Indian Health Service

Division of Diabetes Treatment and Prevention

Special Diabetes Program for Indians (SDPI)

Instructions for 2021 Continuation Application

IHS Division of Diabetes Treatment and Prevention

Last Updated: June 2020

https://www.ihs.gov/sdpi/

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1. Introduction

These instructions provide details of programmatic requirements for Special Diabetes Program for Indians (SDPI) grantees for 2021 from the program office, the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention (Division of Diabetes).

The SDPI application process for 2021 was expected to be competitive. However, due to the demands of the COVID-19 pandemic, an exception has been granted to allow 2021 to be added as a 6th year to the current SDPI grant cycle (now 2016-2021). This means that **SDPI has switched from a competitive to a noncompeting continuation application process for 2021.**

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

2. Instructions for Abbreviated Noncompeting Continuation Application

The Office of Management and Budget (OMB) has approved certain flexibilities in light of the COVID-19 pandemic. For the 2021 budget cycle, SDPI grantees are required to submit the following at a minimum:

A. The standard SF-424 Application form. The majority of the information on this form is populated automatically based on the current grant. This is the standard on-line form in GrantSolutions.

B. A brief written statement, in a standard electronic format (e.g. Word or PDF) certifying that you are in a position to:

    a. Continue, resume or restore the project activities. Some grantees were able to continue operations without interruption. Others had to curtail or shut down their project temporarily. In this part of the statement, we ask that you certify that you will be able to continue ongoing activities, or resume activities once conditions permit.

    b. Accept a planned continuation award. This means that you state you accept the continuation award, and understand that you will continue to be bound by the terms and conditions of the award currently in place.

    This statement is not intended to be a long discourse or a complicated document. A couple of paragraphs covering the requested items is all that is needed.

The abbreviated application will be submitted in GrantSolutions as usual. They are due by September 2, 2020. All of the same documents and elements are there, but only the two items A and B above

are required on this date. All other documents are required to be submitted in GrantSolutions as a grant note by December 15, 2020.

Budget: Until a full budget can be submitted, you will be operating under your 2020 budget, prior to any carryover you added in 2020.

Cost Principles: You are obligated to follow the standard cost principles, including allowability. Any expenditures deemed unallowable will be your responsibility

As always, questions should be directed as follows:

- Programmatic questions should be directed to your Area Diabetes Consultant.
- Grants questions should be directed to your Grants Management Specialist.
- System questions can be directed to Paul Gettys, at Paul.Gettys@ihs.gov.

3. Key Information about 2021 Continuation Application

3.1 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. DSME - Diabetes Self-Management Education

e. DGM - Division of Grants Management[3]

f. FAC – Federal Audit Clearinghouse

g. FFR - Federal Financial Report

h. GMS - Grants Management Specialist[4]

i. IHS - Indian Health Service

j. MOA/MOU - Memorandum of Agreement/Memorandum of Understanding

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

l. OMB – Office of Management and Budget

m. 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

n. SDPI - Special Diabetes Program for Indians[5]

o. SF – Standard Form

p. SOS – SDPI Outcomes System[6]

3.2 Budget Period

SDPI's budget period follows the calendar year. The 2021 budget period is: January 1, 2021 – December 31, 2021.

3.3 Due Dates and Submission Process

Due to the unusual circumstances noted in the Introduction, there are two options for submitting the SDPI continuation application for 2021.

1. **Option 1 – Submit all documents and forms by September 2, 2020** via GrantSolutions.
2. **Option 2 – Submit in two parts:**
    a. **By September 2, 2020:** Submit the SF-424 and a brief written statement of continuation (see Part 2 above) via GrantSolutions.

    :::AND:::

    b. **By December 15, 2020:** Submit the remaining application documents in GrantSolutions as a grant note.

See Section 5 for a list of required forms and documents. You may submit your program's continuation application documents as soon as they are completed, even if that's earlier than the dates noted above.

3.4 Funding Amounts

Grantees should apply for the same amount of funding that was applied for in 2020. The proposed budget and Budget Narrative should be based on this amount. If you have any further questions, contact your Grants Management Specialist[4].

3.5 Electronic Submission

2021 is a continuation year for SDPI grantees. The required method for submission of applications is electronic submission via GrantSolutions[7]. DGM provides a demonstration of all GrantSolutions

[5] SDPI: https://www.ihs.gov/sdpi/
[6] SOS: https://www.ihs.gov/sdpi/sdpi-outcomes-system-sos/
[7] GrantSolutions: https://home.grantsolutions.gov/home/

functions available to grantees including application submission. These trainings are offered on the second Thursday of each month at the following times:

- 10am – 11:30am ET
  9am CT / 8am MT / 7am PT / 6am AKT
- 1pm – 2:30pm ET
  12pm CT / 11am MT / 10am PT / 9am AKT

For questions and to register, contact Paul Gettys. Due to the impact of COVID-19, DGM requires that you submit your registration request a week in advance. Training information and slides are available on DGMs Policy Training Tools[8] webpage.

4. Programmatic Requirements

Programmatic requirements can be found in the Funding Opportunity Description[9].

5. 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.

5.1 Application Forms

Below is a listing of forms that can be completed and submitted electronically in the Application 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 (2.0)

Questions on any of these forms listed above should be directed to your Grants Management Specialist[4].

[8] DGM Training: https://www.ihs.gov/dgm/policytools/
[9] Funding Opportunity Description: https://www.federalregister.gov/documents/2015/08/04/2015-19088/special-diabetes-program-for-indians-community-directed-grant-program-announcement-type-new-and

5.2 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 for both parts. 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 2.

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[10] for more information including restrictions.
- 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

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

Line item consists of facilities and administrative cost (include IDC agreement computation - see item 5.2 above regarding this requirement)

5.3 IHS Division of Diabetes Project Narrative

The Project Narrative template is a PDF fillable document 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
h. Part H: Additional Program Information

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

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 grantee for any questions regarding the Project Narrative.

Implementing One SDPI Diabetes Best Practice

SDPI grantees must implement one SDPI Diabetes Best Practice (also referred to as "Best Practice"). When selecting their Best Practice, grantees should consider program/community needs and priorities, strengths, and resources. For the 2021 application, grantees may propose to:

a. Continue work on the same Best Practice selected in their 2020 application. This could include:
    i) Continuing 2020 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 2020.

5.4 IHS SDPI Outcomes System (SOS) RKM Data Summary Report for 2020

The Required Key Measure (RKM) Data Summary Report is a PDF Report that can be retrieved and downloaded from the SOS (go to "SOS Grantee Reports" on the side navigation menu after logging into the SOS). This report summarizes the information that your program has entered into the SOS. This report, at minimum, should include your baseline RKM result for 2020. Grantees are also encouraged, but not required, to submit an RKM result in the middle of the grant year or by June 30, 2020. A sample SOS RKM Data Summary Report is provided in Appendix 3.

5.5 IHS Diabetes Audit Reports

SDPI grantees 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. Grantees are required to submit copies of the Annual Diabetes Audit Reports for 2019 and 2020 as part of their Continuation Application. For most grantees, Audit Reports and information can be obtained via the WebAudit[11] either directly or by requesting the report from their local facility or Area Diabetes Consultant[1]. Sample Audit reports are provided in Appendix 4 and Appendix 5.

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

Some grantees 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 grantees should submit Diabetes Audit Reports from the Resource and Patient Management 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:

- 2019: January 1, 2018 to December 31, 2018
- 2020: January 1, 2019 to December 31, 2019

5.6 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 2020 application. Biographical sketches should include information about education

[11] WebAudit: https://www.ihs.gov/diabetes/audit/

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[12] on standard forms.

5.7 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[13] webpage as well as in the Application on GrantSolutions.

5.8 IHS Current Indirect Cost Agreement

Generally, indirect costs rates for IHS award recipients are negotiated with the HHS Program Support Center Cost Allocation Services[14] or the Department of the Interior Indirect Cost Negotiation Services[15]. OMB has granted a class deviation to allow agencies to allow grantees to continue to use currently approved indirect cost rates to recover indirect costs on federal awards. If your current indirect cost rate agreement will expire before the end of the 2020 budget period, please contact your GMS to request an extension of the current rate for one year. If your organization has questions regarding the indirect cost policy, contact your Grants Management Specialist[4].

5.9 IHS Other

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

5.10 Documentation of OMB A-133 Required Financial Audit for 2019

Acceptable forms of documentation include:

a. E-mail confirmation from Federal Audit Clearinghouse (FAC) that financial audits were submitted.
b. Face sheets from financial audit reports from the FAC website[16].

The OMB A-133 is not applicable to IHS facilities.

[12] Bio Sketch PDF Form: http://grants.nih.gov/grants/funding/phs398/biosketch.pdf
[13] SDPI Application: https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/
[14] HHS PSC Cost Allocation Services: https://rates.psc.gov/
[15] DOI Indirect Cost Negotiation Services: https://www.doi.gov/ibc/services/finance/indirect-cost-services
[16] FAC: https://harvester.census.gov/facweb/

6. Programs that have subgrantees

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

Primary grantees must submit a separate Project Narrative for the primary and each subgrantee. In addition, each subgrantee's budget should be entered in the contractual/consultant category in the budget.

7. 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.

8. Screening and Review of Applications

8.1 Screening

All applications will be screened for adherence to the instructions and 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. Grantees may also be notified of missing documents and reports as a Special Grant Condition on their 2021 Notice of Award.

8.2 Review

Applications that pass screening will then be reviewed by the Program Officer or their designee. Applications will be reviewed and either approved or approved with restrictions. Continuation Application approval is dependent on:

1. Compliance with Terms and Conditions outlined in the 2020 Notice of Award
2. Satisfactory business (fiscal) review
3. Satisfactory programmatic review, including:
    a. Completeness of information using the correct Project Narrative document.
    b. Documented baseline data from the SOS.
    c. Documented plan for continued work and evaluation in 2021.

Grantees with applications that are approved with restrictions will have Special Grant Condition(s) placed on their 2021 Notice of Award. Special Grant Conditions are notes added onto the Notice of Award that describe missing documentation or revisions needed. Some special grant conditions may also place funding restrictions until certain documents or revisions are submitted and approved.

9. Additional Resources and Support

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

a. **SDPI[5] Website**

- SDPI Community-Directed Grant Resources[17] – Central location providing all the information you need for your SDPI grant, including:
  - **Live and 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[18]
    - Tips for New Program Coordinators[19]

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

- **DGM sponsored trainings:** Visit the Policy Training Tools[8] webpage for information on trainings hosted or provided by DGM. Trainings cover grants policy topics including GrantSolutions. Information regarding these trainings is also posted on the SDPI Grant Training[20] webpage.

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

i. Brief SDPI grantee 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].

[17] SDPI Community-Directed Grant Resources: https://www.ihs.gov/sdpi/sdpi-community-directed/
[18] What is Required for this Grant: https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-basics/
[19] Tips for New Program Coordinators: https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-basics/tips-for-new-program-coordinators/
[20] SDPI Training Options: https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-grant-training/#OTHERTRAININGS

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 grantees in their IHS Area. They can be contacted via email or phone.

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

      Phone: 505-738-3193

   b. Division of Diabetes Deputy 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].

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

   Email: paul.gettys@ihs.gov

   Phone: 301-443-2114

   Email: help@grantsolutions.gov

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

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

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. Be sure that you use the correct 2021 Project Narrative template. 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 to ensure accuracy and completeness.** Print out the application before submitting, if possible. Review against the application checklist.

Appendix 2: 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.

Line Item Budget – SAMPLE

A. Personnel	
Program Coordinator	40,000
Administrative Assistant	6,373
CNA/Transporter	6,552
Mental Health Counselor	5,769
Total Personnel:	**58,694**
B. Benefits:	
Program Coordinator	14,000
Administrative Assistant	2,231
CNA/Transporter	2,293
Mental Health Counselor	2,019
Total Fringe Benefits:	**20,543**
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**
D. Training and Travel:	
Local Mileage	1,350
Staff Training & Travel -Out of State	2,400
Total Travel:	**3,750**
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**
F. Equipment:	
Heavy Duty Printer/Scanner/Copier	9,000
Total Equipment:	**9,000**
G. Other Direct Costs:	
Rent	20,805
Utility	4,000

Postage	500
Telephone	2,611
Audit Fees	2,500
Professional Fees	2,400
Insurance Liability	1,593
Office Cleaning	1,680
Storage Fees	240
Biohazard Disposal	154
Marketing/Advertising	2,010
Total Other Direct Costs:	**38,493**

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

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 x 12 months = $2,400.00)

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

D. Training and Travel: $3,750.00

Local Mileage – Mileage for transportation of clients and outreach services. Estimated at 300 miles/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: $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 3: Sample SOS RKM Data Summary Report for 2020

To obtain a copy of this report for your program:

1. Log into the SOS.
2. Click on "SOS Grantee Reports" in the left-hand menu.
3. Click on "PDF Version" under "Print Versions".
4. Download the PDF report to your computer.
5. Upload the PDF report into your application.

IHS Special Diabetes Program for Indians
SDPI Outcomes System
Grantee: Test02

RKM Data Summary Report for 2020

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: Adults and/or youth with diabetes and/or at risk for developing diabetes
Number of Members: 120
Description: Adults in our community who have diabetes or are at risk for diabetes.

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**
5	120 Number entered into SOS: 5	4%	4% [Increase]	02/25/2020	mknight	Individual Entry
0	120	0%	N/A	01/23/2020 **BASELINE DATA**	melamonreg	Aggregate: 2020 Application

Appendix 4: Sample 2019 Diabetes Audit Report

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2019 (Audit Period 01/01/2018 - 12/31/2018)
Facility: Test02 Sample Data

Annual Audit

647 charts were audited from 648 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Gender					
Male	305	647	**47%**	19%	44%
Female	342	647	**53%**	19%	56%
Age					
< 20 years	2	647	**0%**	19%	1%
20-44 years	110	647	**17%**	19%	17%
45-64 years	278	647	**43%**	19%	49%
≥ 65 years	257	647	**40%**	19%	33%
Diabetes Type					
Type 1	8	647	**1%**	19%	1%
Type 2	639	647	**99%**	19%	99%
Duration of Diabetes					
< 1 year	20	647	**3%**	19%	4%
< 10 years	255	647	**39%**	19%	44%
≥ 10 years	375	647	**58%**	19%	44%
Diagnosis date not recorded	17	647	**3%**	19%	12%
Body Mass Index (BMI) Category					
Normal (BMI < 25.0)	23	647	**4%**	19%	9%
Overweight (BMI 25.0-29.9)	88	647	**14%**	19%	23%
Obese (BMI ≥ 30.0)	313	647	**48%**	19%	66%
Height or weight missing	223	647	**34%**	19%	2%
Severely obese (BMI ≥ 40.0)	91	647	**14%**	19%	20%
Blood Sugar Control					
A1C < 7.0	147	647	**23%**	19%	35%
A1C 7.0-7.9	83	647	**13%**	19%	20%
A1C 8.0-8.9	54	647	**8%**	19%	13%
A1C 9.0-9.9	47	647	**7%**	19%	10%
A1C 10.0-10.9	45	647	**7%**	19%	7%
A1C ≥ 11.0	48	647	**7%**	19%	10%
Not tested or no valid result	223	647	**34%**	19%	6%
A1C < 8.0	230	647	**36%**	19%	54%
A1C > 9.0	136	647	**21%**	19%	26%

Date run: 03/25/2020

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IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2019 (Audit Period 01/01/2018 - 12/31/2018)
Facility: Test02 Sample Data

Annual Audit

647 charts were audited from 648 patients on the diabetes registry.

	# 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	331	647	**51%**	19%	69%
140/90 - <160/<100	87	647	**13%**	19%	25%
160/100 or higher	11	647	**2%**	19%	5%
BP category undetermined	218	647	**34%**	19%	1%
If age ≥ 60, <150/<90	195	342	**57%**	19%	83%
Hypertension					
Diagnosed ever	511	647	**79%**	19%	81%
Diagnosed hypertension and mean BP <140/<90	232	511	**45%**	19%	65%
Diagnosed hypertension and ACE inhibitor or ARB prescribed	254	511	**50%**	19%	77%
Tobacco and Nicotine use					
Tobacco use screening during Audit period					
Screened	389	647	**60%**	19%	91%
Not screened	258	647	**40%**	19%	9%
Tobacco use status					
Current tobacco user1	164	647	**25%**	19%	23%
In current users, counseled?					
Yes	79	164	**48%**	19%	68%
No	85	164	**52%**		
Not a current tobacco user2	476	647	**74%**	19%	75%
Tobacco use not documented	7	647	**1%**	19%	2%
Electronic nicotine delivery system (ENDS) use screening during Audit period					
Screened	104	647	**16%**	19%	17%
Not screened	543	647	**84%**	19%	83%
ENDS use status					
Current ENDS user	1	647	**0%**	19%	0%
Not a current ENDS user	104	647	**16%**	19%	19%
ENDS use not documented	542	647	**84%**	19%	79%
Current user of both tobacco and ENDS	0	647	**0%**	19%	0%
Current user of tobacco and/or ENDS	165	647	**26%**	19%	23%

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2019 (Audit Period 01/01/2018 - 12/31/2018)
Facility: Test02 Sample Data

Annual Audit

647 charts were audited from 648 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Diabetes Treatment					
Number of diabetes medications currently prescribed					
None	285	647	**44%**	19%	19%
One medication	161	647	**25%**	19%	35%
Two medications	128	647	**20%**	19%	27%
Three medications	61	647	**9%**	19%	14%
Four or more medications	12	647	**2%**	19%	5%
Diabetes meds currently prescribed, alone or in combination					
Insulin	173	647	**27%**	19%	35%
Metformin [Glucophage, others]	267	647	**41%**	19%	59%
Sulfonylurea [glyburide, glipizide, others]	108	647	**17%**	19%	23%
DPP4 inhibitor [Sitagliptin (Januvia), Saxagliptin (Onglyza), Linagliptin (Tradjenta), Alogliptin (Nesina)]	37	647	**6%**	19%	16%
GLP-1 agonist [Exenatide (Byetta, Bydureon), Liraglutide (Victoza), Albiglutide (Tanzeum), Dulaglutide (Trulicity), Lixisenatide (Adlyxin), Semaglutide (Ozempic)]	25	647	**4%**	19%	7%
SGLT-2 inhibitor [Canagliflozin (Invokana), Dapagliflozin (Farxiga), Empagliflozin (Jardiance), Ertugliflozin (Steglatro)]	1	647	**0%**	19%	4%
Pioglitazone [Actos] or rosiglitazone [Avandia]	37	647	**6%**	19%	7%
Acarbose [Precose] or miglitol [Glyset]	0	647	**0%**	19%	0%
Repaglinide [Prandin] or Nateglinide [Starlix]	0	647	**0%**	19%	1%
Amylin analog [Symlin]	0	647	**0%**	19%	0%
Bromocriptine [Cycloset]	1	647	**0%**	19%	0%
Colesevelam [Welchol]	0	647	**0%**	19%	0%
Statin Prescribed					
Yes*	209	628	**33%**	19%	61%
Allergy, intolerance, or contraindication	19	647	**3%**	19%	2%
In patients with diagnosed CVD					
Yes*	83	241	**34%**	19%	73%
Allergy, intolerance, or contraindication	9	250	**4%**	19%	2%
In patients age 40-75 years					
Yes*	165	462	**36%**	19%	65%
Allergy, intolerance, or contraindication	17	479	**4%**	19%	2%

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2019 (Audit Period 01/01/2018 - 12/31/2018)
Facility: Test02 Sample Data

Annual Audit

647 charts were audited from 648 patients on the diabetes registry.

	# 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*	191	541	**35%**	19%	65%
Allergy, intolerance, or contraindication	19	560	**3%**	19%	2%
*Excludes patients with an allergy, intolerance, or contraindication					
Cardiovascular Disease (CVD)					
CVD diagnosed ever	250	647	**39%**	19%	34%
CVD and mean BP <140/<90	103	250	**41%**	19%	66%
CVD and not current tobacco user	191	250	**76%**	19%	77%
CVD and aspirin or other antiplatelet/anticoagulant therapy prescribed	107	250	**43%**	19%	71%
CVD and statin prescribed* *Excludes patients with an allergy, intolerance, or contraindication	83	241	**34%**	19%	73%
Retinopathy					
Diagnosed ever	82	647	**13%**	19%	19%
Lower Extremity Amputation					
Any type ever (e.g., toe, partial foot, above or below knee)	15	647	**2%**	19%	3%
Exams					
Foot exam - comprehensive	348	647	**54%**	19%	56%
Eye exam - dilated or retinal imaging	269	647	**42%**	19%	59%
Dental exam	228	647	**35%**	19%	39%
Diabetes-Related Education					
Nutrition - by any provider (RD and/or other)	290	647	**45%**	19%	54%
Nutrition - by RD	34	647	**5%**	19%	23%
Physical activity	344	647	**53%**	19%	55%
Other diabetes education	370	647	**57%**	19%	63%
Any of above	425	647	**66%**	19%	78%

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2019 (Audit Period 01/01/2018 - 12/31/2018)
Facility: Test02 Sample Data

Annual Audit

647 charts were audited from 648 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Immunizations					
Influenza vaccine during Audit period	267	647	**41%**	19%	57%
Refused - Influenza vaccine	52	647	**8%**	19%	8%
Pneumococcal vaccine - ever	555	647	**86%**	19%	79%
Refused - Pneumococcal vaccine	29	647	**4%**	19%	4%
Td/Tdap/DTaP/DT - past 10 years	573	647	**89%**	19%	82%
Refused - Td/Tdap/DTaP/DT	2	647	**0%**	19%	1%
Tdap - ever	609	647	**94%**	19%	90%
Refused - Tdap	1	647	**0%**	19%	1%
Hepatitis B complete series - ever	308	641	**48%**	19%	44%
Refused - Hepatitis B	5	641	**1%**	19%	3%
Immune - Hepatitis B	6	647	**1%**	19%	1%
Depression an Active Problem					
Yes	176	647	**27%**	19%	26%
No	471	647	**73%**	19%	74%
In patients without active depression, screened for depression during Audit period					
Screened	237	471	**50%**	19%	86%
Not screened	234	471	**50%**	19%	14%
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	382	647	**59%**	19%	77%
LDL <100 mg/dl	223	647	**34%**	19%	50%
LDL 100-189 mg/dl	156	647	**24%**	19%	26%
LDL ≥190 mg/dl	3	647	**0%**	19%	1%
Not tested or no valid result	265	647	**41%**	19%	23%
HDL cholesterol	382	647	**59%**	19%	77%
In females					
HDL <50 mg/dl	146	342	**43%**	19%	48%
HDL ≥50 mg/dl	58	342	**17%**	19%	29%
Not tested or no valid result	138	342	**40%**	19%	23%
In males					
HDL <40 mg/dl	79	305	**26%**	19%	38%
HDL ≥40 mg/dl	99	305	**32%**	19%	39%
Not tested or no valid result	127	305	**42%**	19%	23%

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2019 (Audit Period 01/01/2018 - 12/31/2018)
Facility: Test02 Sample Data

Annual Audit

647 charts were audited from 648 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Triglycerides[1]	349	647	**54%**	19%	76%
Trig <150 mg/dl	159	647	**25%**	19%	36%
Trig 150-499 mg/dl	173	647	**27%**	19%	37%
Trig 500-999 mg/dl	16	647	**2%**	19%	2%
Trig ≥1000 mg/dl	1	647	**0%**	19%	0%
Not tested or no valid result	298	647	**46%**	19%	24%
Kidney Evaluation					
eGFR to assess kidney function (In age ≥ 18 years)	407	645	**63%**	19%	91%
eGFR ≥60 ml/min	342	645	**53%**	19%	74%
eGFR 30-59 ml/min	53	645	**8%**	19%	26%
eGFR 15-29 ml/min	12	645	**2%**	19%	4%
eGFR <15 ml/min	0	645	**0%**	19%	4%
Not tested or no valid result	238	645	**37%**	19%	9%
Urine Albumin:Creatinine Ratio (UACR) to assess kidney damage	367	647	**57%**	19%	64%
Urine albumin excretion - normal: <30 mg/g	249	367	**68%**	19%	61%
Urine albumin excretion - increased:					
30-300 mg/g	97	367	**26%**	19%	29%
>300 mg/g	21	367	**6%**	19%	11%
Not tested or no valid result	280	647	**43%**	19%	36%
In patients age ≥ 18 years, eGFR and UACR	362	645	**56%**	19%	62%
Chronic Kidney Disease (CKD) (In age ≥ 18 years)					
CKD[2]	164	645	**25%**	19%	36%
CKD[2] and mean BP <140/<90	126	164	**77%**	19%	63%
CKD[2] and ACE Inhibitor or ARB prescribed	114	164	**70%**	19%	76%
CKD Stage					
Normal: eGFR ≥60 ml/min and UACR <30 mg/g	204	645	**32%**	19%	33%
Stages 1 and 2: eGFR ≥60 ml/min and UACR ≥30 mg/g	98	645	**15%**	19%	18%
Stage 3: eGFR 30-59 ml/min	53	645	**8%**	19%	26%
Stage 4: eGFR 15-29 ml/min	12	645	**2%**	19%	4%
Stage 5: eGFR <15 ml/min	0	645	**0%**	19%	4%
Undetermined	278	645	**43%**	19%	31%
Tuberculosis (TB) Status					
TB test done ever (skin or blood)	451	647	**70%**	19%	49%
If test done, skin test	414	451	**92%**	19%	95%
If test done, blood test	37	451	**8%**	19%	5%
If TB test done, positive result	70	451	**16%**	19%	15%
If positive TB test, treatment completed	22	70	**31%**	19%	26%
If negative TB test, test done after diabetes diagnosis	230	381	**60%**	19%	58%

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2019 (Audit Period 01/01/2018 - 12/31/2018)
Facility: Test02 Sample Data

Annual Audit

647 charts were audited from 648 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Hepatitis C (HCV)					
Diagnosed HCV ever	24	647	**4%**	19%	3%
Screened ever	397	623	**64%**	19%	50%
If born 1945-1965, screened ever	279	325	**86%**	19%	61%
Combined Outcomes Measure					
Patients age ≥40 years meeting ALL of the following criteria: A1C <8.0, Statin prescribed*, and mean BP <140/<90	82	558	**15%**	19%	26%
*Excludes patients with an allergy, intolerance, or contraindication					
Diabetes-Related Conditions (In age ≥ 18 years)					
Severely obese (BMI ≥40.0)	89	645	**14%**	19%	20%
Hypertension diagnosed ever	510	645	**79%**	19%	81%
Current tobacco user	164	645	**25%**	19%	23%
CVD diagnosed ever	250	645	**39%**	19%	34%
Retinopathy diagnosed ever	82	645	**13%**	19%	19%
Lower extremity amputation ever, any type (e.g., toe, partial foot, above or below knee)	15	645	**2%**	19%	3%
Active depression	176	645	**27%**	19%	26%
CKD stage 3-5	65	645	**10%**	19%	17%
Number of diabetes-related conditions					
Diabetes only	49	645	**8%**	19%	7%
Diabetes plus:					
One	146	645	**23%**	19%	24%
Two	234	645	**36%**	19%	31%
Three	147	645	**23%**	19%	23%
Four	53	645	**8%**	19%	12%
Five or more	16	645	**2%**	19%	4%

Annual Audit

647 charts were audited from 648 patients on the diabetes registry.

	# 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
DT = diphtheria and tetanus
DTaP = diphtheria, tetanus, and pertussis
CKD = chronic kidney disease
CVD = cardiovascular disease
eGFR = estimated glomerular filtration rate
ENDS = electronic nicotine delivery systems
HCV = hepatitis C virus
HDL = high-density lipoprotein
LDL = low-density lipoprotein
RD = registered dietitian
TB = tuberculosis
Td = tetanus and diphtheria
Tdap = tetanus, diphtheria, and pertussis
Trig = triglycerides
UACR = urine albumine-to-creatinine ratio

Appendix 5: Sample 2020 Diabetes Audit Report

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2020 (Audit Period 01/01/2019 - 12/31/2019)
Facility: Test02 Sample Data

Annual Audit

630 charts were audited from 630 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Gender					
Male	300	630	**48%**		
Female	330	630	**52%**		
Age					
< 20 years	2	630	**0%**		
20-44 years	111	630	**18%**		
45-64 years	269	630	**43%**		
≥ 65 years	248	630	**39%**		
Diabetes Type					
Type 1	9	630	**1%**		
Type 2	621	630	**99%**		
Duration of Diabetes					
< 1 year	19	630	**3%**		
< 10 years	227	630	**36%**		
≥ 10 years	387	630	**61%**		
Diagnosis date not recorded	16	630	**3%**		
Body Mass Index (BMI) Category					
Normal (BMI < 25.0)	21	630	**3%**		
Overweight (BMI 25.0-29.9)	86	630	**14%**		
Obese (BMI ≥ 30.0)	301	630	**48%**		
Height or weight missing	222	630	**35%**		
Severely obese (BMI ≥ 40.0)	87	630	**14%**		
Blood Sugar Control					
A1C < 7.0	142	630	**23%**		
A1C 7.0-7.9	78	630	**12%**		
A1C 8.0-8.9	52	630	**8%**		
A1C 9.0-9.9	46	630	**7%**		
A1C 10.0-10.9	44	630	**7%**		
A1C ≥ 11.0	46	630	**7%**		
Not tested or no valid result	222	630	**35%**		
A1C < 8.0	220	630	**35%**		
A1C > 9.0	132	630	**21%**		

Date run: 04/28/2020

Page 1 of 8

Annual Audit

630 charts were audited from 630 patients on the diabetes registry.

	# 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	319	630	**51%**		
140/90 - <160/<100	85	630	**13%**		
160/100 or higher	9	630	**1%**		
BP category undetermined	217	630	**34%**		
If age ≥ 60, <150/<90	185	330	**56%**		
Hypertension					
Diagnosed ever	496	630	**79%**		
Diagnosed hypertension and mean BP <140/<90	223	496	**45%**		
Diagnosed hypertension and ACE inhibitor or ARB prescribed	246	496	**50%**		
Tobacco and Nicotine use					
Tobacco use screening during Audit period					
Screened	375	630	**60%**		
Not screened	255	630	**40%**		
Tobacco use status					
Current tobacco user	165	630	**26%**		
In current users, counseled?					
Yes	79	165	**48%**		
No	85	165	**52%**		
Not a current tobacco user	458	630	**73%**		
Tobacco use not documented	7	630	**1%**		
Electronic nicotine delivery system (ENDS) use screening during Audit period					
Screened	102	630	**16%**		
Not screened	527	630	**84%**		
ENDS use status					
Current ENDS user	1	630	**0%**		
Not a current ENDS user	102	630	**16%**		
ENDS use not documented	526	630	**83%**		
Current user of both tobacco and ENDS	0	630	**0%**		
Current user of tobacco and/or ENDS	166	630	**26%**		

Annual Audit

630 charts were audited from 630 patients on the diabetes registry.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Diabetes Treatment					
Number of diabetes medications currently prescribed					
None	281	630	45%		
One medication	154	630	24%		
Two medications	125	630	20%		
Three medications	57	630	9%		
Four or more medications	12	630	2%		
Diabetes meds currently prescribed, alone or in combination					
Insulin	164	630	26%		
Metformin [Glucophage, others]	258	630	41%		
Sulfonylurea [glyburide, glipizide, others]	107	630	17%		
DPP4 inhibitor [Sitagliptin (Januvia), Saxagliptin (Onglyza), Linagliptin (Tradjenta), Alogliptin (Nesina)]	36	630	6%		
GLP-1 agonist [Exenatide (Byetta, Bydureon), Liraglutide (Victoza), Albiglutide (Tanzeum), Dulaglutide (Trulicity), Lixisenatide (Adlyxin), Semaglutide (Ozempic)]	22	630	3%		
SGLT-2 inhibitor [Canagliflozin (Invokana), Dapagliflozin (Farxiga), Empagliflozin (Jardiance), Ertugliflozin (Steglatro)]	1	630	0%		
Pioglitazone [Actos] or rosiglitazone [Avandia]	35	630	6%		
Acarbose [Precose] or miglitol [Glyset]	0	630	0%		
Repaglinide [Prandin] or Nateglinide [Starlix]	0	630	0%		
Amylin analog [Symlin]	0	630	0%		
Bromocriptine [Cycloset]	1	630	0%		
Colesevelam [Welchol]	0	630	0%		
Statin Prescribed					
Yes*	198	610	32%		
Allergy, intolerance, or contraindication	19	630	3%		
In patients with diagnosed CVD					
Yes*	81	237	34%		
Allergy, intolerance, or contraindication	9	246	4%		
In patients age 40-75 years					
Yes*	157	448	35%		
Allergy, intolerance, or contraindication	17	465	4%		

Annual Audit

630 charts were audited from 630 patients on the diabetes registry.

	# 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*			182	526	**35%**
Allergy, intolerance, or contraindication			19	545	**3%**
*Excludes patients with an allergy, intolerance, or contraindication					
Cardiovascular Disease (CVD)					
CVD diagnosed ever			246	630	**39%**
CVD and mean BP <140/<90			100	246	**41%**
CVD and not current tobacco user			187	246	**76%**
CVD and aspirin or other antiplatelet/anticoagulant therapy prescribed			105	246	**43%**
CVD and statin prescribed* *Excludes patients with an allergy, intolerance, or contraindication			81	237	**34%**
Retinopathy					
Diagnosed ever			79	630	**13%**
Lower Extremity Amputation					
Any type ever (e.g., toe, partial foot, above or below knee)			15	630	**2%**
Exams					
Foot exam - comprehensive			338	630	**54%**
Eye exam - dilated or retinal imaging			265	630	**42%**
Dental exam			225	630	**36%**
Diabetes-Related Education					
Nutrition - by any provider (RD and/or other)			282	630	**45%**
Nutrition - by RD			33	630	**5%**
Physical activity			330	630	**52%**
Other diabetes education			358	630	**57%**
Any of above			409	630	**65%**

Annual Audit

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	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Immunizations					
Influenza vaccine during Audit period	255	630	**40%**		
Refused - Influenza vaccine	52	630	**8%**		
Pneumococcal vaccine - ever	537	630	**85%**		
Refused - Pneumococcal vaccine	29	630	**5%**		
Td/Tdap/DTaP/DT - past 10 years	559	630	**89%**		
Refused - Td/Tdap/DTaP/DT	2	630	**0%**		
Tdap - ever	592	630	**94%**		
Refused - Tdap	1	630	**0%**		
Hepatitis B complete series - ever	299	625	**48%**		
Refused - Hepatitis B	5	625	**1%**		
Immune - Hepatitis B	5	630	**1%**		
Depression an Active Problem					
Yes	169	630	**27%**		
No	460	630	**73%**		
In patients without active depression, screened for depression during Audit period					
Screened	228	460	**50%**		
Not screened	232	460	**50%**		
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	370	630	**59%**		
LDL <100 mg/dl	218	630	**35%**		
LDL 100-189 mg/dl	149	630	**24%**		
LDL ≥190 mg/dl	3	630	**0%**		
Not tested or no valid result	260	630	**41%**		
HDL cholesterol	370	630	**59%**		
In females					
HDL <50 mg/dl	141	330	**43%**		
HDL ≥50 mg/dl	56	330	**17%**		
Not tested or no valid result	133	330	**40%**		
In males					
HDL <40 mg/dl	77	300	**26%**		
HDL ≥40 mg/dl	96	300	**32%**		
Not tested or no valid result	127	300	**42%**		

Annual Audit

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Triglycerides[1]	340	630	54%		
Trig <150 mg/dl	156	630	25%		
Trig 150-499 mg/dl	168	630	27%		
Trig 500-999 mg/dl	15	630	2%		
Trig ≥1000 mg/dl	1	630	0%		
Not tested or no valid result	290	630	46%		
Kidney Evaluation					
eGFR to assess kidney function (In age ≥ 18 years)	393	628	63%		
eGFR ≥60 ml/min	333	628	53%		
eGFR 30-59 ml/min	48	628	8%		
eGFR 15-29 ml/min	12	628	2%		
eGFR <15 ml/min	0	628	0%		
Not tested or no valid result	235	628	37%		
Urine Albumin:Creatinine Ratio (UACR) to assess kidney damage	356	630	57%		
Urine albumin excretion - normal: <30 mg/g	240	356	67%		
Urine albumin excretion - increased:					
30-300 mg/g	95	356	27%		
>300 mg/g	21	356	6%		
Not tested or no valid result	274	630	43%		
In patients age ≥ 18 years, eGFR and UACR	351	628	56%		
Chronic Kidney Disease (CKD) (In age ≥ 18 years)					
CKD[2]	158	628	25%		
CKD[2] and mean BP <140/<90	121	158	77%		
CKD[2] and ACE Inhibitor or ARB prescribed	111	158	70%		
CKD Stage					
Normal: eGFR ≥60 ml/min and UACR <30 mg/g	198	628	32%		
Stages 1 and 2: eGFR ≥60 ml/min and UACR ≥30 mg/g	97	628	15%		
Stage 3: eGFR 30-59 ml/min	48	628	8%		
Stage 4: eGFR 15-29 ml/min	12	628	2%		
Stage 5: eGFR <15 ml/min	0	628	0%		
Undetermined	273	628	43%		
Tuberculosis (TB) Status					
TB test done ever (skin or blood)	438	630	70%		
If test done, skin test	403	438	92%		
If test done, blood test	35	438	8%		
If TB test done, positive result	70	438	16%		
If positive TB test, treatment completed	22	70	31%		
If negative TB test, test done after diabetes diagnosis	220	368	60%		

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Hepatitis C (HCV)					
Diagnosed HCV ever	24	630	4%		
In patients not diagnosed with HCV and age >= 18 years, screened ever	384	603	64%		
Combined Outcomes Measure					
Patients age ≥40 years meeting ALL of the following criteria: A1C <8.0, Statin prescribed*, and mean BP <140/<90	77	540	14%		
*Excludes patients with an allergy, intolerance, or contraindication					
Diabetes-Related Conditions (In age ≥ 18 years)					
Severely obese (BMI ≥40.0)	85	628	14%		
Hypertension diagnosed ever	495	628	79%		
Current tobacco user	165	628	26%		
CVD diagnosed ever	246	628	39%		
Retinopathy diagnosed ever	79	628	13%		
Lower extremity amputation ever, any type (e.g., toe, partial foot, above or below knee)	15	628	2%		
Active depression	169	628	27%		
CKD stage 3-5	60	628	10%		
Number of diabetes-related conditions					
Diabetes only	49	628	8%		
Diabetes plus:					
One	141	628	22%		
Two	227	628	36%		
Three	144	628	23%		
Four	52	628	8%		
Five or more	15	628	2%		

Annual Audit

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	# 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
DT = diphtheria and tetanus
DTaP = diphtheria, tetanus, and pertussis
CKD = chronic kidney disease
CVD = cardiovascular disease
eGFR = estimated glomerular filtration rate
ENDS = electronic nicotine delivery systems
HCV = hepatitis C virus
HDL = high-density lipoprotein
LDL = low-density lipoprotein
RD = registered dietitian
TB = tuberculosis
Td = tetanus and diphtheria
Tdap = tetanus, diphtheria, and pertussis
Trig = triglycerides
UACR = urine albumine-to-creatinine ratio