

10817

JAN 17 2007



RECEIVED

EXHIBIT DOCUMENT SUMMARY

State Form 12-1 (10/04/06)

Instructions for completing the EDS and the Contract process.

JAN 19 2007

1. Please read the guidelines on the back of this form.

2. Please type all information.

3. Check all boxes that apply.

DEPARTMENT OF ADMINISTRATION

4. For amendments, renewals, attach original contract.

5. Attach additional pages if necessary.

4/12

LB

1. EDS Number: A70-4-5752	2. Date prepared: 11/3/2006
3. CONTRACTS & LEASES	
<input type="checkbox"/> Professional/Personal Services <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Lease <input type="checkbox"/> Attorney <input type="checkbox"/> MOU <input type="checkbox"/> QPA	<input type="checkbox"/> Contract for procured Services <input type="checkbox"/> Maintenance <input type="checkbox"/> License Agreement <input checked="" type="checkbox"/> Amendment# <u>4</u> <input type="checkbox"/> Renewal # <input type="checkbox"/> Other
FISCAL INFORMATION	
4. Account Number: Multiple	5. Account Name: Multiple-Refer to Online
6. Total amount this action: \$6,902.00	7. New contract total: \$1,120,227.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2004 <u>\$259,655.00</u>	
Year 2005 <u>\$259,655.00</u>	
Year 2006 <u>\$259,655.00</u>	
Year 2007 <u>\$341,262.00</u>	
TIME PERIOD COVERED IN THIS EDS	
11. From (month, day, year): 7/1/2003	12. To (month, day, year): 6/30/2007
13. Method of source selection: <input checked="" type="checkbox"/> Negotiated <input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> Special Procurement <input type="checkbox"/> RFP# <input type="checkbox"/> Other (specify)	
35. Will the attached document involve data processing or telecommunications systems(s)? Yes: IOT or Delegate has signed off on contract	
36. Statutory Authority (Cite applicable Indiana or Federal Codes):	
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) Grantee provides training and peer support for families of children with special health care needs by utilizing the skills and experience of parent liaisons and conducts workshops for families and communities. Amendment #1: Extends contract 12 months and increase amount of contract \$259,655. Amendment #2: Extends contract 12 months and increase amount of contract \$311,000. Amendment #3: Adds Attachment C and adds Genetics Implementation Grant (GIG) Funding in the amount of \$23,360. Amendment #4: Increase the GIG Funding by \$6,902 and extends the GIG Funding period to 5/31/07. Attachment C becomes Attachment C1.	
38. Justification of vendor selection and determination of price reasonableness: The objectives of this project are consistent with and support the State Health Plan, national Healthy People 2010 objectives, and the ISDH's Critical success Factors (Strategic Plan). Program costs are within a range of similar not-for-profit outreach projects in Indiana.	
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)	
40. Agency fiscal officer or representative approval	41. Date Approved
44. Attorney General's Office approval	45. Date Approved
42. Budget agency approval 46. Agency representative receiving from AG 43. Date Approved 47. Date Approved	

EAB 2-27-07

AGENCY INFORMATION	
14. Name of agency: Department of Health	15. Requisition Number:
16. Address: 2 N. Meridian Street Indianapolis, IN 46204	
AGENCY CONTACT INFORMATION	
17. Name: Robert Bruce Scott	18. Telephone #: 317/233-1241
19. E-mail address: rbscott@ISDH.IN.gov	
COURIER INFORMATION	
20. Name: Steve Martin	21. Telephone #: 317/233-7573
22. E-mail address: smartin@ISDH.IN.gov	
VENDOR INFORMATION	
23. Vendor ID # 0000076970	
24. Name: INDIANA PARENT INFORMATION NETWORK INC	25. Telephone #: 317/257-8683
26. Address: 4755 KINGSWAY DR INDIANAPOLIS, IN 46205	
27. E-mail address: rebecca@ipin.org	
28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Primary Vendor: M/WBE Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. If yes, list the %: Minority: <input type="checkbox"/> % Women: <input type="checkbox"/> %
31. Sub Vendor: M/WBE Minority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Women: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. If yes, list the %: Minority: <input type="checkbox"/> % Women: <input type="checkbox"/> %
33. Is there Renewal Language in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Is there a "Termination for Convenience" clause in the document? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

RECEIVED

FEB 26 2007

OAG-ADVISORY

ms 11/20/04
2070-572900-140000
CSHCN 932-1 \$1,089,965
3610-572900-103400
GIG 932-1 \$30,262

Amendment No. 4
EDS Number A70-4-5752

This is an Amendment to the existing Children's Special Health Care Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Indiana Parent Information Network, Inc.** (hereinafter referred to as the "Grantee") for the period from July 1, 2003 through June 30, 2007, in the amount of \$1,113,325.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The amount of the Grant Agreement is being increased by \$6,902 making the new total of the Grant Agreement \$1,120,227. The additional funds will be used to continue providing training and peer support for families of children with special health care needs by utilizing the skills and experience of parent liaisons and conducts workshops for families and communities. See Attachment C-1, attached hereto, and made a part hereof and incorporated herein by reference as part of this agreement.

Funding Summary

2070-140000	7/1/03 to 6/30/04	\$259,655
2070-140000	7/1/04 to 6/30/05	\$259,655
2070-140000	7/1/05 to 6/30/06	\$259,655
2070-140000	7/1/06 to 6/30/07	\$311,000
3610-103400	9/1/06 to 3/31/07	<u>\$ 30,262</u>
Total		\$1,120,227

All other matters previously agreed to and set forth in the original Grant Agreement and not affected by this Amendment shall remain in full force and effect.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties of perjury, that he/she is the Grantee, or that he/she is the properly authorized representative, agent, member or officer of the Grantee, that he/she has not, nor has any other member, employee, representative, agent or officer of the Grantee, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid any sum of money or other consideration for the execution of this Grant Agreement other than that which appears upon the face hereof.

In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the terms thereof.

Accepted By:

Rebecca S. Kirby
REBECCA KIRBY
EXECUTIVE DIRECTOR
INDIANA PARENT INFORMATION
NETWORK, INC.

DATE: 12-28-06

Certification of Funds:

Linda L. Brown
LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 1-16-07

Recommended and Approved By:

Mary L. Hill
MARY L. HILL, RN, ESQ.
DEPUTY STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 1-15-07

Approved:

Carrie Henderson for
CARRIE HENDERSON
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 1-19-07

Approved:

Charles E. Schalliol for
CHARLES E. SCHALLIOL
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: 2/23/07

Approved as to Form and Legality:

Stephen Carter for
STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 2-27-07

ATTACHMENT C-1
(to replace Attachment C)
Indiana Parent Information Network, Inc.
New Born Screening and Medical Home Budget

The Indiana Parent Information Network, hereinafter referred to as "IPIN" will provide 7 Medical Home trainings for physicians across the State of Indiana. IPIN's budget for these trainings is as follows:

IPIN will provide:

Presentations (7)

Total per presentation = \$2,726

Total for all presentations = **\$19,082**

Costs for each Medical Home training will include time for the Project Director, development of new training presentations, setting up and marketing of training presentations, conducting presentations, honorarium for physician presenter, and development, printing and distribution of local resource information.

IPIN will provide a progress report and receive reimbursement as each training is developed.

Evaluation of Medical Home training sessions

Development of evaluation tool = \$800

Survey participants from 16 previous training sessions= \$3,840

6 month evaluations of new training session participants = \$840

Total Evaluation = **\$5,480**

IPIN will provide documentation of each of the above completed activities and will receive reimbursement upon each deliverable

Medical Passport

Total (includes review, edit, facilitate the redesign of the passport and print no less than 210 copies of the new design) = **\$5,700**

IPIN will receive reimbursement upon review of the final design of the passport by the Indiana State Department of Health.

TOTAL FOR ALL COMPONENTS = \$30,262

2070-572900-140000
CSHCN 932-1
3610-572900-103400
GIG 932-1

8/3/06
8/3/06

Amendment No. 3
EDS Number A70-4-5752

This is an Amendment to the existing Children's Special Health Care Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Indiana Parent Information Network, Inc.** (hereinafter referred to as the "Grantee") for the period from July 1, 2003 through June 30, 2007, in the amount of \$1,089,965.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The amount of the Grant Agreement is being increased by \$23,360, making the new total of the Grant Agreement \$1,113,325. The additional funds will be used to to continue to provide training and peer support for families of children with special health care needs by utilizing the skills and experience of parent liaisons and conducts workshops for families and communities. See Attachment C, attached hereto, and made a part hereof and incorporated herein by reference as part of this agreement.

Funding Summary

2070-140000	7/1/03 to 6/30/04	\$259,655
2070-140000	7/1/04 to 6/30/05	\$259,655
2070-140000	7/1/05 to 6/30/06	\$259,655
2070-140000	7/1/06 to 6/30/07	\$311,000
3610-103400	9/1/06 to 3/31/07	<u>\$23,360</u>

Total \$1,113,325

All other matters previously agreed to and set forth in the original Grant Agreement and not affected by this Amendment shall remain in full force and effect.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties of perjury, that he/she is the Grantee, or that he/she is the properly authorized representative, agent, member or officer of the Grantee, that he/she has not, nor has any other member, employee, representative, agent or officer of the Grantee, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid any sum of money or other consideration for the execution of this Grant Agreement other than that which appears upon the face hereof.

In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the terms thereof.

Accepted By:

Rebecca Kirby
REBECCA AGNESS Kirby
EXECUTIVE DIRECTOR
INDIANA PARENT INFORMATION
NETWORK, INC.

DATE: 9-13-06

Certification of Funds:

Linda L. Brown
LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 9/20/06

Recommended and Approved By:

Sue Uhl
SUE UHL, J.D.
DEPUTY STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 9 19 06

Approved:

Carrie Henderson FOR
CARRIE HENDERSON
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 9-21-06

Approved:

Charles E. Schallmoe FOR
CHARLES E. SCHALLMOE
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: 10/4/06

Approved as to Form and Legality:

Stephen Carter
STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 10/11/06

ATTACHMENT C
Indiana Parent Information Network, Inc.
Medical Home Budget

The Indiana Parent Information Network, hereinafter referred to as "IPIN", will work with Indiana's Unified Training System to conduct Medical Home trainings for no less than 5 communities in the State of Indiana. IPIN's budget for these trainings is as follows:

IPIN will provide:

Evaluation

Evaluating previous participants = \$4,640

Evaluating participants for the 2006-2007 grant year = \$600

Total Evaluation = \$5,240

Presentations (5)

Total per presentation = \$2,904

Total for all presentations = \$14,520

Costs for each Medical Home training will include time (5% FT%E) for the Project Director, dedicated to coordination of the project, a contracted trainer, travel and lodging for the trainer, printing and distribution of 3x5 laminated resource cards for each community, IPIN brochures entitled: Home and Community-Based Medicaid Waivers, and Paying the Medical Bills, and printing and distribution of at least three(3) Health Care Financing for Children with Special Needs manuals to physician offices, public health and other providers for children.

Medical Passport

Total (includes review, edit and new visual design) = \$3,600

Note – the Passport Total does not include printing

GRAND TOTAL FOR ALL COMPONENTS = \$23,360

IPIN will provide a progress report and receive reimbursement as each training is completed.

FUND/CENTER 2070 - 140000
PROJECT CODE NONE
DEPARTMENT ID 195069
ACTIVITY CODE NONE
BUDGET REF. 2007

2070-572900-140000
CSHCN 932-1

7/17/06
11/15/06
N.S.

Amendment No. 2

This is an Amendment to the existing Children's Special Health Care Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Indiana Parent Information Network, Inc.** (hereinafter referred to as the "Grantee") for the period from July 1, 2003 through June 30, 2007, in the amount of \$778,965.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The amount of the Grant Agreement is being increased by \$311,000, making the new total of the Grant Agreement \$1,089,965. The additional funds will be used to continue providing training and peer support for families of children with special health care needs by utilizing the skills and experience of parent liaisons and conducts workshops for families and communities. Attachments A and B, in the original Grant Agreement, are replaced with Attachments A-1 and B-1, attached hereto, made a part hereof and incorporated herein by reference as part of this Grant Agreement. The expiration date of this Grant Agreement is being extended to June 30, 2007.

The following paragraphs have been added to the Grant Agreement:

Compliance with Telephone Solicitations Act.

As required by IC 5-22-3-7:

1) the Grantee and any principals of the Grantee certify that a) the Grantee, except for de minimis and nonsystematic violations, has not violated the terms of (i) IC 24-4.7 [Telephone Solicitation Of Consumers], (ii) IC 24-5-12 [Telephone Solicitations] , or (iii) IC 24-5-14 [Regulation of Automatic Dialing Machines] in the previous three hundred sixty-five (365) days, even if IC 24-4.7 is preempted by federal law; and b) the Grantee will not violate the terms of IC 24-4.7 for the duration of the Grant, even if IC 24-4.7 is preempted by federal law.

2) The Grantee and any principals of the Grantee certify that an affiliate or principal of the Grantee and any agent acting on behalf of the Grantee or on behalf of an affiliate or principal of the Grantee: a) except for de minimis and nonsystematic violations, has not violated the terms of IC 24-4.7 in the previous three hundred sixty-five (365) days, even if IC 24-4.7 is preempted by federal law; and b) will not violate the terms of IC 24-4.7 for the duration of the Grant, even if IC 24-4.7 is preempted by federal law.

Paragraph 29b – **Payment of Grant Funds by the State** is being amended to read:

Financial assistance will be provided on a cost reimbursement basis. Actual expenditures of authorized costs will be reimbursed monthly the State upon receipt of duly executed Invoices from the Grantee. Invoices shall be due by the 20th day after the end of each month. Payments shall not exceed \$259,655 for the period of July 1, 2003 through June 30, 2004; \$259,655 for the period July 1, 2004 through June 30, 2005; \$259,655 for the period July 1, 2005 through June 30, 2006; and \$311,000 for the period July 1, 2006 through June 30, 2007. Total remuneration under this Grant Agreement shall not exceed \$1,089,965.

Paragraph 29d is being amended to read:

All accounts will be closed sixty (60) days after the end of each Grant Agreement period as specified in Paragraph 31b. Any claims submitted after sixty (60) days will not be reimbursed by the State.

The following item is being added to Paragraph 29

- h) All payments shall be made in conformance with State fiscal policies and procedures and, as required by IC 4-13-2-14.8, by electronic funds transfer to the financial institution designated by the Grantee in writing unless a specific waiver has been obtained from the Auditor of State.

Under Item 27 **Notices to Parties**, the information titled, "Payments to the Grantee shall be sent to:" is deleted.

Funding Summary

2070-140000	7/1/03 to 6/30/04	\$ 259,655
2070-140000	7/1/04 to 6/30/05	\$ 259,655
2070-140000	7/1/05 to 6/30/06	\$ 259,655
2070-140000	<u>7/1/05 to 6/30/06</u>	<u>\$ 311,000</u>
Total		\$1,089,965

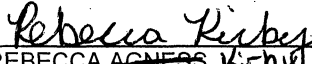
All other matters previously agreed to and set forth in the original Grant Agreement and not affected by this Amendment shall remain in full force and effect.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties of perjury, that he/she is the Grantee, or that he/she is the properly authorized representative, agent, member or officer of the Grantee, that he/she has not, nor has any other member, employee, representative, agent or officer of the Grantee, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid any sum of money or other consideration for the execution of this Grant Agreement other than that which appears upon the face hereof.

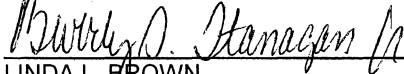
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Amendment. The parties having read and understanding the foregoing terms of the Grant Agreement Amendment do by their respective signatures dated below agree to the terms thereof.

Accepted By:


REBECCA AGNESS Kirby
EXECUTIVE DIRECTOR
INDIANA PARENT INFORMATION
NETWORK, INC.

DATE: May 22, 2006

Certification of Funds:


LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

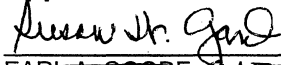
DATE: May 26, 2006

Recommended and Approved By:


SUE UHL, J.D.
DEPUTY STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 5/25/06

Approved:


EARLE A. GOODE FOR
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 6-1-06

Approved:


CHARLES E. SCHALLIOL
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: 7/5/06

Approved as to Form and Legality:


STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 7/8/06

Attachment A1
Attachment A1 To replace Attachment A
Indiana Parent Information Network

The Indiana Parent Information Network, hereinafter referred as the "Grantee", organizes, trains, and coordinates the skills and experience of Parent Liaisons to provide peer support, information and referral and education and training for families of children with special health care needs. Activities include printing and distributing a newsletter and educational materials, operating an information "hotline" and a system of follow-up contact with families, conducting training sessions, and assessing the ongoing and changing needs of families with special health care needs. The Grantee develops strategies to address issues such as childcare, community resources, early intervention, health care financing, relocation and children's rights. As a justification of an increase in funding, the additional services that will be provided within this grant period are as follows:

- The Grantee will serve on the Indiana State Department of Health (ISDH) Maternal and Children's Special Health Care (MCSHC) Advisory Committee
- The Grantee will collaborate regularly with the ISDH Helpline
- The Grantee will help families apply for the Children's Special Healthcare Services Program
- The Grantee will collect, analyze, and provide parent input to the Title V program
- The Grantee will work with ISDH MCSHC to collect information from families about Medical Home
- The Grantee will participate in training of ISDH employees about families of children with special healthcare needs and community resources available to them
- The Grantee will serve an increased number of families through its training and one on one education and support initiatives

Additional Conditions

The Grantee agrees to abide by the following additional conditions:

1. That grant funds and program income shall not be expended for:
 - a. Construction of buildings, building renovations;
 - b. Depreciation of existing buildings or equipment;
 - c. Contributions, gifts, donations, dues to societies, organizations, or federations;
 - d. Entertainment;
 - e. Automobile purchase;
 - f. Interest and other financial costs;
 - g. Costs for in-hospital patient care (other than high-risk pregnant women and infants);
 - h. Fines and penalties;
 - i. Fees for health services;
 - j. Bad debts;
 - k. Contingency funds;

- k. Executive expenses (e.g., car rental, car phone, entertainment);
 - m. Food;
 - n. Fund raising expenses;
 - o. Legal fees; and
 - p. Legislative lobbying.
2. As an amendment to Subparagraph 29e) of the Grant Agreement, all equipment purchased with grant funds and/or program income, which has a cost of \$1,000 or more, shall remain the property of the State and shall not be sold or disposed of without written consent from the State.
 3. That acceptance of any services offered under this Grant Agreement shall be voluntary on the part of the individual to whom such services are offered and that acceptance of any services shall not be a prerequisite to eligibility for the receipt of any other services under the Grant Agreement.
 4. That any proposed changes in the target population served under this Grant Agreement or that any proposed changes in geographic location of service sites must be requested in writing, and that any approved changes be documented in a written response from the State.
 5. That all current standards published by the State will be implemented by the Grantee; a copy of which is available upon request.
 6. That funding is contingent upon providing summary data to the State.
 7. That a written Annual Performance Report shall be prepared and submitted by the Grantee in accordance with guidelines established by the State, a copy of which is available upon request.
 8. That changes in the budget shall be requested in writing to and approved by a duly authorized representative of the State, prior to implementation.
 9. That additional expenditures, i.e., matching and non-matching funds, shall be made on this project by the Grantee in excess of amounts reimbursed from grant funds. Such additional expenditures shall be reported to the State on the Monthly Report of Revenues and Expenditures and may be used by the State to meet federal matching requirements.
 10. That all income generated by grant funds shall be subject to the same requirements as the basic grant monies.
 11. To adopt and enforce a no smoking policy in project facilities at all times.

ATTACHMENT B1
Attachment B1 to replace Attachment B
Indiana Parent Information Network

The Indiana Parent Information Network (IPIN), will support the families of children with special health care needs through the following goals:

Goal I: Increase Quality and Years of Healthy Life. Healthy People 2010 seeks to increase life expectancy and quality of life by helping individuals gain the knowledge, motivation, and opportunities they need to make informed decisions about their health.

Target Population: In general, IPIN uses the definition of children with special health care needs as prescribed by the federal Maternal and Child Health Bureau. *Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.* In its day-to-day efforts on behalf of Indiana State Department of Health (ISDH) Children's Special Health Care Services (CSHCS), IPIN prioritizes children with special health care needs who meet Indiana's definition as delineated under its rules and regulations including twenty-three identified conditions.

The ISDH Maternal and Children's Special Health Care Services (MCSHC) Five Year Needs Assessment for FY 2006 indicates that the prevalence rate of youth in Indiana having limitations in functioning is 14.2%. The Needs Assessment also indicates an estimate of 218,314 children ages 0-17 with special health needs. The Indiana First Steps Early Intervention System, Bureau of Child Development, Family and Social Services Administration (Part C) shows that 19,261 children received early intervention services between October 1, 2004 and September 30, 2005. The Indiana Department of Education, Division of Exceptional Children (Part B) in its December 1 child count 2004-2005 for children three to twenty-one shows that 174,092 Indiana

children have Individual Education Plans (IEPs). While there is data available on the number of Indiana children receiving home and community based services through Medicaid waiver programs, Social Security Income (SSI), or services through Medicaid Disability, many of these counts are duplicated due to children receiving services from potentially several programs. The Birth Problems Registry at the Indiana State Department of Health also has data on the number of children with special needs in Indiana but it is currently dependent on health care professionals for accurate reporting. Unfortunately, there is no unduplicated count of total Indiana children with special needs but the fact remains that these numbers are significant.

Like other states, Indiana has experienced a significant increase in the number of Hispanic families residing in the state. According to the 2000 U.S. Census, the Hispanic population has increased in Indiana by one hundred and seventeen percent (117%) since 1990 and it is expected that the next census figures will show an even higher increase. Numerous national studies have indicated the Hispanic community's need as they relate to health, including the presence of significant barriers preventing them from accessing health resources and services. (Indiana Dyson Initiative, 2002)

Need for Information: Because families of children with special health care needs are high users of health systems, they have a greater need for information about health care financing options and community resources to help them help their children. During 2005, more than two thousand parents and professionals contacted IPIN for the first time. The top four areas of request for information were: community resources, healthcare financing, special education and trainings. Given the number of children in Indiana with special needs, the focus of IPIN is to connect with significantly more of these families to help them coordinate and understand the services that they are or could be receiving.

Need for Education: Sometimes a name and telephone number are not enough to help a parent/guardian or a professional access services or enhance the life of a child. One hundred and fifty-two families and professionals contacted IPIN during 2005 specifically to get information about educational programs and training opportunities. More than 250 individuals participated in training opportunities provided by IPIN. In addition, there were targeted mailings to disability specific populations regarding training opportunities as well as training brochures included in information packets on a specific topic.

Although there are numerous education and training opportunities available to families, many are unaware of the numerous resources available to help them attend local, state and national workshops and conferences. Agencies and programs like the Indiana Governor's Council for People with Disabilities, Indiana Protection and Advocacy Services, the Family Involvement Fund (IDEA, Part C/First Steps, Part B/Preschool) and local school district special education CSPD (Comprehensive System of Personnel Development) funds can provide funds for registration fees, transportation and child care. Each resource has its own eligibility criteria and application process. Currently, there is no comprehensive listing of these resources with guidance for accessing these resources. On occasion there are families who do not meet the criteria for one of the existing programs. There is a need for a resource that provides funds for those families who are not eligible for one of the identified programs.

Goal II: Eliminate Health Disparities. Healthy People 2010 recognizes that communities, States, and national organizations will need to take a multidisciplinary approach to achieve health equity – an approach that involves improving health, education, housing, labor, justice, transportation, agriculture and the environment, as well as data collection itself.

Need for Medical Homes. “Physicians and parents act as partners in a medical home to identify and access all the medical and non-medical services needed to help children and their

families achieve their maximum potential. The American Academy of Pediatrics believes that all children should have a medical home where care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent.” (Managed Care and Children with Special Needs: Building Medical Homes, April 24, 1998, Section 1, page 1.)

While many primary care physicians agree with the Academy of Pediatrics about the concept of a medical home, especially for children with special health care needs, many of them struggle with implementing a medical home in their practice, regardless of community, clinic or hospital.

Need for Family Centered Systems of Care. There is a need for families to be represented in clinics and hospitals to support the development of medical homes by assisting medical staff (including pediatric residents), nursing staff and social workers in understanding community services and supports as well as modeling partnership roles with families, including families who are Spanish speaking. Parent Liaisons in clinic and hospital settings add a new dimension to a multidisciplinary approach to systems of care.

Need for Education. Health care professionals who want to assist families of children with special needs are facing the same challenges as families with staff turnover, changes in rules and regulations, and funding cutbacks. There is an ongoing need for information and training of professionals to keep pace with the changes, either in service systems or personnel, as work is done with families or on their behalf.

Performance, Process Objectives and Proposed Work Plan

GOAL I: Utilizing the skills and experience of Parent Liaisons, improve the ability of no less than one thousand five hundred families to care for their children with special health care needs in the community by increasing their child's access to both public and private community resources through information, peer support and education of families.

Objective 1.1: Over the course of the grant period, project staff will provide information to families of children with special health care needs that will include, but not be limited to, information about community resources and supports that specifically serve families of children with special needs.

Activity 1.1.1: IPIN staff will accept telephone calls from no less than one thousand five hundred new families, including referrals from CSHCS and MCH Helpline staff, to provide information that will include, but not be limited to, child care, community resources, disability specific information, education, health care financing, genetics, and parent training opportunities.

Activity 1.1.2: Project staff will provide information to no less than fifteen thousand families of children with special health care needs about child care, community resources, health care financing, genetics, and education law through the dissemination of the IPIN newsletter to families on the CSHCS program as well as families on IPIN's mailing list.

Activity 1.1.2.1: Working with staff of the Indiana Department of Health, IPIN staff will include articles regarding CSHCS in each of the four quarterly newsletters scheduled for publication during the proposed grant period.

Activity 1.1.2.2: Working with CSHCS staff, IPIN staff will disseminate four issues of the IPIN newsletter on a quarterly basis to all families enrolled in CSHCS.

Activity 1.1.2.3: IPIN will explore the development and costs associated with a web-based e-newsletter for more timely dissemination of information to families throughout Indiana.

Activity 1.1.3: Project staff will provide information to families of children with special health care needs, including families who are Spanish speaking, about identified topics through the development and dissemination of no less than seven hundred information packets that may include, but not be limited to, autism, child care, education, health care financing, genetics, legislative advocacy, Medicaid waivers, and transition.

Activity 1.1.4: IPIN will translate into Spanish, print and disseminate its “Paying the Medical Bills” brochure.

Activity 1.1.5: IPIN will develop a health care financing informational packet in Spanish and will disseminate to appropriate families during the grant period.

Objective 1.2: Throughout the grant period, Parent Liaisons will provide follow along and peer support regarding issues affecting children with special needs through a system of HAT (How Are Things?) calls and contacts with families for a period of one year following the family’s initial contact with IPIN.

Activity 1.2.1: Project staff will conduct follow-along HAT calls with newly identified families at 2 weeks, three months, six months, nine months, and one year intervals during the grant period.

Activity 1.2.2: Project staff will continue to conduct follow-along HAT calls with previously identified families of children with special health care needs at 2 weeks, three months, six months, nine months and one year intervals during the grant period.

Objective 1.3: Project staff will: a) identify resources; b) provide technical assistance for accessing those resources; and, c) when necessary, provide financial support for family participation at meetings, educational workshops and conferences.

Activity 1.3.1: During the project period, project staff will disseminate at least two hundred copies of information about community and state funding sources for family

participation in training and educational activities to training registrants and other individuals as requested.

Activity 1.3.2: During the grant period, project staff will provide technical assistance to no less than forty families to improve access for family participation in training and educational activities.

Activity 1.3.3: During the project period, Parent Liaisons will mail out applications for the Children's Special Health Care Services program and will assist families in completing these applications, upon the family's request.

Activity 1.3.4: Throughout the grant period, IPIN staff will communicate with ISDH staff about resources available to families of children with special health care needs.

Both agencies will exchange information from their resource databases and will keep staff at the respective agencies aware of new information.

GOAL II: Utilizing the skills and experience of Parent Liaisons, improve the ability of no less than one hundred fifty health care professionals and other related professionals (social workers, educators, therapists, etc.) to provide a medical home for children with special health care needs by partnering Parent Liaisons with health care professionals to provide information and education to both families and health care professionals in hospitals and clinics.

Objective 2.1: Project staff will work with the Indiana State Department of Health and the Division of Maternal and Children's Special Health Care Services to assess the prevalence of Medical Homes for families in Indiana.

Activity 2.1.1: A survey of families of children with special health care needs will be drafted and reviewed by ISDH and IPIN staff in an effort to assess families' access to a Medical Home (actual survey to take place in 2008 grant year).

Activity 2.1.2: A survey of physicians who care for children with special health care needs will be drafted and reviewed by ISDH and IPIN staff (actual survey to take place in 2008 grant year).

Objective 2.2: Project staff will provide information to health care professionals regarding issues that will include, but not be limited to, child care, community resources, health care financing, genetics, and education law through personal contacts by telephone or in health care settings such as clinics and hospitals.

Activity 2.2.1: Project staff will provide information and technical assistance to no less than three hundred professionals who work with families of children with special health care needs through telephone support and dissemination of information packets that may include, but not be limited to, child care, community resources, health care financing, genetics, and special education.

Activity 2.2.2: Project staff will provide information and technical assistance to no less than one hundred health care professionals who work with families of children with special health care needs in health care settings including clinics and hospitals that may include, but not be limited to, child care, community resources, health care financing, genetics, and special education.

Objective 2.3: Parent Liaisons will provide follow along and peer support, where appropriate, to families of children who are seen in clinics and hospitals including, but not limited to, the James Whitcomb Riley Hospital for Children, St. Vincent Children's Hospital, North Arlington Health Center and Pecar Health Center.

Activity 2.3.1: Working with CSHCS project staff and other healthcare staff at Riley Hospital, Parent Liaisons will provide information and support to no less than fifty (50) families whose children are followed at Riley. The Parent Liaisons will identify information and parent education needs specifically in the areas of health care financing (i.e. accessing financing resources, filing appeals, negotiating with insurance carriers) but also including child care, community resources, genetics, and education law. Parent Liaisons will conduct follow-along HAT calls with identified families at 2 weeks, three months, six months, nine months and one year intervals during the grant period.

Activity 2.3.2: Working with health care and other related support staff at Riley Hospital and St. Vincent Children's Hospital, IPIN staff will provide information to no less than 200 families and professionals through information fairs at each hospital. Information fairs will provide information about healthcare financing, education law and community resources.

Activity 2.3.3: Working with the medical staff at North Arlington Health Center and Pecar Health Center (Wishard community health centers), Parent Liaisons will provide information and support to no less than one hundred (100) families whose children are followed at the community health centers. The Parent Liaisons will identify information and parent education needs specifically in the areas of health care financing (i.e. accessing financing resources, filing appeals, negotiating with insurance carriers) but also including child care, community resources, genetics, and education law. The Parent Liaisons will conduct follow-along HAT calls with identified families at 2 weeks, three months, six months, nine months and one year intervals during the grant period. See Appendix 4 for a chart of the work plan.

Goal III: Utilizing IPIN staff and parent representatives chosen by IPIN, advisory support and parent input will be offered to ISDH and the Division of Maternal and Children's Special Health Care Services to assist with ISDH programs, policies and communication affecting Indiana residents.

Objective 3.1: IPIN will provide advisory support to ISDH programs and policies and will review communication being sent to families on request.

Activity 3.1.1: IPIN staff will participate in the ISDH Virtual Advisory Committee to review programs, policies and communication.

Activity 3.1.2: IPIN staff will identify parents of children with special health care needs to review information for ISDH on an as needed basis. This will include but not be limited to, the review of the application to the federal government for the Title V program.

Activity 3.1.3: IPIN staff will participate in an annual meeting between IPIN staff and ISDH staff to share ideas, resources and to discuss future collaboration opportunities.

Evaluation

Project staff will conduct both formative and summative evaluations to provide information to the Indiana Department of Health and IPIN staff and board in order to guide the project and determine the extent to which the project has achieved its goals and objectives. To assist in the data collection, IPIN staff will use an ACT! computer software program to collect information: a) on the total number of new contacts with families and professionals including the primary reason for their initial contact (i.e. child care, community resources, education, health care financing); b) the number of follow up or "HAT" calls; c) the number of materials (including information brochures and packets) distributed or mailed; and, d) the number of

community services that are accessed as a result of a contact with IPIN Parent Liaisons and other staff.

For families who contact IPIN regarding education or health care financing issues, more extensive information will be gathered. In the area of education, data will be gathered on specific concerns related to the child's education, the kind of special services the child is receiving, and the type of educational plan that is needed or in place. In the area of health care financing, families will be asked what types of health insurance, either private or public, their child is currently receiving, including the kind of Medicaid plan (i.e. Package A, C or D, Medicaid Disability, Medicaid waiver). Information will also be gathered on enrollment in CSHCS or SSI including status of application (appealing, applied for, enrolled, not eligible/disability, not eligible/resource).

Data will also be collected on professionals regarding their area of concern or interest, materials sent or educational programs attended. Every person contacting IPIN will be asked if they wish to be added to the IPIN newsletter mailing list and/or eventual e-newsletter list for additional information on a quarterly basis. In addition, both parents and professionals will receive a written survey to determine their level of satisfaction with the services (information, support or education) that are provided through the project.

2070-572900-140000
CSHCN 932-1

Renewal No. 1

Pursuant to IC 5-22-17-4 and the terms of the Children's Special Health Care Grant Agreement, the **Indiana State Department of Health** (hereinafter referred to as the "State") exercises its option to renew its Grant Agreement with **Indiana Parent Information Network, Inc.** (hereinafter referred to as the "Grantee") under the same terms and conditions of the original Grant Agreement. The entire Grant Agreement shall commence July 1, 2003 and shall terminate on June 30, 2005.

Total amount of this Grant Renewal is \$259,655 and the renewal shall commence July 1, 2004 and shall terminate on June 30, 2005. Total Remuneration of this Grant Agreement is not to exceed \$519,310.

Funding Summary

2070-140000	7/1/2003	6/30/2004	\$259,655
2070-140000	7/1/2004	6/30/2005	<u>\$259,655</u>
Total			\$519,310


All other matters previously agreed to and set forth in the original Grant Agreement and not affected by this Renewal shall remain in full force and effect.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Grant Agreement Renewal other than that which appears upon the face of the Grant Agreement Renewal.

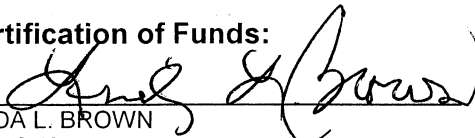
In Witness Whereof, the Grantee and the State of Indiana have, through duly authorized representatives, entered into this Grant Agreement Renewal. The parties having read and understanding the foregoing terms of the Grant Agreement Renewal do by their respective signatures dated below agree to the terms thereof.

Accepted By:


DONNA GORE OLSEN
EXECUTIVE DIRECTOR
INDIANA PARENT INFORMATION NETWORK,
INC.


DATE: 5/24/04

Certification of Funds:


LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH


DATE: 6/12/04

Approved:


WENDY GETTEL FINGER, R.N., D.N.S., J.D.
ASSISTANT COMMISSIONER
COMMUNITY AND FAMILY HEALTH SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 6-16-04

Approved:


CHARLES R. MARTINDALE
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: June 24, 2004

Approved:


MARILYN R. SCHULTZ
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: June 25, 2004

ms 4/18/05

Amendment No. 1

This is an Amendment to the existing Children's Special Health Care Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Indiana Parent Information Network, Inc.** (hereinafter referred to as the "Grantee") for the period from July 1, 2003 through June 30, 2005, in the amount of \$519,310.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The amount of the Grant Agreement is being increased by \$259,655, making the new total of the Grant Agreement \$778,965. The additional funds will allow the Grantee to continue providing services for an additional year. The expiration date of this Grant Agreement is being extended to June 30, 2006.

The following paragraph has been added to the Grant Agreement:

Ethics

The Grantee and its agents shall abide by all ethical requirements that apply to persons who have a business relationship with the State, as set forth in Indiana Code § 4-2-6 et seq., the regulations promulgated thereunder, and Executive Order 04-08, dated April 27, 2004. If the Grantee is not familiar with these ethical requirements, the Grantee should refer any questions to the Indiana State Ethics Commission, or visit the Indiana State Ethics Commission website at [<<http://www.in.gov/ethics/>>](http://www.in.gov/ethics/). If the Grantee or its agents violate any applicable ethical standards, the State may, in its sole discretion, terminate this Grant Agreement immediately upon notice to the Grantee. In addition, the Grantee may be subject to penalties under Indiana Code § 4-2-6-12.

All other matters previously agreed to and set forth in the original Grant Agreement and not affected by this Amendment shall remain in full force and effect.

Funding Summary

2070-140000	7/1/03 to 6/30/04	\$259,655
2070-140000	7/1/04 to 6/30/05	\$259,655
2070-140000	7/1/05 to 6/30/06	<u>\$259,655</u>
Total		\$778,965

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Grant Agreement Amendment other than that which appears upon the face of the Grant Agreement Amendment.

The rest of this page has been left blank intentionally.

In Witness Whereof, the Contractor and the State of Indiana have, through duly authorized representatives, entered into this Personal Services Contract Amendment. The parties having read and understanding the foregoing terms of the Personal Services Contract Amendment do by their respective signatures dated below agree to the terms thereof.

Accepted By:

Rebecca Agness
REBECCA AGNESS
EXECUTIVE DIRECTOR
INDIANA PARENT INFORMATION
NETWORK, INC.

DATE: April 25, 2005

Certification of Funds:

Linda L. Brown
LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 5/4/05

Recommended and Approved By:

Sue Uhl
SUE UHL, J.D.
DEPUTY STATE HEALTH COMMISSIONER
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 5-3-05

Approved:

Susan A. Goode FOR
EARL A. GOODE
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 5-11-05

Approved:

Charles E. Schalliol
CHARLES E. SCHALLIOL
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: May 12, 2005

Approved as to Form and Legality:

Stephen Carter
STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 5-31-05

GRANT AGREEMENT

2070-572900-140000
CSHCN 932-1

THIS GRANT AGREEMENT is made and entered into by and between the **STATE of INDIANA**, acting by and through the **Indiana State Department of Health** (the "State") and **Indiana Parent Information Network, Inc.** (the "Grantee").

1. Purpose Of Grant Agreement

The purpose of this Grant Agreement is to enable the State to make a grant from the State of Indiana's Children's Special Health Care Fund of up to \$259,655 to the Grantee named above for costs authorized by the State to complete the project described in Paragraph 3. **The State may authorize an amount up to 10% greater than the above amount should it be deemed necessary by the State to accomplish the purpose of this Grant Agreement. Also the State may finally authorize an amount not less than 90% of the above amount should it be determined by the State that the maximum amount of this Grant Agreement is not necessary for the completion of the project described in Paragraph 3. In no event shall the increase or decrease in the amount of this Grant Agreement be greater than \$25,000. This will make the most efficient use of the total grant money distributed between multiple grantees. Should the State make the determination to increase or decrease the amount of this Grant Agreement under this paragraph the State will notify the Grantee in writing.**

2. Term Of Grant Agreement

The term of this Grant Agreement shall be from July 1, 2003 (the "Beginning Date") until June 30, 2004 (the "Expiration Date"). In no event shall payments be made for work done or services performed after the Expiration Date.

3. Use Of Grant Funds By The Grantee

Grant funds received by the Grantee pursuant to this Grant Agreement shall be used only to provide training and peer support for families of children with special health care needs by utilizing the skills and experience of parent liaisons and to conduct workshops for families and communities. This project is described fully in Attachments A and B, attached hereto, and made a part hereof and incorporated herein by reference as part of this Grant Agreement.

4. Access To Records

The Grantee and its subcontractors shall maintain all books, documents, papers, accounting records, and other evidence (Records) pertaining to costs incurred, for inspection by the State or by any other authorized representative of the State and copies thereof shall be furnished at no cost to the State if requested. The Grantee and its subcontractors shall make all Records available at their respective offices at all reasonable times during the Grant Agreement period and for three (3) years from the date of final payment under the Grant Agreement or until an audit has been completed and all audit exceptions cleared.

5. Amendments

No alteration or variation of the terms of this Grant Agreement shall be valid unless made in writing and signed by the parties hereto. No oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. Any alterations or amendments, except a change between budget categories which requires the prior written consent of a duly authorized representative of the State, shall be subject to the contract approval procedure of the State.

6. Assignment

The Grantee shall not assign or subcontract the whole or any part of this Grant Agreement without the State's prior written consent. The Grantee may assign its right to receive payments to such third parties as the Grantee may desire without the prior written consent of the State, provided that Grantee gives written notice (including evidence of such assignment) to the State thirty (30) days in advance of any payment so assigned. The assignment shall cover all unpaid amounts under this Grant Agreement and shall not be made to more than one party.

7. Audits

- a) Following the expiration or termination of this Grant Agreement, the Grantee shall arrange for a financial and compliance audit of funds provided by the State pursuant to this Grant Agreement. Such audit is to be conducted by an independent public or certified public accountant or, as applicable, the Indiana State Board of Accounts, and performed in accordance with IC 5-11-1 et seq., the Indiana State Board of Accounts' publication entitled "Uniform Compliance Guidelines for Examination of Entities Receiving Financial Assistance from Governmental Sources", and applicable provisions of the federal Office of Management and Budget Circular A-133.
- b) Audits conducted pursuant to this paragraph are to be completed and the audit report submitted to the State within six (6) months after the close of the audit period, unless a written waiver of this provision is provided by the State. The Grantee agrees to provide to the State a copy or, if requested, an original of all audit reports.

8. Authority To Bind

Notwithstanding anything in this Grant Agreement to the contrary, the signatory for the Grantee represents that he/she has been duly authorized to execute contracts on behalf of the Grantee and has obtained all necessary or applicable approvals from the home office of the Grantee to make this Grant Agreement fully binding upon the Grantee when his/her signature is affixed, and this Grant Agreement is not subject to further acceptance by Grantee when accepted by the State of Indiana.

9. Compliance With Laws

The Grantee shall comply with all applicable federal, state and local laws, rules, regulations and ordinances, the provisions of which are incorporated by reference. The enactment or amendment of any applicable state or federal statute or the promulgation of any rules or regulations thereunder after execution of this Grant Agreement shall be reviewed by the State and the Grantee to determine whether the provisions of this Grant Agreement require formal modification.

10. Confidentiality Of Data, Property Rights In Products, And Copyright Prohibition

The Grantee agrees that all information, data, findings, recommendations, proposals, etc. by whatever name described and in whatever form secured, developed, written or produced by the Grantee in furtherance of this Grant Agreement shall be the property of the State. The Grantee shall take such action as is necessary under law to preserve such confidentiality and property rights in and of the State while such property is within the control and/or custody of the Grantee. The Grantee hereby specifically waives and/or releases to the State any cognizable property right of the Grantee to copyright, license, patent or otherwise use such information, data, findings, recommendations, proposals, etc.

11. Confidentiality Of State Information

- a) The Grantee understands and agrees that data, materials, and information disclosed to the Grantee may contain confidential and protected data. Therefore, the Grantee promises and assures that data, material, and information gathered, based upon or disclosed to the Grantee for the purpose of this Grant Agreement, will not be disclosed to others or discussed with other parties without the prior written consent of the State.
- b) The State will maintain confidentiality of client information provided by the Grantee pursuant to IC 16-39-5, IC 5-14-3-4(a)(9) and 42 CFR 51a, 112.

12. Conflict Of Interest

- a) As used in this section:

“Immediate family” means the spouse and the unemancipated children of an individual.

"Interested party," means:

- 1) The individual executing this Grant Agreement;
- 2) An individual who has an interest of three percent (3%) or more of Grantee, if Grantee is not an individual; or
- 3) Any member of the immediate family of an individual specified under subdivision 1 or 2.

"Department" means the Indiana Department of Administration.

"Commission" means the State Ethics Commission.

- b) The Department may cancel this Grant Agreement without recourse by Grantee if any interested party is an employee of the State of Indiana.
- c) The Department will not exercise its right of cancellation under section b) above if the Grantee gives the Department an opinion by the Commission indicating that the existence of this Grant Agreement and the employment by the State of Indiana of the interested party does not violate any statute or rule relating to ethical conduct of state employees. The Department may take action, including cancellation of this Grant Agreement consistent with an opinion of the Commission obtained under this section.
- d) Grantee has an affirmative obligation under this Grant Agreement to disclose to the Department when an interested party is or becomes an employee of the State of Indiana. The obligation under this section extends only to those facts that Grantee knows or reasonably could know.

13. Cultural Competency

- a) Based on recommended national standards from the U.S. Department of Health and Human Services' (HHS), Office of Minority Health (OMH), the State may provide cultural competency training to educate individuals on how to continue to, or implement health care services that are culturally appropriate to respond to the current demographic and cultural profile of the communities served by this Grant Agreement.
- b) The Grantee agrees to participate in one session of the cultural competency training presented by the State during the term of this Grant Agreement. The Grantee shall designate a representative who will attend this training or otherwise show evidence that a representative has received approved cultural competency training. The Grantee shall be responsible for ensuring that a representative of its subcontractors/subgrantees will attend this training as well. The State Health Commissioner may waive this training requirement upon application and justification submitted by the Grantee that they have received approved cultural competency training within the year prior to the beginning date of this Grant Agreement.

- c) The State's cultural competency training is offered to grantees and subcontractors/subgrantees at no cost. Travel and incidental expenses incurred in obtaining the state's competency training that do not exceed the maximum amount allowed under state rules and do not exceed any conditions placed upon the use of the grant funds may be reimbursed by the State under this Grant Agreement. The Grantee and/or subcontractors/subgrantees shall be responsible for any travel and incidental expenses that exceed the maximum limit or any other conditions set for the use of these grant funds.
- d) Prior to the expiration of this Grant Agreement, the State's Cultural Diversity & Enrichment (CDE) Division may provide a cultural competency assessment form to the Grantee that must be completed and returned to the CDE Division within thirty (30) days of receipt of the form.

14. Design And Implementation Of Project

The Grantee shall be solely responsible for the proper design and implementation of the project described in Attachments A and B. Although not expressly attached to this Grant Agreement, the Grantee agrees to complete said project in accordance with the plans and specifications contained in its application. Modification of its application shall require prior written approval of the State.

15. Disputes

- a) Should any disputes arise with respect to this Grant Agreement, Grantee and the State agree to act immediately to resolve such disputes. Time is of the essence in the resolution of disputes.
- b) The Grantee agrees that, the existence of a dispute notwithstanding, it will continue without delay to carry out all its responsibilities under this Grant Agreement that are not affected by the dispute. Should the Grantee fail to continue to perform its responsibilities regarding all non-disputed work, without delay, any additional costs incurred by the State or the Grantee as a result of such failure to proceed shall be borne by the Grantee, and the Grantee shall make no claim against the State for such costs. If the State and the Grantee cannot resolve a dispute within ten (10) working days following notification in writing by either party of the existence of a dispute, then the following procedure shall apply:

The parties agree to resolve such matters through submission of their dispute to the Commissioner of the Indiana Department of Administration. The Commissioner shall reduce a decision to writing and mail or otherwise furnish a copy thereof to the Grantee and the State within ten (10) working days after presentation of such dispute for action. The Commissioner's decision shall be final and conclusive unless either party mails or otherwise furnishes to the Commissioner, within ten (10) working days after receipt of the Commissioner's decision, a written appeal. Within ten (10) working days of receipt by the Commissioner of a written request for appeal, the decision may be reconsidered. If no reconsideration is provided within ten (10) working days, the parties may mutually agree to submit the dispute to arbitration for a determination, or otherwise the dispute may be submitted to an Indiana court of competent jurisdiction.

- c) The State may withhold payments on disputed items pending resolution of the dispute. The unintentional nonpayment by the State to the Grantee of one or more invoices not in dispute in accordance with the terms of this Grant Agreement will not be cause for Grantee to terminate this Grant Agreement, and the Grantee may bring suit to collect these amounts without following the disputes procedure contained herein.

16. Drug-Free Workplace Certification

- a) The Grantee hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. Grantee will give written notice to the State within ten (10) days after receiving actual notice that the Grantee or an employee of the Grantee has been convicted of a criminal drug violation occurring in the Grantee's workplace.
- b) False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract payments, termination of this Grant Agreement and/or debarment of contracting opportunities with the State of Indiana for up to three (3) years.
- c) In addition to the provisions of the above paragraphs, if the total grant amount set forth in this Grant Agreement is in excess of \$25,000.00, Grantee hereby further agrees that this agreement is expressly subject to the terms, conditions, and representations of the following certification:

This certification is required by Executive Order No. 90-5, April 12, 1990, issued by the Governor of Indiana. Pursuant to its delegated authority, the Indiana Department of Administration is requiring the inclusion of this certification in all contracts and grants from the State of Indiana in excess of \$25,000.00. No award of a contract shall be made, and no contract, purchase order or agreement, the total amount of which exceeds \$25,000.00, shall be valid, unless and until this certification has been fully executed by the Grantee and made a part of the contract or agreement as part of the contract documents.

The Grantee certifies and agrees that it will provide a drug-free workplace by:

- 1) Publishing and providing to all of its employees a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Grantee's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
- 2) Establishing a drug-free awareness program to inform it's employees of (a) the dangers of drug abuse in the workplace; (b) the Grantee's policy of maintaining a drug-free workplace; (c) any available drug counseling, rehabilitation, and employee assistance programs; and (d) the penalties that may be imposed upon an employee for drug abuse violations occurring in the workplace;

- 3) Notifying all employees in the statement required by division 1) above that as a condition of continued employment, the employee will (a) abide by the terms of the statement; and (b) notify the Grantee of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
- 4) Notifying in writing the State within ten (10) days after receiving notice from an employee under subdivision 3)(b) above, or otherwise receiving actual notice of such conviction;
- 5) Within thirty (30) days after receiving notice under subdivision 3)(b) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) taking appropriate personnel action against the employee, up to and including termination; or (2) requiring such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency; and
- 6) Making a good faith effort to maintain a drug-free workplace through the implementation of divisions 1) through 5) above.

17. Federal Funding Information and Requirements – Not Applicable

18. Federal Funds Disclosure Requirements – Not Applicable

19. Federal Lobbying Requirements – Not Applicable

20. Funding Cancellation

When the Director of the State Budget Agency makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this Grant Agreement, this Grant Agreement shall be canceled. A determination by the Budget Director that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

21. Governing Laws

This Grant Agreement shall be construed in accordance with and governed by the laws of the State of Indiana, and suit, if any, must be brought in the State of Indiana.

22. Indemnification

Grantee agrees to indemnify, defend, and hold harmless the State of Indiana and its agents, officials, and employees from all claims and suits including court costs, attorney's fees, and other expenses caused by any act or omission of the Grantee and/or its subcontractors, if any. The State shall **not** provide such indemnification to the Grantee.

23. Independent Contractor

- a) Both parties hereto, in the performance of this Grant Agreement, shall act in an individual capacity and not as agents, employees, partners, joint venturers or associates of one another. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purposes whatsoever. Neither party will assume liability for any injury (including death) to any persons, or damage to any property arising out of the acts or omissions of the agents, employees or subcontractors of the other party.
- b) The Grantee shall be responsible for providing all necessary unemployment and workers' compensation insurance for the Grantee's employees.

24. Information Technology Accessibility

- a) All contractors supplying information technology related products and services to the state of Indiana must comply with all ITOC policies and standards. These policies and standards can be found at http://www.in.gov/itoc/html_site/architecture/poli.html and http://www.in.gov/itoc/html_site/architecture/stan.html. Any deviation from the published standards and policies, must be approved by ITOC and be supported by a written waiver.
- b) The Grantee acknowledges and agrees that all hardware, software and services provided to or purchased by the State must be compatible with the principles and goals contained in the electronic and information technology accessibility standards adopted by the Architectural and Transportation Barriers Compliance Board under Section 508 of the Federal Rehabilitation Act of 1973 (29 U.S.C. 749d), as amended, and adopted by the State of Indiana Information Technology Oversight Commission pursuant to IC 4-23-16-12.

25. Licensing Standards

The parties agree that Grantee and its employees and subcontractors shall comply with all applicable licensing standards, certification standards, accrediting standards and any other laws, rules or regulations governing services to be provided by the Grantee pursuant to this Grant Agreement. The State shall not be required to reimburse Grantee for any services performed when Grantee or its employees or subcontractors are not in compliance with such applicable standards, laws, rules or regulations. If licensure, certification or accreditation expires or is revoked, Grantee shall notify State immediately and the State, at its option, may immediately terminate this Grant Agreement.

26. Nondiscrimination

- a) Pursuant to IC 22-9-1-10 and the Civil Rights Act of 1964, the Grantee and its subgrantees shall not discriminate against any employee or applicant for employment to be employed in the performance of this Grant Agreement. The Grantee shall not discriminate with respect to the hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of the employee's or applicant's race, color, religion, sex, disability, national origin or ancestry. Breach of this covenant may be regarded as a material breach of this Grant Agreement. Acceptance of this Grant Agreement also signifies compliance with applicable federal laws, regulations, and executive orders prohibiting discrimination in the provision of services based on race, color, national origin, age, sex, disability, or status as a veteran. The Grantee shall comply with Section 202 of Executive Order 11246, as amended, 41 CFR 60-250, and 41 CFR 60-741, as amended, which are incorporated herein by specific reference.
- b) The Grantee understands that the State is a recipient of federal funds. Pursuant to that understanding, the Grantee and its subgrantees, if any, agree that if the Grantee employs fifty (50) or more employees and does at least \$50,000 worth of business with the State and is not exempt, the Grantee will comply with the affirmative action reporting requirements of 41 CFR 60-1.7.

27. Notice To Parties

Whenever any notice, statement or other communication is required under this Grant Agreement, it shall be sent to the following addresses, unless otherwise specifically advised.

- a) Notices to the State shall be sent to:

Indiana State Department of Health
ATTN: Contract and Audit Section
2 North Meridian Street, Section 2-C
Indianapolis, IN 46204

- b) Notices to the Grantee shall be sent to:

Indiana Parent Information Network, Inc.
ATTN: Donna Gore Olsen
4755 Kingsway Drive
Suite 105
Indianapolis, IN 46205

- c) Payments to the Grantee shall be sent to:

Indiana Parent Information Network, Inc.
ATTN: Donna Gore Olsen
4755 Kingsway Drive
Suite 105
Indianapolis, IN 46205

28. Order of Precedence

Any inconsistency or ambiguity in this Grant Agreement shall be resolved by giving precedence in the following order: a) Grant Agreement, b) attachments prepared by the State (Attachments A and B), and c) Grantee's Grant Application.

29. Payment Of Grant Funds By The State

The payment of this Grant Agreement by the State to the Grantee shall be made in accordance with the following schedule and conditions:

- a) This Grant Agreement must be fully executed.
- b) Financial assistance will be provided on a cost reimbursement basis. Actual expenditures of authorized costs will be reimbursed monthly in arrears by the State upon receipt of duly executed State Claim Vouchers from the Grantee for expenses shown in Attachment B of this Grant Agreement. The Claim Vouchers shall be submitted on the forms provided. Claim Vouchers shall be due by the 20th day after the end of each month.
- c) Any other Grant Agreement conditions as specified in Attachments A and B must be met to the State's satisfaction.
- d) All accounts will be closed sixty (60) days after the Expiration Date of this Grant Agreement. Any claim voucher submitted after sixty (60) days will not be reimbursed by the State.
- e) All equipment purchased with grant funds, which has a cost of \$5,000 or more, shall remain the property of the State and shall not be sold or disposed of without written consent from the State.
- f) If applicable, expenditures made by the Grantee for travel will be reimbursed by the State at the rate customarily paid by the Grantee or the current rate being paid by the State, whichever is the lesser. Travel expenses paid by the Grantee can only be reimbursed in accordance with the current State Travel Policies and Procedures as specified in Financial Management Circular #97-1.1. Out-of-state travel requests (unless specified otherwise in an attachment to this Grant Agreement) must be submitted at least four (4) weeks prior to the scheduled travel date for review by the State for availability of funds and for appropriateness per Circular guidelines.
- g) Failure to complete the project and expend funds in accordance with this Grant Agreement may be considered a material breach of the Grant Agreement and shall entitle the State to impose sanctions against the Grantee including, but not limited to suspension of all grant payments, and/or suspension of the Grantee's participation in State grant programs until such time as all material breaches are cured to the State's satisfaction. Sanctions may also include repayment of all State funds expended for activities which are not in the scope of this project as set forth in Attachments A and B of this Grant Agreement.

30. Penalties/Interest/Attorney's Fees

- a) The State will in good faith perform its required obligations hereunder and does not agree to pay any penalties, liquidated damages, interest, or attorney's fees, except as required by Indiana law, in part, IC 5-17-5, IC 34-54-8, and IC 34-13-1.
- b) Notwithstanding the provisions contained in IC 5-17-5, the Parties stipulate and agree that any liability resulting from the State of Indiana's failure to make prompt payment shall be based solely on the amount of funding originating from the State of Indiana and shall not be based on funding from federal or other sources.

31. Progress Reports

- a) The Grantee shall submit progress reports to the State based upon the needs of the State. Unless specified otherwise in Attachment A, the progress report shall serve the purpose of assuring the State that work is progressing in line with the schedule, whether additional deliverables will be required to better serve the public, and that completion can be reasonably assured on the scheduled date.
- b) The Grantee understands that failure to provide progress reports as requested by the State may be considered a material breach of the Grant Agreement and shall entitle the State to impose sanctions against the Grantee. Sanctions may include, but are not limited to, suspension of all contract/grant payments, and/or suspension of the Grantee's participation in State contract/grant programs until such time as all material breaches are cured to the State's satisfaction. Sanctions may also include repayment of all State funds expended for activities that are not in the scope of this project as set forth in Attachment A of this Grant Agreement.

32. Remedies Not Impaired

No delay or omission of the State in exercising any right or remedy available under this Grant Agreement shall impair any such right or remedy, or constitute a waiver of any default, or any acquiescence thereto.

33. Renewal

This Grant Agreement may be renewed under the same terms and conditions subject to the approval of the Commissioner of the Department of Administration and the State Budget Director in compliance with IC 5-22-17-4. The term of the renewed Grant Agreement may not be longer than the term of the original Grant Agreement.

34. Security and Privacy of Health Information

If any final regulation or body of regulations relating to the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("Final HIPAA Regulations"), or any amendment or judicial or administrative interpretation of the Final HIPAA Regulations, prohibits, restricts, limits or materially and adversely affects either party's rights or obligations hereunder, the parties shall negotiate, in good faith, reasonable revisions to this Contract. The purpose of the negotiations shall be to revise the Grant Agreement so that the affected party can comply and/or act in accordance with such Final HIPAA Regulations, or amendment or judicial or administrative interpretation thereof and avoid or mitigate such prohibition, restriction, limitation or material and adverse effect. If the parties fail to agree to such revisions within forty-five (45) days after written notice from the affected party requesting negotiations under this paragraph, this Grant Agreement shall terminate. If so terminated the Grantee shall return all protected health information received from, created or received by the Grantee on behalf of the State. The Grantee shall retain no copies of such information in any form.

35. Severability

The invalidity of any paragraph, subparagraph, division, subdivision, clause or provision of this Grant Agreement shall not affect the validity of the remaining paragraphs, subparagraphs, divisions, subdivisions, clauses or provisions of the Grant Agreement.

36. Taxes

The State is exempt from state, federal, and local taxes. The State will not be responsible for any taxes levied on the Grantee as a result of this Grant Agreement.

37. Termination Of Grant Agreement

- a) The State may terminate this Grant Agreement upon thirty (30) days written notice to the Grantee at any time prior to the Expiration Date of this Grant Agreement if any of the following occur:
 - 1) Grant funds are not adequate or available to finance the program.
 - 2) Grant funds become restricted and/or the State has utilized all grant funds available.
- b) The State reserves the right to cancel this Grant Agreement for cause by giving fifteen (15) days written notice to the Grantee if any of the following occur:
 - 1) The Grantee fails to comply with any of the conditions of this Grant Agreement.
 - 2) The State determines that the methods and techniques being utilized by the Grantee to accomplish the goals are not acceptable or compatible with policies of the State or applicable state or federal laws.

- 3) The Grantee fails to fulfill its responsibilities as indicated in Attachments A and B, which are attached hereto and made a part hereof.
- c) The Grantee may terminate this Grant Agreement upon thirty (30) days written notice (unless specified otherwise in Attachments A or B) to the State at any time prior to the Expiration Date of this Grant Agreement if any of the following occur:
 - 1) The State fails to comply with the conditions of the Grant Agreement.
 - 2) The Grantee determines that the further development of services provided under this Grant Agreement is incompatible with its policies and practices or community needs.
- d) The parties also agree that, the State or the Grantee may terminate this Grant Agreement upon giving sixty (60) days written notice to the other party. Termination costs shall include all valid financial commitments incurred pursuant to this Grant Agreement prior to the termination effective date.

38. Waiver Of Rights

No right conferred on either party under this Grant Agreement shall be deemed waived and no breach of this Grant Agreement excused, unless such waiver or excuse is in writing and signed by the party claimed to have waived such right.

39. State Boilerplate Affirmation Clause

I swear or affirm under the penalties of perjury that I have not altered, modified or changed the State's Boilerplate contract clauses (as defined in the 2002 IDOA Professional Services Contract Manual) in any way except for the following clauses which have additional requirements and which are identified by name below:

Access to Records
Audits
Confidentiality of State Information
Nondiscrimination
Order of Precedence
Payments
Progress Reports
Severability
Travel

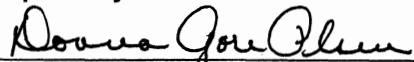
40. Non-Collusion And Acceptance

- a) The undersigned attests, subject to the penalties for perjury, that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Grant Agreement other than that which appears upon the face of the Grant Agreement.
- b) The parties having read and understanding the foregoing terms of the Grant Agreement do by their respective signatures dated below hereby agree to the terms thereof, including, if this Grant Agreement is in excess of \$25,000, Paragraph 16, Drug-Free Workplace Certification.

The rest of this page is left blank intentionally.

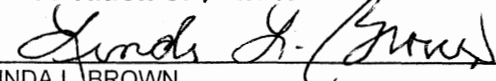
IN WITNESS WHEREOF, the parties hereto have executed this Grant Agreement on the dates entered below.

Accepted By:


DONNA GORE OLSEN
EXECUTIVE DIRECTOR
INDIANA PARENT INFORMATION NETWORK,
INC.

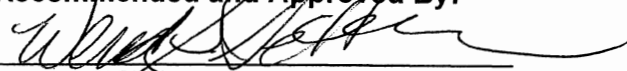
DATE: 7/9/03

Certification of Funds:


LINDA L. BROWN
DIRECTOR
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 7/21/03

Recommended and Approved By:


WENDY GETTELFINGER, R.N., D.N.S., J.D.
ASSISTANT COMMISSIONER
CHILDREN AND FAMILY HEALTH SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 7/10/03

Approved:


DAVID PERLINI, COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 7/25/03

Approved:


MARILYN F. SCHULTZ
STATE BUDGET DIRECTOR
STATE OF INDIANA

DATE: 07/30/03

Approved as to Form and Legality:


STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 8/19/03

Attachment A

Project Description

The Grantee organizes, trains, and coordinates the skills and experience of Parent Liaisons to provide peer support for families of children with special health care needs. Activities include printing and distributing a newsletter and educational materials, operating an information "hotline," conducting training sessions, and assessing changing and ongoing needs of families with special health care needs. The Grantee develops strategies to address issues such as childcare, community resources, early intervention, health care financing, relocation, and children's rights.

Additional Conditions

The Grantee agrees to abide by the following additional conditions:

1. That Grant funds and program income shall not be expended for:
 - a. Construction of buildings, building renovations;
 - b. Depreciation of existing buildings or equipment;
 - c. Contributions, gifts, donations, dues to societies, organizations, or federations;
 - d. Entertainment;
 - e. Automobile purchase;
 - f. Interest and other financial costs;
 - g. Costs for in-hospital patient care;
 - h. Fines and penalties;
 - i. Fees for health services;
 - j. Accounting expenses for governmental agencies;
 - k. Bad debts;
 - l. Contingency funds;
 - m. Executive expenses (e.g., car rental, car or cell phones, beepers, entertainment);
 - n. Client travel;
 - o. Food; and
 - p. Legislative lobbying.
2. That all equipment purchased with Grant funds and/or program income, which has a cost of \$1,000 or more, shall remain the property of the State and shall not be sold or disposed of without written consent from the State.
3. That any proposed changes in the target population served under this Grant or that any proposed changes in geographic location of service sites must be requested in writing, and that any approved changes be documented in a written response from the State.

4. That all standards published by the State will be implemented by the Grantee; a copy of which is available upon request.
5. That a written annual performance report shall be prepared and submitted by the Grantee 90 days after the expiration date of the Grant and in accordance with guidelines established by the State, a copy of which is available upon request.
6. That changes in the budget shall be requested in writing to and approved by a duly authorized representative of the State, prior to implementation.
7. That payment is contingent upon timely receipt of required client data in accordance with procedures and schedules established by the State, a copy of which is available upon request.
8. That additional expenditures, i.e., matching and non-matching funds, shall be made on this project by the Grantee in excess of amounts reimbursed from Grant funds. Such additional expenditures shall be reported to the State on the Monthly Report of Revenues and Expenditures and may be used by the State to meet federal matching requirements.
9. That all income generated by Grant funds shall be subject to the same requirements as the basic Grant monies.
10. To adopt and enforce a no smoking policy in project facilities at all times.
11. That the services provided through this Grant will be in accordance with objectives and methods listed in the Grantee's Project Application and budget attached hereto as Attachment B and hereby incorporated into this Grant.
12. That payments will be made monthly in arrears upon receipt and approval of Claim Vouchers to be provided by the State. The payments shall be made at the rates and in the amounts set out on the Program Budget. The total remuneration under this Grant shall not exceed the Grant amount.

Attachment B

Goal I: Increase Quality and Years of Healthy Life. Healthy People 2010 seeks to increase life expectancy and quality of life by helping individuals gain the knowledge, motivation, and opportunities they need to make informed decisions about their health.

Target Population: In general, IPIN uses the definition of children with special health care needs as prescribed by the federal Maternal and Child Health Bureau. *Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.* (McPherson, Arango, Fox, Lauver, McManus, Newacheck, Perrin, Shonkoff, Strickland, PEDIATRICS, Volume 102, Number 1, July 1998.) In its day to day efforts on behalf of Children's, IPIN prioritizes children with special health care needs who meet Indiana's definition as delineated under its rules and regulations including twenty-two identified conditions.

Preliminary SLAITS (State and Local Area Integrated Telephone Survey) data sponsored by the Maternal and Child Health Bureau (HRSA) and others in 2002 indicates that almost 24% of Indiana households have children with special needs. The Indiana First Steps Early Intervention System, Bureau of Child Development, Family and Social Services Administration (Part C) shows a December 1, 2002 child count of 9,439 for children birth through two years of age who were receiving services through that program. The Indiana Department of Education, Division of Exceptional Children (Part B) in its December 1, 2002 child count for children three to twenty-one shows that 167,584 Indiana children have Individual Education Plans (IEPs). While there is data available on the number of Indiana children receiving home and community

based services through Medicaid waiver programs, Social Security Income (SSI), or services through Medicaid Disability, many children are on one, maybe two or all of the programs. The Birth Problems Registry at the Indiana Department of Health also has data but it is dependent on health care professionals for accurate reporting especially for children identified after the time of their birth. Unfortunately, there is no unduplicated count of Indiana children with special needs.

Like other states, Indiana has experienced a significant increase in the number of Hispanic families residing in the state. According to the 2000 U.S. Census, the Hispanic population has increased in Indiana by one hundred and seventeen percent (117%) since 1990. Numerous national studies have indicated the Hispanic community's need for specific efforts in the area of health, including significant barriers preventing them from accessing health resources and services. (Indiana Dyson Initiative, 2002)

Need for Information: Because families of children with special health care needs are high users of health systems, they have a greater need for information about health care financing options and community resources to help them help their children. In a 1991 IPIN survey of families on the Children's program, the need for information about health care financing options and community resources was identified as a need that was unmet almost 50% of the time. During 2002, one thousand two hundred and sixty-six (1,266) parents and professionals contacted IPIN for the first time. Sixty-one per cent (61%) of the contacts were regarding issues in education (567) or health care financing (210).

In 1998, the Indiana Governor's Office convened a State Children's Health Insurance Program (SCHIP) Task Force to examine the need for additional health care financing resources for Indiana children. In their research, the staff to the Task Force found that Indiana had a large number of programs for children, including children with special health care needs, which were available to Indiana families. The obvious challenges were the lack of information and

awareness of the programs, the differences in financial and/or medical eligibility criteria among programs, and the lack of coordination at the state and community levels.

Need for Support: With the recent down turn in the state's economy, and the subsequent consequences for the state's budget, many of Indiana's programs for children have experienced an increase in utilization at the same time that the programs are suffering cutbacks in staff and changes in rules and regulations to save resources. Over the past ten years, Indiana has expanded its use of Medicaid to pay for children's services because of the potential to draw down federal dollars for programs that have been funded primarily by state tax funds. It makes sense to policy makers and state tax payers to draw down federal dollars through a state/federal dollar match of 32 cents (\$.32) for the state's share and 68 cents (\$.68) for the federal government's share of every dollar that is spent on services for children. Unfortunately, in an effort to maintain a balanced fiscal budget, the 2003 Indiana General Assembly flat lined Medicaid spending resulting in potential Medicaid cuts of nearly \$250 million during the next biennium of the state budget. The downturn in the economy and the resulting impact on utilization, cutbacks in staffing, changes in rules as well as funding, increase the need for technical assistance and support to families of children with special needs as well as to the health professionals.

Need for Education: Sometimes a name and telephone number are not enough to help a parent/guardian or a professional access services or enhance the life a child. One hundred and fourteen families and professionals contacted IPIN during 2002 specifically to get information about educational programs and training opportunities. In addition, there were targeted mailings to disability specific populations regarding training opportunities as well as training brochures included in information packets on a specific topic.

Although there are numerous education and training opportunities, many families are unaware of the numerous resources available to help them attend local, state and national

workshops and conferences. Agencies and programs like the Indiana Governor's Planning Council for People with Disabilities, Indiana Protection and Advocacy Services, the Family Involvement Fund (IDEA, Part C/First Steps, Part B/Preschool) and local school district special education CSPD (Comprehensive System of Personnel Development) funds can provide funds for registration fees, transportation and child care. Each resource has its own eligibility criteria and application process. Currently, there is no comprehensive listing of these resources with guidance for accessing these resources. On occasion there are families who do not meet the criteria for one of the existing programs. There is a need for a resource that provides funds for those families who are not eligible for one of the identified programs.

Goal II: Eliminate Health Disparities. Healthy People 2010 recognizes that communities, States, and national organizations will need to take a multidisciplinary approach to achieve health equity – an approach that involves improving health, education, housing, labor, justice, transportation, agriculture and the environment, as well as data collection itself.

Need for Medical Homes. "Physicians and parents act as partners in a medical home to identify and access all the medical and non-medical services needed to help children and their families achieve their maximum potential. The American Academy of Pediatrics believes that all children should have a medical home where care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent." (Managed Care and Children with Special Needs: Building Medical Homes, April 24, 1998, Section 1, page 1.)

While many primary care physicians agree with the Academy of Pediatrics about the concept of a medical home, especially for children with special health care needs, many of them struggle with implementing a medical home in their practice, regardless of community, clinic or hospital.

Need for Family Centered Systems of Care. In the fall of 2002, Riley Hospital's Department of Pediatrics brought in an out of state expert from the Children's Hospital of

Philadelphia (CHOP) to work with faculty and nursing staff regarding family centered systems of care. Subsequent to the fall meetings, medical and nursing staff as well as families have been working together to look at creating changes at Riley Hospital. This potential for change creates some exciting opportunities when families know that eighty per cent of the pediatricians practicing in the state of Indiana have trained at the Indiana University School of Medicine. Residents have their continuity clinics at Riley Hospital, University Hospital, Wishard Hospital (and its community based clinics) and Methodist Hospital. There is a need for families to be represented in clinics and hospitals to support the development of medical homes by assisting medical staff (including pediatric residents), nursing staff and social workers in understanding community services and supports as well as modeling partnership roles with families, including families who are Spanish speaking. Parent Liaisons in clinic and hospital settings add a new dimension to a multidisciplinary approach to systems of care.

Need for Education. Health care professionals who want to assist families of children with special needs are facing the same challenges as families with staff turnover, changes in rules and regulations, and funding cutbacks. New Medicaid waiver programs are creating a new work force of waiver case managers who may have experience with adults with disabilities or senior citizens but know very little about community service systems for children. In addition, turnover among First Steps service coordinators creates a constant need for information and training for those professionals or paraprofessionals. There is an ongoing need for information and training of professionals to keep pace with the changes, either in service systems or personnel, as work is done with families or on their behalf.

Performance, Process Objectives and Proposed Work Plan

GOAL I: Utilizing the skills and experience of Parent Liaisons, improve the ability of no less than one thousand families to care for their children with special health care needs in the

community by increasing their child's access to both public and private community resources through information, peer support and education of families.

Objective 1.1: Over the course of the grant period, project staff will provide information to families of children with special health care needs that will include, but not be limited to, information about community resources and supports.

Activity 1.1.1: IPIN staff will accept telephone calls from no less than one thousand new families, including referrals from Children's and MCH Helpline staff, to provide information that will include, but not be limited to, child care, community resources, disability specific information, education, health care financing, genetics, and parent training opportunities.

Activity 1.1.2: Project staff will provide information to no less than ten thousand families of children with special health care needs about child care, community resources, health care financing, genetics, and education law through the dissemination of the IPIN newsletter to families on the Children's program as well as families on IPIN's mailing list.

Activity 1.1.2.1: Working with staff of the Indiana Department of Health, IPIN staff will include articles regarding Children's in each of the four quarterly newsletters scheduled for publication during the proposed grant period.

Activity 1.1.2.2: Working with Children's staff, IPIN staff will disseminate four issues of the IPIN newsletter on a quarterly basis to all families enrolled in Children's.

Activity 1.1.3: Project staff will provide information to families of children with special health care needs, including families who are Spanish speaking, about identified topics

through the development and dissemination of no less than five hundred information packets that may include, but not be limited to, autism, child care, education, health care financing, genetics, legislative advocacy, Medicaid waivers, and transition.

Activity 1.1.3.1: Working with Children's staff, project staff will identify and research two new topics for the development of information packets on issues of importance to Indiana families and children with special health care needs within the first quarter of the grant period.

Activity 1.1.3.2: Working with Children's staff, project staff will identify and translate two existing information packets for Indiana families and children with special health care needs who are Spanish speaking during the second quarter of the grant period.

Activity 1.1.3.3: Project staff will compile and disseminate no less than five hundred information packets to families of children with special health care needs who contact IPIN for information and support.

Activity 1.1.4: IPIN will translate, print and disseminate two of its existing informational brochures into Spanish during the first quarter of the grant period.

Activity 1.1.5: Parent Liaisons, located in no less than two local communities (i.e. New Albany and South Bend), will provide information and support to no less than fifty families in each community and will conduct HAT calls with identified families at 2 weeks, three months, six months, nine months and one year intervals during the grant period.

Activity 1.1.6: Project staff will work with the Ronald McDonald House located on the campus of the Indiana University Medical Center to implement monthly community

resource information meetings for no less than fifty families staying at the facility during their child's hospitalization at Riley Hospital during the grant period.

Objective 1.2: Throughout the grant period, Parent Liaisons will provide follow along and peer support regarding issues affecting children with special needs through a system of HAT (How are things?) calls and contacts with families for a period of one year following the family's initial contact with IPIN.

Activity 1.2.1: Project staff will conduct follow-along HAT ("How Are Things?) calls with newly identified families at 2 weeks, three months, six months, nine months, and one year intervals during the grant period.

Activity 1.2.2: Project staff will continue to conduct follow-along HAT calls with previously identified families of children with special health care needs at 2 weeks, three months, six months, nine months and one year intervals during the grant period.

Objective 1.3: Project staff will: a) identify resources; b) provide technical assistance for accessing those resources; and, c) when necessary, provide financial support for family participation at meetings, educational workshops and conferences.

Activity 1.3.1: During the first quarter of the project period, project staff will research and identify no less than four community and state funding sources for family participation in training and educational activities.

Activity 1.3.2: During the second quarter of the project period, project staff will develop and print no less than five hundred copies of an informational brochure regarding community and state funding sources for family participation in training and educational activities.

Activity 1.3.3: During the grant period, project staff will provide technical assistance as well as disseminate the informational brochure to no less than twenty-five families to improve access for family participation in training and educational activities.

Activity 1.3.4: IPIN will provide funding support to no less than ten family representatives at workshops and conferences regarding issues for children with special health care needs and their families.

GOAL II: *Utilizing the skills and experience of Parent Liaisons, improve the ability of no less than two hundred health care professionals to provide a medical home for children with special health care needs by partnering Parent Liaisons with health care professionals to provide information and education to both families and health care professionals in hospitals and clinics.*

Objective 2.1: Project staff will provide information to health care professionals regarding issues that will include, but not be limited to, child care, community resources, health care financing, genetics, and education law through personal contacts by telephone or in health care settings such as clinics and hospitals.

Activity 2.1.1: Project staff will provide information and technical assistance to no less than one hundred and fifty professionals who work with families of children with special health care needs through telephone support and dissemination of information packets that may include, but not be limited to, child care, community resources, health care financing, genetics, and special education.

Activity 2.1.2: Project staff will provide information and technical assistance to no less than fifty professionals who work with families of children with special health care needs in health care settings including clinics and hospitals that may include, but not be limited

to, child care, community resources, health care financing, genetics, and special education.

Objective 2.2: Parent Liaisons will provide follow along and peer support, where appropriate, to families of children who are seen in clinics and hospitals including, but not limited to, the James Whitcomb Riley Hospital for Children, North Arlington Health Center and Pecar Health Center.

Activity 2.2.1: Working with the Riley Family Resource Center located at the Riley Outpatient Center, a Parent Liaison will identify no less than one hundred (100) families whose children are followed in the Riley Outpatient Clinics or have children in the hospital. The Parent Liaison will identify information and parent education needs including child care, community resources, health care financing, genetics, and education law. When appropriate and with the family's permission, the Parent Liaisons will conduct follow-along HAT calls with identified families at 2 weeks, three months, six months, nine months and one year intervals during the grant period

Activity 2.2.2: Working with Children's project staff at Riley Hospital, Parent Liaisons will provide information and support to no less than fifty (50) families whose children are followed at Riley. The Parent Liaisons will identify information and parent education needs specifically in the areas of health care financing (i.e. accessing financing resources, filing appeals, negotiating with insurance carriers) but also including child care, community resources, genetics, and education law. The Parent Liaison will conduct follow-along HAT calls with identified families at 2 weeks, three months, six months, nine months and one year intervals during the grant period.

Activity 2.2.3: Working with the medical staff at North Arlington Health Center and Pecar Health Center (Wishard community health centers), Parent Liaisons will provide information and support to no less than one hundred (100) families whose children are

followed at the community health centers. The Parent Liaisons will identify information and parent education needs specifically in the areas of health care financing (i.e. accessing financing resources, filing appeals, negotiating with insurance carriers) but also including child care, community resources, genetics, and education law. The Parent Liaison will conduct follow-along HAT calls with identified families at 2 weeks, three months, six months, nine months and one year intervals during the grant period.

Objective 2.3: During the second half of the grant period, project staff will: a) review and modify existing curriculum for professionals as needed; and b) plan and conduct no less than three regional workshops and in-service programs for health care professionals regarding components of a medical home (i.e. community resources, health care financing options, etc.).

Activity2. 3.1: Project staff will review and modify existing curriculum as needed for regional workshops and in-service programs.

Activity2.3.2: Project staff will plan and conduct no less than three regional workshops for no less than 50 professionals who serve families of children with special health care needs on topics that will be mutually agreed upon by Children's and IPIN staff.

BUDGET DETAIL PERSONNEL

Agency Name: The Indiana Parent Information Network, Inc.

Personnel		Hours Per Week On Job	Estimated Project Costs and Source of Funds (whole figures only)		
Name	Position Title		ISDH Funds (cash)	+ Other Funds = (cash and/or in-kind)	Total Project Costs
Donna Gore Olsen	Project Director	.4 FTE	\$23,300		\$23,300
Jane A. Scott	Project Coordinator	.8 FTE	\$31,600		\$31,600
	Parent Liaison	1.0 FTE	\$26,000		\$26,000
	Parent Liaison	1.0 FTE	\$26,000		\$26,000
	Parent Liaison	1.0 FTE	\$26,000		\$26,000
	Admin. Assist.	1.0 FTE	\$26,000		\$26,000
SUB-TOTAL SALARY			\$158,900		\$158,900
FRINGE BENEFITS					
• Includes Insurance, Social Security, Retirement, Disability, Medical, Dental, Other			\$ 15,890		\$ 15,890
SUB-TOTAL PERSONNEL			\$174,790		\$174,790

Note: Regardless of source of monies, all personnel involved in project activities must be included.
How many hours is a regular full-time work week? 40 hours

BUDGET DETAIL

Agency Name

The Indiana Parent Information Network, Inc.

Category	ISDH Funds (cash)	+	Other Funds = (cash and/or in-kind)	Total Project Costs
SUB-TOTAL "PERSONNEL" (from Page 2)	\$174,790			\$174,790
• Consumable Supplies (includes postage, medical supplies, education materials, office supplies, software, computer supplies, etc.)	\$ 23,900			\$ 23,900
• In-State Travel (includes mileage, <i>per diem</i> , lodging, training and registration fees) Note: State Travel Rules Apply	\$ 2,000			\$ 2,000
• Out-of-State Travel (includes mileage, air fare, <i>per diem</i> , lodging, training and registration fees, parking, tips) Note: State Travel Rules Apply	N/A			N/A
• Rent	\$ 15,500			\$ 15,500
• Utilities (includes water, electricity, heat, monthly and toll telephone charges, etc.)	N/A			N/A
• Consultant Services (includes personal services sub-contracts)	\$ 17,665			\$ 17,665
• Contractual Services (includes sub-contracts, audits, data analysis, maintenance agreements, equipment lease and maintenance, etc.)	\$ 5,000			\$ 5,000
• Other Expenses (includes, but not limited to, advertising, yellow pages advertising, personal health care: prophylactics, printing, and <u>define</u> miscellaneous)	\$ 500			\$ 500
• Equipment (includes computers, furniture, filing cabinets, etc.)	\$ 6,000			\$ 6,000
TOTAL BUDGET	\$259,655*			\$259,655*

*Includes Indirect Costs 9%

\$ 14,300