Special Diabetes Program for Indians (SDPI)

Grant Program

Instructions for 2025 Continuation Application

From the IHS Division of Diabetes Treatment and Prevention

July 2024

Table of Contents

1. Introduction

These instructions are intended to provide details of programmatic requirements for Special Diabetes Program for Indians (SDPI) recipients (including SDPI-2) for the 2025 Continuation Application from the program office, the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention (Division of Diabetes).

In addition to the Continuation Application requirements, this document includes tips for writing a strong application (Appendix 1), an application checklist (Appendix 2), a sample budget (Appendix 3), sample SOS RKM Data Summary Report (Appendix 4), and sample IHS Diabetes Audit Reports (Appendix 5 and Appendix 6).

2. Key Information about 2025 Continuation Application

2.1 Commonly Used Abbreviations

a. ADC - Area Diabetes Consultant [1]

b. DDTP - Division of Diabetes (Treatment and Prevention) [2]

c. DPM – Division of Payment Management

d. DGM - Division of Grants Management [3]

e. FAC – Federal Audit Clearinghouse

f. FFR - Federal Financial Report

g. FY - Fiscal Year

h. GMS - Grants Management Specialist (GMS) [4]

i. IHS - Indian Health Service

j. NoA/NGA - Notice of (Grant) Award

k. OMB – Office of Management and Budget

l. RKM – Required Key Measure

---

[1] ADC Directory: https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/
[2] DDTP: https://www.ihs.gov/diabetes/
[3] DGM: https://www.ihs.gov/dgm/
[4] GMS Contact Info: https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-basics/tips-for-new-program-coordinators/#DGMCONCTACTINFO

m. SDPI - [Special Diabetes Program for Indians](#)[5]

n. SF – Standard Form

2.2 Budget Period

The Budget Period for 2025 is the same as the 2025 calendar year: January 1, 2025 – December 31, 2025.

2.3 Due Date

Per Division of Grants Management policy, applications are due 120 days before the start of the grant budget cycle. Based on this policy, the 2025 Continuation Application due date will be **September 2, 2024**. The official due date will be provided in GrantSolutions.

2.4 Funding Amounts

Recipients should apply for the same amount of funding as awarded in the total amount for 2024 Notice of Award (See item 25). Do not include any supplemental awards. The proposed budget and Budget Narrative should be based on this amount. If you have any further questions, contact your [Grants Management Specialist (GMS)](#)[4].

2.5 Electronic Submission

For SDPI and SDPI-2 recipients, 2025 is a continuation year. The required method for submission of applications is electronic submission via [GrantSolutions](#)[6]. Contact [GrantSolutions Help Desk](#)[7] or [dgm@ihs.gov](#) with any questions.

3. Programmatic Requirements

Programmatic requirements for SDPI and SDPI-2 can be found in the [SDPI 2023 Notice of Funding Opportunity (NOFO)](#)[8] and Terms and Conditions in your Notice of Award.

4. Required Application Documents for All Applicants

Recipients 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.

---

[5] SDPI: https://www.ihs.gov/sdpi/
[6] GrantSolutions: https://home.grantsolutions.gov/home/
[7] GrantSolutions Help Desk: https://home.grantsolutions.gov/home/contact-us/
[8] 2024 SDPI NOFO: https://www.federalregister.gov/d/2022-16264/p-40

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.   IHS Performance Site (2.0)

Questions on any of these forms should be directed to your [Grants Management Specialist](#)[4].

4.2 SDPI Project Narrative

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

    a.   Part A: Program Identifiers

    b.   Part B: Review of Diabetes Audit Reports

    c.   Part C: Leadership and Key Personnel

    d.   Part D: Partnerships and Collaborations

    e.   Part E: SDPI Diabetes Best Practice

    f.   Part F: Activities/Services NOT related to selected Best Practice

    g.   Part G: Additional Program Information

Be sure to use the Project Narrative template provided and place all responses and required information in the correct sections. Alternatively, all required information from this template may be provided in a separate document.

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

4.3 Implementing One SDPI Diabetes Best Practice

SDPI recipients must implement one SDPI Diabetes Best Practice (also referred to as "Best Practice"). When selecting their Best Practice, recipients should consider program/community needs and priorities, strengths, and resources. For the 2025 application, recipients may propose to:

a. Continue work on the same Best Practice selected in their 2024 application. This could include:

   i) Continuing 2024 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 2024.

4.4 IHS SDPI Outcomes System (SOS) RKM Data Summary Report for 2024

The Required Key Measure (RKM) Data Summary Report is a PDF Report that can be retrieved and downloaded from the SOS (go to "SOS Recipient Reports" on the side navigation menu after logging into the SOS). This report summarizes the information that your program has entered into the SOS and, at minimum, should include your baseline RKM result for 2024. Recipients were also encouraged, but not required, to submit an RKM result in the middle of the grant year or by June 28, 2024. A sample SOS RKM Data Summary Report is provided in Appendix 4.

4.5 IHS Diabetes Audit Reports

SDPI recipients are expected to participate in and/or be aware of the aggregate results from the annual IHS Diabetes Care and Outcomes Audit for their local facility. Recipients are required to submit copies of the Annual Diabetes Audit Reports for 2023 and 2024 as part of their Continuation Application. For most recipients, Audit Reports and information can be obtained via the WebAudit[9] either directly or by requesting the report from their local facility or ADC[1]. SDPI-2 programs are only required to submit the 2024 Annual Audit Report. Sample Audit reports are provided in Appendix 5 and Appendix 6.

In addition, recipients must review and provide results from the Annual Audit Reports in their Project Narrative (Part B). Alternative guidance is provided for those that do not have both 2023 and 2024 Audit Reports.

Some recipients may not be able to obtain reports from the WebAudit because their facility reports include individuals from a larger community and not just those served by their grant. If possible, these recipients should submit Diabetes Audit Reports from the Resource and Patient Management

---

[9] IHS Diabetes Care and Outcomes Audit: https://www.ihs.gov/diabetes/audit/

System (RPMS) Diabetes Management System (DMS) that include only individuals with diabetes who are served by their grant. These DMS reports should be run using the following time periods:

- 2023: January 1, 2022 to December 31, 2022

- 2024: January 1, 2023 to December 31, 2023

A very small number of recipients were given waivers exempting them from participation in the 2023 and/or 2024 Annual Diabetes Audits. Waivers were sent via email to key contacts and uploaded as a grant note in GrantSolutions. Recipients that received waivers should:

- Submit a copy(ies) of the waiver(s) in lieu of the Diabetes Audit Reports.

- Follow the alternative instructions in Part B of the Project Narrative.

If you have any questions, contact your ADC[1].

4.6 IHS Budget Narrative

The Budget Narrative provides additional explanation to support the information provided on the SF-424A (Budget Information for Non-Construction Programs).

The Budget Narrative may be provided on MS Word or Excel document and be 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.
- Identify the percentage used by the Tribe or Tribal organization and the basis for computation.
- Identify the types of benefits included.
- Fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages.
- Fringe benefits include, but are not limited to payroll taxes, employee insurance, workers compensation, and pension.

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.

Additional Notes/tips:

- Specify the mileage and approved rate per mile, airfare, lodging, per diem, estimated number of trips (in-state/out-of-state), number of travelers, and other travel costs for each type of travel.
- Travel may be integral to the purpose of the proposed project or related to the proposed project activities (e.g., attendance at meetings).
- Do not include costs for travel for consultants, contractors or other partner organizations – these costs should be placed in the "Contractual" line item.

D. Equipment

- Include capital equipment items that exceed $5,000 per unit (An example can be purchasing an electronic kiosk to obtain history and screening that cost over $5,000).
- Identify all equipment items to be purchased for the proposed project and place in an itemized list.
- Also include accessories necessary to make the equipment operational.
- **Do not** include equipment service or maintenance costs or contracts. These costs should be placed in the "Other" line item.

E. Supplies

Line items may include:

- All tangible personal property other than "Equipment".
- 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
- **NOTE:** Non-tangible goods and services associated with supplies, such as printing services, photocopy services, and rental costs should not be placed in the "Supplies" line item – place the non-tangible goods and services costs in the "Other" line item.

F. **Contractual/Consultant**

- May include partners, collaborators, and/or technical assistance consultants to help with project activities. Include costs and indirect costs for any subcontracts here.
- Identify each proposed contract and specify its purpose and estimated costs.
- Contractual/consultant services are those services to be carried out by an individual or organization, other than the application, in the form of a procurement relationship.
- The applicant should list the proposed contract activities along with a brief description of the scope of work or services to be provided, proposed duration, and proposed procurement method (competitive or non-competitive), if known.

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 Direct Costs (shown as "Other" on the SF-424A)**

This category should include only those types of direct costs that do not fit in any other budget categories.
Line items may include:

- Participant incentives – list all types of incentives and specify amount per item. See the [IHS Grant Programs Incentive Policy](https://www.ihs.gov/sites/dgm/themes/responsive2017/display_objects/documents/IHSCircularGrntIncentive.pdf) [10] for more information including restrictions.
- Marketing, advertising and promotional items
- Office equipment, including computers under $5,000
- 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.
- Insurance
- Rental/lease of equipment, equipment service or maintenance contracts, and printing or photocopying.

---

[10] IHS Grant Programs Incentive Policy URL:
https://www.ihs.gov/sites/dgm/themes/responsive2017/display_objects/documents/IHSCircularGrntIncentive.pdf

Training: (to be included under line H. Other on the SF-424A)

- Identify all trainings and the purpose of the training that will be conducting for the proposed project (e.g., staff trainings, provider trainings, community member trainings) and list each individual training, if known.
- Specify the fees associated with each training (e.g., conference or registration fees).
- **Do not** include trainer or consultant/contractor fees. These costs should be placed in the "Contractual" line item.

I. Total Direct Charges (this line will automatically calculate on the SF-424A)

J. Indirect Costs (IDC)

Line item consists of facilities and administrative cost (include IDC agreement computation – see item 4.7 below).

- If you choose to include IDC, you will use this line item.
- Indicate the approved rate for the Tribe or Tribal organization (the applicant must have a negotiated IDC).
- Indirect costs are those incurred by the recipient for a common or joint purpose that benefit more than one cost objective or project, and are not readily assignable to specific cost objectives or projects as a direct cost.
- Examples of IDC are:
  - Personnel: IDC x Personnel = Indirect costs
  - Personnel and Fringe: IDC x Personnel & Fringe = Indirect costs
  - Total Direct Costs: IDC x Total Direct Costs = Indirect costs
  - Direct Costs minus Distorting or other factors such as contracts and equipment = IDC x [(Total Direct Costs – Distorting Factors) = Indirect costs)]
- **NOTE:** If you are including IDC in your budget, upload your current Indirect Cost Rate Agreement into the "IHS Current Indirect Cost Agreement" enclosure.

4.7 IHS Current Indirect Cost Agreement

Generally, indirect costs rates for IHS award recipients are negotiated with the HHS Program Support Center[11] and the Department of the Interior Indirect Cost and Contract Audit Services[12]. 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[4].

4.8 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 2024 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 [Biographical sketch](#)[13].

4.9 IHS Key Contacts Form

Contact information for the Program Coordinator should be provided on this form. It is PDF fillable document available on the [SDPI Continuation Application](#)[14] webpage as well as in the Application Kit on GrantSolutions. Also complete a Key Contacts Form for any staff that should be on the SDPI recipient email list.

4.10 IHS Other

Provide any other relevant application materials.

5. Review of Applications

All applications will be screened for adherence to the instructions from DGM and the Division of Diabetes, including submission of all required documents. Applicants who do not submit all required documents in the correct format may be contacted to provide the missing or revised documentation before their application can be reviewed. This may result in a delayed Notice of Award (NoA) and/or Special Grant Conditions on their NoA issuing funds for 2025

The 2025 continuation application process is not competitive and applications will not be reviewed by a Merit Review Committee. Instead, the Division of Diabetes program staff or their designees will review them. Approval is dependent on:

1. Compliance with Programmatic Terms and Conditions outlined in the 2024 NoA.
2. Satisfactory business (fiscal) review of 2025 application.
3. Satisfactory programmatic review of 2025 application, including:
   a. Completeness of information using the correct Project Narrative document.

---

[13] Bio Sketch: https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/SDPIbiosketch.docx
[14] SDPI Application: https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/

b. Submission of baseline data from the SOS.

c. Documented plan for continued work and evaluation in 2025.

6. Additional Resources and Support

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

a. **SDPI[5] Website**

- SDPI Grant Resources[15] – Central location providing all the information you need for your SDPI grant, including:

  - **Recorded Webinars** – Provide an overview of application and other report resources, available on demand.

  - **SDPI Basics** – Provides and organizes information based on the following:

    - What is Required for this Grant[16]
    - Tips for New Program Coordinators[17]

b. **Division of Grants Management[3] Website:** Current news, forms, policy topics, sources and training tools are available here.

c. **Question and Answer (Q&A) Webinars**: The Division of Diabetes will hold several Q&A webinars about the continuation application. These webinars will provide:

  i. Brief SDPI recipient updates

  ii. Opportunity for attendees to ask questions

Information about upcoming webinars including dates, times, and instructions for participating will be posted under "Upcoming Events" on the SDPI homepage[5].

d. **SDPI Grantee Email**: The Division of Diabetes regularly sends email updates to SDPI grantees. Contact sdpi@ihs.gov if you are not receiving these e-mail updates or are not sure.

e. **Area Diabetes Consultants**[1]: These diabetes experts are familiar with the SDPI application process and recipients in their IHS Area. They can be contacted via email or phone to answer questions.

---

[15] SDPI Grant Resources: https://www.ihs.gov/sdpi/sdpi-community-directed/
[16] What is Required for this Grant: https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-basics/
[17] Tips for New Program Coordinators: https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-basics/tips-for-new-program-coordinators/

f. **Division of Diabetes Program Staff**: For programmatic questions, including questions about the Project Narrative:

   a. SDPI Program Coordinator, Melanie Knight

       Email: sdpi@ihs.gov

       Phone: 505-252-0122

   b. Division of Diabetes Director, Carmen Licavoli Hardin

       Email: 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[4] or dgm@ihs.gov.

h. **GrantSolutions.gov:** For questions regarding GrantSolutions.gov:

   Email: help@grantsolutions.gov

   Phone: 202-401-5282 or 866-577-0771

   Hours: 7am – 8pm ET, Monday – Friday

   Email: DGM@ihs.gov

Appendix 1: Tips for Preparing a Strong Application

1. **Read and follow the instructions and use the correct documents.** Be sure your application forms and required documents are complete and accurate. If using the Project Narrative template, be sure to use the correct version. All required items in the Project Narrative template **must** be included; do not change, delete, or skip any items. Also, ensure that documents are completed and submitted in required formats (e.g., complete and submit Project Narrative using Adobe Acrobat, not scanned).

2. **Start preparing the application well ahead of the due date.** Allow plenty of time to gather required information from various sources and to review the application with your diabetes team.

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. Make sure the information provided throughout is consistent. Don't include extraneous information, just what is required. Ensure abbreviations are spelled out the first time they are used.

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 make it difficult for the reviewer to understand the information provided.

6. **Review a copy of your entire Application Kit to ensure accuracy and completeness.** Print out the application before submitting, if possible. Review it against Part B of the checklist in Appendix 2, to make sure that it is complete and that all required documents are included.

Appendix 2: SDPI 2025 Grant Application Checklist

Part A: Get Ready to Apply

Step	1.0 Get Ready to Apply Work with your SDPI Team to complete the following.	Resources and Primary Requestor	Completed?
1.1	Review your 2024 SDPI Application (last year's), with particular attention to the Project Narrative.	Your program files or GrantSolutions[18] Requested by IHS Division of Diabetes (DDTP)	
1.2	Obtain copies of the 2023 and 2024 Annual Diabetes Audit Reports for your local facility or community. **Note**: SDPI-2 programs are only required to submit the 2024 Annual Audit Report, but can submit both if available.	WebAudit[19], local facility, or Area Diabetes Consultant (ADC)[20] Requested by DDTP	
1.3	Confirm commitment from your organization leader for continued involvement in SDPI work or identify a new leader to be involved.	Project Narrative, Part C (SDPI website[21]) Requested by DDTP	

Step	2.0 Get Ready to Apply – Gather and Confirm Registration Information	Resources and Primary Requestor	Completed?
2.1	Confirm your organization's SAM.gov registration is current. Identify your Unique Entity Identifier (UEI) and identify or designate your EBiz Point of Contact (EBiz POC).	System for Award Management (SAM)[22] Requested by Division of Grants Management (DGM)	
2.2	Identify someone in your program, Tribe, or clinic who can submit the application into GrantSolutions.gov.	GrantSolutions[18] Requested by DGM	

Part B: Prepare Your Application

Step	3.0 Preparing Your Application – Forms and Documents Complete all forms and/or prepare required documents. Submit or attach forms or documents to your GrantSolutions Application Kit.	Resources and Primary Requestor	Completed?
3.1	**SF-424**: Complete form in GrantSolutions.gov.	SF-424[23] Requested by DGM[24]	
3.2	**SF-424A**: Complete form in GrantSolutions.gov.	SF-424A[25] Requested by DGM	
3.3	**IHS Budget Narrative:** Prepare to complement the SF-424A.	Instruction documents/samples Requested by DDTP/DGM	

---

[18] GrantSolutions: https://home.grantsolutions.gov/home/
[19] Diabetes Audit: https://www.ihs.gov/diabetes/audit/
[20] ADC Directory: https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/
[21] SDPI Application website: https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/
[22] SAM: https://sam.gov/content/home
[23] SF-424 PDF: https://apply07.grants.gov/apply/forms/sample/SF424_4_0-V4.0.pdf
[24] DGM website: https://www.ihs.gov/dgm/
[25] SF-424A PDF: https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf

Step	3.0 Preparing Your Application – Forms and Documents Complete all forms and/or prepare required documents. Submit or attach forms or documents to your GrantSolutions Application Kit.	Resources and Primary Requestor	Completed?
3.4	**IHS Diabetes Audit Reports for 2023 and 2024:** Obtain copies of the reports for your facility or community. **Note:** SDPI-2 programs are only required to submit the 2024 Annual Audit Report, but can submit both if available.	WebAudit[26] Requested by DDTP	
3.5	**IHS SDPI Outcomes System (SOS) Required Key Measure (RKM) Data Summary Report for 2024:** Obtain a copy of the report for your program.	SOS[27] Requested by DDTP	
3.6	**SDPI Project Narrative:** Prepare using template provided.	SDPI website[21] Requested by DDTP	
3.7	**IHS Key Contacts Form:** Complete with information for the Program Coordinator.	Key Contacts Form[28] Requested by DDTP	
3.8	**IHS Performance Site (2.0):** Complete form in GrantSolutions.	Site Performance Form[29] Requested by DGM	
3.9	**IHS Current Indirect Cost Rate Agreement:** Obtain an electronic copy of the documentation for your organization.	GrantSolutions Requested by DGM	
3.10	**IHS Resumé for Key Personnel:** Prepare documentation for each new individual not included in the 2024 application.	Self-prepared or Biographical Sketch Form[30] Requested by DDTP	
3.11	**IHS Other:** Provide any other relevant application materials.	Instruction documents (SDPI website[21]) Requested by the DDTP/DGM	

Part C: Submit Your Application

Step	4.0 Submit Your Application – Electronically via GrantSolutions.gov Submit or attach forms or documents to your GrantSolutions application.	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 the application.	GrantSolutions[18] Requested by DDTP/DGM	
4.2	Review the application, including all completed forms and documents.	Instruction documents (SDPI website[21]) Requested by the DDTP/DGM	
4.3	Submit the electronic application in GrantSolutions.	GrantSolutions[18] Requested by DDTP/DGM	
4.4	Prepare and submit revisions as requested by DGM, DDTP, and/or your ADC.	GrantSolutions[18] SDPI website[21] Requested by DDTP/DGM/ADC	

[26] IHS Diabetes Care and Outcomes Audit: https://www.ihs.gov/diabetes/audit/
[27] SOS: https://www.ihs.gov/sdpi/sdpi-outcomes-system-sos/
[28] Key Contacts Form: https://apply07.grants.gov/apply/forms/sample/Key_Contacts_2_0-V2.0.pdf
[29] Site Performance Form: https://apply07.grants.gov/apply/forms/sample/PerformanceSite_4_0-V4.0.pdf
[30] Biographical sketch Form:
https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/SDPIbiosketch.docx

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 their program's activities/services.

A. Personnel

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

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. Benefits:

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

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: $2,293.20
Mental Health Coordinator: $2,019.11

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)	$3,000
Total Supplies:	**$18,600**

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 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:

Local Mileage	$1,350
Staff Training & Travel - Out of State	$2,400
Total Travel:	**$3,750**

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 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:

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

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:

Heavy Duty Printer/Scanner/Copier	$9,000
Total Equipment:	**$9,000**

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:

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	$2,010
Total Other Direct Costs:	**$38,493**

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

H. 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**

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

Appendix 4: Sample SOS RKM Data Summary Report for 2024

To obtain a copy of this report for your program:
1. Log into the SOS.
2. Click on "SOS Recipient Reports" in the left-hand menu.
3. Click on "PDF Version" link found in the upper right-hand corner of the purple header banner.
4. Once loaded, download the PDF report to your computer.
5. Upload the PDF report into your application kit.

IHS Special Diabetes Program for Indians
SDPI Outcomes System
Grantee: Test01

RKM Data Summary Report for 2024

Best Practice: Diabetes-related Education

Required Key Measure: Number and percent of individuals in your Target Group who receive education on any diabetes topic*, either in a group or individual setting.
*Includes nutrition education, physical activity education, and any other diabetes education.

Target Group Information:

Guidance: Select from adults and/or youth with diabetes and/or at risk for developing diabetes.
Number of Members: 50
Description: Community members.

Numerator (Number of individuals in your Target Group who achieved the RKM)	Denominator (Number of individuals in your Target Group)	Percent (Calculated)	Change from Baseline	Date Submitted	Submitted By	Source
10	50 Number entered into SOS: 10	20%	20% [Increase]	04/15/2024	mknight	Individual Entry
2	50 Number entered into SOS: 10	4%	4% [Increase]	01/11/2024	melamonreg	Individual Entry
0	50	0%	N/A	01/11/2024 **BASELINE DATA**	melamonreg	Aggregate: 2024 Application - sign-in sheets

Appendix 5: Sample of Required 2023 Diabetes Audit Report

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2023 (Audit Period 01/01/2022 – 12/31/2022)
Facility: Test02 Sample Data

Annual Audit

89 charts were audited from 89 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Gender					
Male	40	89	45%	99%	44%
Female	49	89	55%	99%	56%
Age					
< 20 years	0	89	0%	99%	1%
20-44 years	12	89	13%	99%	17%
45-64 years	33	89	37%	99%	47%
≥ 65 years	44	89	49%	99%	36%
Diabetes Type					
Type 1	1	89	1%	99%	1%
Type 2	88	89	99%	99%	99%
Duration of Diabetes					
< 1 year	1	89	1%	99%	5%
< 10 years	21	89	24%	99%	46%
≥ 10 years	57	89	64%	99%	43%
Diagnosis date not recorded	11	89	12%	99%	11%
Body Mass Index (BMI) Category					
Normal (BMI < 25.0)	6	89	7%	99%	10%
Overweight (BMI 25.0-29.9)	16	89	18%	99%	23%
Obese (BMI ≥ 30.0)	42	89	47%	99%	63%
Height or weight missing	25	89	28%	99%	3%
Severely obese (BMI ≥ 40.0)	14	89	16%	99%	18%
Blood Sugar Control					
A1C < 7.0	24	89	27%	99%	38%
A1C 7.0-7.9	15	89	17%	99%	19%
A1C 8.0-8.9	10	89	11%	99%	11%
A1C 9.0-9.9	5	89	6%	99%	7%
A1C 10.0-10.9	2	89	2%	99%	5%
A1C ≥ 11.0	5	89	6%	99%	9%
Not tested or no valid result	28	89	31%	99%	9%
A1C < 8.0	39	89	44%	99%	58%
A1C > 9.0	12	89	13%	99%	21%

Annual Audit

89 charts were audited from 89 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Blood Pressure (BP) - Based on one value or mean of two or three values					
<140/<90	44	89	49%	99%	66%
140/90 - <160/<100	16	89	18%	99%	25%
160/100 or higher	3	89	3%	99%	6%
BP category undetermined	26	89	29%	99%	2%
Hypertension					
Diagnosed ever	68	89	76%	99%	80%
Diagnosed hypertension and mean BP <140/<90	36	68	53%	99%	62%
Diagnosed hypertension and ACE inhibitor or ARB currently prescribed	52	68	76%	99%	75%
Tobacco and Nicotine use					
Tobacco use screening during Audit period					
Screened	64	89	72%	99%	87%
Not screened	25	89	28%	99%	13%
Tobacco use status (most recent)					
Current tobacco user	22	89	25%	99%	20%
In current users, counseled?					
Yes	11	22	50%	99%	57%
No	11	22	50%	99%	43%
Not a current tobacco user	67	89	75%	99%	77%
Tobacco use not documented	0	89	0%	99%	2%
Electronic nicotine delivery system (ENDS) use screening during Audit period					
Screened	49	89	55%	99%	46%
Not screened	40	89	45%	99%	54%
ENDS use status most recent					
Current ENDS user	0	89	0%	99%	2%
Not a current ENDS user	63	89	71%	99%	52%
ENDS use not documented	26	89	29%	99%	46%
Current user of both tobacco and ENDS	0	89	0%	99%	1%
Current user of tobacco and/or ENDS	22	89	25%	99%	21%

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2023 (Audit Period 01/01/2022 - 12/31/2022)
Facility: Test02 Sample Data

Annual Audit

89 charts were audited from 89 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Diabetes Treatment					
Number of diabetes medications currently prescribed					
None	32	89	36%	99%	19%
One medication	15	89	17%	99%	30%
Two medications	18	89	20%	99%	27%
Three medications	18	89	20%	99%	17%
Four or more medications	6	89	7%	99%	7%
Diabetes meds currently prescribed, alone or in combination					
Insulin	23	89	26%	99%	33%
Metformin [Glucophage, others]	41	89	46%	99%	57%
Sulfonylurea [glyburide, glipizide, others]	19	89	21%	99%	16%
DPP-4 inhibitor [alogliptin (Nesina), linagliptin (Tradjenta), saxagliptin (Onglyza), sitagliptin (Januvia)]	14	89	16%	99%	13%
GLP-1 receptor agonist [dulaglutide (Trulicity), exenatide (Byetta, Bydureon), liraglutide (Victoza, Saxenda), lixisenatide (Adlyxin), semaglutide (Ozempic, Rybelsus, Wegovy)]	17	89	19%	99%	23%
SGLT-2 inhibitor [canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance), ertugliflozin (Steglatro)]	10	89	11%	99%	16%
Pioglitazone [Actos] or rosiglitazone [Avandia]	5	89	6%	99%	6%
Tirzepatide [Mounjaro]	1	89	1%	99%	1%
Acarbose [Precose] or miglitol [Glyset]	0	89	0%	99%	0%
Repaglinide [Prandin] or nateglinide [Starlix]	0	89	0%	99%	0%
Pramlintide [Symlin]	0	89	0%	99%	0%
Bromocriptine [Cycloset]	0	89	0%	99%	0%
Colesevelam [Welchol]	0	89	0%	99%	0%
Statin Prescribed (Currently)					
Yes*	41	87	47%	99%	63%
Allergy, intolerance, or contraindication	2	89	2%	99%	3%
In patients with diagnosed CVD					
Yes*	24	38	63%	99%	75%
Allergy, intolerance, or contraindication	2	40	5%	99%	3%
In patients age 40-75 years					
Yes*	38	72	53%	99%	67%
Allergy, intolerance, or contraindication	2	74	3%	99%	2%

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2023 (Audit Period 01/01/2022 - 12/31/2022)
Facility: Test02 Sample Data

Annual Audit

89 charts were audited from 89 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Statin Prescribed (continued)					
In patients with diagnosed CVD and/or age 40-75 years					
Yes*	38	77	49%	99%	67%
Allergy, intolerance, or contraindication	2	79	3%	99%	3%
*Excludes patients with an allergy, intolerance, or contraindication					
Cardiovascular Disease (CVD)					
CVD diagnosed ever	40	89	45%	99%	36%
CVD and mean BP <140/<90	22	40	55%	99%	64%
CVD and not current tobacco user	32	40	80%	99%	78%
CVD and aspirin or other antiplatelet/anticoagulant therapy currently prescribed	26	40	65%	99%	63%
CVD and GLP-1 receptor agonist currently prescribed	7	40	18%	99%	22%
CVD and SGLT-2 inhibitor currently prescribed	4	40	10%	99%	18%
CVD and statin currently prescribed* *Excludes patients with an allergy, intolerance, or contraindication	24	38	63%	99%	75%
Retinopathy					
Diagnosed ever	14	89	16%	99%	22%
Lower Extremity Amputation					
Any type ever (e.g., toe, partial foot, above or below knee)	7	89	8%	99%	4%
Exams					
Foot exam - comprehensive	36	89	40%	99%	46%
Eye exam - dilated exam or retinal imaging	47	89	53%	99%	53%
Dental exam	21	89	24%	99%	33%
Diabetes-Related Education					
Nutrition - by any provider (RD and/or other)	25	89	28%	99%	48%
Nutrition - by RD	15	89	17%	99%	20%
Physical activity	44	89	49%	99%	47%
Other diabetes education	35	89	39%	99%	55%
Any of above	50	89	56%	99%	71%

Annual Audit

89 charts were audited from 89 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Immunizations					
Influenza vaccine during Audit period	41	89	46%	99%	48%
Pneumococcal vaccine (PCV15, PCV20, or PPSV23) - ever	69	89	78%	99%	72%
Td/Tdap/DTaP/DT - past 10 years	59	89	66%	99%	74%
Tdap - ever	76	89	85%	99%	91%
If not immune, hepatitis B complete series - ever	47	88	53%	99%	49%
Immune - Hepatitis B	1	89	1%	99%	1%
In patients age ≥ 50 years Shingrix/recombinant zoster vaccine (RZV) complete series - ever	25	70	36%	99%	47%
Depression					
Screened during Audit period	65	89	73%	99%	83%
Active diagnosis during Audit period	3	89	3%	99%	11%
Screened and/or active diagnosis during Audit period	65	89	73%	99%	86%
Lipid Evaluation - Note these results are presented as population level CVD risk markers and should not be considered treatment targets for individual patients.					
LDL cholesterol	51	89	57%	99%	76%
LDL <100 mg/dL	43	89	48%	99%	51%
LDL 100-189 mg/dL	8	89	9%	99%	24%
LDL ≥190 mg/dL	0	89	0%	99%	1%
Not tested or no valid result	38	89	43%	99%	24%
HDL cholesterol	51	89	57%	99%	77%
In females					
HDL <50 mg/dL	15	49	31%	99%	45%
HDL ≥50 mg/dL	7	49	14%	99%	31%
Not tested or no valid result	27	49	55%	99%	23%
In males					
HDL <40 mg/dL	16	40	40%	99%	37%
HDL ≥40 mg/dL	13	40	33%	99%	40%
Not tested or no valid result	11	40	28%	99%	23%

IHS Diabetes Care and Outcomes Audit – WebAudit
Audit Report for 2023 (Audit Period 01/01/2022 – 12/31/2022)
Facility: Test02 Sample Data

Annual Audit

89 charts were audited from 89 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Triglycerides[1]	51	89	57%	99%	76%
Trig <150 mg/dL	23	89	26%	99%	37%
Trig 150-499 mg/dL	27	89	30%	99%	37%
Trig 500-999 mg/dL	1	89	1%	99%	2%
Trig ≥1000 mg/dL	0	89	0%	99%	0%
Not tested or no valid result	38	89	43%	99%	24%
Kidney Evaluation					
Estimated Glomerular Filtration Rate (eGFR) to assess kidney function (In age ≥ 18 years)	61	89	69%	99%	87%
eGFR ≥60 mL/min	51	89	57%	99%	71%
eGFR 30-59 mL/min	8	89	9%	99%	13%
eGFR 15-29 mL/min	1	89	1%	99%	2%
eGFR <15 mL/min	1	89	1%	99%	2%
Not tested or no valid result	28	89	31%	99%	13%
Urine Albumin-to-Creatinine Ratio (UACR) to assess kidney damage	50	89	56%	99%	58%
UACR - normal: <30 mg/g	37	50	74%	99%	62%
UACR - increased:					
30-300 mg/g	12	50	24%	99%	27%
>300 mg/g	1	50	2%	99%	11%
Not tested or no valid result	39	89	44%	99%	42%
In patients age ≥ 18 years, eGFR and UACR	48	89	54%	99%	56%
Chronic Kidney Disease (CKD) (In age ≥ 18 years)					
CKD[2]	17	89	19%	99%	32%
CKD[2] and mean BP <140/<90	11	17	65%	99%	59%
CKD[2] and ACE inhibitor or ARB currently prescribed	14	17	82%	99%	72%
CKD[2] and GLP-1 receptor agonist currently prescribed	4	17	24%	99%	25%
CKD[2] and SGLT-2 inhibitor currently prescribed	3	17	18%	99%	19%
CKD Stage					
Normal: eGFR ≥60 mL/min and UACR <30 mg/g	32	89	36%	99%	31%
Stages 1 and 2: eGFR ≥60 mL/min and UACR ≥30 mg/g	7	89	8%	99%	16%
Stage 3: eGFR 30-59 mL/min	8	89	9%	99%	13%
Stage 4: eGFR 15-29 mL/min	1	89	1%	99%	2%
Stage 5: eGFR <15 mL/min	1	89	1%	99%	2%
Undetermined	40	89	45%	99%	38%
Tuberculosis (TB) Status					
TB diagnosis documented ever and/or positive test result ever	7	89	8%	99%	6%
If not diagnosed, TB test done ever (skin test or blood test)	48	83	58%	99%	46%
If TB diagnosis documented and/or positive test result, treatment initiated ever	4	7	57%	99%	36%

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2023 (Audit Period 01/01/2022 - 12/31/2022)
Facility: Test02 Sample Data

Annual Audit

89 charts were audited from 89 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Tuberculosis (TB) Status					
If most recent TB test result was negative, was test done after diabetes diagnosis	24	45	53%	99%	60%
Hepatitis C (HCV)					
Diagnosed HCV ever	7	89	8%	99%	3%
In patients not diagnosed with HCV and age ≥ 18 years, screened ever	49	82	60%	99%	69%
Combined Outcomes Measure					
Patients age ≥40 years meeting ALL of the following criteria: A1C <8.0, Statin currently prescribed*, and mean BP <140/<90 *Excludes patients with an allergy, intolerance, or contraindication	18	77	23%	99%	26%
Diabetes-Related Conditions (In age ≥ 18 years)					
Severely obese (BMI ≥40.0)	14	89	16%	99%	18%
Hypertension diagnosed ever	68	89	76%	99%	80%
Current tobacco user	22	89	25%	99%	20%
CVD diagnosed ever	40	89	45%	99%	36%
Retinopathy diagnosed ever	14	89	16%	99%	22%
Lower extremity amputation ever, any type (e.g., toe, partial foot, above or below knee)	7	89	8%	99%	4%
Active depression diagnosis during Audit period	3	89	3%	99%	11%
CKD stage 3-5	10	89	11%	99%	16%
Number of diabetes-related conditions					
Diabetes only	7	89	8%	99%	8%
Diabetes plus:					
One	28	89	31%	99%	26%
Two	27	89	30%	99%	32%
Three	16	89	18%	99%	21%
Four	8	89	9%	99%	9%
Five or more	3	89	3%	99%	3%

IHS Diabetes Care and Outcomes Audit – WebAudit
Audit Report for 2023 (Audit Period 01/01/2022 – 12/31/2022)
Facility: Test02 Sample Data

Annual Audit

89 charts were audited from 89 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent

Footnotes

[1]For triglycerides: >150 is a marker of CVD risk, not a treatment target; >1000 is a risk marker for pancreatitis.
[2]Chronic Kidney Disease (CKD): eGFR<60 or UACR≥30

Abbreviations

A1C = hemoglobin A1c (HbA1c)
ACE inhibitor = angiotensin converting enzyme inhibitor
ARB = angiotensin receptor blocker
BMI = body mass index
BP = blood pressure
DPP-4 inhibitor = dipeptidyl peptidase 4 inhibitor
DT = diphtheria and tetanus
DTaP = diphtheria, tetanus, and acellular pertussis
CKD = chronic kidney disease
CVD = cardiovascular disease
eGFR = estimated glomerular filtration rate
ENDS = electronic nicotine delivery systems
GLP-1 receptor agonists = glucagon-like peptide-1 receptor agonists
HCV = hepatitis C virus
HDL = high-density lipoprotein
LDL = low-density lipoprotein
RD = registered dietitian
SGLT-2 inhibitor = sodium-glucose co-transporter-2 inhibitor
TB = tuberculosis
Td = tetanus and diphtheria
Tdap = tetanus, diphtheria, and acellular pertussis
Trig = triglycerides
UACR = urine albumin-to-creatinine ratio

Appendix 6: Sample of Required 2024 Diabetes Audit Report

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2024 (Audit Period 01/01/2023 - 12/31/2023)
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Birth Sex					
Male	47	75	63%		
Female	28	75	37%		
Unknown	0	75	0%		
Age					
< 20 years	1	75	1%		
20-44 years	20	75	27%		
45-64 years	32	75	43%		
≥ 65 years	22	75	29%		
Diabetes Type					
Type 1	5	75	7%		
Type 2	70	75	93%		
Duration of Diabetes					
< 1 year	2	75	3%		
< 10 years	48	75	64%		
≥ 10 years	13	75	17%		
Diagnosis date not recorded	14	75	19%		
Body Mass Index (BMI) Category					
Normal (BMI < 25.0)	9	75	12%		
Overweight (BMI 25.0-29.9)	17	75	23%		
Obese (BMI ≥ 30.0)	40	75	53%		
Height or weight missing	9	75	12%		
Severely obese (BMI ≥ 40.0)	6	75	8%		
Blood Sugar Control					
A1C < 7.0	28	75	37%		
A1C 7.0-7.9	14	75	19%		
A1C 8.0-8.9	8	75	11%		
A1C 9.0-9.9	7	75	9%		
A1C 10.0-10.9	1	75	1%		
A1C ≥ 11.0	4	75	5%		
Not tested or no valid result	13	75	17%		
A1C < 8.0	42	75	56%		
A1C > 9.0	12	75	16%		

Date run: 02/22/2024

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2024 (Audit Period 01/01/2023 - 12/31/2023)
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Blood Pressure (BP) - Based on one value or mean of two or three values					
<130/<80	18	75	24%		
130/80 – <140/<90	34	75	45%		
140/90 - <160/<100	14	75	19%		
160/100 or higher	3	75	4%		
BP category undetermined	6	75	8%		
<140/<90	52	75	69%		
Hypertension					
Diagnosed ever	49	75	65%		
Diagnosed hypertension and mean BP <130/<80	10	49	20%		
Diagnosed hypertension and mean BP <140/<90	31	49	63%		
Diagnosed hypertension and ACE inhibitor or ARB currently prescribed	34	49	69%		
Tobacco and Nicotine Use					
Tobacco use					
Screened	66	75	88%		
If screened, user	18	66	27%		
If user, counseled	17	18	94%		
Electronic nicotine delivery system (ENDS) use					
Screened	41	75	55%		
If screened, user	1	41	2%		
User of both tobacco and ENDS*	0	41	0%		
User of tobacco and/or ENDS*	11	41	27%		

*Excludes patients not screened for both tobacco and ENDS use

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2024 (Audit Period 01/01/2023 - 12/31/2023)
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Diabetes Treatment					
Number of diabetes medications currently prescribed					
None	18	75	24%		
One medication	21	75	28%		
Two medications	18	75	24%		
Three medications	13	75	17%		
Four or more medications	5	75	7%		
Diabetes meds currently prescribed, alone or in combination					
Insulin	19	75	25%		
Metformin [*Glucophage*, others]	36	75	48%		
Sulfonylurea [glyburide, glipizide, others]	17	75	23%		
DPP-4 inhibitor [alogliptin (*Nesina*), linagliptin (*Tradjenta*), saxagliptin (*Onglyza*), sitagliptin (*Januvia*)]	3	75	4%		
GLP-1 receptor agonist [dulaglutide (*Trulicity*), exenatide (*Byetta*, *Bydureon*), liraglutide (*Victoza*, *Saxenda*), lixisenatide (*Adlyxin*), semaglutide (*Ozempic, Rybelsus, Wegovy*)]	18	75	24%		
SGLT-2 inhibitor [bexagliflozin (*Brenzavvy*), canagliflozin (*Invokana*), dapagliflozin (*Farxiga*), empagliflozin (*Jardiance*), ertugliflozin (*Steglatro*), sotagliflozin (*Inpefa*)]	13	75	17%		
Pioglitazone [*Actos*] or rosiglitazone [*Avandia*]	6	75	8%		
Tirzepatide [*Mounjaro*]	2	75	3%		
Acarbose [*Precose*] or miglitol [*Glyset*]	0	75	0%		
Repaglinide [*Prandin*] or nateglinide [*Starlix*]	3	75	4%		
Pramlintide [*Symlin*]	0	75	0%		
Bromocriptine [*Cycloset*]	1	75	1%		
Colesevelam [*Welchol*]	0	75	0%		
Statin Prescribed (Currently)					
Yes*	34	74	46%		
Allergy, intolerance, or contraindication	1	75	1%		
In patients with diagnosed CVD					
Yes*	13	16	81%		
Allergy, intolerance, or contraindication	0	16	0%		
In patients age 40-75 years					
Yes*	30	54	56%		
Allergy, intolerance, or contraindication	1	55	2%		

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Statin Prescribed (continued)					
In patients with diagnosed CVD and/or age 40-75 years					
Yes*	32	58	55%		
Allergy, intolerance, or contraindication	1	59	2%		
*Excludes patients with an allergy, intolerance, or contraindication					
Cardiovascular Disease (CVD)					
CVD diagnosed ever	16	75	21%		
CVD and mean BP <130/<80	5	16	31%		
CVD and not current tobacco user* *Excludes patients not screened for tobacco use	11	15	73%		
CVD and aspirin or other antiplatelet/anticoagulant therapy currently prescribed	9	16	56%		
CVD and GLP-1 receptor agonist currently prescribed	4	16	25%		
CVD and SGLT-2 inhibitor currently prescribed	3	16	19%		
CVD and statin currently prescribed* *Excludes patients with an allergy, intolerance, or contraindication	13	16	81%		
Retinopathy					
Diagnosed ever	9	75	12%		
Lower Extremity Amputation					
Any type ever (e.g., toe, partial foot, above or below knee)	2	75	3%		
Exams					
Foot exam - comprehensive	25	75	33%		
Eye exam - dilated exam or retinal imaging	30	75	40%		
Dental exam	20	75	27%		
Diabetes-Related Education					
Nutrition - by any provider (RD and/or other)	23	75	31%		
Nutrition - by RD	7	75	9%		
Physical activity	47	75	63%		
Other diabetes education	23	75	31%		
Any of above	52	75	69%		

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2024 (Audit Period 01/01/2023 - 12/31/2023)
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Immunizations					
Influenza vaccine during Audit period	29	75	39%		
Pneumococcal vaccine (PCV15, PCV20, or PPSV23) - ever	37	75	49%		
Td/Tdap/DTaP/DT - past 10 years	49	75	65%		
Tdap - ever	56	75	75%		
If not immune, hepatitis B complete series - ever	20	73	27%		
Immune - hepatitis B	2	75	3%		
Hepatitis B complete series ever or immune to hepatitis B	22	75	29%		
In patients age ≥ 50 years Shingrix/recombinant zoster vaccine (RZV) complete series - ever	20	45	44%		
Depression					
Screened during Audit period	66	75	88%		
Active diagnosis during Audit period	3	75	4%		
Screened and/or active diagnosis during Audit period	66	75	88%		
Lipid Evaluation - Note these results are presented as population level CVD risk markers and should not be considered treatment targets for individual patients.					
LDL cholesterol	55	75	73%		
LDL <100 mg/dL	33	75	44%		
LDL 100-189 mg/dL	21	75	28%		
LDL ≥190 mg/dL	1	75	1%		
Not tested or no valid result	20	75	27%		
HDL cholesterol	56	75	75%		
In females					
HDL <50 mg/dL	11	28	39%		
HDL ≥50 mg/dL	13	28	46%		
Not tested or no valid result	4	28	14%		
In males					
HDL <40 mg/dL	12	47	26%		
HDL ≥40 mg/dL	20	47	43%		
Not tested or no valid result	15	47	32%		

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2024 (Audit Period 01/01/2023 - 12/31/2023)
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Triglycerides[1]	56	75	75%		
Trig <150 mg/dL	34	75	45%		
Trig 150-499 mg/dL	21	75	28%		
Trig 500-999 mg/dL	1	75	1%		
Trig ≥1000 mg/dL	0	75	0%		
Not tested or no valid result	19	75	25%		
Kidney Evaluation					
Estimated Glomerular Filtration Rate (eGFR) to assess kidney function (In age ≥ 18 years)	66	74	89%		
eGFR ≥60 mL/min	58	74	78%		
eGFR 30-59 mL/min	5	74	7%		
eGFR 15-29 mL/min	1	74	1%		
eGFR <15 mL/min	2	74	3%		
Not tested or no valid result	8	74	11%		
Quantitative Urine Albumin-to-Creatinine Ratio (UACR) to assess kidney damage	31	75	41%		
UACR - normal: <30 mg/g	18	31	58%		
UACR - increased:					
30-300 mg/g	11	31	35%		
>300 mg/g	2	31	6%		
Not tested or no valid result	44	75	59%		
In patients age ≥ 18 years, eGFR and UACR	31	74	42%		
Chronic Kidney Disease (CKD) (In age ≥ 18 years)					
CKD[2]	18	74	24%		
CKD[2] and mean BP <130/<80	2	18	11%		
CKD[2] and mean BP <140/<90	13	18	72%		
CKD[2] and ACE inhibitor or ARB currently prescribed	12	18	67%		
CKD[2] and GLP-1 receptor agonist currently prescribed	9	18	50%		
CKD[2] and SGLT-2 inhibitor currently prescribed	6	18	33%		
CKD Stage					
Normal: eGFR ≥60 mL/min and UACR <30 mg/g	16	74	22%		
Stages 1 and 2: eGFR ≥60 mL/min and UACR ≥30 mg/g	10	74	14%		
Stage 3: eGFR 30-59 mL/min	5	74	7%		
Stage 4: eGFR 15-29 mL/min	1	74	1%		
Stage 5: eGFR <15 mL/min	2	74	3%		
Undetermined	40	74	54%		

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2024 (Audit Period 01/01/2023 - 12/31/2023)
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Tuberculosis (TB) Status					
TB diagnosis documented ever and/or positive test result ever	2	75	3%		
If not diagnosed, TB test done ever (skin test or blood test)	10	73	14%		
TB test done ever or TB diagnosed ever	12	75	16%		
If TB diagnosis documented and/or positive test result, treatment initiated ever	0	2	0%		
If most recent TB test result was negative, was test done after diabetes diagnosis	7	10	70%		
Hepatitis C (HCV)					
Diagnosed HCV ever	2	75	3%		
In patients not diagnosed with HCV and age ≥ 18 years, screened ever	44	72	61%		
In age ≥ 18 years, screened for HCV ever or HCV diagnosed ever	46	74	62%		
Combined Outcomes Measure					
Patients age ≥40 years meeting ALL of the following criteria: A1C <8.0, Statin currently prescribed*, and mean BP <130/<80	4	59	7%		
*Excludes patients with an allergy, intolerance, or contraindication					
Diabetes-Related Conditions (In age ≥ 18 years)					
Severely obese (BMI ≥40.0)	5	74	7%		
Hypertension diagnosed ever	49	74	66%		
CVD diagnosed ever	16	74	22%		
Retinopathy diagnosed ever	9	74	12%		
Lower extremity amputation ever, any type (e.g., toe, partial foot, above or below knee)	2	74	3%		
Active depression diagnosis during Audit period	3	74	4%		
CKD stage 3-5	8	74	11%		
Number of diabetes-related conditions					
Diabetes only	17	74	23%		
Diabetes plus:					
One	33	74	45%		
Two	18	74	24%		
Three	2	74	3%		
Four	3	74	4%		
Five or more	1	74	1%		

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2024 (Audit Period 01/01/2023 - 12/31/2023)
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

Footnotes

[1]For triglycerides: >150 is a marker of CVD risk, not a treatment target; >1000 is a risk marker for pancreatitis.
[2]Chronic Kidney Disease (CKD): eGFR<60 or UACR≥30

Abbreviations

A1C = hemoglobin A1c (HbA1c)
ACE inhibitor = angiotensin converting enzyme inhibitor
ARB = angiotensin receptor blocker
BMI = body mass index
BP = blood pressure
DPP-4 inhibitor = dipeptidyl peptidase 4 inhibitor
DT = diphtheria and tetanus
DTaP = diphtheria, tetanus, and acellular pertussis
CKD = chronic kidney disease
CVD = cardiovascular disease
eGFR = estimated glomerular filtration rate
ENDS = electronic nicotine delivery systems
GLP-1 receptor agonist = glucagon-like peptide-1 receptor agonist
HCV = hepatitis C virus
HDL = high-density lipoprotein
LDL = low-density lipoprotein
RD = registered dietitian
SGLT-2 inhibitor = sodium-glucose co-transporter-2 inhibitor
TB = tuberculosis
Td = tetanus and diphtheria
Tdap = tetanus, diphtheria, and acellular pertussis
Trig = triglycerides
UACR = urine albumin-to-creatinine ratio