



Indian Health Service

# Division of Diabetes Treatment and Prevention

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

Instructions for FY 2017 Continuation Application  
From the IHS Division of Diabetes Treatment and Prevention

July 2016



[www.diabetes.ihs.gov](http://www.diabetes.ihs.gov)

## Table of Contents

1.	Introduction .....	3
2.	Key Information about FY 2017 Continuation Application .....	3
2.1	Commonly Used Abbreviations.....	3
2.2	Budget Period.....	4
2.3	Due Date.....	4
2.4	Funding Amounts .....	4
2.5	Electronic Submission .....	4
2.6	Carryover of Funds from FY 2016 .....	4
3.	Programmatic Requirements.....	5
4.	Required Application Documents for All Applicants.....	5
4.1	Application Forms .....	5
4.2	IHS Current Indirect Cost Agreement .....	6
4.3	IHS Division of Diabetes Project Narrative.....	6
4.4	IHS SDPI Outcomes System (SOS) Required Key Measure (RKM) Data Summary Report.....	7
4.5	IHS Budget Narrative.....	7
4.6	IHS Diabetes Audit Reports .....	9
4.7	IHS Resumé for New Key Personnel [if necessary] .....	10
4.8	IHS Key Contacts Form .....	10
4.9	IHS Other .....	10
4.10	Documentation of OMB A-133 Required Financial Audit for FY 2015 (not applicable to IHS facilities) .....	10
5.	Mandatory documents for programs that have sub-grantees .....	10
6.	Mandatory documents for programs that have sub-contracts with local IHS facilities .....	11
7.	Review of Applications.....	11
8.	Additional Resources and Support.....	11
	Appendix 1: Tips for Preparing a Strong Application.....	14
	Appendix 2: FY 2017 SDPI Community-Directed Application Checklist.....	15
	Appendix 3: Sample Budget Narrative .....	18
	Appendix 4: Sample of Required 2015 Diabetes Audit Report.....	23
	Appendix 5: Sample of Required 2016 Diabetes Audit Report.....	28

## 1. Introduction

These instructions are intended to provide details of programmatic requirements for Special Diabetes Program for Indians (SDPI) Community-Directed grantees for FY 2017 from the program office, the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention (Division of Diabetes). All SDPI Community-Directed grantees that received funds in FY 2016 must submit a continuation application to receive funding for FY 2017.

In addition to the continuation application requirements, this document includes tips for writing a strong application ([Appendix 1](#)) and an application checklist ([Appendix 2](#)).

## 2. Key Information about FY 2017 Continuation Application

### 2.1 Commonly Used Abbreviations

- a. ADC - [Area Diabetes Consultant](#)<sup>1</sup>
- b. DDTP - [Division of Diabetes \(Treatment and Prevention\)](#)<sup>2</sup>
- c. DPM – Division of Payment Management
- d. DSME - Diabetes Self-Management Education
- e. DGM - [Division of Grants Management](#)<sup>3</sup>
- f. FAC – Federal Audit Clearinghouse
- g. FFR - Federal Financial Report
- h. FY - Fiscal Year
- i. GMS - [Grants Management Specialist \(GMS\)](#)<sup>4</sup>
- j. IHS - Indian Health Service
- k. MOA/MOU - Memorandum of Agreement/Memorandum of Understanding
- l. NoA/NGA - Notice of (Grant) Award
- m. OMB – Office of Management and Business

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<sup>1</sup> ADC Directory: <https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>

<sup>2</sup> DDTP: <https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=home>

<sup>3</sup> DGM: <https://www.ihs.gov/dgm/>

<sup>4</sup> GMS Contact Info:

[https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=NewtoSDPI\\_whereyoushouldbegin#DGMCONTACTINF](https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=NewtoSDPI_whereyoushouldbegin#DGMCONTACTINF)  
[Q](#)

- n. RKM – Required Key Measure
- o. SDPI - Special Diabetes Program for Indians
- p. SF – Standard Form

## **2.2 Budget Period**

The Budget Period of FY 2017 is the same as the 2017 calendar year: January 1, 2017 – December 31, 2017.

## **2.3 Due Date**

Per Division of Grants Management policy, applications are due 120 days before the start of each grant’s budget cycle. Based on this policy, the FY 2017 Continuation Application due date will be on or around **September 2, 2016**. The official due date will be made available in the [GrantSolutions](#)<sup>5</sup> system. Sub-grantees will need to check with their primary programs for their due date.

## **2.4 Funding Amounts**

Grantees should apply for the same amount of funding as awarded in their FY 2016 Notice of Award (grantees in the Navajo and Nashville Area should check with their ADC or primary grantee regarding what amount to apply for). The proposed budget and Budget Narrative should be based on this amount. If you have any further questions, contact your [Grants Management Specialist \(GMS\)](#)<sup>4</sup> or primary program if you are a sub-grantee.

## **2.5 Electronic Submission**

FY 2017 is a continuation year for SDPI Community Directed grantees. The required method for submission of applications is electronic submission via [GrantSolutions](#)<sup>5</sup>. See the [Grantee Training Videos](#)<sup>6</sup> for additional information about this process. Sub-grantees will need submit all required documentation to their primary program per the primary program’s instructions.

## **2.6 Carryover of Funds from FY 2016**

Unless otherwise instructed, the carryover request is not to be submitted as part of the application for the next year’s award, but after the next year’s award has been made when you have an accurate knowledge of the unobligated balance of federal funds. After you have that knowledge, there is no

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<sup>5</sup> GrantSolutions: <https://home.grantsolutions.gov/home/>

<sup>6</sup> Grantee Training Videos: <https://home.grantsolutions.gov/home/grantee-training-videos/>

particular deadline for submitting the carryover request, but an earlier submission is better than a later one, to ensure that IHS has sufficient time to process the request.

You must request Prior Approval if the amount of unobligated balance of federal funds is 25% or more than the current budget period award amount. For more information on carryover requests, contact your [Grants Management Specialist \(GMS\)](#)<sup>4</sup> or visit the [Division of Grants Management](#)<sup>3</sup> website.

### 3. Programmatic Requirements

Current grantees must continue to meet the following programmatic requirements to receive FY 2017 funding. All grant requirements, including these programmatic requirements, can be found in the [FY 2016 Funding Opportunity Announcement \(FOA\)](#)<sup>7</sup> (see pages 8-13).

### 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 online forms in the GrantSolutions application kit.

#### 4.1 Application Forms

Below is a listing of forms that can be completed and submitted electronically in the application kit in GrantSolutions:

- a. SF-424 Application for Federal Assistance, Version 2
- b. SF-424A Budget Information - Non-Construction
- c. SF-424B Assurances - Non-Construction
- d. SF-LLL Disclosure of Lobbying Activities
- e. IHS Certification Regarding Lobbying
- f. IHS Performance Site (1.4)
- g. IHS Faith-Based Survey

Questions on any of these forms listed above should be directed to your [Grants Management Specialist](#)<sup>4</sup>.

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<sup>7</sup> FY 2016 FOA: [https://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/FY16\\_SDPI\\_C-D\\_FOA\\_FINAL.pdf](https://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/FY16_SDPI_C-D_FOA_FINAL.pdf)

## 4.2 IHS Current Indirect Cost Agreement

Generally, indirect costs rates for IHS award recipients are negotiated with the [HHS Program Support Center Cost Allocation Services](#)<sup>8</sup> and the [Department of the Interior Indirect Cost Negotiation Services](#)<sup>9</sup> (1849 C St. NW, Washington, D.C. 20240). If the current rate is not on file with DGM at the time of award, the indirect cost portion of the budget will be restricted. The restriction remains in place until the current rate is provided to the DGM. If your organization has questions regarding the indirect cost policy, contact your [Grants Management Specialist](#)<sup>4</sup>.

## 4.3 IHS Division of Diabetes Project Narrative

The Project Narrative is a PDF fillable template and is set-up as follows:

- a. Part A: Program Identifiers
- b. Part B: Review of Diabetes Audit Reports
- c. Part C: Training and Networking
- d. Part D: Leadership and Key Personnel
- e. Part E: Partnerships and Collaborations
- f. Part F: SDPI Diabetes Best Practice
- g. Part G: Activities/Services not related to selected Best Practice (Optional)
- h. Part H: Additional Program Information

Be sure to use the template provided and place all responses and required information in the correct sections.

All pertinent items in the Project Narrative must be included; do not change, delete, or skip any items unless otherwise instructed. Contact your ADC for any questions regarding the Project Narrative template.

### Implementing One SDPI Diabetes Best Practice

Grantees should implement a Best Practice based on their individual program needs, strengths, and resources. For the FY 2017 application, grantees may propose to:

- a. Continue work on the same Best Practice selected in their FY 2016 funding application.

This could include:

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<sup>8</sup> HHS PSC Cost Allocation Services: <https://rates.psc.gov/>

<sup>9</sup> DOI Indirect Cost Negotiation Services: <https://www.doi.gov/ibc/services/finance/indirect-cost-services>

- i) Continuing FY 2016 activities or proposing new ones.
  - ii) Continuing with the same Target Group or proposing a new one.
- b. Select a new Best Practice with an appropriate Target Group that may be different than the Target Group you worked with in FY 2016.

#### **4.4 IHS SDPI Outcomes System (SOS) Required Key Measure (RKM) Data Summary Report**

The RKM Data Summary Report is a PDF Report that can be retrieved and downloaded from the SOS (go to “Reports” on the side navigation menu after logging into the SOS). This report provides the information that your program has entered into the SOS.

#### **4.5 IHS Budget Narrative**

The Budget Narrative provides additional explanation to support the information provided on the SF-424A (Budget Information for Non-Construction Programs). This narrative consists of two parts:

- 1) Budget Line Item Spreadsheet and
- 2) Budget Justification that provides a brief justification for each budget item, including why it is necessary and relevant to the proposed project and how it supports project objectives.

Each part should be a separate MS Word or Excel document that is no longer than five pages. 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 sample budget narrative is also provided in [Appendix 3](#).

##### **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](#)<sup>10</sup> for more information including restrictions.

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<sup>10</sup> IHS Grant Programs Incentive Policy URL:

[http://www.ihs.gov/IHM/index.cfm?module=dsp\\_ihm\\_circ\\_main&circ=ihm\\_circ\\_0506](http://www.ihs.gov/IHM/index.cfm?module=dsp_ihm_circ_main&circ=ihm_circ_0506)

- 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.

#### I. Indirect Costs

Line item consists of facilities and administrative cost (include IDC agreement computation - see [item 4.2](#) above regarding this requirement)

#### 4.6 IHS Diabetes Audit Reports

SDPI grantees are expected to participate in and/or be aware of the results from the annual IHS Diabetes Care and Outcomes Audit for their local facility. Grantees are required to submit a copy of the annual Diabetes Audit report for 2015 and 2016 as part of their continuation application. For most grantees, the Diabetes Audit reports and information can be obtained via the [WebAudit](#)<sup>11</sup> either directly, or by requesting the report from their local facility or [ADC](#)<sup>1</sup>. Sample Audit reports are provided in [Appendix 4](#) and [Appendix 5](#).

In addition, grantees must review and report on results from the Annual Audit reports in their Project Narrative (Part B).

Some grantees may not be able to submit a report from the WebAudit 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 that includes just those individuals served by their grant from the Resource and Patient Management System (RPMS) Diabetes Management System for the following time periods:

- 2015: January 1, 2014 to December 31, 2014
- 2016: January 1, 2015 to December 31, 2015

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<sup>11</sup> WebAudit URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=resourcesAudit>

SDPI grantees that conduct non-clinical activities should request and submit a 2015 and 2016 Diabetes Audit report from their local clinical facility. Further assistance in obtaining Diabetes Audit Reports can be requested of the ADC for each Area.

#### **4.7 IHS Resumé for New Key Personnel [if necessary]**

Resumés or Biographical sketches should be provided for any new key personnel who were not included in the FY 2016 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.

There is no official format that is required. Examples of acceptable formats include brief resumés or *curriculum vitae* (CV), short written paragraphs, and one-page [bio sketches](#)<sup>12</sup> on standard forms.

#### **4.8 IHS 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 is available on the [SDPI Continuation Application webpage](#)<sup>13</sup> as well as in the Application Kit on GrantSolutions.

#### **4.9 IHS Other**

Provide any other relevant application materials, including Financial Audit documents (see 4.10 below) and any missing reports.

#### **4.10 Documentation of OMB A-133 Required Financial Audit for FY 2015 (not applicable to IHS facilities)**

Acceptable forms of documentation include:

- a. E-mail confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted.
- b. Face sheets from audit reports from [the FAC website](#)<sup>14</sup>.

### **5. Mandatory documents for programs that have sub-grantees**

A sub-grantee is an entity that has an arrangement between a grantee institution and one or more participating institutions in support of a project.

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<sup>12</sup> Bio Sketch PDF Form: <http://grants.nih.gov/grants/funding/phs398/biosketch.pdf>

<sup>13</sup> SDPI Application:

<https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedReportingReq>

<sup>14</sup> FAC: <https://harvester.census.gov/facweb/>

A complete application including all mandatory documents listed above must be completed and submitted to the primary grantee to be included in their application. Sub-grantees cannot submit applications directly to GrantSolutions.

The primary grantee's application must reflect the total budget for the entire cost of the project. Total budget for the sub-grantees should be accounted for under the contractual/consultant category.

## 6. Mandatory documents for programs that have sub-contracts with local IHS facilities

A sub-contract is between two entities to provide services or supplies. Programs that propose sub-contracts with IHS facilities to provide clinical services must submit a separate budget for the sub-contract, but the grantee's application must reflect the total budget for the entire cost of the project.

While not required, it is highly recommended that the grantee obtain a Memorandum of Agreement that is signed by the grantee, the IHS facility, the IHS area director, and the Tribal chairperson.

## 7. Review of Applications

All applications will be reviewed for adherence to the instructions from DGM and the Division of Diabetes, including submission of all required documents. Applicants that do not submit all required documents in the correct format may be contacted to provide the missing documentation before their application is reviewed. This may result in a delayed review. Grantees may also be notified of missing documents and reports as a Special Grant Condition on their Notice of Award issuing funds for FY 2017.

The FY 2017 continuation application process is not competitive and will not be reviewed by an Objective Review Committee. Instead, Division of Diabetes program staff or their designees will review the applications. Continuation funding is dependent on:

1. Compliance with Terms and Conditions outlined in the FY 2016 Notice of Award
2. Satisfactory business (fiscal) review
3. Satisfactory programmatic review, including:
  - a. Completeness of information using the correct Project Narrative template.
  - b. Documented baseline data from the SOS.
  - c. Documented plan for continued work and evaluation in FY 2017.

## 8. Additional Resources and Support

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

a. [Division of Diabetes](#)<sup>2</sup> Website

- [SDPI Community-Directed Grant Program Hub](#)<sup>15</sup> – Central location providing all the information you need for your grant, including:
  - **Recorded Information Sessions** – These recorded webinars are available to view on demand and provide a review of the programmatic Terms and Conditions and overview of application or report-specific resources.
  - **SDPI Basics** – Provides and organizes information based on the following:
    - [What is Required for this Grant](#)<sup>16</sup>
    - [Tips for New Program Coordinators](#)<sup>17</sup>

b. [Division of Grants Management](#)<sup>3</sup> Website: Current news, forms, policy topics, sources and training tools are available here.

- **DGM sponsored trainings:** Visit the [Policy Training Tools](#)<sup>18</sup> webpage for information on trainings hosted or provided by DGM. Trainings cover grants policy topics including carryover requests, financial reporting, progress reporting, OMB cost principles, and GrantSolutions. Upcoming live trainings on GrantSolutions are also posted on the [SDPI Training Options](#)<sup>19</sup> webpage.

c. **Question and Answer (Q&A) Sessions:** The Division of Diabetes will hold regular Q&A sessions about the continuation application and report process via online conferencing services approximately one month before the due date for each application and report. These sessions will provide the following:

- i. Overview of report or application-specific instructions, templates and resources
- ii. Opportunity for attendees to ask questions

Information about upcoming sessions including dates, times, and instructions for participating will be posted on the SDPI Spotlight on the [Division of Diabetes homepage](#)<sup>2</sup>.

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<sup>15</sup> SDPI Hub URL: [http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=sdpi\\_hub](http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=sdpi_hub)

<sup>16</sup> What is Required for this Grant: [http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=NewtoSDPI\\_whatis](http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=NewtoSDPI_whatis)

<sup>17</sup> Tips for New Program Coordinators:

[http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=NewtoSDPI\\_whereyoushouldbegin](http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=NewtoSDPI_whereyoushouldbegin)

<sup>18</sup> DGM Training Tools: <https://www.ihs.gov/dgm/policytools/>

<sup>19</sup> SDPI Training Options:

<https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedTraining#OTHERTRAININGS>

- d. **SDPI Community-Directed Group Email:** The Division of Diabetes regularly sends email updates to SDPI Community-Directed grantees. Contact [ihssddtspdcommunity@ihs.gov](mailto:ihssddtspdcommunity@ihs.gov) if you are not receiving these e-mail updates or are not sure.
- e. **[Area Diabetes Consultants](#)**<sup>1</sup>: These diabetes experts are familiar with the SDPI application process and grantees in their IHS Area. They can be contacted via email or phone to answer questions.
- f. **Division of Diabetes Program Staff:** For programmatic questions, including questions about the Project Narrative:
  - a. SDPI Project Coordinator, Melanie Knight  
Email: [melanie.knight@ihs.gov](mailto:melanie.knight@ihs.gov)  
Phone: 505-738-3193
  - b. Division of Diabetes Deputy Director, Carmen Licavoli Hardin  
Email: [Carmen.LicavoliHardin@ihs.gov](mailto:Carmen.LicavoliHardin@ihs.gov)  
Phone: 1-844-IHS-DDTP (1-844-447-3387)
- g. **DGM Staff:** For questions about budget, grants policy, and financial reporting requirements, contact your [Grants Management Specialist](#)<sup>4</sup> or call DGM at 301-443-5204.
- h. **GrantSolutions.gov:** For questions regarding GrantSolutions.gov:  
Email: [paul.gettys@ihs.gov](mailto:paul.gettys@ihs.gov)  
Phone: 301-443-2114  
  
Email: [help@grantsolutions.gov](mailto:help@grantsolutions.gov)  
Phone: 202-401-5282 or 866-577-0771  
Hours: 8 AM – 6 PM ET, Monday – Friday

## Appendix 1: 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 you use the correct templates for your Project Narrative. All items in the Project Narrative template **must** be included; do not change, delete, or skip any items.
- 2. Start preparing the application well ahead of the due date.** Allow plenty of time to gather required information from various sources.
- 3. 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.
- 4. Be consistent.** Your budget narrative should reflect proposed program activities and accurately match your SF-424A form.
- 5. Proofread your application.** Misspellings and grammatical errors will make it hard for your reviewer to understand the application.
- 6. Review a copy of your entire application kit to ensure accuracy and completeness.** Print out the application (if possible) before submitting. Review it against the checklist in [Appendix 2](#), Part B to make sure that it is complete and that all required documents are included.

## Appendix 2: FY 2017 SDPI Community-Directed Application Checklist

### Part A: Get Ready to Apply

Step	<b>1.0 Getting Ready to Apply</b>	Resources and Primary Requestor	Completed?
	Work with your SDPI Team to complete the following.		
1.1	Make sure that you or someone in your program has access to GrantSolutions.gov.	<a href="#">GrantSolutions</a> <sup>20</sup> Requested by <a href="#">DGM</a> <sup>21</sup>	<input type="checkbox"/>
1.2	Carefully read all application instructions from the Division of Diabetes Treatment and Prevention (DDTP).	Instructions, <a href="#">DDTP webpage</a> <sup>22</sup> Requested by DDTP/DGM	<input type="checkbox"/>
1.3	Review your 2016 SDPI Funding Application, with particular attention to the Project Narrative.	Your program files or <a href="#">GrantSolutions</a> <sup>23</sup> Requested by DDTP	<input type="checkbox"/>
1.4	Obtain copies of the 2015 and 2016 Diabetes Audit Reports for your facility or community.	<a href="#">WebAudit</a> <sup>24</sup> , local facility, or <a href="#">ADC</a> <sup>25</sup> Requested by DDTP	<input type="checkbox"/>
1.5	Confirm commitment from your organization leader for continued involvement in SDPI work.	Project Narrative, Part D Requested by DDTP	<input type="checkbox"/>
1.6	Make sure your organization is current with OMB A-133 required Financial Audit Reports (not applicable to IHS facilities).	Instruction documents, local fiscal office <a href="#">FAC Webpage</a> <sup>26</sup> Requested by DGM	<input type="checkbox"/>

Step	<b>2.0 Getting Ready to Apply – Gather and Confirm Registration Information</b>	Resources and Primary Requestor	Completed?
	Gather and confirmation the necessary registration information.		
2.1	Confirm your organization’s DUNS registration is current.	<a href="#">D&amp;B Webpage</a> <sup>27</sup> Requested by OMB/DGM	<input type="checkbox"/>
2.2	Confirm your organization’s SAM.gov registration is current.	<a href="#">SAM webpage</a> <sup>28</sup> Requested by <a href="#">DGM</a> <sup>21</sup>	<input type="checkbox"/>
2.3	Make sure that the personnel assigned to submit the continuation application for your organization has access to GrantSolutions.gov.	<a href="#">GrantSolutions</a> <sup>20</sup> Requested by DDTP/DGM	<input type="checkbox"/>

<sup>20</sup> GrantSolutions - getting started: <https://home.grantsolutions.gov/home/home/customer-support/getting-started/>

<sup>21</sup> DGM - GMS Contact Information:

[https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=NewtoSDPI\\_whereyoushouldbegin#DGMCONTACTINFO](https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=NewtoSDPI_whereyoushouldbegin#DGMCONTACTINFO)

<sup>22</sup> DDTP Webpage - SDPI Application:

<https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedReportingReg>

<sup>23</sup> GrantSolutions: <https://home.grantsolutions.gov/home/>

<sup>24</sup> Diabetes Audit: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=resourcesAudit>

<sup>25</sup> ADC Directory: <https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>

<sup>26</sup> FAC: <https://harvester.census.gov/facweb/>

<sup>27</sup> D&B: <http://fedgov.dnb.com/webform>

<sup>28</sup> SAM: <https://www.sam.gov/portal/SAM/#1>

## Part B: Prepare Your Application

Step	3.0 Preparing Your Application – Forms and Documents	Resources and Primary Requestor	Completed?
	Complete all forms and/or prepare required documents. Submit or attach forms or documents to your GrantSolutions application kit.		
3.1	<b>SF-424:</b> Complete form in GrantSolutions.gov.	<a href="#">SF-424 and instructions</a> <sup>29</sup> Requested by <a href="#">DGM</a> <sup>21</sup>	<input type="checkbox"/>
3.2	<b>SF-424A:</b> Complete form in GrantSolutions.gov.	<a href="#">SF-424A and instructions</a> <sup>30</sup> Requested by DGM	<input type="checkbox"/>
3.3	<b>SF-424B:</b> Complete form in GrantSolutions.gov.	<a href="#">SF-424B and instructions</a> <sup>31</sup> Requested by DGM	<input type="checkbox"/>
3.4	<b>SF-LLL:</b> Complete form in GrantSolutions.gov.	<a href="#">GrantSolutions</a> <sup>23</sup> Requested by DGM	<input type="checkbox"/>
3.5	<b>IHS Budget Narrative:</b> Prepare according to these instructions.	Instruction documents Requested by DDTP/DGM	<input type="checkbox"/>
3.6	<b>IHS Budget Line Item:</b> Prepare according to these instructions.	Instruction documents Requested by DDTP/DGM	<input type="checkbox"/>
3.7	<b>IHS Diabetes Audit Reports for 2015 and 2016:</b> Obtain electronic copies of the report for your facility or community.	<a href="#">WebAudit</a> <sup>24</sup> Requested by DDTP	<input type="checkbox"/>
3.8	<b>IHS SDPI Outcomes System (SOS) Required Key Measure (RKM) Data Summary Report</b>	<a href="#">SOS</a> <sup>32</sup> Requested by DDTP	<input type="checkbox"/>
3.9	<b>IHS Division of Diabetes Project Narrative:</b> Prepare using template.	<a href="#">DDTP Webpage</a> <sup>22</sup> Requested by DDTP	<input type="checkbox"/>
3.10	<b>IHS Key Contacts Form:</b> Complete with information for the Program Coordinator.	<a href="#">GrantSolutions</a> <sup>23</sup> Requested by DDTP	<input type="checkbox"/>
3.11	<b>IHS Certification Regarding Lobbying:</b> Complete form in GrantSolutions.	GrantSolutions Requested by DGM	<input type="checkbox"/>
3.12	<b>IHS Performance Site (1.4):</b> Complete form in GrantSolutions.	GrantSolutions Requested by DGM	<input type="checkbox"/>
3.13	<b>IHS Current Indirect Cost Rate Agreement:</b> Obtain an electronic copy of the documentation for your organization.	GrantSolutions Requested by DGM	<input type="checkbox"/>
3.14	<b>IHS Faith Based Survey:</b> Complete form in GrantSolutions.gov.	GrantSolutions Requested by DGM	<input type="checkbox"/>
3.15	<b>IHS Resumé for Key Personnel:</b> Prepare documentation for each new individual not included in the 2016 application.	Instruction documents Requested by DDTP	<input type="checkbox"/>
3.16	<b>IHS Other:</b> Provide any other relevant application materials, including Financial Audit documents (see step 3.17 below) and submission of missing reports.	Varies	<input type="checkbox"/>

<sup>29</sup> SF-424 PDF: [http://www.acf.hhs.gov/sites/default/files/assets/sf424v2\\_508.pdf](http://www.acf.hhs.gov/sites/default/files/assets/sf424v2_508.pdf)

<sup>30</sup> SF-424A PDF: <http://www.acf.hhs.gov/sites/default/files/assets/sf424a.pdf>

<sup>31</sup> SF-424B PDF: <http://www.acf.hhs.gov/sites/default/files/assets/sf424b.pdf>

<sup>32</sup> SOS: <https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPISOS>

Step	3.0 Preparing Your Application – Forms and Documents	Resources and Primary Requestor	Completed?
	Complete all forms and/or prepare required documents. Submit or attach forms or documents to your GrantSolutions application kit.		
3.17	<b>OMB A-133 required Financial Audit for FY 2015:</b> Obtain electronic copy of documentation.	<a href="#">FAC Website</a> <sup>26</sup> Requested by DGM	<input type="checkbox"/>

### Part C: Submit Your Application

Step	4.0 Submit Your Application – Electronically via GrantSolutions.gov	Resources and Primary Requestor	Completed?
4.1	Ensure that all forms and documents are successfully uploaded and there are green checkmarks for all items in your application kit.	<a href="#">GrantSolutions</a> <sup>23</sup> Requested by DDTP/DGM	<input type="checkbox"/>
4.2	Review your entire application kit, including all completed forms and documents.	Instruction documents Requested by the DDTP/DGM	<input type="checkbox"/>
4.3	Submit the electronic application kit on GrantSolutions.	GrantSolutions Requested by DDTP/DGM	<input type="checkbox"/>
4.4	Prepare and submit revisions as requested by the Division of Grants Management (DGM), DDTP, or your Area Diabetes Consultant (ADC).	GrantSolutions.gov <a href="#">DDTP webpage</a> <sup>22</sup> Requested by the DDTP/DGM/ADC	<input type="checkbox"/>

## Appendix 3: 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 program's activities/services.

### 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>
<b>Total Personnel:</b>	<b>58,694</b>

#### **B. Benefits:**

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

#### **C. Supplies:**

Desk Top Computers and Software (2)	3,000
Exercise Equipment	3,300
Laptop Computer	1,500
LCD Projector	1,200
Educational/Outreach	3,000
Office Supplies	1,200
Food Supplies for Wellness Luncheons	2,400
Medical Supplies (Clinic)	<u>3,000</u>
<b>Total Supplies:</b>	<b>18,600</b>

#### **D. Training and Travel:**

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

#### **E. Contractual:**

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

#### **F. Equipment:**

Heavy Duty Printer/Scanner/Copier	<u>9,000</u>
<b>Total Equipment:</b>	<b>9,000</b>

#### **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>
<b>Total Other Direct Costs:</b>	<b>38,493</b>

**H. Indirect Costs (15%):** **\$34,819**

**TOTAL DIRECT COSTS** **\$232,130.00**

**TOTAL DIRECT COST AND  
INDIRECT COSTS** **\$266,949**

**Budget Justification – SAMPLE**

**A. Personnel: \$58,694.00**

Program Coordinator: 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.  
(100% Annual Salary = \$40,000/year)

Administrative Assistant: Susan Brown

A part-time employee responsible for providing assistance to the Program Coordinator.  
(416 hours x \$15.32/hour = \$6,373.12)

CAN/Transporter/Homemaker: To be named

A full-time employee working 8 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 weeks x \$18.49/hour = \$5,768.88)

**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: \$2,230.59

CAN/Transporter/Homemaker: \$2293.20

Mental Health Coordinator: \$2019.11

### **C. Supplies: \$18,600.00**

#### Desk Top Computers and Software (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.

#### Laptop Computer

This type of computer 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.

#### 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.

#### Supplies for Monthly Wellness Meetings

An allocation of \$200.00 has been made towards teaching tools that will be used by the Diabetes Educator during the monthly wellness classes.  
( $\$200.00 \times 12 \text{ months} = \$2,400.00$ )

#### 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/month 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 ( $\$250 \times 2 = \$500.00$ ), lodging ( $\$175/\text{night} \times 2 \text{ people} \times 2 \text{ days} = \$700.00$ ), airfare ( $\$450.00 \times 2 \text{ people} = \$900.00$ ), per diem allowance ( $\$50.00 \times 2 \text{ days} \times 2 \text{ people} = \$200.00$ ), and ground transportation ( $\$25.00 \times 2 \times 2 \text{ people} = \$100.00$ ). 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**

Heavy Duty Printer/Scanner/Copier

High Performance, high volume printer/scanner/copier to produce materials for diabetes wellness classes.

\$9,000.00

**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

A computer consultant is needed 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 are 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 will be used to promote Diabetes events. Three (3) ads x \$670.00 = \$2,010.00

**I. Indirect Costs (15%): \$34,819**

The most recent Indirect Rate Cost Agreement was approved by the Department of the Interior on June 16, 2014. A copy of this agreement is attached separately in the application. The Indirect Rate Cost Agreement for FY2015 will be negotiated after completion of the FY2014 Single Audit.

**TOTAL DIRECT COSTS \$232,130.00**

**TOTAL DIRECT COST AND  
INDIRECT COSTS \$266,949.00**

## Appendix 4: Sample of Required 2015 Diabetes Audit Report

**IHS Diabetes Care and Outcomes Audit - WebAudit  
Audit Report for 2015 (Audit Period 01/01/2014 - 12/31/2014)  
Facility: Test02**

**Annual Audit**

125 charts were audited from 125 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
<b>Gender</b>					
Male	50	125	<b>40%</b>	1%	43%
Female	75	125	<b>60%</b>	2%	57%
<b>Age</b>					
< 15 years	1	125	<b>1%</b>	3%	0%
15-44 years	23	125	<b>18%</b>	4%	20%
45-64 years	69	125	<b>55%</b>	5%	50%
65 years and older	32	125	<b>26%</b>	6%	30%
<b>Diabetes Type</b>					
Type 1	1	125	<b>1%</b>	7%	1%
Type 2	124	125	<b>99%</b>	8%	99%
<b>Duration of Diabetes</b>					
Less than 1 year	7	125	<b>6%</b>	9%	4%
Less than 10 years	56	125	<b>45%</b>	10%	48%
10 years or more	67	125	<b>54%</b>	11%	40%
Diagnosis date not recorded	2	125	<b>2%</b>	12%	12%
<b>BMI Category</b>					
Normal (BMI < 25.0)	6	125	<b>5%</b>	13%	8%
Overweight (BMI 25.0-29.9)	23	125	<b>18%</b>	14%	22%
Obese (BMI 30.0 or above)	93	125	<b>74%</b>	15%	67%
Height or weight missing	3	125	<b>2%</b>	16%	3%
<b>Blood Sugar Control</b>					
A1C < 7.0	40	125	<b>32%</b>	30%	35%
A1C 7.0-7.9	17	125	<b>14%</b>	18%	18%
A1C 8.0-8.9	14	125	<b>11%</b>	19%	12%
A1C 9.0-9.9	22	125	<b>18%</b>	20%	9%
A1C 10.0-10.9	14	125	<b>11%</b>	21%	7%
A1C 11.0 or higher	15	125	<b>12%</b>	22%	11%
Not tested or no valid result	3	125	<b>2%</b>	23%	8%
<b>Mean Blood Pressure (of last 2, or 3 if available)</b>					
<140/<90	59	125	<b>47%</b>	24%	65%
140/90 - <160/<95	39	125	<b>31%</b>	25%	21%
160/95 or higher	21	125	<b>17%</b>	26%	5%
BP category undetermined	6	125	<b>5%</b>	75%	9%

Sample Page of required 2015 Diabetes Audit Report.

IHS Diabetes Care and Outcomes Audit - WebAudit  
 Audit Report for 2015 (Audit Period 01/01/2014 - 12/31/2014)  
 Facility: Test02

Annual Audit

125 charts were audited from 125 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
<b>Tobacco use</b>					
Tobacco use screening:					
Screened	118	125	<b>94%</b>	27%	84%
Not screened	7	125	<b>6%</b>	28%	16%
Tobacco use status:					
Current tobacco user	54	125	<b>43%</b>	29%	29%
In current users, counseled?					
Yes	48	54	<b>89%</b>	30%	62%
No	6	54	<b>11%</b>		
Not a current tobacco user	69	125	<b>55%</b>	31%	69%
Tobacco use not documented	2	125	<b>2%</b>	32%	2%
<b>Diabetes Treatment</b>					
Diet and exercise alone	28	125	<b>22%</b>	33%	20%
Diabetes meds currently prescribed, alone or in combination:					
Insulin	43	125	<b>34%</b>	34%	34%
Sulfonylurea (glyburide, glipizide, others)	61	125	<b>49%</b>	35%	27%
Glinide (Prandin®, Starlix®)	0	125	<b>0%</b>	36%	1%
Metformin (Glucophage®, others)	34	125	<b>27%</b>	37%	55%
Acarbose (Precose®)/Miglitol (Glyset®)	1	125	<b>1%</b>	38%	0%
Pioglitazone (Actos®) or rosiglitazone (Avandia®)	2	125	<b>2%</b>	39%	7%
GLP-1 med (Byetta®, Bydureon®, Victoza®)	0	125	<b>0%</b>	40%	2%
DPP4 inhibitor (Januvia®, Onglyza®, Tradjenta®, Nesina®)	12	125	<b>10%</b>	41%	10%
Amylin analog (Symlin®)	0	125	<b>0%</b>	42%	0%
Bromocriptine (Cycloset®)	0	125	<b>0%</b>	43%	0%
Colesevelam (Welchol®)	0	125	<b>0%</b>	44%	0%
SGLT-2 inhibitor (Invokana®, Farxiga®)	0	125	<b>0%</b>	45%	0%
Number of diabetes meds currently prescribed:					
One med	50	125	<b>40%</b>	46%	38%
Two meds	39	125	<b>31%</b>	47%	29%
Three meds	7	125	<b>6%</b>	48%	10%
Four or more meds	1	125	<b>1%</b>	49%	2%

**IHS Diabetes Care and Outcomes Audit - WebAudit  
 Audit Report for 2015 (Audit Period 01/01/2014 - 12/31/2014)  
 Facility: Test02**

**Annual Audit**

125 charts were audited from 125 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
<b>Ace Inhibitor or ARB Prescribed</b>					
(See Renal Preservation report for additional info)					
In patients with known hypertension <sup>1</sup>	62	92	<b>67%</b>	50%	78%
In patients with increased urine albumin excretion <sup>2</sup>	35	48	<b>73%</b>	51%	78%
<b>Aspirin or Other Antiplatelet Therapy Prescribed</b>					
In patients with diagnosed CVD	17	34	<b>50%</b>	52%	72%
<b>Statin Prescribed</b>					
Yes	36	125	<b>29%</b>	53%	50%
Allergy or intolerant	0	125	<b>0%</b>	54%	3%
In patients with diagnosed CVD:					
Yes	10	34	<b>29%</b>	55%	58%
Allergy or intolerant	0	34	<b>0%</b>	56%	3%
In patients aged 40-75:					
Yes	32	102	<b>31%</b>	57%	53%
Allergy or intolerant	0	102	<b>0%</b>	58%	3%
<b>Exams</b>					
Foot Exam - Complete	109	125	<b>87%</b>	59%	55%
Eye Exam - Dilated or Retinal Camera	98	125	<b>78%</b>	60%	55%
Dental Exam	72	125	<b>58%</b>	61%	38%
<b>Diabetes-Related Education</b>					
Nutrition - by any provider	115	125	<b>92%</b>	62%	50%
Nutrition - by RD	34	125	<b>27%</b>	63%	22%
Physical activity	108	125	<b>86%</b>	64%	54%
Other	119	125	<b>95%</b>	65%	60%
Any of above topics	121	125	<b>97%</b>	66%	77%
<b>Immunizations</b>					
Flu vaccine during Audit period	96	125	<b>77%</b>	67%	61%
Refused - Flu Vaccine	9	125	<b>7%</b>	68%	8%
Pneumovax - ever	118	125	<b>94%</b>	69%	81%
Refused - Pneumovax	1	125	<b>1%</b>	70%	4%
Tetanus/diphtheria - past 10 years	121	125	<b>97%</b>	71%	89%
Refused - Tetanus/diphtheria	1	125	<b>1%</b>	72%	1%
Tdap - ever	120	125	<b>96%</b>	73%	84%
Refused - Tdap	1	125	<b>1%</b>	74%	2%
Hepatitis B 3-dose series complete - ever	73	124	<b>59%</b>	75%	25%
Refused - Hepatitis B	9	124	<b>7%</b>	76%	2%
Immune - Hepatitis B	1	125	<b>1%</b>	77%	1%

**IHS Diabetes Care and Outcomes Audit - WebAudit**  
**Audit Report for 2015 (Audit Period 01/01/2014 - 12/31/2014)**  
 Facility: Test02

**Annual Audit**

125 charts were audited from 125 patients on the diabetes registry.

	<b># of Patients (Numerator)</b>	<b># Considered (Denominator)</b>	<b>Percent</b>	<b>Area Percent</b>	<b>IHS Percent</b>
<b>Depression An Active Problem</b>					
Yes	30	125	<b>24%</b>	78%	24%
No	95	125	<b>76%</b>	79%	76%
In patients without active depression, screened for depression during Audit period:					
Screened	93	95	<b>98%</b>	80%	80%
Not screened	2	95	<b>2%</b>		
<b>Laboratory Exams</b>					
<b>Non-HDL cholesterol</b>	<b>116</b>	<b>125</b>	<b>93%</b>	<b>87%</b>	<b>74%</b>
Non-HDL <130 mg/dl	43	125	<b>34%</b>	88%	45%
Non-HDL 130-159 mg/dl	32	125	<b>26%</b>	89%	16%
Non-HDL 160-190 mg/dl	22	125	<b>18%</b>	90%	8%
Non-HDL >190 mg/dl	19	125	<b>15%</b>	91%	5%
Not tested or no valid result	9	125	<b>7%</b>	92%	26%
<b>LDL cholesterol</b>	<b>105</b>	<b>125</b>	<b>84%</b>	<b>93%</b>	<b>77%</b>
LDL <100 mg/dl	54	125	<b>43%</b>	94%	47%
LDL 100-129 mg/dl	30	125	<b>24%</b>	95%	19%
LDL 130-160 mg/dl	15	125	<b>12%</b>	96%	8%
LDL >160 mg/dl	6	125	<b>5%</b>	97%	3%
Not tested or no valid result	20	125	<b>16%</b>	98%	23%
<b>HDL cholesterol</b>	<b>116</b>	<b>125</b>	<b>93%</b>	<b>99%</b>	<b>75%</b>
In females					
HDL ≤50 mg/dl	53	75	<b>71%</b>	100%	50%
HDL >50 mg/dl	17	75	<b>23%</b>	101%	25%
Not tested or no valid result	5	75	<b>7%</b>	102%	25%
In males					
HDL ≤40 mg/dl	24	50	<b>48%</b>	103%	42%
HDL >40 mg/dl	22	50	<b>44%</b>	104%	34%
Not tested or no valid result	4	50	<b>8%</b>	105%	25%
<b>Triglycerides</b>	<b>116</b>	<b>125</b>	<b>93%</b>	<b>106%</b>	<b>75%</b>
TG ≤400 mg/dl	101	125	<b>81%</b>	107%	70%
TG >400 mg/dl	15	125	<b>12%</b>	108%	5%
Not tested or no valid result	9	125	<b>7%</b>	109%	25%
<b>eGFR to assess kidney function (In age 18 and above)</b>	<b>116</b>	<b>124</b>	<b>94%</b>	<b>81%</b>	<b>89%</b>
eGFR ≥60 ml/min	94	124	<b>76%</b>	82%	72%
eGFR 30-59 ml/min	19	124	<b>15%</b>	83%	14%
eGFR 15-29 ml/min	1	124	<b>1%</b>	84%	2%
eGFR <15 ml/min	2	124	<b>2%</b>	85%	1%
Not tested or no valid result	8	124	<b>6%</b>	86%	11%

**IHS Diabetes Care and Outcomes Audit - WebAudit  
 Audit Report for 2015 (Audit Period 01/01/2014 - 12/31/2014)  
 Facility: Test02**

**Annual Audit**

125 charts were audited from 125 patients on the diabetes registry.

	<b># of Patients (Numerator)</b>	<b># Considered (Denominator)</b>	<b>Percent</b>	<b>Area Percent</b>	<b>IHS Percent</b>
<b>Laboratory Exams</b>					
<b>Urine Albumin:Creatinine Ratio (UACR)</b>					
Yes	111	125	<b>89%</b>	110%	61%
No	14	125	<b>11%</b>	111%	39%
In patients with UACR:					
Urine albumin excretion - Normal: <30 mg/g	63	111	<b>57%</b>	112%	63%
Urine albumin excretion - Increased:					
30-300 mg/g	30	111	<b>27%</b>	113%	27%
>300 mg/g	18	111	<b>16%</b>	114%	9%
In patients age 18 and above with eGFR ≥30, UACR done	108	113	<b>96%</b>	115%	68%
<b>Cardiovascular Disease</b>					
Diagnosed CVD	34	125	<b>27%</b>	116%	37%
<b>Tuberculosis Status</b>					
TB test done (skin or blood)	102	125	<b>82%</b>	117%	49%
If test done, skin test	102	102	<b>100%</b>	118%	99%
If test done, blood test	0	102	<b>0%</b>	119%	1%
If TB test done, positive result	11	102	<b>11%</b>	120%	17%
If positive TB test, treatment completed	2	11	<b>18%</b>	121%	25%
If negative TB test, after DM diagnosis	84	91	<b>92%</b>	122%	61%
<b>Combined Outcomes Measures</b>					
Patients meeting ALL of the following criteria: A1C <8.0, LDL <100, and mean BP <140/<90	18	125	<b>14%</b>	123%	20%
In age 18 and above, patients with both an eGFR and a UACR	109	124	<b>88%</b>	124%	59%

**Definitions**

<sup>1</sup>Known hypertension: Has hypertension listed as an active problem, or three visits with a diagnosis of hypertension ever (prior to the end of the Audit period).

<sup>2</sup>Increased urine albumin excretion: UACR≥30 mg/g.

## Appendix 5: Sample of Required 2016 Diabetes Audit Report

**IHS Diabetes Care and Outcomes Audit - WebAudit  
DRAFT Audit Report for 2016 (Audit Period 01/01/2015 - 12/31/2015)  
Facility: Test02**

**Annual Audit**

333 charts were audited from 3164 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
<b>Gender</b>					
Male	150	333	45%		
Female	183	333	55%		
<b>Age</b>					
< 20 years	2	333	1%		
20-44 years	71	333	21%		
45-64 years	177	333	53%		
65 years and older	83	333	25%		
<b>Diabetes Type</b>					
Type 1	1	333	0%		
Type 2	332	333	100%		
<b>Duration of Diabetes</b>					
Less than 1 year	24	333	7%		
Less than 10 years	201	333	60%		
10 years or more	132	333	40%		
Diagnosis date not recorded	0	333	0%		
<b>BMI Category</b>					
Normal (BMI < 25.0)	19	333	6%		
Overweight (BMI 25.0-29.9)	78	333	23%		
Obese (BMI 30.0 or above)	224	333	67%		
Height or weight missing	12	333	4%		
Severely obese (BMI 40.0 or above)	58	333	17%		
<b>Blood Sugar Control</b>					
A1C < 7.0	104	333	31%		
A1C 7.0-7.9	53	333	16%		
A1C 8.0-8.9	33	333	10%		
A1C 9.0-9.9	32	333	10%		
A1C 10.0-10.9	26	333	8%		
A1C 11.0 or higher	63	333	19%		
Not tested or no valid result	22	333	7%		
<b>Mean Blood Pressure (BP) - Mean of last 2, or 3 if available</b>					
<140/<90	234	333	70%		
140/90 - <160/<95	56	333	17%		
160/95 or higher	18	333	5%		
BP category undetermined	25	333	8%		

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**DRAFT Audit Report for 2016 (Audit Period 01/01/2015 - 12/31/2015)**  
 Facility: Test02

**Annual Audit**

333 charts were audited from 3164 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
<b>Comorbidities</b>					
Active depression	64	333	<b>19%</b>		
Current tobacco user	85	333	<b>26%</b>		
Severely obese (BMI 40.0 or above)	58	333	<b>17%</b>		
Diagnosed hypertension	289	333	<b>87%</b>		
Diagnosed hypertension & mean BP <140/<90	198	289	<b>69%</b>		
Diagnosed CVD	73	333	<b>22%</b>		
Diagnosed CVD & mean BP <140/<90	47	73	<b>64%</b>		
Diagnosed CVD & not current tobacco user	61	73	<b>84%</b>		
Diagnosed CVD & statin prescribed	40	73	<b>55%</b>		
Diagnosed CVD & aspirin or other antiplatelet/anticoagulant therapy prescribed	59	73	<b>81%</b>		
In age 18+ chronic kidney disease (CKD) <sup>1</sup>	67	331	<b>20%</b>		
CKD <sup>1</sup> & mean BP <140/<90	41	67	<b>61%</b>		
CKD <sup>1</sup> & ACE Inhibitor or ARB prescribed	45	67	<b>67%</b>		
In age 18+	331	333	<b>99%</b>		
Chronic Kidney Disease Stage					
Normal: eGFR ≥60 ml/min & UACR <30 mg/g	222	331	<b>67%</b>		
Stage 1/2: eGFR ≥60 ml/min & UACR ≥30 mg/g	38	331	<b>11%</b>		
Stage 3: eGFR 30-59 ml/min	19	331	<b>6%</b>		
Stage 4: eGFR 15-29 ml/min	4	331	<b>1%</b>		
Stage 5: eGFR <15 ml/min	6	331	<b>2%</b>		
Chronic Kidney Disease stage undetermined	42	331	<b>13%</b>		
Number of comorbid conditions <sup>4</sup>					
Diabetes only	17	333	<b>5%</b>		
One	107	333	<b>32%</b>		
Two	125	333	<b>38%</b>		
Three	61	333	<b>18%</b>		
Four	20	333	<b>6%</b>		
Five	2	333	<b>1%</b>		
Six	1	333	<b>0%</b>		

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**DRAFT Audit Report for 2016 (Audit Period 01/01/2015 - 12/31/2015)**  
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**Annual Audit**

333 charts were audited from 3164 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
<b>Tobacco use</b>					
Tobacco use screening during Audit period:					
Screened	324	333	<b>97%</b>		
Not screened	9	333	<b>3%</b>		
Tobacco use status:					
Current tobacco user	85	333	<b>26%</b>		
In current users, counseled?					
Yes	74	85	<b>87%</b>		
No	11	85	<b>13%</b>		
Not a current tobacco user	248	333	<b>74%</b>		
Tobacco use not documented	0	333	<b>0%</b>		
<b>Diabetes Treatment</b>					
Diet and exercise alone	101	333	<b>30%</b>		
Diabetes meds currently prescribed, alone or in combination:					
Insulin	73	333	<b>22%</b>		
Sulfonylurea (glyburide, glipizide, others)	63	333	<b>19%</b>		
Glinide (Prandin®, Starlix®)	11	333	<b>3%</b>		
Metformin (Glucophage®, others)	138	333	<b>41%</b>		
Acarbose (Precose®)/Miglitol (Glyset®)	0	333	<b>0%</b>		
Pioglitazone (Actos®) or rosiglitazone (Avandia®)	55	333	<b>17%</b>		
GLP-1 med (Byetta®, Bydureon®, Victoza®, Tanzeum®, Trulicity®)	11	333	<b>3%</b>		
DPP4 inhibitor (Januvia®, Onglyza®, Tradjenta®, Nesina®)	0	333	<b>0%</b>		
Amylin analog (Symlin®)	0	333	<b>0%</b>		
Bromocriptine (Cycloset®)	0	333	<b>0%</b>		
Colesevelam (Welchol®)	0	333	<b>0%</b>		
SGLT-2 inhibitor (Invokana®, Farxiga®, Jardiance®)	0	333	<b>0%</b>		
Number of diabetes meds currently prescribed:					
One med	132	333	<b>40%</b>		
Two meds	82	333	<b>25%</b>		
Three meds	17	333	<b>5%</b>		
Four or more meds	1	333	<b>0%</b>		

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333 charts were audited from 3164 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
<b>Ace Inhibitor or ARB Prescribed</b>					
(See Renal Preservation report for additional info)					
In patients with known hypertension <sup>2</sup>	188	289	<b>65%</b>		
In patients with CKD <sup>1</sup>	45	67	<b>67%</b>		
<b>Aspirin or Other Antiplatelet/Anticoagulant Therapy Prescribed</b>					
In patients with diagnosed CVD	59	73	<b>81%</b>		
<b>Statin Prescribed</b>					
Yes	148	330	<b>45%</b>		
Allergy, intolerance, or contraindication	3	333	<b>1%</b>		
In patients with diagnosed CVD:					
Yes	40	72	<b>56%</b>		
Allergy, intolerance, or contraindication	1	73	<b>1%</b>		
In patients aged 40-75:					
Yes	125	255	<b>49%</b>		
Allergy, intolerance, or contraindication	2	257	<b>1%</b>		
In patients with diagnosed CVD and/or aged 40-75:					
Yes	133	270	<b>49%</b>		
Allergy, intolerance, or contraindication	2	272	<b>1%</b>		
<b>Exams</b>					
Foot exam - comprehensive	223	333	<b>67%</b>		
Eye exam - dilated or retinal imaging	206	333	<b>62%</b>		
Dental exam	151	333	<b>45%</b>		
<b>Diabetes-Related Education</b>					
Nutrition - by any provider	202	333	<b>61%</b>		
Nutrition - by RD	90	333	<b>27%</b>		
Physical activity	269	333	<b>81%</b>		
Other	278	333	<b>83%</b>		
Any of above topics	314	333	<b>94%</b>		
<b>Immunizations</b>					
Influenza vaccine during Audit period	210	333	<b>63%</b>		
Refused - Influenza vaccine	44	333	<b>13%</b>		
Pneumococcal vaccine - ever	303	333	<b>91%</b>		
Refused - Pneumococcal vaccine	8	333	<b>2%</b>		
Td/Tdap/DT - past 10 years	324	333	<b>97%</b>		
Refused - Td/Tdap/DT	5	333	<b>2%</b>		
Tdap - ever	321	333	<b>96%</b>		
Refused - Tdap	6	333	<b>2%</b>		

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	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
<b>Immunizations (continued)</b>					
Hepatitis B 3-dose series complete - ever	179	331	<b>54%</b>		
Refused - Hepatitis B	54	331	<b>16%</b>		
Immune - Hepatitis B	2	333	<b>1%</b>		
<b>Depression An Active Problem</b>					
Yes	64	333	<b>19%</b>		
No	269	333	<b>81%</b>		
In patients without active depression, screened for depression during Audit period:					
Screened	262	269	<b>97%</b>		
Not screened	7	269	<b>3%</b>		
<b>Lipid Evaluation</b> - Note these results are presented as population level CVD risk markers and should not be considered treatment targets for individual patients.					
<b>LDL cholesterol</b>	<b>307</b>	<b>333</b>	<b>92%</b>		
LDL <100 mg/dl	158	333	<b>47%</b>		
LDL 100-129 mg/dl	93	333	<b>28%</b>		
LDL 130-189 mg/dl	55	333	<b>17%</b>		
LDL ≥190 mg/dl	1	333	<b>0%</b>		
Not tested or no valid result	26	333	<b>8%</b>		
<b>HDL cholesterol</b>	<b>295</b>	<b>333</b>	<b>89%</b>		
In females					
HDL <50 mg/dl	112	183	<b>61%</b>		
HDL ≥50 mg/dl	51	183	<b>28%</b>		
Not tested or no valid result	20	183	<b>11%</b>		
In males					
HDL <40 mg/dl	69	150	<b>46%</b>		
HDL ≥40 mg/dl	63	150	<b>42%</b>		
Not tested or no valid result	18	150	<b>12%</b>		
<b>Triglycerides<sup>3</sup></b>	<b>295</b>	<b>333</b>	<b>89%</b>		
TG <150 mg/dl	118	333	<b>35%</b>		
TG 150-999 mg/dl	171	333	<b>51%</b>		
TG ≥1000 mg/dl	6	333	<b>2%</b>		
Not tested or no valid result	38	333	<b>11%</b>		
<b>Kidney Evaluation</b>					
<b>eGFR to assess kidney function (In age 18 and above)</b>	<b>320</b>	<b>331</b>	<b>97%</b>		
eGFR ≥60 ml/min	291	331	<b>88%</b>		
eGFR 30-59 ml/min	19	331	<b>6%</b>		
eGFR 15-29 ml/min	4	331	<b>1%</b>		
eGFR <15 ml/min	6	331	<b>2%</b>		
Not tested or no valid result	11	331	<b>3%</b>		

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	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
<b>Urine Albumin:Creatinine Ratio (UACR) to assess kidney damage</b>					
Yes	292	333	<b>88%</b>		
No	41	333	<b>12%</b>		
In patients with UACR:					
Urine albumin excretion - Normal: <30 mg/g	245	292	<b>84%</b>		
Urine albumin excretion - Increased:					
30-300 mg/g	41	292	<b>14%</b>		
>300 mg/g	0	292	<b>0%</b>		
In patients age 18 and above with eGFR ≥30, UACR done	281	310	<b>91%</b>		
<b>Tuberculosis Status</b>					
TB test done (skin or blood)	207	333	<b>62%</b>		
If test done, skin test	207	207	<b>100%</b>		
If test done, blood test	0	207	<b>0%</b>		
If TB test done, positive result	28	207	<b>14%</b>		
If positive TB test, treatment completed	17	28	<b>61%</b>		
If negative TB test, test done after DM diagnosis	111	179	<b>62%</b>		
<b>Combined Outcomes Measure</b>					
Patients age ≥40 meeting ALL of the following criteria: A1C <8.0, Statin prescribed, and mean BP <140/<90	56	282	<b>20%</b>		

**Definitions**

<sup>1</sup>CKD: eGFR<60 or uACR≥30

<sup>2</sup>Known hypertension: Has hypertension listed as an active problem, or three visits with a diagnosis of hypertension ever (prior to the end of the Audit period).

<sup>3</sup>For triglycerides: >150 is a marker of CVD risk, not a treatment target; >1000 is a risk marker for pancreatitis.

<sup>4</sup>Comorbid conditions counted are: active depression, current tobacco use, severely obese (BMI 40 or higher), diagnosed hypertension, diagnosed CVD, and CKD (eGFR<60 or uACR≥30).