Special Diabetes Program for Indians (SDPI)

Get Ready for the SDPI 2022 Competitive Application Process

IHS Division of Diabetes Treatment and Prevention January 27, 2021



Abbreviations

- AI/AN = American Indian/Alaska Native
- ADC = Area Diabetes Consultant
- AOR = Authorized Organization Representative
- DDTP = IHS Division of Diabetes
 Treatment and Prevention
- DGM = IHS Division of Grants
 Management
- DTLL = Dear Tribal Leader Letter
- DUIOLL = Dear Urban Indian
 Organization Letter
- DUNS = Data Universal Numbering
 System

- IHS = Indian Health Service
- MOA = Memorandum of Agreement
- NOFO = Notice of Funding
 Opportunity (also known as FOA)
- ORC = Objective Review
 Committee
- SAM.gov = System for Award Management
- SDPI = Special Diabetes Program for Indians
- TLDC = Tribal Leaders Diabetes
 Committee
- UIO = Urban Indian Organization



Purpose of this Webinar

- Help SDPI grantees prepare for the 2022 Competitive Application process.
 - Introduce the competitive application process
 - Introduce competitive application process terminology
 - Provide steps that grantees can do now to prepare for the competitive application process.
 - Preview future tasks for the competitive application process.



SDPI Overview

- In response to rising rates of diabetes in AI/AN people, Congress established SDPI in the Balanced Budget Act of 1997 (P.L. 105-33)
 - "The Secretary shall make grants for providing services for the prevention and treatment of diabetes..." (42 USC 254c-3)
- Today SDPI provides funds to 301 I/T/U grant programs in 35 states for diabetes prevention and treatment
 - Tribal 233 (+21 sub-grantees)
 - Urban 29
 - IHS 13 (+5 sub-grantees)



Current SDPI Project Period

- SDPI is in the 6th year of a 6-year project period (also known as a grant cycle), made up of 6 budget periods:
 - 2016: January 1, 2016 December 31, 2016
 - 2017: January 1, 2017 December 31, 2017
 - 2018: January 1, 2018 December 31, 2018
 - 2019: January 1, 2019 December 31, 2019
 - 2020: January 1, 2020 December 31, 2020 (extension approved)
 - 2021: January 1, 2021 December 31, 2021



SDPI 2021 Funding and NoA Update



SDPI 2021 Funding and NoA Update

- SDPI FY 2021 Funding:
 - CARES Act: \$25 million
 - Initial FY 2021 Continuing Resolution (thru 12/11): \$4.5 million
 - 1-week Continuing Resolution (thru 12/18)
 - Coronavirus Response and Relief Act, 2021, which includes funding for SDPI at the current \$150 million/year for 3 years: fiscal years (FY) 2021, 2022, and 2023!
- So far, IHS has received approximately \$29.5 million for SDPI FY 2021, which is 20% of the usual \$150 million.
- In order to maximize existing funds and to issue the NoAs as timely as possible, the IHS Division of Grants Management (DGM) is utilizing a combination of:
 - 1. \$29.5 million of SDPI FY 2021 authorized funds,
 - 2. \$30 million in SDPI FY 2020 offset and prior year funds, as well as
 - 3. Funding from offsets implemented in FY 2021 to 78 SDPI grants with large unobligated (carryover) balances.



SDPI FY 2021 NoAs

- Awards without Offsets: Awards not receiving an offset have/will receive a NoA for approximately 55% of the annual award amount. When the funds Congress just authorized become available, these awards will be amended to provide the remaining 45% of their annual award amount.
- Awards with Offsets: An offset authorizes funding levels for an award but where some/all of those funds utilize the grant's own unobligated balances. As such, the 78 grants receiving an offset in FY 2021 have/will receive a NoA granting authority to utilize their own unobligated funding for 50-100% of their annual grant award, depending on the size of each grant's offset.



SDPI FY 2021 NoAs: Awards with Offsets

- Grants receiving a 100% offset have/will receive a NoA for their full annual grant amount utilizing their own unobligated funds (including \$1 in new funds necessary to keep their Payment Management System accounts active).
- Grants receiving offsets of 50% or 75% have/will receive a NoA for either 50% or 75% of their annual grant amount utilizing their own unobligated funds (including \$1 in new funds).
 - Once the funds Congress just authorized become available, these awards will be amended to provide the remaining 50% or 25% of their annual grant amount.



Contact Info: DGM

IHS Division of Grants Management

Website: www.ihs.gov/dgm

Main line: 301-443-0243

IHS Division of Grants Management – Grants Management Specialists (GMS)

IHS Area	GMS	GMS Email	GMS Phone
Albuquerque, Nashville, Navajo, Phoenix, Tucson	John Hoffman	John.hoffman@ihs.gov	301-443- 2116
Great Plains, Portland, Oklahoma City	Cherron Smith	Cherron.smith@ihs.gov	301-443- 2192
Alaska, Bemidji, Billings	Patience Musikikongo	Patience.musikikongo@ihs.gov	301-443- 2059
California and Urban	Pallop Chareonvootitam	Pallop.chareonvootitam@ihs.gov	301-443- 2195

The SDPI Application for 2022 will be a Competitive Process as it begins a new Grant Cycle (2022 – 2026)

About Competitive Process

- Applicants do NOT compete against one another.
- For SDPI, the competition is to achieve a fundable score (60 out of a possible 100 points) in the objective review process.
- All eligible applicants who submit a complete application and achieve a fundable score in objective review will receive funding.
- Essential to submit a complete application by the due date!
- A Competitive Process begins with a Notice of Funding Opportunity (NOFO).



Notice of Funding Opportunity (NOFO)

- NOFO Provides a description of the project and the entities that are eligible to apply.
 - Found in the Federal Register
- After 1997, NOFOs for SDPI were released for grant cycles which began in 2004, 2010, and 2016.
- The SDPI 2022 NOFO and application packet will be released sometime this spring (April or May).
- DDTP will send an email announcement when the NOFO is released.



SDPI Timeline

- 2022 NOFO and Application available: Spring 2021
- 2022 Applications due: End of Summer 2021
- Objective Review Committee (ORC) Process: Fall 2021
- Notices of Award Distributed: December 2021



About Objective Review Committee (ORC) Process

• ORC Process - applications that pass screening are peer reviewed by a panel of at least three people, who assess and score each application independently. Then, the peer review panel will convene to discuss the merits of the applications. A series of policies and assurances are in place to maintain a fair, objective process based on material facts in the applications and without conflicts of interest (COI) for the peer reviewers. The federal agency staff monitor and participate in this review.



Application Processes (a visual)

Continuation Application



Competitive Process





What to do NOW to prepare for the Competitive Application Process

- Items to check with your organization's grant/financial office NOW:
 - 1. DUNS Registration: Ensure your organization's DUNS registration is current.
 - 2. SAM.gov: Ensure your organization's SAM.gov is current.
 - 3. AOR: Ensure your organization has an Authorized Organization Representative (AOR) and make sure they can submit the SDPI application. Also keep track of your AOR.
 - 4. Grants.gov: Ensure your organization is registered in Grants.gov.
 - Grants.gov is the site used to submit competitive applications.
- All current grantees had these in place to apply for and receive an SDPI grant for the 2016 grant cycle
 - Please be sure that these are now (and remain) up-to-date throughout the 2022 application process!



What to do NOW: DUNS Registration

1. Ensure your organization's **DUNS** registration is current.

- Data Universal Numbering System (DUNS) Number is a nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify entities. A non-Federal entity is required to have a DUNS number in order to apply for, receive, and report on a Federal award.
- This information may already be available in your organization's grant or financial office.
 - Work with your organization's grant/financial office to ensure that your organization has a DUNS.
- A DUNS number may be obtained from D&B by telephone (currently 866–705–5711) or the Internet (currently at https://www.dnb.com/).
 - Estimated timeline for this process: 1 2 Business Days



What to do NOW: SAM.gov registration

2. Ensure your organization's SAM.gov registration is current.

- SAM = System for Award Management
- Organizations need to have active SAM.gov certifications and accounts in order to receive an SDPI award.
 - Work with your organization's grant/financial office to ensure that your organization has a current SAM.gov registration.
 - –There have been recent changes to the process—be sure to check
- Questions about SAM.gov entity registration and renewal can only be answered by <u>SAM.gov</u> customer support.



What to do NOW: AOR and Grants.gov

- 3. Ensure your organization has an Authorized Organization Representative (AOR) and make sure they can submit the SDPI application. Also keep track of your AOR.
 - The AOR is a member of your organization authorized to submit applications in Grants.gov on behalf of the organization.
 - If there is turnover, find out who will be the next AOR.

4. Ensure your organization is registered in Grants.gov.

- Competitive applications will be submitted through Grants.gov (not GrantSolutions)
- Helpful information and resources are available on the <u>Grants.gov</u> site.



What to do NOW to prepare for the Competitive Application Process

5. Review your 2016 and 2021 Applications

- Both applications can be found in GrantSolutions (look at grant history and grant notes).
- Your 2016 application is the last application your program submitted during a competitive process.
- Your 2021 application is the latest continuation application that your program submitted.
- Note similarities and differences in questions asked and changes in your program plan over the years.



What to do NOW to prepare for the Competitive Application Process

- Plan to attend training opportunities offered by DDTP, DGM, your ADC
 - Upcoming Trainings offered by DDTP will be available on the <u>SDPI</u> <u>Training webpage</u>.
 - DGM offers trainings and resources on their <u>policy training tools</u> webpage.
 - DGM may also be special guest presenters on upcoming DDTP Trainings stay tuned!
 - Stay in touch with your <u>ADC</u> for any trainings they may offer.



Coming Attractions (Spring 2021): NOFO and Application Packet

When the SDPI NOFO Becomes Available (Spring 2021)

- Carefully read through the NOFO
 - The NOFO will provide a description of the project and the entities that are eligible to apply.
 - The objective review criteria will also be provided.
- Note the application due date
 - Plan to submit your application early (at least several weeks before the application due date).
 - If you submit early, your organization will have a chance to rectify problems/errors (as long as this is done by the due date).
- DDTP, DGM, and ADCs will provide training and technical assistance both before and after the NOFO is released.
 - But won't be able to assist with writing individual applications



When the Application Becomes Available (Spring 2021)

- Download the application package from Grants.gov
- Note the application due date
 - Plan to submit your application early (at least several weeks before the application due date).
 - If you submit early, your organization will have a chance to rectify problems/errors (as long as this is done by the due date).
- Additional application information will available on the SDPI <u>Application/Reports webpage</u>.
- DDTP will send out an email when the application becomes available.



ORC Application Reviewers Will Be Needed!

- ORC application reviewers will be needed this fall, after the applications are due
- It's important to have SDPI grantees involved in the ORC process!
 - For the last SDPI competitive process in 2015, most reviewers were SDPI grantee staff.
 - Consider getting involved in this year's ORC process as an application reviewer!
- DDTP will send out an email when information is available about signing up to be an ORC reviewer.



Resources

- SDPI website
 - Check often for grant updates and upcoming webinars
 - SDPI Training webpage
- Grants.gov Website
 - Registration Information, competitive application process resources
 - Steps to <u>register your organization</u>
- Division of Grants Management
 - policy training tools webpage



Stay in Touch

- SDPI Grantee email list
 - send a request to be added to <u>sdpi@ihs.gov</u>
 - Emails will provide latest updates, webinars, and resources.
- ADC Directory
 - Stay in touch with your ADC for guidance and local training opportunities/resources.
- <u>Division of Grants Management/Grants Management</u>
 <u>Specialist</u>
 - May provide further guidance on the competitive application process.



Free resources from DDTP!

<u>Diabetes Education Lesson Plans (9 topics)</u> - These lesson plans offer culturally relevant materials that are adaptable for individual or group sessions and can complement existing diabetes education curricula.



<u>Treatment Algorithms (6 topics)</u> – Concise information for point of care reference.
 Print or view online or on a mobile device.

Glucose Management in Type 2 Diabetes Glucose Management in Type 2 Diabetes Please Note: This algorithm is not intended for treatment and target selection in children or in women who are or could become pregnant. Metrormin

Monitor and supplement vitamin R12 as needed with long term use Monitor and supplement vitamin 8122 as needed with long item use. Discontinuel et eGFR - 430mL/min1 / 73m2. Start 500mg dally with meels and increase no faster than 500mg/day each week. If GI symptoms occur, may increase more slowly. Max dose: Regular release tablets: 2,550mg divided BID or TID. XF tablets: 2,000mg dally or divided BID. Step 1: Determine Individualized A1C Target Range Select based on age, duration of diabetes, patient preference, comorbidities, rypoglycemia risk, and other factors Dipeptidyl Peptidase-4 (DPP-4) Inhibitors* Absent (and/or >10-15 Aloglipitin (Nesina®) Start 25mg daily. May increase risk of heart failure. 7.0-8.0% Sitagliptin (Januvia®) Start 100mg daily. Present (and/or 5-10 years of life expectancy) Linagliptin (Tradjenta®) Start 5mg daily. 7.0-8.0% 7 5-8 596 7 5-8 5% Saxagliptin (Onglyza®) Start 2.5-5mg daily. May increase risk of heart failure Marked (and/or <5 years of life expectancy) Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists Gl side effects common. 8.0-9.0% 8.0-9.0% 8.0-9.0% Major comorbidity includes but is not limited to significant CVD; recent stroke; life-threatening malignancy, or severe CKD, COPD, or chronic liver disease. Microvascular disease: retinopathy, neuropathy, or CKD. Adapted from the VA/DoD Management of Diabetes Mellitus Guideline Warning: May increase risk of thyroid tumor. Dulaglutide (Trulicity®) Start 0.75mg SC weekly. May increase to 1.5mg/week Exenatide ER (Bydureon®) Start 2mg SC weekly." Liraglutide (Victoza®) Start 0.6mg SC daily.
Increase to 1.2mg daily in 1 week. May increase to 1.8mg daily.
Indicated to reduce the risk of CV events in patients with established CVD. If A1C not within individualized target range Semaglutide (Ozempic®) Start 0.25mg SC weekly for 4 weeks, then increase to 0.5mg weekly for 4 weeks. May increase to 1mg weekly. Step 2: Initiate Medication Therapy If significant weight loss or ketonuria, use insulin (hospitalize if acidotic) Insulin - See Insulin Therapy Algorithm. erwise: Start metformin if A1C above patient's target but <9%. Start metformin and a second medication if A1C ≥9% (see Step 3). Sodium-Glucose Co-Transporter 2 (SoLT2) Inhibitors*
May causis velome depletion, orticistatic hypotension, ginnia fungal infections, DKA,
scule körley (rijun, and UIII.
Canagilliani (Rivokanil9) Start 100mg dally before first meal. May increase its 000mg dally.
Warning. May increase risk of lower limb amplutations.
Inflicated for reduce the risk of of events in patients with established CVD. If A1C not within individualized target range Step 3: Increase Dosage(s) and/or Add Another Medication Select additional medication(s) based on formulary options, side effects, cost, comorbidities (e.g., CVD), medication regimen complexity, and patient preference. Empagliflozin (Jardiance®) Start 10mg daily. May increase to 25mg daily. Indicated to reduce the risk of CV death in patients with established CVD. Weight A1C Hypoglycemia Cost Metformin - to 1 11 Glipizide Start 2.5-5mg daily - max 20mg BID. ER formulation dosed 5-20mg daily. Glimepiride Start 1-2mg daily - max 8mg daily. DPP-4 Inhibitor Thiazolidinedione (TZD)
May increase risk of bone fracture. Do not use in patients with bladder cancer.
Chack LFIs before starting, May cause weight gain.
Warning: Increased risk of heart failure. 11 to 111 111 SS to SSS SGLT2 Inhibitor SSS Pioglitazone (Actos®) Start 15mg daily; may increase to 30-45mg daily. Max A1C changes may take up to 12 weeks to occur. Sulfonylurea Thiazolidinedione 11 Medications on the IHS National Core Formulary are in BOLD above. Do not use GLP-1 Receptor Agonists and DPP-4 inhibitors together as no A1C benefit Please consult a complete prescribing reference for more detailed information. This is a summary of the most commonly ordered non-insulin diabetes medications and drug classes from the IHS National (R) IHS Division of Diabetes Treatment and Prevention



Questions?

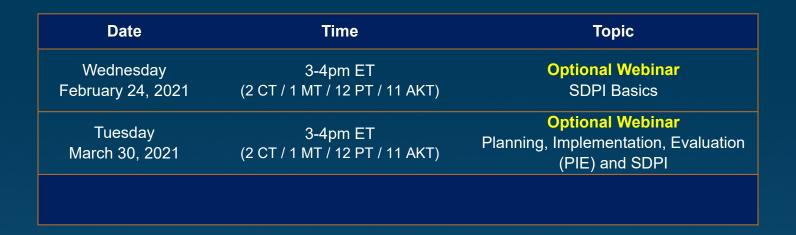
Type questions in the box below titled "Enter Questions Here!"

Thank you

www.ihs.gov/diabetes/ www.ihs.gov/sdpi/



Upcoming SDPI Webinars



All upcoming webinars also available on **SDPI Training** webpage.