not change from application to application. The DUNS number will be one of those stored elements and will supplement other identifiers required by statute or regulation, such as tax identification numbers. The intent over time is to use the DUNS number throughout the grants life cycle.

Step 1: Getting your DUNS

The federal government requires organizations to provide a DUNS number as part of their grant applications and proposals. The Data Universal Number System (DUNS) number is a unique nine character identification number provided by the commercial company Dun & Bradstreet (D&B) and is required as part of the CCR registration process.

1. The first step to getting your organization registered is to request a DUNS number from Dun and Bradstreet at http://www.dnb.com/us/duns_update/. Be aware internet applications can take up to 30 days via the web form.
2. It only takes a day to get a DUNS number from D&B by phone (you may be on hold for a little while). Note that an authorizing official, not a project director, of the organization should request a DUNS number. **Call D&B's special toll-free number for federal grant applicants: 1-866-705-5711.** Tell the operator that you are applying to a federal grant program and need to register for a DUNS number. The process will take about ten minutes.
3. You will be asked to provide the following information (subject to minor changes):
 - Legal name of organization,
 - Street address (and P.O. box if you have one)
 - Telephone number,
 - Web address,
 - name of the authorizing official (e.g., president, director, etc.),
 - the purpose of your organization (e.g., non-profit dance company to perform and create work, museum that provides art exhibitions for the general public, etc.),
 - total number of employees.
4. Due to the regulations imposed under FFATA, agencies should verify that they have a DUNS number or take the steps needed to obtain one as soon as possible if there is a possibility that they will be applying for state of Ohio sub-grant.

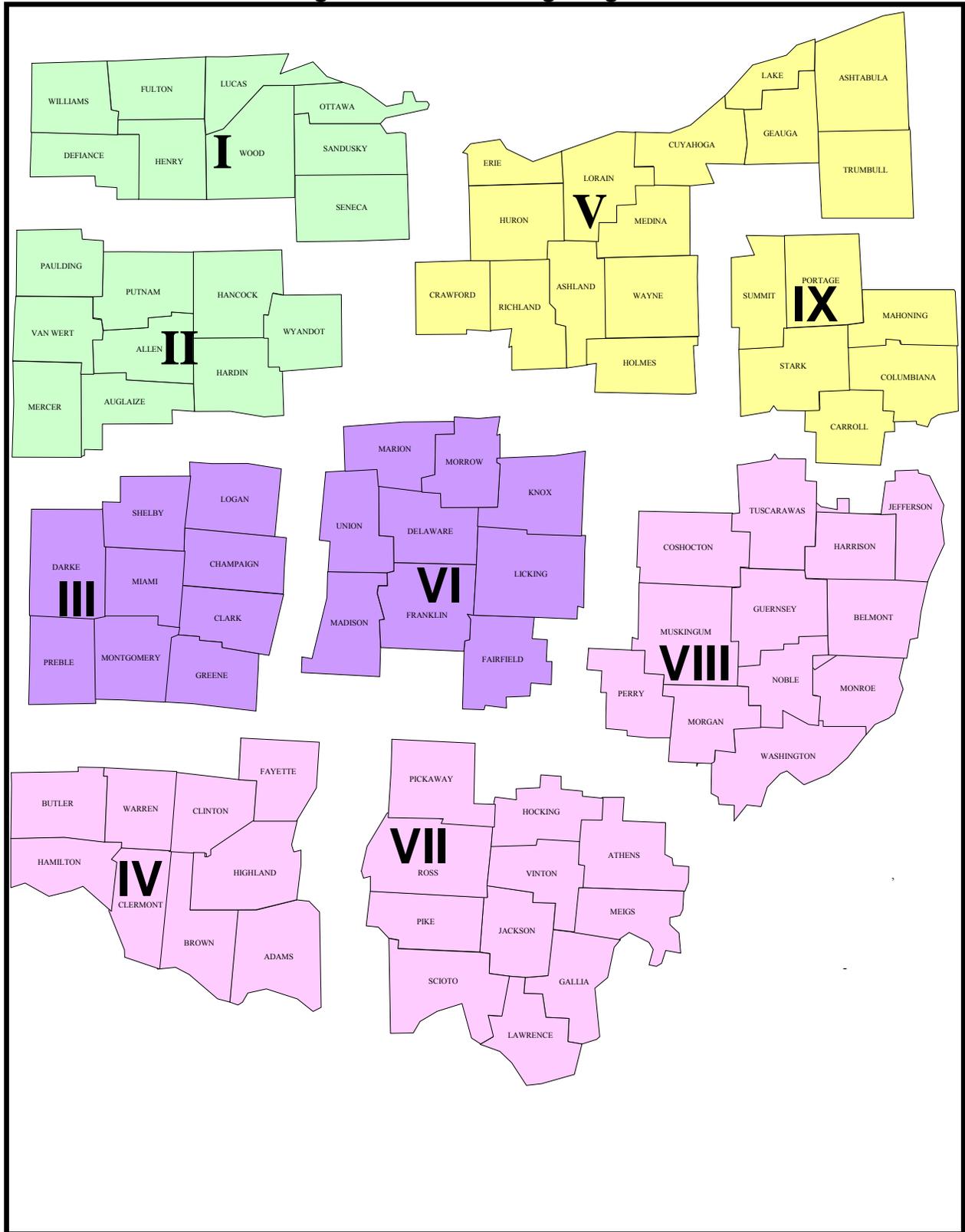
Step 2: Registering with Central Contractor Registration (CCR)

CCR will house your organizational information, allowing Grants.gov to use that information to verify your organization's identity. After you complete the CCR registration process and your EIN/TIN number has been validated by CCR registration process the very next business day. Organizations and individuals registering with CCR are required to designate an E-Business Point of Contact (POC) and create a Marketing Partner Identification Number (MPIN). The E-Business POC becomes the sole GMIS authority for the organization with the capability of designating or revoking an individual's ability to submit grant applications on behalf of their organization through GMIS. You may register for the CCR by calling the CCR Assistance Center at **1-888-227-2423** or you may register online at www.ccr.gov.

It is important to note, however, that the entire process, including the steps that need to be taken by CCR, takes about 5 days.

CCR registrants are required to submit detailed information on their company in various categories. Additional, non-mandatory information is also requested. The [CCR User's Guide](#) defines and details specific informational requirements.

Appendix 2 Regional Infant Hearing Programs



Appendix 3

Funding Allocation for 7/1/2011 – 6/30/2012

Region	Counties in Region	Annual Births 2009 Vital Statistics
I	Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Seneca, Williams, Wood	10,937
II	Allen, Auglaize, Hancock, Hardin, Mercer, Paulding, Putnam, Van Wert, Wyandot	5,433
III	Champaign, Clark, Darke, Greene, Logan, Miami, Montgomery, Preble, Shelby	15,199
IV	Adams, Brown, Butler, Clermont, Clinton, Fayette, Hamilton, Highland, Warren	24,192
V*	Ashland, Ashtabula, Crawford, Cuyahoga, Erie, Geauga, Homes, Huron, Lake, Lorain, Medina, Richland, Trumbull, Wayne	34,137
VI	Delaware, Fairfield, Franklin, Knox, Licking, Madison, Marion, Morrow, Union	28,021
VII	Athens, Gallia, Hocking, Jackson, Lawrence, Meigs, Pickaway, Pike, Ross, Scioto, Vinton	4,972
VIII	Belmont, Coshocton, Guernsey, Harrison, Jefferson, Monroe, Morgan, Muskingum, Noble, Perry, Tuscarawas, Washington	5,937
IX	Carroll, Columbiana, Mahoning, Portage, Stark, Summit	16,410
Total	88	

Contacts: Regions I, II, III, VI Sheryl Silver, 614-728-4676
Regions V, IX Susan Wendt, 614-466-8583
Regions IV, VII, VIII Reena Kothari, 614-387-0135

*Region V was previously Region V and Region X.

Region	Counties in Region	% Births by Region for 2007, 2008, and 2009	% Referrals (Non-Passes) by Region for 2007, 2008, and 2009 *	% Early Intervention Services by region for 2007, 2008, and 2009 **	Base Funds	Allocation based on Births, Referrals, and Early Intervention	Total 12 Month Allocation
I	9	7.61%	7.82%	7.82%	\$35,000	\$39,038	\$74,038
II	9	3.74%	4.04%	3.71%	\$35,000	\$19,147	\$54,147
III	9	10.36%	10.54%	10.83%	\$35,000	\$53,170	\$88,170
IV	9	16.67%	17.32%	16.16%	\$35,000	\$84,821	\$119,821
V	14	23.77%	22.74%	23.60%	\$50,000	\$118,541	\$168,541
VI	9	18.91%	18.10%	18.96%	\$35,000	\$94,506	\$129,506
VII	11	3.54%	4.04%	3.69%	\$35,000	\$18,823	\$53,823
VIII	12	4.17%	4.46%	3.89%	\$35,000	\$21,257	\$56,257
IX	6	11.30%	10.95%	11.33%	\$35,000	\$56,677	\$91,677
Totals					\$330,000	\$505,890	\$835,980

Funding Allocation Formulas for 7/1/2011 – 6/30/2012

% Births: Percent of births for 2009 was calculated by averaging births per Region based on Vital Statistics data (number of births per region divided by total births statewide) and actual Hi*Track data (number of births per region divided by total births statewide). Final percent births is the average of 2007 Vital Statistics birth data, 2008 Vital Statistics birth data, and the average Vital Statistics-Hi*Track data for 2009.

* **% Non-Pass (Referred):** Percent of Referrals for 2007 and 2008 were based proportionally on Vital Statistics 2007 and 2008 births per Region. 2009 was calculated by averaging Vital Statistics proportional percentage and actual Hi*Track percentages (number of Referrals in Region divided by total Referrals). Final percent Referrals is the average 2007 Vital Statistics proportionate data, 2008 Vital Statistics proportionate data, and the average Vital Statistics-Hi*Track data for 2009.

** **% Early Intervention Services:** Percent of Early Intervention for 2007 and 2008 were based proportionally on Vital Statistics 2007 and 2008 births per Region. 2009 was calculated by averaging Vital Statistics proportional percentage and actual Hi*Track percentages (number of Early Intervention in Region divided by total Early Intervention). Final percent Early Intervention is the average 2007 Vital Statistics proportionate data, 2008 Vital Statistics proportionate data, and the average Vital Statistics-Hi*Track data for 2009.

Base Funds: \$35,000 per Region annually. (Region V allocation includes an additional \$15,000 for administration of combined Regions.)

Total 12 Month Allocation: Total allocation is base funding plus a proportion of the remaining funds allocated as follows: 50% for births, 30% for Referrals and 20% for Early Intervention Services.

APPENDIX 4

Regional Infant Hearing Program Components

Each program shall include at a minimum the following components:

1. Regional Infant Hearing Programs will coordinate the tracking and follow-up of newborns identified by the Ohio Universal Newborn Hearing Screening program who do not pass a newborn hearing screening. 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 appropriate data systems to employ the protocols for follow-up and tracking developed by the Regional Infant Hearing Program workgroup and approved by the Department (see Appendix 4 and 5).
2. Regional Infant Hearing Programs will refer all infants and toddlers with a confirmed hearing loss to Help Me Grow to assure that all families enrolled in Early Intervention for hearing loss receive the following Part C services:
 - Help Me Grow service coordination to assure that services are coordinated and that families receive all of the identified, needed services;
 - Multidisciplinary developmental evaluation and ongoing assessment, including medical and vision evaluations, for each child with documented hearing loss in order to accurately reflect the child's needs and abilities;
 - Individualized Family Service Plans (IFSPs) for each child, in accordance with the guidelines established by the Individuals with Disabilities Education Improvement Act (IDEA) and Ohio Revised Code (Rule); and
 - A seamless transition into preschool services system at age three for each child with documented hearing loss in accordance with the guidelines established by IDEA and Ohio Revised Code (Rule).
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 unbiased manner. Staff will support families as they select and implement a communication approach that meets the needs of each child and family – 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 significant 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 within everyday routines, activities, and places, which include the home or locations where the child is cared for a major portion of his/her time. Frequency of services must be appropriate to the developmental stage of the child and shall be no less than two home visits per child per month unless the family requests less.
 - b. Support families in developing positive, nurturing, and mutually enjoyable interactions with the child.
 - c. Help families recognize and respond to their child's communication attempts to facilitate the development of communication.
 - d. Assist families in understanding the importance of play as the central medium for learning and facilitating motor, social, cognitive, and communication skills.
 - e. Assist 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, and families should be directed to other sources of payment (e.g., BCMH, private insurance, Medicaid, CHIP) for these services.

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 5

Protocol Basic Outline of Follow-Up, Tracking, and Early Intervention

DOCUMENT all telephone/mail contacts with families, clinicians, and other professionals regarding tracking, follow-up, including results of all diagnostic hearing evaluations in Hi*Track, and enrollment in Early Intervention.

- I. UNHS Referral is received.**
 - Review Hi*Track on a weekly basis to identify infants needing follow-up and tracking.

- II. Check Early Track and/or contact Help Me Grow (HMG) prior to contacting the family to determine if the child is receiving HMG services. (This is not a referral to HMG.)**
 - A. If receiving Help Me Grow services**
 1. Identify Help Me Grow Service Coordinator
 2. Determine who (RIHP or HMG Service Coordinator) will contact the family to determine whether the child has received a hearing evaluation or to discuss scheduling follow-up diagnostic testing.

 - B. If NOT receiving HMG services**
 1. Contact the family

 - E. Make verbal or written contact with family within two business days of receipt of Referral.**
 - A. VERBAL - Make a minimum of THREE contact attempts by telephone**
 1. First call within two business days of receipt of referral.
 2. Try evening call(s) for those not reached during day
 3. If phone is disconnected, wait one week and make another attempt (Phone may be reconnected).
 4. If no contact by phone, send a letter.

- B. **WRITTEN - Mail 1st letter to family** if no contact by telephone after 3 attempts.
1. If no contact within 30 days, mail a 2nd letter to the family.
 2. If no contact within 30 days of mailing the 2nd letter, mail Physician Letter # 1 (See Appendix 5).
 4. If no contact from primary care provider within 45 days, close the case (See Appendix 5).

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, document in Hi*Track, and **close the case**.

F. **Determine if child has had a 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 and
 2. Provide list of nearby audiologists
- B. If a hearing evaluation has been scheduled
1. Offer to check back with the parent to obtain the results.
- C. Provide information about the BCMH program and refer to the local health department BCMH Nurse for an application if the family may need assistance with paying for a diagnostic evaluation.

G. **If a Diagnostic Evaluation has been completed, obtain the results.**

A. **Normal Hearing - Close case** (explain Help Me Grow if there are other concerns)

B. **Diagnosed Hearing Loss – offer to provide services**

Obtain VERBAL CONSENT from parent, and REFER to Help Me Grow for Part C entitlements, if not already enrolled.

H. **Early Intervention**

- A. Document date of enrollment, date of exit, and reason exited, as appropriate to the status of the child.
- B. Coordinate with HMG to ensure hearing loss and RIHP early intervention services are documented on the IFSP.
- C. Provide periodic updates to Early Track to document LDS assessments.

NOTES

1. **Document all contacts as well as attempts to contact families**, Help Me Grow, physicians, and outcomes of diagnostic follow-up hearing evaluations
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.**

APPENDIX 6

Protocol for Physician Custom Letters

Physician Custom Letter 1: Inform physicians that a non-pass UNHS result occurred and a follow-up hearing evaluation was not completed. If there is no response to the letter within 45 days, (no follow-up diagnostic report and/or no communication from the PCP's office), stop tracking and change status to follow-up discontinued.

Generating the List

- ✓ **Login to HI*TRACK**
- ✓ Set **DOB** range according to the dates **listed in the timeline** for this activity. Click **Refresh**.

- ✓ Go to the **ACTION NEEDED** File Cabinet
- ✓ Click on **Need Appointment**

- ✓ Scroll to the heading labeled **“DOCTOR”**
- ✓ Click on the heading once or twice until all records with physician names are at the top of the list

- ✓ Click on **Auto-Filter**
- ✓ Scroll to the heading **“Inpatient”**
- ✓ Click on the dropdown arrow and select **“Referred”**

- ✓ Scroll to the heading **“Status”**
- ✓ Click the dropdown arrow
- ✓ Your choices should read **“(all)” and “In Progress”**
(If there are other choices, review those records. Completed records should not be in the Need Evaluation folder. Please use the tracking options to move these records to the appropriate folders.)

- ✓ Select **“In Progress”**

This is your list for Custom Letter # 1. See page 3 for printing instructions.

Physician Letter 1 Timeline

Send letters for Infants that are at least 60 days old and no contact has been made with families.

For example: In July, 2011 send letters to PCPs of infants born in May, 2011.

In August, 2011 send letters for infants born in June, 2011.

In March, 2012 send letters for infants born in January, 2012.

Protocol for Physician Custom Letter 2

Physician Custom Letter 2: Inform physicians who have a patient enrolled in Early Intervention and this patient has only a baseline Language Development Scale score. (This should correspond to infants and toddlers enrolled in the RIHP within the prior 6 month period).

Generating the List

- ✓ **Login to HI*TRACK**
- ✓ Open the **No Action file cabinet** and click on “**Enrolled Intervention**”

- ✓ **Set the date of birth range three years earlier than the current date you are in the system.** This will capture all infants and toddlers eligible for Part C Early Intervention services. *(Children who are older than 3 years are not eligible for services. To close out these records, go into the EI section of the child’s record located on the baby card. Click “Add”. Change status to “not eligible/closed” and enter the date of the last home visit. Save the record. Go into tracking and choose Follow-up discontinued.)*

Obtain a list of children from the parent advisors who have received only the Baseline Language Development Scale (LDS) assessment. Generate and print letters for these infants and toddlers. Enter the baseline Language Development Scale scores manually on the lines for Receptive Language Age and Expressive Language Age. All reporting is in “months” of age.

Please note: LDS assessment results are to be entered regularly in Early Track and may be accessed there for this letter.

Physician Letter 2 Timeline

Send Custom Letter 2 to physicians for infants enrolled in Early Intervention Services after receiving baseline LDS assessment. Physician notification of baseline Language Development Scale scores for newly enrolled infants and toddlers should occur within 2 weeks of the assessment.

Protocol for Physician Custom Letter 3

Physician Custom Letter 3: inform physicians who have a patient enrolled in Early Intervention and this patient has a baseline Language Development Scale score as well as additional Language Development Scale scores of the latest LDS score. This corresponds to those infants and toddlers enrolled in early intervention longer than a period of 6 months.

Generating the List

- ✓ **Login to HI*TRACK**
- ✓ Open the **No Action file cabinet** and click on “**Enrolled Intervention**”

- ✓ **Set the date of birth range three years earlier than the current date you are in the system.** This will capture all infants and toddlers eligible for Part C Early Intervention

services. (*Children who are older than 3 years are not eligible for services. To close out these records, go into the EI section of the child's record located on the baby card. Click "Add". Change status to "not eligible/closed" and enter the date of the last home visit. Save the record. Go into tracking and choose Follow-up discontinued.*)

Obtain from the parent advisors a list of children who received Language Development Scale assessments in addition to the initial baseline assessment. Generate and print letters for these infants and toddlers. Enter baseline Language Development Scale scores and the most recent Language Development Scale scores manually on the lines for Receptive Language Age and Expressive Language Age. All reporting is in "months" of age.

Please note: LDS assessment results are to be entered regularly in Early Track and may be accessed there for this letter.

Physician Letter 3 Timeline

Send Custom Letter 3 to physicians to report updated LDS scores. Physician notification of updated Language Development Scale scores should occur within 2 weeks of the assessment.

Generating and Printing Letters

- ✓ Click on the name of the first baby on the list
- ✓ Make sure the **baby card** that pulls up on the left side of the screen matches the name of the baby you selected
- ✓ From the baby card, **Click on letters** (located above recommended actions)
- ✓ A new screen appears with 3 tabs: Pending letters, Letter request, Letter history
- ✓ Click on **Letter Request**
- ✓ **Physician Custom Letter 1, 2, and 3 are listed**

- ✓ In the column labeled "**Generate**", check the box in the row with the Custom Physician Letter you want to print.

- ✓ Click **Request**
- ✓ The tab changes to **Pending Letter**
- ✓ YES is checked under the Print heading by default.
- ✓ Hold down the **control key** and click on "**Process**" (must do both simultaneously)
- ✓ Keep your finger on the control key until a dialogue box appears prompting you to either open or save the file
- ✓ Choose "**open**"
- ✓ A **word document icon** will appear in the task bar at the bottom of the screen.
- ✓ Click on the icon to open the Word document
- ✓ **Print in the same manner you would any Word document**

Appendix 7

Protocol - Add SKI*HI LDS Scores to Early Track

Early Track is the software program used by the Ohio Department of Health (ODH) for Help Me Grow.

Check Early Track to ensure child is not already enrolled. Make electronic referral to HMG if not already enrolled.

If child is enrolled in Part C of HMG, follow up with HMG Service Coordinator. Verify that child is enrolled in HMG and that RIHP is listed as a service provider on the child's IFSP.

Use Early Track 3.0 (or current version) to enter the SKI*HI baseline and updated Language Development Scale Scores (LDS) for all children enrolled in the RIHP in accordance with established guidelines.

Adding SKI*HI Language Development Scale Scores (LDS)

- ❖ Locate the record for the child you want to add assessment data
- ❖ Click on Assessments
- ❖ Click on "New"

Choose SKI*HI LDS from the dropdown

- ❖ Enter information into the required fields
- ❖ Scores are added by using the dropdown menu
- ❖ Add notes if helpful

Assessment Detail - Windows Internet Explorer

https://odhgatewaytrng.odh.ohio.gov/earlytrack3/Pages/Children/Assessment/AssessmentDetail.aspx

File Edit View Favorites Tools Help

Assessment Detail

Children Reports Administration ET Info F.A.Q.S. Help

Child Search	Child	Primary Caregiver	Service Coordinator	Status
Demographics	smith, carla	smith, carl	Service Coordinator, Susie	Part C
Caregivers	DOB: 10/1/2005	10 oak	Fabricated Agency	2/7/2007
Newborn Home Visit	ET ID: 1755605012	Vermillion, Ohio 44089 (440) 222-2222	12/2/2005	
Referrals	45-Day Timeline Ends : 3/18/2007			
Service Coordinators	Referral Selected for 45-Day Compliance : 2/1/2007			
Evaluations	Missing Requirements : IFSP			

Assessments

Assessment List Assessment Detail

*Assessment Name : SKI*HI LDS

*Assessment Date : / /

* Child's age in months at time of Assessment: [Get Age]

* Administered By :

* Expressive Language Score :

* Receptive Language Score :

Add Note Save

* Indicates required field.
** Indicates conditionally required field

Done Internet | Protected Mode: Off 100% 4:05 PM

Appendix 8

Example: Family Support Activities Report

Family Support: addresses educational and emotional needs, family concerns and questions. Activities may include presentations, speakers, informal gatherings for families. This may included family fun days, holiday events, parent educational seminars, lunch time gatherings, Facebook or Yahoo interactions. Activities included group and family-to-family social, emotional, and educational support.

RIHP Program Region #

Dates: MM/DD/YY to MM/DD/YY

Date of Activity	Families Participating and # of Individuals	Coordinator, Type of Activity, and Description of Activity
1-25-12	2 families, 6 people	Susan Jones, PA, Presentation, at Library by John Smith, MD on etiology of hearing loss
2-12-12	4 families, 12 people	John Jones, PA, valentine's day party, offering parents time to talk together and a supervised play group for children
2-20 -12	4 Adults	John Jones, PA, web event, invited parents to join webcast on cochlear implants with Q & A opportunity

Example: Family Interaction with Deaf Community Report

Interaction with Deaf Community: addresses the need to assist families to connect with and understand the Deaf Community, appreciate its uniqueness, and to learn to interact with it. Activities may include presentations, speakers, and informal gatherings for families. This may include family fun days, holiday events, parent educational seminars, and parent support groups. Activities include group and family-to-family social, emotional, and educational support as they delve into the Deaf culture.

RIHP Program Region #

Dates: MM/DD/YY to MM/DD/YY

Date of Activity	Families Participating and # of Individuals	Coordinator, Type of Activity, and Description of Activity
1-25-12	4 Adults	Susan Jones, PA, Presentation, at Library by Jane Doe, a deaf educator, on “Understanding Deaf Culture”
2-12-12	4 families, 12 individuals	John Jones, PA, Valentine’s day party, offering parents and children an opportunity to interact with a Deaf Mentor.
3-20 -12	4 families, 10 individuals	John Jones, PA, Music Night, invited families to a musical performance by Deaf Performers at the Community Center

**APPENDIX 9
Proposal Review Criteria**

Applicant Agency: _____ Region: _____

ODH Program Title: REGIONAL INFANT HEARING PROGRAM (RIHP)

Grant Period: 7/01/11 - 6/30/12 Program Period: 7/01/2011 – 6/30/2012

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 68 and circle your recommendation:

APPROVAL, or APPROVAL WITH RECOMMENDATIONS (special conditions)

Scoring	
Agency	____/ 8
Program/Services	____/ 36
Personnel	____/ 12
Budget	____/ 12
Other	____/ 6
TOTAL	____/ 74

APPROVE

Recommendation (circle one): APPROVE WITH RECOMMENDATIONS

(State recommendations on last page)

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 4 and Appendix 5)	2	1	0

Comments/Concerns:

Program/Services

5. Does the application address both of the RIHP goals? (RFP, pg. 2)			
a. To track infants who did not pass their newborn hearing screening and to assist families with securing follow-up diagnostic evaluations	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. 5)	2	1	0
7. Are services planned to be provided for at least one entire region? (P. 1)	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 document activities electronically following protocols	2	1	0
c. To collaborate with Help Me Grow to assure part C core services	2	1	0
d. To adhere to Ski*Hi guidelines and recommendations for home-based services.	2	1	0
e. To assure a system of support for all enrolled families	2	1	0
f. 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
9. Does the application describe plans to foster parent-to-parent support? (RFP, pg 7)	2	1	0
10. Does the application describe the provision of year-round, continuous services? (RFP, pg. 7)	2	1	0
11. Does the Program Activities Timeline Table list objectives/activities to reach goals and address how their effectiveness will be determined? (RFP, pg 23)	2	1	0

Comments/Concerns:

Personnel

12. Does the application describe the administrative role and responsibilities of the Project Director? (RFP, pg. 6-7)	2	1	0
13. Does the application describe qualifications and role/responsibilities of the staff coordinating tracking and follow-up? (RFP, pg. 7)	2	1	0
14. Does the application describe qualifications and role/responsibilities of the Parent Advisor(s)? (RFP, pg. 7/8)	2	1	0
15. 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. 8/9)	2	1	0
16. Does the application outline plans for all personnel to complete training required for their roles with the RIHP? (RFP, pg. 7-9)	2	1	0
17. 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

18. Does Budget clearly describe appropriate use of grant dollars, including travel reimbursement in accordance with state guidelines? (RFP, pg. 15)	2	1	0
19. Is budget consistent with the activities, functions, and personnel described in the Program Narrative and Program Goals and Objectives?	2	1	0
21. Is Section D completed?	2	1	
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
27. Does the application address “Intent to Pursue Health Equity Strategies”? (RFP, pg. 11)			

Comments/Concerns:

Recommendations: