

# Diabetes Self-Management Education (DSME) Mini-Grant Funding Opportunity Announcement (FOA) FY 2016 - 2017

**Deadline for application: August 8, 2016**

## **I. Overview of Diabetes Self-Management Education**

People with type 2 diabetes who complete a diabetes self-management education (DSME) class are better able to manage their disease and reduce or prevent complications. In Florida, DSME is covered by health insurance only if DSME programs provided as a health benefit meet national standards. DSME is NOT a 24-hour nurse hotline or a brochure. It is tailored to individual needs, but can be provided in a group setting or individual setting. Group DSME classes provide a social networking component that increases success. DSME can be provided in person or via telehealth. Telehealth is the use of technology to deliver health information. Funding for telehealth is not available through this funding opportunity announcement but may be made available in the future.

The Centers for Medicare and Medicaid Services (CMS) authorizes two organizations, the American Diabetes Association (ADA) and the American Association of Diabetes Educators (AADE) to certify DSME programs as meeting the national standards. The designation of ADA recognition or AADE accreditation assures participants in these DSME programs that they are receiving quality services.

Please review the following websites for information regarding Diabetes Self-Management Education.

**AADE Website:**

<https://www.diabeteseducator.org/>

**ADA Website:**

<http://www.diabetes.org/>

**Crosswalk for AADE's Diabetes Education Accreditation Program:**

[http://mi-seniors.net/pdfs/annual\\_conference/AADE%20accreditation%20Dawn%20Crane%20.pdf](http://mi-seniors.net/pdfs/annual_conference/AADE%20accreditation%20Dawn%20Crane%20.pdf)

## **II. Purpose and Eligibility Requirements**

WellFlorida Council is partnering with the Florida Department of Health, Bureau of Chronic Disease Prevention to manage mini-grant distribution and provide technical assistance and expert mentoring services to establish or assist DSME diabetes education programs in Florida. The purpose of this funding is to expand access to DSME programs for people with diabetes in Florida. The short-term goal is to increase the number of DSME programs that are on a path toward accreditation or recognition. The long-term goal is to increase the number of accredited or recognized DSME programs in Florida. Funding is available to support activities and purchases that will help organizations attain one of the following goals:

GOAL 1: Build infrastructure toward a quality (ADA-recognized or AADE-accredited) DSME program

- Organization has no current DSME program, with a goal of providing quality DSME which eventually could be recognized by the ADA or accredited by the AADE.

GOAL 2: Achieve DSME accreditation or recognition

- Organization has a current diabetes education/DSME program that is not recognized or accredited and has a goal of becoming recognized or accredited to provide DSME.

GOAL 3: Establish a recognized or accredited satellite site

- Organization currently has a DSME program that is recognized or accredited and has a goal to establish one or more satellite locations that are recognized or accredited to provide DSME.

GOAL 4: Increase sustainability of an existing recognized or accredited DSME program

- Organization seeks assistance to sustain a recognized or accredited DSME program.

Priority for funding will be given to:

- Organizations located in or providing services to any of the following counties Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee and Union; other counties will be considered, but targeted counties receive priority.
- Counties with no recognized or accredited DSME program, or that demonstrate an unmet need.
- Organizations which demonstrate a strong community network of partners.
- Programs that incorporate accessibility for participants with physical/intellectual disabilities.

Funding Details:

- Mini-grant period: September 9, 2016 (or date executed by both parties) – June 15, 2017.
- Successful applicants will be awarded up to \$15,000 per site and/or will be assigned a mentor pending funding availability, program goals, and organization's current state of readiness.
- The role of an assigned mentor is to provide technical assistance and program development consultation.
- For details regarding allowable and unallowable costs, please see Attachment 3. Funding cannot be used for staff, with the exception of temporary, hourly-wage data entry staff.

### **III. Application Submission Process**

**Interested applicants are required to submit an application using the templates provided (Attachments 1, 2, and 3).**

**STEP 1:** Review the entire FOA, including the reference materials mentioned above, prior to completing the application.

**STEP 2:** Complete the application cover sheet (Attachment 1). All information must be completed.

**STEP 3:** Complete the Application (Attachment 2)

**STEP 4:** Complete the budget check list (Attachment 3). All information must be completed.

**STEPS:** Submit the complete application package as described in Attachment 1.

## IV. Application Review Process

All applications will be reviewed by a review committee. As part of the application review process, applicants will be interviewed by the review committee to more accurately determine the organization's ability and commitment to complete the funding goal(s).

Based on the applications received and the results of the interviews, the review committee will make funding decisions. Decisions of the review committee are final. The review committee will award funding amounts in allotted budget categories for each funded applicant. Applicants will be responsible for creating a detailed budget and work plan as part of their first deliverable. Allowable budget categories can be reviewed in Attachment 3.

## V. Funding Timeline

Funding announcement released on or before	July 8, 2016
Q&A conference call (optional)	July 15, 2016, 2:00-3:00PM EDT <ul style="list-style-type: none"> <li>● Toll-free number: 888.670.3525</li> <li>● Participant Code: 416.360.4135</li> </ul>
Summary of conference call posted on Health Council websites	July 22, 2016
Application deadline*	August 8, 2016
Telephone Interviews	August 15 – 26, 2016
Funding awards announced	September 9, 2016
All funded activities completed by	June 1, 2017
All reports received by	June 15, 2017

\*All applications must be received by this date. Late applications are not guaranteed to be considered.

## VI. Deliverables

Funded organizations will be required to submit deliverables based on the items funded. Deliverables are meant to ensure that the funded grant activities are completed and that progress is made toward goals. Descriptions and amounts associated with each deliverable will be determined on a case-by-case basis. Failure to complete and submit the required deliverables will result in forfeiture of funding.

Below is a **sample** set of deliverables; **actual** deliverables for each mini-grantee will be determined upon award of mini-grant.

## SAMPLE Deliverables and Due Dates

<b><i>Due Date</i></b>	<b><i>Deliverable</i></b>
Within 2 weeks of funding award	<p>Conference Call with DSME Hub and Mentor to discuss work plan and timeline</p> <p>Completion of Baseline SurveyMonkey Survey, indicating which national standards are in place.</p> <p><u>Progress Report and Invoice including:</u></p> <ol style="list-style-type: none"> <li>1. Confirmation of contact with mentor (date; name, phone number and email address of mentor; name, phone number and email address of organizational representative; summary of conversation).</li> <li>2. Work plan for what the Grantee will accomplish throughout the funding period, including a timeline and person responsible for each activity.</li> <li>3. Detailed Budget</li> <li>4. If seeking DSME accreditation/ recognition, include whether ADA or AADE process will be used.</li> <li>5. During the 12 months prior to this grant funding, how many participants received DSME services through Grantee at the site supported through this grant funding?</li> </ol>
As Described	Conference Call with DSME Hub and Mentor (held in months of September, November, January, March, May and June) TBD.
Bi-Weekly	Conference Call with Mentor to discuss work plan, challenges and DSME related concerns.
Quarterly	<p><u>Progress Report and Invoice:</u></p> <p>Including update on work plan and milestones and:</p> <ol style="list-style-type: none"> <li>1. Is the organization on track with completing activities in the work plan?</li> <li>2. If not, what are the reasons for any delays?</li> <li>3. What other DSME-related accomplishments has the organization achieved to date?</li> <li>4. What challenges has the organization encountered, and how were they overcome?</li> <li>5. Checklist of national standards showing which are in place.</li> <li>6. Provide a written report regarding Grantee's marketing and sustainability plan.</li> </ol> <p><u>Budget status report:</u></p> <ol style="list-style-type: none"> <li>7. Complete the budget report on the form provided. Backup documentation may be requested.</li> <li>8. Are there any requested changes to the budget? Please specify.</li> </ol>
June 15, 2017	<p><u>Final Report and Invoice describing the following:</u></p> <ol style="list-style-type: none"> <li>1. Work plan milestones as shown above.</li> <li>2. Reason for any milestones not achieved.</li> <li>3. Successes, barriers, lessons learned.</li> <li>4. Summary of mock audit/site visit.</li> <li>5. Submit proof of application for accreditation or recognition.</li> <li>6. Next steps (post-funding period).</li> <li>7. During this grant funding, how many participants received DSME services through the Grantee at the site supported through this grant funding?</li> </ol> <p><u>Final Budget Report:</u></p> <ol style="list-style-type: none"> <li>8. Complete the budget report on the form provided.</li> </ol>

**Attachment 1**  
**2016-2017 DSME MINI-GRANT**  
**COVER SHEET (REQUIRED)**

The following cover information must be completed. This page must be included with the application package. Only Microsoft Word (doc, docx) or PDF formats are acceptable. Font size must not be less than 11 points. Handwritten applications will not be accepted.

**APPLICANT INFORMATION**

Organization Name \_\_\_\_\_

Organization Address \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Title: \_\_\_\_\_ Email Address \_\_\_\_\_

Website Address: \_\_\_\_\_

**FUNDING REQUESTED**

Before requesting funding, please review the Goals listed in Section I, information links listed in Section II, and allowable expenses listed in Attachment 3: Budget Checklist, to determine which goals and funding items are the best fit for your organization at this time.

The total amount of funding requested is \$\_\_\_\_\_.

Please note, if we are unable to fully fund your request, we may be able to fund your organization at a lower funding level. Potential funding levels will be discussed during the phone interview process as described in Application Review Process.

**ATTACHMENTS REQUIRED**

Applications will only be accepted if they include all of the following attachments completed in full:

- Attachment 1: 2016-2017 DSME Mini-Grant Application Cover Sheet (this page) – Microsoft Word (doc, docx) or PDF format**
- Attachment 2: 2016-2017 DSME Mini-Grant Application – Microsoft Word (doc, docx) or PDF format**
- Attachment 3: Budget Checklist – Microsoft Word (doc, docx) or PDF format**

**By affixing my signature on this cover sheet, I hereby state that I have read the entire DSME Mini-Grant Funding Opportunity Announcement and all attachments. I hereby certify that my company, its employees, and its principals agree to abide by all of the terms, conditions, provisions and specifications during the solicitation and any resulting funding.**

**Signature of Authorized Representative:** \_\_\_\_\_

**Name and Title (Typed):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Return the completed application, including all required attachments in the formats specified above, **via email** to:

WellFlorida Council  
Attention: Lindsey K. Redding  
lredding@wellflorida.org

**Application Deadline: August 8, 2016**

## Attachment 2

### 2016-2017 DSME MINI-GRANT APPLICATION (REQUIRED)

Prepare a response to all sections. Provide information about how the applicant organization will use the items requested to achieve the stated goal(s). Your responses to all of the following must be included with the application package. Only Microsoft Word (doc, docx) or PDF formats are acceptable. Font size must not be less than 11 points. Handwritten applications will not be accepted.

#### SECTION A: PROGRAM DESCRIPTION

##### 1. DOES YOUR ORGANIZATION CURRENTLY PROVIDE DIABETES EDUCATION SERVICES?

YES

NO

**If you selected yes:**

- a. In which county(ies)?
  
  
  
  
  
  
  
  
  
  
- b. Which DSME or related services do you currently provide?
  
  
  
  
  
  
  
  
  
  
- c. Approximately how many participants have completed your diabetes education program during the most recent fiscal or calendar year? \_\_\_\_\_

##### 2. PLEASE BRIEFLY DESCRIBE YOUR CURRENT AND/OR PROPOSED PROGRAM (MAX 250 WORDS – DOUBLE-SPACED):

**2. CURRENT OR PROPOSED PROGRAM – CONTINUED**

**3. HOW DOES OR WOULD YOUR CURRENT AND/OR PROPOSED PROGRAM INCORPORATE ACCESSIBILITY FOR PARTICIPANTS WITH PHYSICAL/INTELLECTUAL DISABILITIES? (MAX 100 WORDS – DOUBLE-SPACED)**

**4. WHICH COUNTIES WOULD THE GRANT FUNDS COVER?**

**5. WHAT DOES YOUR ORGANIZATION INTEND TO ACCOMPLISH THROUGH THIS FUNDING OPPORTUNITY? EXPLAIN HOW YOUR PLANS ARE MEASURABLE, ACHIEVABLE, AND RELEVANT TO THE FUNDING GOAL(S) THAT YOUR PROPOSAL WOULD ADDRESS. (MAX 250 WORDS – DOUBLE-SPACED)**

Empty response box for the funding opportunity question.

**6. WHAT OTHER INTERNAL/EXTERNAL PARTNERS WILL YOU COLLABORATE WITH? DESCRIBE CURRENT AND PROPOSED COLLABORATIVE ACTIVITIES. THIS COULD INCLUDE REFERRAL AGREEMENTS OR POLICIES. (MAX 200 WORDS – DOUBLE-SPACED)**

**SECTION B: ORGANIZATION’S ABILITY TO PROVIDE SERVICES**

**1. PLEASE PROVIDE THREE COMMUNITY REFERENCES (OUTSIDE YOUR ORGANIZATION) WHO CAN SPEAK TO YOUR ORGANIZATION’S CAPABILITY AND COMMITMENT TO PROVIDE DIABETES EDUCATION SERVICES.**

**Name:** \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Name:** \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Name:** \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**2. THIS GRANT CANNOT BE USED TO PAY STAFF SALARIES; THEREFORE, YOU MUST DEMONSTRATE ABILITY TO STAFF THE PROJECT IF FUNDED. PLEASE ENTER INFORMATION ON CURRENT OR PROJECTED PROGRAM STAFF.**

Name and/or Position Title: _____ Credentials: _____ Current Staff Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No      Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contracted  If not currently working in DSME, what will be the funding source for this staff member? _____	<i>% of Time Devoted to DSME</i>  _____%
Name and/or Position Title: _____ Credentials: _____ Current Staff Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No      Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contracted  If not currently working in DSME, what will be the funding source for this staff member? _____	<i>% of Time Devoted to DSME</i>  _____%
Name and/or Position Title:: _____ Credentials: _____ Current Staff Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No      Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contracted  If not currently working in DSME, what will be the funding source for this staff member? _____	<i>% of Time Devoted to DSME</i>  _____%

**3. AGENCY TYPE**

For Profit       Not for profit       Government       Other \_\_\_\_\_

**4. BILLING**

Do you currently bill Medicaid, Medicare or Private Insurance for any services?  
 Yes       No

### Attachment 3

#### 2016-2017 DSME MINI-GRANT Budget Checklist (REQUIRED)

Place a checkmark in the Requested Funding Category column to denote items for which you are requesting funding. Indicate the amount requested in the Amount Requested column. Total Amount Requested cannot exceed \$15,000 per site. (See Goals List at the bottom of the next page)

Funding Category	Description/Criteria	Appropriate For	Requested Funding Category (Denote with a Checkmark)	Amount Requested
Training <i>Max: \$10,000</i>	<ul style="list-style-type: none"> <li>● Must be provided or approved by ADA or AADE or otherwise shown to be compatible with the national standards</li> <li>● Must be held during the funding period (after letter of award signed and before June 15, 2017)</li> </ul>	GOAL 1 GOAL 2 GOAL 3 GOAL 4		\$_____
Initial Accreditation/ Recognition Fee <i>Max: \$1,100 per site</i>	<ul style="list-style-type: none"> <li>● Fee for applying for initial AADE accreditation or ADA recognition</li> </ul>	GOAL 2		\$_____
Satellite Accreditation/ Recognition Fee <i>Max: \$100 per site</i>	<ul style="list-style-type: none"> <li>● Fee for applying for AADE accreditation or ADA recognition if a satellite location</li> <li>● Organization must already have AADE accreditation or ADA recognition at one site in Florida</li> </ul>	GOAL 3		\$_____
Incentive Items <i>Max: \$2,000</i>	<ul style="list-style-type: none"> <li>● For DSME participants</li> <li>● Must be related to DSME class topic(s)</li> <li>● Incentive items must comply with Section 20.43(7), Florida Statutes</li> </ul>	GOAL 1 GOAL 2 GOAL 3 GOAL 4		\$_____
Promotional Items <i>Max: \$2,000</i>	<ul style="list-style-type: none"> <li>● Brochures and other materials promoting the DSME class to participants and health care providers who refer patients</li> </ul>	GOAL 1 GOAL 2 GOAL 3 GOAL 4		\$_____

Continued on next page

Funding Category	Description/Criteria	Appropriate For	Requested Funding Category (Denote with a Checkmark)	Amount Requested
Mentoring/ Technical Assistance <i>No charge to grantee</i>	The cost of a mentor (if assigned) does not count towards your funding cap. <ul style="list-style-type: none"> <li>• Mentoring and technical assistance by a consultant who has auditing experience with the ADA or AADE, or who represents a high-performing DSME program that has achieved recognition/accreditation by the ADA or AADE</li> <li>• Includes telephone/email communication</li> <li>• Mentor will conduct a site visit/mock audit for Goal 2 applicants</li> <li>• Mentor (if assigned) may conduct a site visit for mini-grantees who apply for Goals 1, 3, or 4.</li> </ul>	GOAL 1 GOAL 2		No charge to mini-grantee
Curriculum <i>Max: \$2,500</i>	<ul style="list-style-type: none"> <li>• Purchasing/printing approved curriculum</li> <li>• Curriculum must be current and include core topics (See link for Crosswalk in Section II)</li> <li>• Purchasing curriculum licensing</li> </ul>	GOAL 1 GOAL 2 GOAL 3 GOAL 4		\$_____
Software <i>Max: \$500</i>	<ul style="list-style-type: none"> <li>• Purchase software for data collection needed for achieving accreditation/recognition</li> </ul>	GOAL 1 GOAL 2		\$_____
Hourly wage staff <i>Max: \$600</i>	<ul style="list-style-type: none"> <li>• Only temporary data entry staff will be approved</li> </ul>	GOAL 1 GOAL 2		\$_____
TOTAL AMOUNT REQUESTED				\$_____

For your reference, the four goals are:

GOAL 1: Build infrastructure toward a quality (ADA-recognized or AADE-accredited) DSME program

- Organization has no current DSME program, with a goal of providing quality DSME which eventually could be recognized by the ADA or accredited by the AADE

GOAL 2: Achieve DSME accreditation or recognition

- Organization has a current DSME program that is not recognized or accredited and has a goal of becoming recognized or accredited to provide DSME

GOAL 3: Establish a recognized or accredited satellite site

- Organization currently has a DSME program that is recognized or accredited and has a goal to establish one or more satellite locations that are recognized or accredited to provide DSME

GOAL 4: Increase sustainability of an existing recognized or accredited DSME program

- Organization seeks assistance to sustain a recognized or accredited DSME program

**Attachment 4**  
**DSME MINI-GRANT APPLICATION SCORE SHEET**  
**(To Be Completed by Review Committee)**

Applicant Organization: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

TOTAL FUNDING REQUESTED: \$ \_\_\_\_\_ SCORE: \_\_\_\_\_

**2016-2017 DSME Mini-Grant Scoring Criteria**

APPLICATION SECTION/QUESTION	SCORING CRITERIA	SCORE
<b>COVER SHEET</b>	<ul style="list-style-type: none"> <li>Is cover sheet complete?                      Yes = 5                      Partial = 3                      No = 0</li> </ul>	
<b>SECTION A: PROGRAM DESCRIPTION</b>		
1. Does your organization currently provide diabetes education services?	<ul style="list-style-type: none"> <li>Is response provided?                      Yes = 5                      Partial = 3                      No = 0</li> </ul>	
2. Please briefly describe your current or proposed program. (Limit 250 words. Only the first 250 words will be considered.)	<ul style="list-style-type: none"> <li>Does the applicant describe services that are consistent with the definition of diabetes self-management education?                      Yes = 5                      Partial = 3                      No = 0</li> </ul>	
	<ul style="list-style-type: none"> <li>Does the proposal address the needs of the population the applicant serves or would serve?                      Yes = 10                      Partial = 5                      No = 0</li> </ul>	
3. How does or would your current or proposed program incorporate accessibility for participants with	<ul style="list-style-type: none"> <li>Does the proposal address the needs of the population with disabilities?</li> </ul>	

APPLICATION SECTION/QUESTION	SCORING CRITERIA	SCORE
physical/ intellectual disabilities? (Limit 100 words. Only the first 100 words will be considered.)	Yes = 10 Partial = 5 No = 0	
4. Which county(ies) would the grant funds cover?	<ul style="list-style-type: none"> <li>● Are priority counties included?                              Yes = 10                              Partial = 5                              No = 0</li> </ul>	
5. What does your organization intend to accomplish through this funding opportunity? How does your proposal facilitate achievement of one or more of the four goals of this funding opportunity? (Limit 250 words. Only the first 250 words will be considered.)	<ul style="list-style-type: none"> <li>● Are the plans MEASURABLE?                              Yes = 5                              Partial = 3                              No = 0</li> </ul>	
	<ul style="list-style-type: none"> <li>● Are the plans ACHIEVABLE considering the organization’s resources and population?                              Yes = 10                              Partial = 5                              No = 0</li> </ul>	
	<ul style="list-style-type: none"> <li>● Are the plans RELEVANT to the purposes of the funding?                              Yes = 15                              Partial = 10                              No = 0</li> </ul>	
	<ul style="list-style-type: none"> <li>● Does the proposal as described facilitate achievement of one or more of the funding goals?                              Yes = 15                              Partial = 10                              No = 0</li> </ul>	
6. What other Internal/External partners will you collaborate with? Describe current and proposed collaborative activities. This could include referral agreements or policies. (Limit 200 words. Only the first 200 words will be considered.)	<ul style="list-style-type: none"> <li>● Are strong partnerships described?                              Yes = 10                              Partial = 5                              No = 0</li> </ul>	

APPLICATION SECTION/QUESTION	SCORING CRITERIA	SCORE
<b>SECTION B: ORGANIZATIONAL ABILITY</b>		
1. Please provide three community references (outside your organization) who can speak to your organization’s capability and commitment to provide diabetes education services	<ul style="list-style-type: none"> <li>● How many community references (outside the applicant organization) are provided? 3 = 5 2 = 4 1 = 2 0 = 0</li> </ul>	
2. This grant cannot be used to pay staff salaries; therefore, you must demonstrate ability to staff the project if funded. Please enter information on current or projected program staff.	<ul style="list-style-type: none"> <li>● Does the applicant include a sufficient number of staff to ensure the program’s operation? Yes = 25 Partial = 15 No = 0</li> </ul>	
3. Agency Type	<ul style="list-style-type: none"> <li>● The type of agency is noted. Yes = 5 No = 0</li> </ul>	
4. Billing	<ul style="list-style-type: none"> <li>● Does the applicant have experience billing Medicaid, Medicare, or private insurance for any services? Yes = 5 No = 0</li> </ul>	
<b>BUDGET</b>		
	<ul style="list-style-type: none"> <li>● Did the applicant include a completed budget checklist? Yes = 3 Partial = 2 No = 0</li> </ul>	
	<ul style="list-style-type: none"> <li>● Are the items on the budget checklist commensurate with applicant’s abilities and plans for funding? Yes = 7 Partial = 4 No = 0</li> </ul>	
<b>TOTAL POINTS</b> <b>(Maximum Possible = 150)</b>		