

Special Diabetes Program for Indians (SDPI) Community-Directed Grant Program

Instructions for FY 2011 Continuation Applications
From the Division of Diabetes Treatment and Prevention (DDTP)

Table of Contents

1.	Introduction	4
2.	Key Information about FY 2011 Continuation Applications	4
	2.1 Budget Cycles.....	4
	2.2 Due Date.....	4
	2.3 Funding Amounts.....	5
	2.4 Electronic Submission.....	5
	2.5 Carryover of Funds from FY 2010.....	5
3.	Programmatic Requirements.....	6
	3.1 Program Coordinator	6
	3.2 Implement an IHS Diabetes Best Practice	6
	3.3 Implement Program and Evaluation Plans.....	7
	3.4 Participate in Training and Peer-to-Peer Learning Sessions	7
4.	Required Application Documents for All Applicants	8
	4.1 Application Forms	8
	4.2 Indirect Cost Rate Documentation [if required]	8
	4.3 Project Narrative	9
	4.4 Budget Narrative	9
	4.5 2010 IHS Diabetes Care and Outcomes Audit Report.....	12
	4.6 Biographical Sketches for NEW Key Personnel [optional]	13
	4.7 Key Contacts Form	13
	4.8 Documentation of OMA A-133 required Financial Audit for FY 2009.....	13
	4.9 Semi-annual Progress Report for FY 2010	14
5.	Additional Required Documents for Programs with Sub-grantees	14
6.	Additional Required Documents for Programs with Sub-contractors.....	15
7.	Review of Applications	15
8.	Reporting Requirements	16
	8.1 Semi-annual Progress Report.....	16
	8.2 Final Progress Report	16
	8.3 Financial Status Reports	16
	8.4 FY 2007 and FY 2008 Single Audit Reports (OMB A-133)	17
9.	Additional Resources and Support.....	18

Appendix 1: 2009 IHS Diabetes Best Practices 20
Appendix 2: Tips for Preparing a Strong Application..... 24
Appendix 3: FY 2011 SDPI Community-Directed Application Checklist..... 25
Appendix 4: Sample Budget Narrative 29
Appendix 5: Sample of Required 2010 Diabetes Audit Report..... 34

1. Introduction

These instructions are intended to provide details of programmatic requirements for Special Diabetes Program for Indians (SDPI) Community-Directed grantees for FY 2011 from the program office, the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention (DDTP). FY 2011 is a year of continued funding for grants that were initially awarded in FY 2010. *All SDPI Community-Directed grantees that received funds in FY 2010 must submit a continuation application to receive funding for FY 2011.*

In addition to the continuation application requirements, this document includes tips for writing a strong application ([Appendix 2](#)) and an application checklist ([Appendix 3](#)).

Additional information about preparing and submitting an FY 2011 continuation application is provided in an email message and instructions from the Division of Grants Management (DGM). The DGM instructions include details about submitting applications via Grants.gov and other application requirements and important information.

2. Key Information about FY 2011 Continuation Applications

2.1 Budget Cycles

As in FY 2010, grants will be awarded in four different budget cycles. Grantees can determine which cycle they are in by looking at the budget period end date on their FY 2010 Notice of Award (NOA, item 8).

- a. Cycle 1: Budget period end date September 30.
- b. Cycle 2: Budget period end date December 31.
- c. Cycle 3: Budget period end date March 31.
- d. Cycle 4: Budget period end date May 31.

2.2 Due Date

The due date for applications is different for each of the four budget cycles.

Anticipated due dates for each cycle are:

- a. Cycle 1: October 29, 2010.
- b. Cycle 2: October 29, 2010
- c. Cycle 3: January 3, 2011
- d. Cycle 4: March 1, 2011

2.3 Funding Amounts

Funding amounts for each grantee for FY 2011 will be the same as for FY 2010. The proposed budget and Budget Narrative should be based on this amount.

2.4 Electronic Submission

The preferred method for submission of applications is electronic submission via Grants.gov. See the DGM instructions for additional information about this process and for information on requesting a waiver to submit a paper application instead.

2.5 Carryover of Funds from FY 2010

The carryover balance is the unobligated funds from a previous funding period under a grant authorized for use to cover allowable costs in a current funding period. Obligated, but unliquidated, funds are not considered carryover.

All carryover funds must be used to support the originally approved objectives and goals of the project. Grantees have the authority to carry over all IHS unobligated grant funds remaining at the end of a budget period with the exception of funds that are restricted in a Notice of Grant Award. Each grantee is required to submit the Financial Status Report (FSR), Standard Form 269, within 90 days after the FY 2010 budget period expires. If:

- Carryover Balance is 25 Percent or Less. If the grantee has less than 25 percent of their total awarded funds remaining as unobligated at the end of the budget period, they can utilize the unobligated funds as carryover in the next budget period without written approval from DGM.
- Carryover Balance Exceeds 25 Percent. If the grantee has more than 25 percent of their total awarded funds remaining as unobligated at the end of the budget period, they must obtain prior written approval from their Grants Management Specialist to carryover the unobligated funds and provide a justification as to why the funds were not used in the prior budget period as proposed.

3. Programmatic Requirements

Current grantees must continue to meet the following programmatic requirements to receive FY 2011 funding:

3.1 Program Coordinator

All grantees must have a Program Coordinator who meets the following requirements:

- a. Have relevant health care education and/or experience.
- b. Have experience with program management and grants program management, including skills in program coordination, budgeting, reporting and supervision of staff.
- c. Have a working knowledge of diabetes.

3.2 Implement an IHS Diabetes Best Practice

Grantees must implement recommended services and activities from at least one 2009 IHS Diabetes Best Practice. They should implement recommendations based on their individual program needs, strengths, and resources.

Depending on progress made towards meeting goals and objectives set in their FY 2010 funding applications, grantees may:

- a. Continue work towards meeting the goals and objectives set for some or all of the Best Practice(s) selected in their FY 2010 funding application. This could include continuing previous and/or adding new activities.
- b. Set new goals and objectives for some or all of Best Practice(s) selected in the FY 2010 application.
- c. Select new Best Practice(s) and set new goals and objectives for these.
- d. Some combination of the above.

In addition to the goals and objectives, program activities, services and measures from the selected Best Practice(s) must be documented in the Project Narrative. See [Appendix 1](#) for a list of the Best Practices and the Key Measures for each.

3.3 Implement Program and Evaluation Plans

Grantees must demonstrate progress towards meeting the goals and objectives set in their FY 2010 applications and clearly document their plan for continued work and evaluation in FY 2011 in their Project Narrative. They must follow the plans submitted with their application when implementing each selected Best Practice and evaluating their progress and outcomes. A minimum evaluation requirement is to monitor the selected measures over time, including the Key Measures, if applicable.

3.4 Participate in Training and Peer-to-Peer Learning Sessions

Grantees must participate in SDPI training sessions and peer-to-peer learning activities. Training sessions will be primarily conference calls or combined WebEx/conference calls. Grantees will be expected to:

- a. Participate in interactive discussion during conference calls.
- b. Share activities, tools and results.
- c. Share problems encountered and how barriers are broken down.
- d. Share materials presented at conferences and meetings.
- e. Participate and share in other relevant activities.

Participation in training sessions will be documented by registration for each session and self-report in the Project Narrative.

Training sessions, which will be led by DDTP, DGM, or their agents, will address clinical topics relevant to the treatment and prevention of diabetes and other topics including program planning and evaluation, enhancing accountability through data management, and improvement of principles and processes. Grantees will integrate information and ideas in order to enhance effectiveness of their program's activities. Anticipated outcomes from participating in the learning sessions are improved communication and sharing among grantees, increased use of data for improvement, and enhanced accountability.

4. Required Application Documents for All Applicants

Grantees must submit all of the documents listed below with their continuation application, except those noted as optional. Most of these are included as Mandatory Documents in the Grants.gov application package.

4.1 Application Forms

- 4.1.1 Application for Federal Assistance (SF-424): Detailed instructions for completing this form can be found in the DGM instructions.
- 4.1.2 Budget Information for Non-Construction Programs (SF-424A): Detailed instructions for completing this form can be found in the DGM instructions.
- 4.1.3 Assurances for Non-Construction Programs (SF-424B)
- 4.1.4 Grants.gov Lobbying Form
- 4.1.5 Faith-Based EEO Survey [optional]
- 4.1.6 Disclosure of Lobbying Activities (SF-LLL)

4.2 Indirect Cost Rate Documentation [if required]

Generally, indirect costs rates for IHS award recipients are negotiated with the HHS Division of Cost Allocation (<http://rates.psc.gov/>) and the Department of the Interior National Business Center (1849 C St. NW, Washington, D.C. 20240) (<http://www.aqd.nbc.gov/Services/ICS.aspx>). If the current rate is not on file with the DGM at the time of award, the indirect cost portion of the budget will be restricted. The restrictions remain in place until the current rate is provided to the DGM. If your organization has questions regarding the indirect cost policy, please contact the DGM at 301-443-5204.

If needed, this documentation should be attached to the application package using the “Other Attachments Form”.

4.3 Project Narrative

This narrative should be a separate MSWord document with consecutively numbered pages. Be sure to use the template provided and place all responses and required information in the correct sections. There are several parts to the narrative:

- Part 1 – Program Information
- Part 2 – Addressing Weaknesses from Your FY 2010 Application
- Part 3 – Training and Networking
- Part 4 – Diabetes Audit Review
- Part 5 – Leadership and Key Personnel
- Part 6 – Partnerships and Collaborations
- Part 7 – Program Planning and Evaluation/Best Practices

All items in the Project Narrative template must be included in your Project Narrative; do not change, delete, or skip any items.

This document should be attached to the application package using the “Project Narrative Attachment Form”.

4.4 Budget Narrative

This narrative should be a separate MSWord document that is no longer than five pages. The budget narrative provides additional explanation to support the information provided on the SF-424A form (Budget Information for Non-Construction Programs). In addition to a line item budget, provide a brief justification for each budget item, including why it is necessary and relevant to the proposed project and how it supports project objectives.

The list of budget categories and items below is provided to give you ideas about what you might include in your budget. You do not need to include all the categories and items below, and you may include others not listed. The budget is specific to your own program, objectives, and activities.

A. Personnel

For each position funded by the grant, including Program Coordinator and others as necessary, provide the information below. Include “in-kind” positions if applicable.

- Position name.
- Individual’s name or enter “To be named.”
- Brief description of role and/or responsibilities.
- Percentage of effort that will be devoted directly to this grant.
- Percentage of annual salary paid for by SDPI funds OR hourly rate and hours worked per year paid for by SDPI funds.

B. Fringe Benefits

List the fringe rate for each position included. DO NOT list a lump sum fringe benefit amount for all personnel.

C. Travel

Line items may include:

- Staff travel to meetings planned during budget period. Example: travel for two people, multiplied by two days, with two–three nights lodging.
- Staff travel for other project activities as necessary.
- Staff travel for supplemental training as needed to provide services related to goals and objectives of the grant, such as CME courses, IHS Regional Meetings, Training Institutes, etc.

D. Equipment

Include capital equipment items that exceed \$5,000.00.

E. Supplies

Line items may include:

- General office supplies.
- Supplies needed for activities related to the project, such as teaching materials and materials for recruitment or other community-based activities.

- Software purchases or upgrades and other computer supplies.
- File cabinets.

F. Contractual/Consultant

May include partners, collaborators, and/or technical assistance consultants you hire to help with project activities. Include direct costs and indirect costs for any subcontracts here.

G. Construction/Alterations and Renovations (A&R)

Major A&R exceeding \$250,000.00 is not allowable under this project without prior approval.

H. Other

Line items may include:

- Participant incentives – list all types of incentives and specify amount per item. See the IHS Grant Programs Incentive Policy for more information: http://www.ihs.gov/PublicInfo/Publications/IHSManual/Circulars/Circ05/Circ05_06/circ05_06.htm.
- Marketing, advertising, and promotional items.
- Office equipment, including computers under \$5,000.00.
- Internet access.
- Medications and lab tests – be specific; list all medications and lab tests.
- Miscellaneous services: telephone, conference calls, computer support, shipping, copying, printing, and equipment maintenance.

This document should be attached to the application package using the “Budget Narrative Attachment Form”.

4.5 2010 IHS Diabetes Care and Outcomes Audit Report

SDPI grantees are expected to participate in the annual IHS Diabetes Care and Outcomes Audit. This requires 1) submitting data according to Diabetes Audit deadlines for each year, and 2) submitting a copy of their 2010 Diabetes Audit report as part of their continuation application. For most grantees, the 2010 Diabetes Audit Report can be obtained via the IHS Diabetes WebAudit. Information about the WebAudit can be found on the DDTP website here:

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=resourcesAuditConducting>.

Draft reports from the WebAudit for 2010 are acceptable (DRAFT is in the title of the report). See sample report in [Appendix 5](#).

Some grantees may not be able to submit a report from the WebAudit, either because they did not submit data for the 2010 Diabetes Audit or because their facility report includes individuals from a larger community and not just those served by their grant. If possible, these grantees should submit a Cumulative Diabetes Audit report from the Resource and Patient Management System (RPMS) for the time period January 1, 2009 to December 31, 2009, that includes just those individuals served by their grant.

SDPI grantees that conduct non-clinical activities should request and submit a 2010 Diabetes Audit report from their local clinical facility.

Assistance in obtaining Diabetes Audit Reports can be requested of the Area Diabetes Consultant (ADC) for each area. Contact information for ADCs can be found on the DDTP website here:

<http://www.diabetes.ihs.gov/index.cfm?module=peopleADCDirectory>.

This document should be attached to the application package using the “Other Attachments Form”.

4.6 Biographical Sketches for NEW Key Personnel [if necessary]

Biographical sketches should be provided for any new key personnel not included in the FY 2010 application. Biographical sketches should include information about education and experience that are relevant to the individual's position and document that they are qualified for the position.

Acceptable formats include brief resumes or curriculum vitae (CV), short written paragraphs, and one-page bio sketches on standard forms.

If necessary, this document should be attached to the application package using the "Other Attachments Form".

4.7 Key Contacts Form

Contact information for the Program Coordinator should be provided on this form. It is in PDF format, can be completed electronically, and can be found on the DDTP website here:

<http://www.diabetes.ihs.gov/index.cfm?module=programsSDPIcommunityDirectedApp>

This document should be attached to the application package using the "Other Attachments Form".

4.8 Documentation of OMB A-133 required Financial Audit for FY 2009

Acceptable forms of documentation include:

- E-mail confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted.
- Face sheets from audit reports. These can be found on the FAC website:
<http://harvester.census.gov/fac/dissem/accessoptions.html?submit=Retrieve+Records>.

This document should be attached to the application package using the "Other Attachments Form".

4.9 Semi-annual Progress Report for FY 2010

All FY 2010 grantees were required to submit a Semi-annual Progress Report to DDTP and DGM. A copy of this report must be submitted with the continuation application. More information about these reports can be found on the DDTP website here:

<http://www.diabetes.ihs.gov/index.cfm?module=programsSDPIcommunityDirectedReportingReg>.

This document should be attached to the application package using the “Other Attachments Form”.

5. Additional Required Documents for Programs with Sub-grantees

Programs with one or more sub-grantees must submit the following programmatic documents **for each sub-grantee** in addition to the required documents for the primary grantee:

- a. Application for Federal Assistance (SF-424)
- b. Budget Information for Non-Construction Programs (SF-424A)
- c. Assurances for Non-Construction Programs (SF-424B)
- d. Project Narrative
- e. Budget Narrative: A separate budget is required for each sub-grantee, **but the primary grantee’s application must reflect the total budget for the entire cost of the project.**
- f. 2010 IHS Diabetes Care and Outcomes Audit Report
- g. Key Contacts form for Program Coordinator
- h. Copy of Semi-annual Progress Report for FY 2010

6. Additional Required Documents for Programs with Sub-contractors

Programs with one or more sub-contractors as documented in a Memorandum of Agreement (MOA) submitted with their FY 2010 application must submit the following programmatic documents for each sub-contractor:

- a. Application for Federal Assistance (SF-424).
- b. Budget Information for Non-Construction Programs (SF-424A): A separate budget is required for the sub-contract, but the primary grantee's application must reflect the total budget for the entire cost of the project.
- c. A copy of the MOA submitted with the FY 2010 application, if current OR a new MOA if the original MOA expired or was changed.

7. Review of Applications

All applications will be reviewed for adherence to the instructions from DGM and DDTP, including submission of all required documents. Applicants that do not submit all required documents in the correct format will be contacted to provide the missing documentation before their application is reviewed.

Unlike the SDPI Community-Directed application process in FY 2010, the FY 2011 continuation applications are not competitive and will not be reviewed by an Objective Review Committee. Instead, DDTP program staff or their designees will review the applications. Continuation funding is dependent on:

1. Compliance with Terms and Conditions outlined in the FY 2010 Notice of Award
2. Satisfactory business (fiscal) review
3. Satisfactory programmatic review, including:
 - a. Completeness of information in the Project Narrative.
 - b. Documented progress towards meeting the goals and objectives set in the FY 2010 application.
 - c. Documented plan for continued work and evaluation in FY 2011.

8. Reporting Requirements

Grantees must meet requirements for progress reports and financial reports based on the terms and conditions of this grant as noted below. Additional Terms and Conditions of these grants will be stated in the Notice of Award.

8.1 Semi-annual Progress Report

Program progress reports are required semi-annually, approximately 6 months after the start of the budget period. These reports must follow the template provided and include at a minimum reporting of Best Practice measures and a brief comparison of actual accomplishments to the goals and objectives established for the budget period or provide sound justification for the lack of progress.

8.2 Final Progress Report

A final progress report is required for any grant that is terminated and at the end of the project period. The final progress report should follow specific instructions that will be provided by the program and be submitted to DGM, but minimally will include a summary of progress toward the achievement of the originally stated aims, a list of significant results (positive or negative), and a list of publications. The final financial status report is due within 90 days after the end of the 24-month project period.

8.3 Financial Status Reports

An annual financial status reports is required to be sent to DGM at the end of each budget period. The final FSR showing no unliquidated obligations for that budget period is due to DGM 90 days after the budget periods has ended. Standard Form 269 (long form for those reporting program income; short form for all others) will be used for financial reporting.

Grantees are responsible and accountable for accurate reporting of the Progress Reports and Financial Status Reports (FSR). According to SF-269 instructions, the final SF-269 must be verified from the grantee records to support the information outlined in the FSR.

Failure to submit required reports within the time allowed may result in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: 1) the imposition of special award provisions; and/or 2) the non-funding or non-award of other eligible projects or activities. This applies whether the delinquency is attributable to the failure of the grantee organization or the individual responsible for preparation of the reports.

8.4 Single Audit Reports (OMB A-133)

Applicants who have an active SDPI grant are required to be up-to-date in the submission of required audit reports. These are the annual financial audit reports required by OMB A-133, audits of state, local governments, and non-profit organizations that are submitted. Documentation of (or proof of submission) of current Financial Audit Reports is mandatory. Acceptable forms of documentation include: e-mail confirmation from FAC that audits were submitted; or face sheets from audit reports. Face sheets can be found on the FAC website:

<http://harvester.census.gov/fac/dissemin/accessoptions.html?submit=Retrieve+Records>

9. Additional Resources and Support

There are many resources for additional information and support for grantees preparing applications, including:

a. DDTP Website

- **SDPI FY 2011 Community-Directed continuation application**

webpage: This webpage offers many resources including the Project Narrative template and Key Contacts Form:

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedApp>.

- **Trainings for SDPI Community-Directed Grant Programs**

webpage: This webpage provides information on training opportunities and links to recorded training sessions:

<http://www.diabetes.ihs.gov/index.cfm?module=programsSDPIcommunityDirectedTraining>

- **Program Planning and Evaluation training webpage:** This training and corresponding workbook offer an introduction to the concepts and processes of planning and evaluating a diabetes program:

http://www.diabetes.ihs.gov/index.cfm?module=creating_pt_1

b. Question and Answer Sessions: DDTP will hold regular question and answer sessions about the continuation application process via WebEx throughout FY 2011. Sessions will be held regularly in the month before the due date for each application cycle. These sessions will have no pre-planned agenda and will give applicants an opportunity to ask specific questions.

Information about these sessions including dates, times, and instructions for participating will be posted on the DDTP SDPI application website:

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedApp>.

- c. Area Diabetes Consultants:** These individuals are familiar with the SDPI application process and grantees in their area. They can be contacted via email or phone to answer questions. Contact information can be found on the DDTP website here:
[http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADC Directory](http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory).
- d. DDTP Program Staff:** For programmatic questions, including questions about the Project Narrative:

 - a. SDPI Project Coordinator, Melanie Knight –
Email: melanie.knight@ihs.gov
Phone: 505-248-4182
 - b. DDTP Deputy Director, Lorraine Valdez –
Email: s.lorraine.valdez@ihs.gov
Phone: 505-248-4182
- e. DGM Staff:** For questions about budget, Grants.gov process, financial reporting requirements.
Email: grantspolicy@ihs.gov
Phone: 301-443-5204

10. Appendix 1: 2009 IHS Diabetes Best Practices – Brief Descriptions and Key Measures

Best Practice	BP Includes	Key Measure 1	Key Measure 2
Adult Weight Management	Recommendations to achieve and maintain a healthy weight for adults with diabetes, regardless of duration of diabetes.	Percentage of diabetes patients with documented nutrition education from a Registered Dietitian or other provider in the past twelve months.	Percentage of diabetes patients with a documented assessment for overweight or obesity in the past twelve months.
Breastfeeding	Clinical tools and technical resources to effectively support breastfeeding.	Number of policies and procedures that are in place which promote and protect breastfeeding.	Percentage of mothers (who have delivered in the past twelve months) who breastfeed for two months postpartum, for six months, and for more than twelve months.
Cardiovascular Disease (CVD)	CVD risk reduction and care recommendations for any person with type 1 or type 2 diabetes.	Percentage of diabetes patients who have recent blood pressure measurements that are at goal in the past twelve months.	Percentage of diabetes patients with documented CVD or hypertension education in the past twelve months.
Case Management	Case management recommendations for any person with pre-diabetes or diabetes—regardless of age or duration of pre-diabetes or diabetes.	Multi-disciplinary Case Management Team is established and its effectiveness is being evaluated through data review and satisfaction surveys.	Improvement in two or three clinical goals for patients who receive case management services (compared to individuals who do not receive case management services).

Best Practice	BP Includes	Key Measure 1	Key Measure 2
Chronic Kidney Disease (CKD)	Guidelines for programs that seek <i>either</i> to maintain the kidney health of diabetes patients <i>or</i> to improve the care of individuals with established diabetic kidney disease.	<p>Maintain Kidney Health Percentage of diabetes patients whose most recent blood pressure was < 130/80.</p> <p>Improve CKD Care Percentage of diabetes patients whose eGFR is < 60ml/min in the past twelve months, that met recommended therapeutic goals:</p> <ul style="list-style-type: none"> • BP < 130/80 mmHg • Use of renin angiotensin system antagonists (e.g. ACE inhibitor, ARB) • A1c < 7.0 mg/dL • LDL < 100 mg/dL or < 70 pending risk factors • TG < 150mg/dL • Control phosphorus (bone disease) • Hgb 11-12 g/dL (when treating anemia with an erythropoietin stimulating agent) 	<p>Maintain Kidney Health Percentage of diabetes patients with hypertension who have been prescribed a renin angiotensin system antagonist (e.g. ACE inhibitor, ARB) in the past twelve months.</p> <p>Improve CKD Care Number of diabetes patients started on dialysis and their circumstances:</p> <ul style="list-style-type: none"> • Early access versus emergency access will be assessed along with cost analysis • Patient signed up in advance for medical assistance (e.g. Medicare, Medicaid)
Community Advocacy	Recommendations for developing public policy, raising awareness, and building support for individuals and families at risk of diabetes or living with diabetes.	Members of a local community diabetes advocacy group include, at a minimum, a community member who has diabetes, the family member of a person with diabetes, and representatives from three community entities and/or health care facilities.	Number of health-related policies that are implemented as a result of action by the community advocacy group.
Community Screening	Recommendations for community screening of adults at risk of developing diabetes.	Written policies and procedures are in place that detail referral processes for individuals with abnormal blood glucose results who are identified through community screening.	A memorandum of agreement (MOA) exists between the programs that provide community screening, clinical services, and (if applicable) the SDPI Demonstration Project. The MOA lists the key responsibilities of each entity.
Depression	Depression screening and treatment options for persons with type 1 or type 2 diabetes.	Percentage of diabetes patients who were screened for depression in the past twelve months.	Percentage of diabetes patients with depression diagnosed in the past twelve months who received appropriate treatment.

Department of Health and Human Services
 Indian Health Service – Division of Diabetes Treatment and Prevention

Best Practice	BP Includes	Key Measure 1	Key Measure 2
Diabetes and Pregnancy	Guidelines for programs that seek to improve screening for and care of women with gestational diabetes.	A registry is in place that is used to track patients, their needs and clinical outcomes.	Percentage of women with diabetes of childbearing age and women with diagnosed gestational diabetes who have had documented diabetes and pregnancy education in the past twelve months.
Diabetes Systems of Care	An organized approach to providing quality diabetes care, prevention, and treatment through an integrated, multi-disciplinary approach.	Diabetes Team demonstrates ongoing communication and active interaction among multi-disciplinary clinic and community members.	Percentage of diabetes patients with improved results in at least six indicators of the IHS Diabetes Care and Outcomes Audit in the past twelve months.
Diabetes Self Management Education (DSME)	Key elements that are needed to build and sustain a quality diabetes self-management education program.	Number of patients who completed or partially completed the DSME process in the past twelve months.	Changes in patients' clinical and behavioral outcomes.
Eye Care	Guidelines for programs that seek to improve individual's diabetic eye health status and to enhance the delivery of effective diabetic eye care.	Percentage of diabetes patients with a documented qualifying eye exam in past twelve months.	Percentage of diabetes patients receiving appropriate retinal treatment in the past twelve months: <ul style="list-style-type: none"> • retinal laser treatment • vitrectomy procedure
Foot Care	Foot care guidelines for clinical providers caring for persons with type 1 or type 2 diabetes.	Percentage of diabetes patients receiving documented foot exams in the past twelve months.	Percentage of diabetes patients with documented risk-appropriate foot care education in the past twelve months.
Nutrition	Nutrition recommendations that target people who are at risk of developing diabetes or currently living with diabetes.	Percentage of pre-diabetes and diabetes patients with documented medical nutrition treatment (MNT) or nutrition education in the past twelve months.	Number of documented partnerships that enhance the provision of nutrition education to families and communities.
Oral Health	Oral health care recommendations for any person with type 1 or type 2 diabetes.	Percentage of diabetes patients who had a dental exam in the past twelve months.	A dental provider actively participates with the Diabetes Team to address oral health-related issues.
Pharmaceutical Care	Guidelines and clinical resources to identify, manage, and educate patients regarding pharmacotherapeutic problems due to type 2 diabetes.	Documentation of ongoing medication reconciliation and poly-pharmacy concerns by pharmacy staff through chart reviews.	Percentage of diabetes patients who had documented medication education in the past twelve months.

Department of Health and Human Services
 Indian Health Service – Division of Diabetes Treatment and Prevention

Best Practice	BP Includes	Key Measure 1	Key Measure 2
Physical Activity	Physical activity recommendations for any person at risk for developing diabetes or living with diabetes.	Percentage of pre-diabetes and diabetes patients who have had level of physical activity documented in the past twelve months.	Number of documented partnerships that enhance the provision of physical activity education and opportunities to individuals, families, and communities.
School Health & Diabetes	Recommendations for comprehensive school health programs that serve youth of all ages.	Number of students who receive culturally appropriate education about nutrition, physical activity, and diabetes.	School staff person actively participates with the Diabetes Team in school health-related activities.
Youth & Type 2 Diabetes	Recommendations for health care that serves youth with type 2 diabetes and those at risk for developing type 2 diabetes.	Percentage of diabetes patients aged six through seventeen years with documented nutrition and physical activity education in the past twelve months.	Percentage of diabetes patients aged six through seventeen years with A1c less than 7.0 mg/dl in the past twelve months.

Source:

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2009_Key_Measures_Table.pdf

11. Appendix 2: Tips for Preparing a Strong Application

1. **Read and follow the instructions and use the templates.** Be sure your application forms and required documents are complete and accurate. Be sure that the information in your Project Narrative follows the template and is clearly written. All items in the Project Narrative template must be included in your Project Narrative; do not change, delete, or skip any items.
2. **Become familiar with and use resources provided for preparing your application.** See page 16 for more information.
3. **Start preparing the application well ahead of the due date.** Allow plenty of time to gather required information from various sources.
4. **Be concise and clear.** Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided throughout is consistent. Don't include extraneous information, just what is required.
5. **Be consistent.** Your budget should reflect proposed program activities.
6. **Proofread your application.** Misspellings and grammatical errors will make it hard for reviewers to understand the application.
7. **Review a copy of your entire application package to ensure accuracy and completeness.** Print out the application before submitting. Review it to make sure that it is complete and that all required documents are included.

12. Appendix 3: FY 2011 SDPI Community-Directed Application Checklist

Part A: Get Ready to Apply

Step	1.0 Getting Ready to Apply – Important Documents Work with your SDPI Team to do the following activities.	Resources	Completed?
1.1	Download the SDPI FY 2011 Application Package and Instructions from Grants.gov, using the CFDA Number: 93.237.	Grants.gov Webpage ¹	<input type="checkbox"/>
1.2	Carefully read all application instructions from DDTP and DGM.	Instruction documents	<input type="checkbox"/>
1.3	Review your FY 2010 SDPI Funding Application, with particular attention to the Project Narrative.	Your program files	<input type="checkbox"/>
1.4	Review your FY 2010 Semi-annual Progress Report.	Your program files	<input type="checkbox"/>
1.5	Obtain a copy of the 2010 Diabetes Audit Report for your facility or community (draft is okay).	DDTP Webpage ²	<input type="checkbox"/>
1.6	Confirm commitment from your organization leader for continued involvement in SDPI work.	Instruction documents	<input type="checkbox"/>
1.7	Make sure your organization is current with OMB A-133 required Financial Audit Reports.	Instruction documents Federal Audit Clearinghouse Website ³	<input type="checkbox"/>

Step	2.0 Getting Ready to Apply – Gather and Confirm Registration Information Gather and confirmation the necessary registration information to submit an application on Grants.gov.	Resources	Completed?
2.1	Either confirm or obtain a DUNS number for your organization.	DNB Webpage ⁴	<input type="checkbox"/>
2.2	Either confirm current registration or renew your organization's registration on the Central Contractor Registry (CCR).	CCR Webpage ⁵	<input type="checkbox"/>
2.3	Either confirm current registration or register your organization with Grants.gov.	Grants.gov Webpage ⁶	<input type="checkbox"/>
2.4	Make sure you are a Grants.gov Authorized Organization Representative (AOR) for your organization or are in communication with the AOR responsible for your grant.	Grants.gov Webpage ⁷	<input type="checkbox"/>

¹ https://apply07.grants.gov/apply/forms_apps_idx.html

² <http://www.diabetes.ihs.gov/index.cfm?module=resourcesAuditConducting>

³ <http://harvester.census.gov/fac/>

⁴ <http://fedgov.dnb.com/webform>

⁵ <http://www.ccr.gov>

⁶ http://www.Grants.gov/applicants/get_registered.jsp

⁷ http://www.Grants.gov/applicants/get_registered.jsp

Part B: Prepare Your Application

Step	3.0 Preparing Your Application – Forms and Documents Complete all forms and prepare required documents off-line. Attach documents to your Grants.gov application package.	Resources	Completed?
3.1	Form SF-424: Complete form in Grant Application Package.	Instructions for SF-424 ⁸	<input type="checkbox"/>
3.2	Form SF-424A: Complete form in Grant Application Package. In Section A, fill out row 1; in Section B, fill out column 1.	Instructions for SF-424A ⁹	<input type="checkbox"/>
3.3	Form SF-424B: Complete form in Grant Application Package.	Instructions for 424B ¹⁰	<input type="checkbox"/>
3.4	Grants.gov Lobbying Form: Complete form in Grant Application Package.	Instruction documents	<input type="checkbox"/>
3.5	Faith Based EEO Survey [optional]: Complete form in Grant Application Package.	Instruction documents	<input type="checkbox"/>
3.6	Disclosure of Lobbying Activities (SF-LLL) [optional]: Complete form in Grant Application Package.	Instruction documents	<input type="checkbox"/>
3.7	Indirect Cost Rate Documentation [optional]: Obtain an electronic copy of the documentation for your organization. -Attach using the “Other Attachments Form”.	Instruction documents	<input type="checkbox"/>
3.8	Project Narrative: Prepare using template. -Save file as <i>SDPI_FY2011_ProjectNarr_PROGRAMNAME.doc</i> (replace PROGRAMNAME with the actual name of your program). -Attach using the “Project Narrative Attachment Form”.	DDTP Webpage ¹¹ Instructions	<input type="checkbox"/>
3.9	Budget Narrative: Prepare according to instructions. -Save file as <i>SDPI_FY2011_BudgetNarr_PROGRAMNAME.doc</i> (replace PROGRAMNAME with the actual name of your program). -Attach using the “Budget Narrative Attachment Form”.	Instruction documents	<input type="checkbox"/>
3.10	2010 Diabetes Audit Report: Obtain an electronic copy of the report for your facility or community (draft is okay). -Attach using the “Other Attachments Form”.	DDTP Webpage ¹²	<input type="checkbox"/>

⁸ <http://www.grants.gov/assets/Forms/SF424Instructions.pdf>

⁹ <http://www.grants.gov/assets/Forms/InstructionsSF424A.pdf>

¹⁰ <http://www.grants.gov/assets/Forms/InstructionsSF424B.pdf>

¹¹ <http://www.diabetes.ihs.gov/index.cfm?module=programsSDPIcommunityDirectedApp>

¹² <http://www.diabetes.ihs.gov/index.cfm?module=resourcesAuditConducting>

Step	3.0 Preparing Your Application – Forms and Documents Complete all forms and prepare required documents off-line. Attach documents to your Grants.gov application package.	Resources	Completed?
3.11	Biographical Sketches for NEW Key Personnel [if necessary]: Prepare documentation for each individual not included in FY 2010 application. -Save file(s) as <i>SDPI_FY2011_BioSketch_INDIVIDUALNAME.doc</i> (replace INDIVIDUALNAME with the actual name of individual) -Attach using the “Other Attachments Form”.	Instruction documents	<input type="checkbox"/>
3.12	Key Contacts Form: Complete with information for your Program Coordinator. -Attach using the “Other Attachments Form”.	DDTP Webpage ¹³ Instruction documents	<input type="checkbox"/>
3.13	OMB A-133 required Financial Audit for FY 2009: Obtain electronic copy of documentation. -Attach using the “Other Attachments Form”.	Instruction documents Federal Audit Clearinghouse Website ¹⁴	<input type="checkbox"/>
3.14	FY 2010 Semi-annual Progress Report: Obtain an electronic copy of your report. -Attach using the “Other Attachments Form”.	Your program files	<input type="checkbox"/>

¹³http://www.diabetes.ihs.gov/HomeDocs/Programs/SDPI/Key_Contacts_V1.0_DDTP_508.pdf

¹⁴<http://harvester.census.gov/fac/>

Part C: Submit Your Application

Step	4.0 Submit Your Application – Electronically via Grants.gov Submit your completed application package via the internet to Grants.gov.	Resources	Completed?
4.1	Print out and review your entire application package, including all completed forms and documents.	Instruction documents	<input type="checkbox"/>
4.2	Upload completed application package electronically via Grants.gov	Grants.gov Webpage ¹⁵	<input type="checkbox"/>
4.3	Track status of your application on Grants.gov	Grants.gov Webpage ¹⁶	<input type="checkbox"/>

Step	5.0 Submit Your Application – Paper Application <u>After you have obtained a written waiver approval response from the Chief Grants Management Officer, you may submit a printed paper application directly to the Division of Grants Management (DGM). A waiver must be received prior to submitting a paper application.</u>	Resources	Completed?
5.1	Print out and review your entire application, including completed forms and documents.	Instruction documents	<input type="checkbox"/>
5.2	Prepare your application package.	1. Application Forms on DGM Webpage ¹⁷ 2. Part B of this checklist	<input type="checkbox"/>
5.3	Submit your paper application to DGM as instructed in the RFA. Include a copy of your approved waiver in the package with your paper application. It is very important that you adhere to the paper submission instructions and timelines that will be stated in your waiver approval response.	DGM Instructions	<input type="checkbox"/>

¹⁵ http://www07.grants.gov/applicants/apply_for_grants.jsp

¹⁶ http://www07.grants.gov/applicants/apply_for_grants.jsp

¹⁷ http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_forms

13. Appendix 4: Sample Budget Narrative

NOTE: This information is included **for sample purposes only**. Each program's budget narrative must include only their budget items and a justification that is relevant to the programs goals, objectives, and activities.

Line Item Budget – SAMPLE

A. Personnel

Program Coordinator	40,000
Administrative Assistant	6,373
CNA/Transporter	6,552
Mental Health Counselor	<u>5,769</u>
Total Personnel:	58,694

B. Benefits:

Program Coordinator	14,000
Administrative Assistant	2,231
CNA/Transporter	2,293
Mental Health Counselor	<u>2,019</u>
Total Fringe Benefits:	20,543

C. Supplies:

Educational/Outreach	3,000
Office Supplies	1,200
Food Supplies for Wellness Luncheons	2,400
Medical Supplies (Clinic)	<u>3,000</u>
Total Supplies:	9,600

D. Training and Travel:

Local Mileage	1,350
Staff Trng & Travel -Out of State	<u>2,400</u>
Total Travel:	3,750

E. Contractual:

Fiscal Officer	16,640
Consulting Medical Doctor	14,440
Registered Dietitian/Diabetes Educator	18,720
Exercise Therapist	<u>33,250</u>
Total Contractual:	83,050

F. Equipment:

Desk Top Computers (2)	3,000
Exercise Equipment	3,300
Lap Top Computer	1,500
LCD Projector	<u>1,200</u>
Total Equipment:	9,000

G. Other Direct Costs:

Rent	20,805
Utility	4,000
Postage	500
Telephone	2,611
Audit Fees	2,500
Professional Fees	2,400
Insurance Liability	1,593
Office Cleaning	1,680
Storage Fees	240
Biohazard Disposal	154
Marketing/Advertising	<u>2,010</u>
Total Other Direct Costs:	38,493

TOTAL EXPENSES **\$223,130.00**

Budget Justification – SAMPLE

A. Personnel: \$58,694.00

Program Coordinator: Dr. George Smith

A full-time employee responsible for the implementation of the Program Goals as well as overseeing financial and grant application aspects of the agency.
(\$40,000/year)

Administrative Assistant: Susan Brown

A full-time employee responsible for human resources management and providing assistance to the Executive Director.
(416 hours x \$15.32/hour = \$6,373.00)

CAN/Transporter/Homemaker: To be named

A full-time employee working 12 hours per week on this grant providing transportation services and in-home health care to clients.
(416 hours x \$15.75/hour = \$6,552.00)

Mental Health Counselor: Lisa Green

A part-time employee works 6 hours per week in the ADAPT/Mental Health Program providing counseling and workshops to clients.
(6 hours x 52 wks x \$18.49/hour = \$5,769.00)

B. Fringe Benefits: \$20,543.00

Fringe benefits are calculated at 35% for both salaried and hourly employees. Fringe is composed of health, dental, life and vision insurance (20%), FICA/Medicare (7.65%), worker's compensation (1.10%), State unemployment insurance (1.25%), and retirement (5%).

Program Coordinator: \$14,000
Administrative Assistant: \$2,230.55
CAN/Transporter/Homemaker: \$2293.20
Mental Health Coordinator: \$2019.15

C. Supplies: \$9,600.00

Educational & Outreach Supplies

Various printed literature, books, videos, pamphlets, pens, bottled water, little promotional items will be needed to hand out at various health fairs, events, and to various groups to educate and promote health. Funds allocated are \$3,000.00.

Office Supplies

General office supplies are essential in order to properly maintain client records, financial records, and all reporting requirements. General office supplies include file folders, labels, writing pads, pens, paper clips, toner, etc. \$1,200.00 will be included in this budget.

Food & Supplies for Monthly Wellness Luncheons

An allocation of \$200.00 has been made towards food and supplies. The food provided will be used by the Diabetes Educator during the monthly wellness luncheon, providing examples of food preparation and education. Supplies such as paper plates, spoons, forks, napkins, trays, pots and pans, etc. is not included in this budget. (\$200.00 x 12 months = \$2,400.00)

Medical Supplies - Clinic

An allocation has been made for purchasing medical supplies for our clinic such as alcohol wipes, strips for glucometers, paper sheets, gloves, gowns, etc., in the amount of \$3,000.00.

D. Training and Travel: \$3,750.00

Local Mileage – Mileage for transportation of clients and outreach services. Estimated at 300 miles/mo x 12 months x \$0.375 = \$1,350.00.

Staff Travel & Training – Expenses in this category are associated with attending conference and seminars associated with diabetes for 2 staff: the budget covers the cost of registration fees (\$250 x 2 = \$500.00), lodging (\$175/night x 2 people x 2 days = \$700.00), airfare (\$450.00 x 2 people = \$900.00), per diem allowance (\$50.00 x 2 days x 2 people = \$200.00), and ground transportation (\$25.00 x 2 x 2 people = \$100.00). A total of \$2,400.00 for staff travel and training.

E. Contractual: \$83,050.00

Fiscal Officer

An independent contractor to perform payroll, accounts payable, financial and grant reporting and budgetary duties.

(416 hours x \$40.00 per hour = \$16,640.00)

Consulting Medical Doctor

A medical doctor is contracted to provide medical care to our clients with diabetes

(12 hours per month x 12 mos. X \$100.00 per hour = \$14,400.00)

Registered Dietitian/Diabetes Educator

A registered dietitian/diabetes educator is contracted to provide diabetes related meal planning and instruction and facilitate one-on-one consultation with clients.

(8 hours per week x 52 weeks x \$45 per hour = \$18,720.00)

Exercise Specialist

An exercise specialist is contracted to conduct and monitor the exercise program necessary for each client.

(950 hours x \$35 per hour = \$33,250.00)

F. Equipment: \$9,000.00

Desk Top Computers (2)

Needed by our Diabetes Educator, Exercise Specialist, and Medical Director in order to access and update information on client's records. (2 x \$1,500.00 = \$3,000.00)

Exercise Equipment

Elliptical cross trainer equipment (creates less impact on the knees), body fat analyzer, 8 dumbbell weights, 4 exercise balls, 4 exercise mats, step stretch, adjustable bench, bow flex plates kit, 2 dance pads, ball stacker set, and exercise video. Total for all exercise equipment is \$3,300.00.

Lap Top Computer

This type of compute is needed to be used in conjunction with the LCD projector that will be used by the Diabetes Educator for presentations. Cost is \$1,500.00

LCD Projector

This equipment will be used by the Diabetes Educator for presentations. Cost is \$1,200.00

G. Other Direct Costs: \$38,493.00

Rent

This program rents two office locations for a total cost of \$83,220.00 per year. Special Diabetes grant program will cover \$20,805.00 which is 25% of the rent cost.

Utility

This program will cover 25% of the total utility cost of \$16,000.00 per year. (\$16,000.00 x 25% = \$4,000.00)

Postage – the Diabetes Program postage is estimated at \$500.00.

Telephone

This program currently has eight telephone lines at two separate offices as well as pager service and a toll-free number for clients. Diabetes Program will cover \$2,611.00 of this expense which is 25% of the annual cost of \$10,445.00.

Audit Fees

An annual audit is conducted for this program's financial statements. Funding agencies require audit financial statements of grant funds. Diabetes will cover \$2,500.00 of audit expenses which is 25% of the \$10,000.00 proposal.

Professional Fees

To pay for computer consultant to fix computer problems. \$200.00 per month x 12 mos. = \$2,400.00 will cover the expenses.

Insurance Liability

General liability insurance is required to protect the organization against fire and property damage. Diabetes portion of this expense is \$1,593.00.

Office Cleaning

Office cleanings is required to keep the agency clean. Diabetes will cover 20% of the contract cost of \$8,400.00 = \$1,680.00.

Storage Fees

This program stores its records in a storage facility. Diabetes grant will fund \$240.00 of this cost.

Biohazard Disposal

A special handling fee for biohazard disposal will cost \$154.00 for this program.

Marketing/Advertising

Newspaper advertising to promote Diabetes events. Three ads x \$670.00 = \$2,010.00

TOTAL EXPENSES: \$223,130.00

14. Appendix 5: Sample of Required 2010 Diabetes Audit Report

**DRAFT IHS DIABETES CARE & OUTCOMES AUDIT 2010
 FOR Test 01**

50 charts were audited from 0 patients on the diabetes registry.

	n	Percent
Gender		
Female	28	56%
Male	22	44%
Age		
< 15 years	1	2%
15-44 years	14	28%
45-64 years	20	40%
65 years and older	15	30%
Diabetes Type		
Type 1	2	4%
Type 2	48	96%
Duration of Diabetes		
Less than 1 year	2	4%
Less than 10 years	19	38%
10 years or more	17	34%
Diagnosis date not recorded	14	28%
Weight Control (BMI)		
Normal (BMI < 25.0)	5	10%
Overweight (BMI 25.0-29.9)	8	16%
Obese (BMI 30.0 or above)	33	66%
Height or weight missing	4	8%
Blood Sugar Control		
HbA1c < 7.0	27	54%
HbA1c 7.0 - 7.9	10	20%
HbA1c 8.0 - 8.9	3	6%
HbA1c 9.0 - 9.9	3	6%
HbA1c 10.0 - 10.9	1	2%
HbA1c 11.0 or higher	1	2%
Not tested or no valid result	5	10%
Mean Blood Pressure (of last 2, or 3 if available)		
<120/70	6	12%
120/70 - 130/80	15	30%
130/80 - <140/90	18	36%
140/90 - <160/95	4	8%
160/95 or higher	1	2%
BP category undetermined	6	12%
Tobacco Use		
Current tobacco user	13	26%
Counseled? Yes 69%		
No 31%		
Refused 0%		

**DRAFT IHS DIABETES CARE & OUTCOMES AUDIT 2010
 FOR Test 01**

50 charts were audited from 0 patients on the diabetes registry.

	n	Percent
Not a current tobacco user	38	72%
Tobacco use not documented	1	2%
DIABETES TREATMENT		
Diet & Exercise Alone	7	14%
Insulin	10	20%
Sulfonylurea	7	14%
Sulfonylurea-like (Prandin, Starlix)	5	10%
Metformin	15	30%
Acarbose/Miglitol	2	4%
Glitazone	18	32%
Incretin mimetic (Byetta)	5	10%
DPP-4 inhibitor (Januvia, Onglyza)	2	4%
Amylin analogue (Symlin)	4	8%
Any oral med combination	10	20%
Any insulin + other med combination	8	16%
Refused or Undetermined	2	4%
ACE INHIBITOR (OR ARB) USE		
(see renal preservation report for additional info)		
Use in patients with known hypertension	16	59%
Use in patients with elevated albuminuria	12	57%
ANTIPLATELET THERAPY (Age 40 and above)		
Aspirin or other antiplatelet rx	21	55%
None	17	45%
Refused or adverse reaction	0	0%
LIPID LOWERING AGENT USE		
Single lipid agent	33	66%
Two or more lipid agents	7	14%
None or refused	10	20%
Of the 40 patients using one or more lipid agents:		
Statin (simvastatin, others)	28	65%
Fibrate (gemfibrozil/Lopid, others)	3	8%
Niacin (Niaspan, OTC niacin)	4	10%
Bile Acid Sequestrant (cholestyramine)	2	5%
Ezetimibe (Zetia)	3	8%
Fish Oil - Rx or OTC	8	20%
Lovaza	2	5%
EXAMS - During Audit Period		
		(% refused)
Foot Exam - Neuro & Vasc	32	64% (2%)
Eye Exam - Dilated	28	56% (2%)
Dental Exam	27	54% (8%)

**DRAFT IHS DIABETES CARE & OUTCOMES AUDIT 2010
 FOR Test 01**

50 charts were audited from 0 patients on the diabetes registry.

	n	Percent
DIABETES-RELATED EDUCATION - During Audit Period		
		(% refused)
Diet Instruction by any provider	23	46% (2%)
Diet Instruction by RD	16	32% (2%)
Exercise Instruction	25	50% (2%)
Other Diabetes Education	22	44% (2%)
Any of above Self-Management Topics	38	76%
IMMUNIZATIONS		
		(% refused)
Seasonal Flu Vaccine during audit period	34	68% (4%)
Pneumovax - ever	20	40% (2%)
Tetanus/Diphtheria (Td or Tdap) - Past 10 years	22	44% (2%)
DEPRESSION identified as an active dx		
Yes	14	28%
No	35	70%
Unknown	1	2%
Of the 35 patients without an active dx of depression, proportion screened for depression during audit year:		
Screened	21	60%
Not Screened	11	31%
Refused	2	6%
Unknown	1	3%
LABORATORY EXAMS		
Creatinine obtained during audit period	39	78%
Creatinine >= 2.0 mg/dl	1	2%
Creatinine < 2.0 mg/dl	38	78%
Not tested or no valid result	11	22%
Estimated GFR documented during audit period	39	78%
Total Cholesterol obtained during audit period	34	68%
Desirable (<200 mg/dl)	32	64%
Borderline (200 - 239 mg/dl)	0	0%
High (240 mg/dl or more)	2	4%
Not tested or no valid result	16	32%
LDL Cholesterol obtained during audit period	32	64%
LDL < 100 mg/dl	27	54%
LDL 100-129 mg/dl	4	8%
LDL 130-160 mg/dl	1	2%
LDL > 160 mg/dl	0	0%
Not tested or no valid result	18	36%
HDL Cholesterol obtained during audit period	34	68%
HDL < 35 mg/dl	4	8%
HDL 35-45 mg/dl	8	16%
HDL 46-55 mg/dl	15	30%
HDL > 55 mg/dl	7	14%

**DRAFT IHS DIABETES CARE & OUTCOMES AUDIT 2010
 FOR Test 01**

50 charts were audited from 0 patients on the diabetes registry.

	n	Percent
Not tested or no valid result	16	32%
Triglycerides obtained during audit period		
TG < 150 mg/dl	19	38%
TG 150-199 mg/dl	6	12%
TG 200-400 mg/dl	7	14%
TG > 400 mg/dl	2	4%
Not tested or no valid result	16	32%
Urine protein tested during audit period		
Yes	43	86%
No	3	6%
Refused	3	6%
Missing	1	2%
Of the 43 patients tested:		
Urine Albumin:Creatinine Ratio (UACR)	23	53%
Urine Protein:Creatinine Ratio (UPCR)	2	5%
24 hour urine protein	2	5%
Microalbumin:creatinine strip (e.g. Clinitek)	3	7%
Microalbumin only (e.g. Micral)	2	5%
Standard UA dipstick protein	11	26%
Electrocardiogram (Age 30 and above)		
Performed in past 3 years	18	38%
Performed in past 5 years	18	38%
Ever performed	18	38%
TUBERCULOSIS STATUS		
TB test +, untreated or tx unknown	3	6%
TB test +, INH treatment complete	10	20%
TB test -, placed after DM diagnosis	15	30%
TB test -, placed before DM diagnosis	8	16%
TB test -, date of Dx or test date unknown	11	22%
TB test status unknown	3	6%