

12375

JUL 18 2008

EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10/4-06)



Instructions for completing the EDS and the Contract process.

1. Please read the guidelines on the back of this form.
2. Please type all information.
3. Check all boxes that apply.
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

9/12
GW

1. EDS Number: A70-6-7890	2. Date prepared: 3/28/2008
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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>2</u> <input type="checkbox"/> Renewal # <input type="checkbox"/> Other
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FISCAL INFORMATION

4. Account Number: 2070-14000.	5. Account Name: Child Spec Hlth Care-St/Cty
6. Total amount this action: \$13,000.00	7. New contract total: 61,800.00
8. Revenue generated this action: \$0.00	9. Revenue generated total contract: \$0.00
10. New total amount for each fiscal year:	
Year 2006	\$17,900.00
Year 2007	\$17,900.00
Year 2008	\$13,000.00
Year 2009	\$13,000.00

TIME PERIOD COVERED IN THIS EDS

11. From (month, day, year): 7/1/2005	12. To (month, day, year): 6/30/2009
13. Method of source selection:	
<input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Negotiated <input type="checkbox"/> RFP# <input type="checkbox"/> Other (specify) <input type="checkbox"/> Special Procurement	

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: Vanessa Daniels	18. Telephone #: 317/233-1241
19. E-mail address: rmartin@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 # 0000004796	
24. Name: INDIANA UNIVERSITY	25. Telephone #: (317)274-7079
26. Address: FINANCIAL MANAGEMENT SUPPORT PO BOX 66057 INDIANAPOLIS, IN 46266-6057	

27. E-mail address: lihancoc@iupui.edu	
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: _____ % Women: _____ %
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: _____ % Women: _____ %
33. Is there Renewal Language in <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

35. Will the attached document involve data processing or telecommunications systems ☐ Yes: IOT or Delegate has signed off on contract36. Statutory Authority (Cite applicable Indiana or Federal Codes):
NONE

37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.)

Expand the Parents Empowering Parents (PEP) originally developed for children with hemophilia; and will operate Camp Independence; and Outreach Sickle Cell Program and Education; these program components are to improve health outcomes for children who have Sickle Cell Anemia. Amendment #2 Extends the contract 12 months and adds \$13,000 for operating Camp Independence.

38. Justification of vendor selection and determination of price reasonableness:

The objectives of this Grantee are consistent with and supportive of the State Health Plan, National Objectives for the Year 2010, Title V legislation and the Indiana State Department of Health's (ISDH) Critical Success Factors (Strategic Plan). Notice of funding availability was announced, applications were evaluated by a review team for funding recommendations. The Grant Agreement total is based on a budget proposed by the Grantee as well as costs projected by the ISDH staff.

39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)

40. Agency fiscal officer or representative approval <i>mm</i>	41. Date Approved 7-19-08	42. Budget agency approval <i>M.F. Compton</i>	43. Date Approved 7/29/08
44. Attorney General's Office approval <i>GA</i>	45. Date Approved 8/4/08	46. Agency representative receiving from AG	47. Date Approved



6390-004

Received
 JUL 18 2008
 IDOA Contracts

JUL 31 2008
 CAG-ADVISORY

72 5/29/08

2070-572100-140000
CSHCN 200-15 \$48,800 *ms*
2170-572100-140030
NS 200-15 \$ 13,000

Amendment No. 2
EDS Number A70-6-7890

This is an Amendment to the existing Children's Special Health Care Grant Agreement entered into by and between the **Indiana State Department of Health** (hereinafter referred to as the "State") and **Indiana University** (hereinafter referred to as the "Grantee") for the period from July 1, 2005 through June 30, 2008, in the amount of \$48,800.

This Grant Agreement is being amended to add an additional funding source (Newborn Screening) 2170-140030 for State Fiscal Year 2009 and increase the Grant by \$13,000 making the new total of the Grant Agreement \$61,800. The additional funds will be used to operate Camp Independence and to improve health outcomes for children who have Sickle Cell Anemia. See Attachments B and C, attached hereto, made a part hereof and incorporated herein by reference as part of this Grant. The expiration date of this Grant Agreement is being extended to June 30, 2009.

Paragraph 2 – **Consideration** is amended to read:

The Grantee will be paid monthly in arrears using the rates set out on Attachments A1 and B, attached hereto and hereby incorporated into this Grant Agreement. Payments shall not exceed \$17,900 for the period of July 1, 2005 through June 30, 2006; \$17,900 for the period July 1, 2006 through June 30, 2007; \$13,000 for the period July 1, 2007 through June 30, 2008, and 13,000 for the period of July 1, 2008 through June 30, 2009. Total remuneration under this Grant Agreement shall not exceed \$61,800.

Paragraph 9B – **Compliance with Laws** is amended to read:

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 IC § 4-2-6 *et seq.*, IC § 4-2-7, *et. seq.*, the regulations promulgated there under, 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/ig/>. If the Grantee or its agents violate any applicable ethical standards, the State may, in its sole discretion, terminate this Grant immediately upon notice to the Grantee. In addition, the Grantee may be subject to penalties under IC §§ 4-2-6, 4-2-7, 35-44-1-3, and under any other applicable laws.

Paragraph **26 Information Technology Accessibility** is amended to read:

Information Technology Accessibility Standards

Any information technology related products or services purchased, used or maintained through this Grant 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. 794d), as amended. The federal Electronic and Information Technology Accessibility Standards can be found at: <http://www.access-board.gov/508.htm>.

Funding Summary

2070-140000	7/1/05 thru 6/30/06	\$17,900
2070-140000	7/1/06 thru 6/30/07	17,900
2070-140000	7/1/07 thru 6/30/08	13,000
2170-140030	7/1/08 thru 6/30/09	<u>13,000</u>
Total		\$61,800

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.

The rest of this page has been left blank intentionally.

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: Indiana University

Pamela M. McKeough

Pamela M. McKeough, Director
Sponsored Program
Administration

DATE: 7-15-08

Certification of Funds:

Beverly S. Flanagan

BEVERLY S. FLANAGAN
DEPUTY DIRECTOR OF BUSINESS PROCESSES
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: July 18, 2008

Recommended and Approved By:

Lance Rhodes

LANCE RHODES
CHIEF FINANCIAL OFFICER
OPERATIONAL SERVICES
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 7/18/08

Approved:

Carrie Henderson

CARRIE HENDERSON
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 7/18/08

Approved:

M. F. Conpton (for)

CHRISTOPHER A. RUHL, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE: 7/29/08

Approved as to Form and Legality:

Stephen Carter

STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 8/4/08

ATTACHMENT B
Riley Hospital for Children
Pediatric Sickle Cell Program (FY 2009)

PROJECT DESCRIPTION:

Riley Hospital for Children, hereinafter referred to as the “Grantee”, will use funds provided by the Indiana State Department of Health Maternal and Children’s Special Health Care Services, hereinafter referred to as the “State”, to support Parents Empowering Parents (PEP) program for families who have a child with hemophilia. PEP introduces parents with young children to the tools they need to better handle the realities of raising a child with a chronic illness. A social worker, parent and a healthcare professional with experience in Sickle Cell, facilitate a series of ten sessions. PEP uses classroom discussions, role-plays and hands-on exercises to educate parents about the types of skills they need for effective parenting. The sessions offer parents the opportunity for intensive, uninterrupted learning with experienced professionals and other parents who are actively involved in their own child’s care. The sessions include:

- The Basics of Sickle Cell
- Child Development
- Compassionate Discipline
- Fine-Tuning Behavior Management
- Understanding Your Unique World View
- How Thoughts and Feelings Affect Parenting
- Building Self Esteem
- Understanding the Process of Communication
- Refining Communication Skills and Conflict Resolution
- Parenting Styles

In addition to teaching parenting skills, the PEP program builds the needed relationships between parents, healthcare professionals and community organizations that help to provide optimal care for the child with sickle cell. By design, the program is taught by parents that have gone through the PEP training program. The training sessions provide an opportunity for families to support each other in the process of raising their children. It also provides the opportunity for new families to become acquainted with community programs that are available to assist them.

The Grantee will provide the following activities

Camp Independence: This summer camp is for children Sickle Cell, Hemophilia, and other chronic hematological disorders. The camp is held at Bradford Woods, which is approximately forty miles from Indianapolis. A combination of activities and educational programs allows campers to learn to manage their chronic disease while experiencing the fun of camp. Arts and crafts, canoeing, swimming and hiking help campers develop new skills and increase their self-confidence.

A majority of children who attend Camp Independence will come from socio-economically challenged families. Grantee medical staff at the Riley Pediatric Hematology clinic provides medical physicals at both check in and check out. The medical staff also participates in camp, providing medical coverage at Bradford Woods staff that will be taking care of their children for the week.

Education: The Grantee will provide educational programs for emergency departments in Fort Wayne, South Bend, and Gary and if possible, will include Evansville. The Grantee will work with the State to provide education to School Nurses, Social Workers, and Counselors on Sickle Cell disease and other chronic illness. The Grantee will provide a Nurse Educator and Social Worker to go into the school systems and educate principals, teachers and school nurses about the specific issues of children who have missed multiple days of school due to illness. The Social Worker will assist the school team in setting up Individual Educational Plans (IEP's).

The Grantee will develop educational materials on our apheresis, transcranial doppler, iron overload, hypertransfusion, desferal and hydroxyurea to help parents understand these procedures and medications. Materials will be developed to accommodate all educational and language needs.

Additional Conditions

The Grantee agrees to abide by the following additional conditions:

1. That each client will be assigned a payment level category based on the participant's annual household gross income and size with regard for extenuating circumstances (e.g., substantial financial debt, extraordinary medical bills), in accordance with procedures established by the State, a copy of which is available upon request. Clients at 100% of the federal poverty level and below or clients eligible for Hoosier Healthwise (Medicaid) will not be charged for services. The Grantee shall be an approved Hoosier Healthwise (Medicaid) provider or shall have made application for Hoosier Healthwise (Medicaid) provider status prior to initiation of services.
2. That every effort shall be made to collect from third party payment sources, e.g., Medicaid (including Early Periodic Screening, Diagnosis, and Treatment), private insurance, or patient fees, the cost of diagnostic, preventive, and treatment services. These efforts include the requirement that all clients be screened for Hoosier Healthwise (Medicaid) eligibility upon enrollment.
3. That professional personnel, hospitals, and other individuals, agencies, or groups providing services authorized in the approved application and paid for by grant funds or by third parties shall agree not to make any charge to or accept any payment from the patient (client) or his family for the same service.
4. That grant funds will be the last source of payment for in-center and out-of-center services.
5. 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.
- 6. 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.
 - 7. 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.
 - 8. That all standards published by the State will be implemented by the Grantee; a copy of which is available upon request.
 - 9. 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 will be provided to the Grantee.
 - 10. That changes in the budget shall be requested in writing to and approved by a duly authorized representative of the State, prior to implementation.
 - 11. 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.
 - 12. 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.
 - 13. That all income generated by grant funds shall be subject to the same requirements as the basic grant monies.
 - 14. To adopt and enforce a no smoking policy in project facilities at all times.
 - 15. That the services provided through this grant will be in accordance with objectives, methods, and performance measures listed in the Grantee's Project Application attached hereto as Attachment B and hereby incorporated into this grant.

BUDGET – 07/01/08 to 06/30/09

Camp Independence: \$6,000

Education and Materials: \$7,000

ATTACHMENT C
Riley Hospital for Children
Pediatric Sickle Cell Program
July 1, 2008 – June 30, 2009

FY 2009 OBJECTIVES, ACTIVITIES and EVALUATION

SERVICE: **Sickle Cell Education for Parents of Children with Sickle Cell**

Service Projections

Projected Number of Unduplicated Clients Served	20
Projected Units of Service	40
Define a Unit of Service: Caregiver Education for Parents- PEP Sickle – (Parents Empowering Parents of Sickle Cell Patients) 2 sessions per year = 40 units of service to 20 participants (2 units per participant).	

Evaluation Procedure

Andy Harner, LSCW, Kathy Hauseman, LSCW, M. Elaine Southwood, MSN, CPNP, Dr. Mark Heiny, and Rhonda Cantrell SC/NSC Marion County Program Manager will analyze the evaluations and actions of the PEP Sickle program. PEP evaluations are given to parents at the end of the 10 educational presentations and are evaluated. Parents are given an evaluation and Knowledge assessment pre and post.

FY 2009 OBJECTIVES, ACTIVITIES and EVALUATION

SERVICE: **Sickle Cell Education for Children**

Service Projections

Projected Number of Unduplicated Newborns Served	60
Projected Units of Service	60
Define a Unit of Service: Unit of service = an evaluation of newborn screen and education and referral information to parents and/or local MD's.	

Evaluation Procedure: Andy Harner, LSCW, Kathy Hauseman, LSCW, M. Elaine Southwood, MSN, CPNP, Dr. Mark Heiny, and Rhonda Cantrell SC/NSC Marion County Program Manager would analyze the evaluations and actions of the PEP Sickle program. PEP evaluations are given to parents at the end of the 10 educational presentations and are evaluated. Parents are given an evaluation and Knowledge assesment pre and post

Optional Supporting Activities Table

Activity	Month/Year	Staff Assigned
New Patient Sickle Cell Clinic – held monthly, 40 –60 new patient appointments annually with 15-20 newborns seen each year.	Monthly	Drs. M. Heiny, M. Kumar, and K. Pradham

FY 2009 OBJECTIVES, ACTIVITIES and EVALUATION**SERVICE: Sickle Cell Disease Education****Service Projections**

Projected Number of Unduplicated Participants Served	340
Projected Units of Service	340
<p>Define a Unit of Service:</p> <p>Camp Independence has 40 camper spaces = 40 units of service.</p> <p>Informational brochures are used to provide education for all families of children with sickle cell disease throughout the state of Indiana. Currently, approximately 300 active pediatric sickle cell patients receive this education – approximate units of service would be 300 plus. These educational brochures can also be used by other hospitals i.e. Fort Wayne, South Bend and Evansville, Community Service organizations for sickle cell throughout the state.</p>	

Evaluation Procedure

Camp Independence evaluations are sent by the Staff at Bradford Wood to all of the campers parents and are evaluated by both the Bradford Woods Staff and Riley Pediatric Sickle Cell Program Staff (Dr. Mark Heiny, Andrew Harner, LCSW, M. Elaine Southwood, MSW, CPNP, Jay Price (Bradford Woods Administrator) , Rhonda Cantrell, SC/NBS Program Manager at the Marion County Health Department. Camp Independence Pre and Post Camp meetings are held to evaluate all aspects of camp. These are attended by the Bradford Woods administrative staff, the Riley Pediatric Sickle Cell Program staff, Andrew Harner, LSCW, M. Elaine Southwood, MSN, CPNP, and Rhonda Cantrell, SC/NBS Program Manager at the Marion County Health Department.

Optional Supporting Activities Table

Activity	Month/Year	Staff Assigned
NBS – Sickle Cell Coordinator: state wide phone contact for abnormal HgB electrophesis, frequent education by phone with local MDs and referral/evaluation source when needed.	07/01/2008-06/30/2009	Dr. Mark Heiny, MD, PhD

72 5/29/08

2070-572100-140000
CSHCN 200-15 \$48,800
2170-572100-140030
NS 200-15 \$ 13,000

ms

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EDS Number A70-6-7890

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Total.		\$61,800

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Accepted By:

Indiana University

Pamela M. McKeough

Pamela M. McKeough, Director
Sponsored Program
Administration

DATE: 7-15-08

Certification of Funds:

Beverly S. Flanagan

BEVERLY S. FLANAGAN
DEPUTY DIRECTOR OF BUSINESS PROCESSES
DIVISION OF FINANCE
OPERATIONAL SERVICES COMMISSION
INDIANA STATE DEPARTMENT OF HEALTH

DATE: July 18, 2008

Recommended and Approved By:

Lance Rhodes

LANCE RHODES
CHIEF FINANCIAL OFFICER
OPERATIONAL SERVICES
INDIANA STATE DEPARTMENT OF HEALTH

DATE: 7/18/08

Approved:

Carrie Henderson

CARRIE HENDERSON
COMMISSIONER
DEPARTMENT OF ADMINISTRATION
STATE OF INDIANA

DATE: 7/18/08

Approved:

Christopher A. Ruhl

CHRISTOPHER A. RUHL, DIRECTOR
STATE BUDGET AGENCY
STATE OF INDIANA

DATE: 7/21/08

Approved as to Form and Legality:

Stephen Carter

STEPHEN CARTER
ATTORNEY GENERAL OF INDIANA

DATE: 8/4/08

ATTACHMENT B
Riley Hospital for Children
Pediatric Sickle Cell Program (FY 2009)

PROJECT DESCRIPTION:

Riley Hospital for Children, hereinafter referred to as the "Grantee", will use funds provided by the Indiana State Department of Health Maternal and Children's Special Health Care Services, hereinafter referred to as the "State", to support Parents Empowering Parents (PEP) program for families who have a child with hemophilia. PEP introduces parents with young children to the tools they need to better handle the realities of raising a child with a chronic illness. A social worker, parent and a healthcare professional with experience in Sickle Cell, facilitate a series of ten sessions. PEP uses classroom discussions, role-plays and hands-on exercises to educate parents about the types of skills they need for effective parenting. The sessions offer parents the opportunity for intensive, uninterrupted learning with experienced professionals and other parents who are actively involved in their own child's care. The sessions include:

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In addition to teaching parenting skills, the PEP program builds the needed relationships between parents, healthcare professionals and community organizations that help to provide optimal care for the child with sickle cell. By design, the program is taught by parents that have gone through the PEP training program. The training sessions provide an opportunity for families to support each other in the process of raising their children. It also provides the opportunity for new families to become acquainted with community programs that are available to assist them.

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The Grantee will develop educational materials on our apheresis, transcranial doppler, iron overload, hypertransfusion, desferal and hydroxyurea to help parents understand these procedures and medications. Materials will be developed to accommodate all educational and language needs.

Additional Conditions

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1. That each client will be assigned a payment level category based on the participant's annual household gross income and size with regard for extenuating circumstances (e.g., substantial financial debt, extraordinary medical bills), in accordance with procedures established by the State, a copy of which is available upon request. Clients at 100% of the federal poverty level and below or clients eligible for Hoosier Healthwise (Medicaid) will not be charged for services. The Grantee shall be an approved Hoosier Healthwise (Medicaid) provider or shall have made application for Hoosier Healthwise (Medicaid) provider status prior to initiation of services.
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3. That professional personnel, hospitals, and other individuals, agencies, or groups providing services authorized in the approved application and paid for by grant funds or by third parties shall agree not to make any charge to or accept any payment from the patient (client) or his family for the same service.
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5. That grant funds and program income shall not be expended for:
 - a. Construction of buildings, building renovations;
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- 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.
- 6. 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.
 - 7. 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.
 - 8. That all standards published by the State will be implemented by the Grantee; a copy of which is available upon request.
 - 9. 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 will be provided to the Grantee.
 - 10. That changes in the budget shall be requested in writing to and approved by a duly authorized representative of the State, prior to implementation.
 - 11. 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.
 - 12. 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.
 - 13. That all income generated by grant funds shall be subject to the same requirements as the basic grant monies.
 - 14. To adopt and enforce a no smoking policy in project facilities at all times.
 - 15. That the services provided through this grant will be in accordance with objectives, methods, and performance measures listed in the Grantee's Project Application attached hereto as Attachment B and hereby incorporated into this grant.

BUDGET – 07/01/08 to 06/30/09

Camp Independence: \$6,000

Education and Materials: \$7,000

ATTACHMENT C
Riley Hospital for Children
Pediatric Sickle Cell Program
July 1, 2008 – June 30, 2009

FY 2009 OBJECTIVES, ACTIVITIES and EVALUATION

SERVICE: **Sickle Cell Education for Parents of Children with Sickle Cell**

Service Projections

Projected Number of Unduplicated Clients Served	20
Projected Units of Service	40
Define a Unit of Service: Caregiver Education for Parents- PEP Sickle – (Parents Empowering Parents of Sickle Cell Patients) 2 sessions per year = 40 units of service to 20 participants (2 units per participant).	

Evaluation Procedure

Andy Harner, LSCW, Kathy Hauseman, LSCW, M. Elaine Southwood, MSN, CPNP, Dr. Mark Heiny, and Rhonda Cantrell SC/NSC Marion County Program Manager will analyze the evaluations and actions of the PEP Sickle program. PEP evaluations are given to parents at the end of the 10 educational presentations and are evaluated. Parents are given an evaluation and Knowledge assessment pre and post.

FY 2009 OBJECTIVES, ACTIVITIES and EVALUATION

SERVICE: **Sickle Cell Education for Children**

Service Projections

Projected Number of Unduplicated Newborns Served	60
Projected Units of Service	60
Define a Unit of Service: Unit of service = an evaluation of newborn screen and education and referral information to parents and/or local MD's.	

Evaluation Procedure: Andy Harner, LSCW, Kathy Hauseman, LSCW, M. Elaine Southwood, MSN, CPNP, Dr. Mark Heiny, and Rhonda Cantrell SC/NSC Marion County Program Manager would analyze the evaluations and actions of the PEP Sickle program. PEP evaluations are given to parents at the end of the 10 educational presentations and are evaluated. Parents are given an evaluation and Knowledge assesment pre and post

Optional Supporting Activities Table

Activity	Month/Year	Staff Assigned
New Patient Sickle Cell Clinic – held monthly, 40 –60 new patient appointments annually with 15-20 newborns seen each year.	Monthly	Drs. M. Heiny, M. Kumar, and K. Pradham

FY 2009 OBJECTIVES, ACTIVITIES and EVALUATION**SERVICE: Sickle Cell Disease Education****Service Projections**

Projected Number of Unduplicated Participants Served	340
Projected Units of Service	340
<p>Define a Unit of Service:</p> <p>Camp Independence has 40 camper spaces = 40 units of service.</p> <p>Informational brochures are used to provide education for all families of children with sickle cell disease throughout the state of Indiana. Currently, approximately 300 active pediatric sickle cell patients receive this education – approximate units of service would be 300 plus. These educational brochures can also be used by other hospitals i.e. Fort Wayne, South Bend and Evansville, Community Service organizations for sickle cell throughout the state.</p>	

Evaluation Procedure

Camp Independence evaluations are sent by the Staff at Bradford Wood to all of the campers parents and are evaluated by both the Bradford Woods Staff and Riley Pediatric Sickle Cell Program Staff (Dr. Mark Heiny, Andrew Harner, LCSW, M. Elaine Southwood, MSW, CPNP, Jay Price (Bradford Woods Administrator) , Rhonda Cantrell, SC/NBS Program Manager at the Marion County Health Department. Camp Independence Pre and Post Camp meetings are held to evaluate all aspects of camp. These are attended by the Bradford Woods administrative staff, the Riley Pediatric Sickle Cell Program staff, Andrew Harner, LSCW, M. Elaine Southwood, MSN, CPNP, and Rhonda Cantrell, SC/NBS Program Manager at the Marion County Health Department.

Optional Supporting Activities Table

Activity	Month/Year	Staff Assigned
NBS – Sickle Cell Coordinator: state wide phone contact for abnormal HgB electrophoresis, frequent education by phone with local MDs and referral/evaluation source when needed.	07/01/2008-06/30/2009	Dr. Mark Heiny, MD, PhD