



Pre Application Teleconference



**Florida Department of Health
Office of Minority Health
Reducing Racial and Ethnic Health Disparities
Closing the Gap Grant Program**

2009 Funding Announcement

Questions and Answers

Questions and Answers can be downloaded on-line at:

<http://www.doh.state.fl.us/Minority/index.htm>

Inquiries should be referred to:

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**FLORIDA DEPARTMENT OF HEALTH
OFFICE OF MINORITY HEALTH
REDUCING RACIAL AND ETHNIC HEALTH DISPARITIES
CLOSING THE GAP PRE-APPLICATION TELECONFERENCE
QUESTIONS AND ANSWERS 2009**

Note: Verbal responses provided during the conference may not have been complete. Applicants should adhere to the responses provided in this document.

The following corrections for the “Closing the Gap” grant application should be noted.

Note: Applications and awards are not limited to one organization or one health disparity per county. Any person, entity, or organization(s) within a single county may apply for a Closing the Gap Grant. An organization may submit more than one application, but funding will be awarded to an organization in only one health disparity. Applications will be reviewed on their own merits, and will not be compared to each other.

Page 8: Cancer – Breast and Cervical

3. The correct link for Medicare part B rates is:

http://medicare.fcso.com/Fee_news/138046.asp?lob=Part%20B&loburl=/Landing/135985.asp

Page 12: Diabetes

- Bullet #1: First sentence should read “Provide formal diabetes self-management education to project participants with diabetes or refer project participants with diabetes to formal diabetes self-management education”.

Page 24: Program Plan

- Bullet #3, third sentence. A work-plan template with a tip sheet of glossary terms is provided on pages 64 and 65 of this application.

Page 27: Where to Send Your Application

Express Mail or Hand Delivered

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Regular Mail

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General Questions

Question: Is the funding for this grant federal or 100% state?

Answer: Closing the Gap funding is 100% general revenue – state funding.

Question: Does a budget have to be submitted for all three years?

Answer: No. The application states that a budget must be submitted for the first year only. Those projects that are awarded funding, a budget will be required each year prior to contract renewal.

Question: If an applicant applies utilizing the Front Porch Community what percentage of time and services would have to be delivered to the Front Porch Community?

Answer: The majority of services and time must be dedicated to the Front Porch Community. The applicant must comply with the requirements stated in the grant application.

Question: Is a letter required from the Front Porch Community if the proposed project will not be providing services to the Front Porch Community.

Answer: No.

Question: Is it possible to submit an application for a priority area as well as apply for a Front Porch Grant?

Answer: Yes.

Question: Is a letter required if the applicant is a county government?

Answer: Yes, if services will be provided to the Front Porch Community.

Question: If an organization proposes to provide services to two Front Porch Communities that are located in different counties, is a letter from both of the Front Porch Communities required?

Answer: Yes, a letter of agreement from both Front Porch Communities is required which delineates the specific Front Porch Community and services to be provided.

Question: Is it possible to receive funding to provide services in a Front Porch community without a letter of agreement?

Answer: No.

Question: Are memorandum of agreements counted in the page limit for the appendices?

Answer: Yes.

General Questions Continued

Question: Is it acceptable to provide a sample of the memorandum of agreements and then a list of all of the community partners that have signed on?

Answer: Yes.

Question: Are applicants permitted to use cash match dollars for program evaluation?

Answer: No. Cash match dollars must be utilized to expand and enhance services provided through the Closing the Gap initiatives

Question: How is match applied to counties with populations under 50,000?

Answer: Matching Funds, page 4, second bullet of the grant application states "in counties with a population of 50,000 or less, the required local matching funds may be provided entirely through in-kind contributions".

Question: If an organization applies for funding to provide services in more than one county and one or more of the counties have populations in excess of 50,000, how would the match system work?

Answer: If an applicant's organization is officially located in a county with a population greater than 50K, then the applicant's match must comply with the guidelines stated in the grant application.

Question: Can letters of support that were received within a year from a previous grant be included or must supporters provide another letter of support?

Answer: Letters of support must be obtained that are specific for this grant.

Question: Is there a time limit on when an organization was formed before they can apply for funds?

Answer: No.

Question: Can an organization with a state charter and a pending IRS 501(c)(3) application apply for funds or must the 501 have been granted before applying?

Answer: As stated in the grant application any person, entity, or organization within a single county may apply for a Closing the Gap grant. A 501(c)(3) is not required.

Question: When purposing as a multi-county project, do all the counties have to be Front Porch counties?

Answer: When proposing a multi-county project it is not required for any of the counties to have a Front Porch Community. However, if the applicant is proposing to use the Front Porch Community as the primary target population, the guidelines stated in the grant application must be met. Also, the official location of the applicant's

General Questions Continued

organization must be located in the county designated as a Front Porch and the majority of services must be provided to the Front Porch Community, and the majority of services must be provided to the Front Porch Community.

Question: Are demonstration projects able to propose interventions that are not evidenced based only because no one has used the obvious to do the research? Or must they all have evidenced based interventions?

Answer: An organization applying for funding under the Closing the Gap grant initiative must adhere to the guidelines for each health disparity in the application. The evidenced based interventions listed in the application are samples. Those applicants applying under the HIV priority health area may propose demonstration projects that are not evidenced based.

Question: The funding announcement for the "Closing the Gap" grant states that awards may be between \$75K and \$150K. Is that an amount per year or is it for a 3-year grant period?

Answer: The anticipated award amount is per year.

Question: If an organization submit three proposals, is a separate letter of support needed from the Front Porch Community for each of the proposed projects or would one would be sufficient?

Answer: Each proposal must contain a letter of agreement from the Front Porch Chair, which delineates the specific Front Porch community and services to be provided.

Question: Can a portion of an employee's FTE designated to provide administrative support specifically to the Closing the Gap grant be counted as matching cash?

Answer: No. Cash is cash and must be used to expand and enhance services provided by the Closing the Gap program.

Question: Will a bank statement be needed from a health department to show matching cash?

Answer: County Health Departments may submit a statement prepared by the Financial Officer and signed by the County Health Director

Question: If a Front Porch Community is in one section of a city and services will be provided at a county level or to the whole county which includes other cities or municipalities, is a letter from the Front Porch required?

Answer: If services are to be provided to the Front Porch Community a letter of agreement is required.

Question: Can matching funds come from local AHECs?

General Questions Continued

Answer: Yes, if the AHECs are providing cash to enhance or expand proposed services for the Closing the Gap initiative.

Question: Can funding awarded from another source outside the target county be used as matching funds for a health education program within the county?

Answer: Matching funds can come from outside of a county. However, funding that has been applied for from another funding source and specific requirements and services are attached to those dollars, then no, the funding cannot be used as match. The cash match is cash that must be used to expand services and enhance the Closing the Gap program.

Question: What are the parameters of community funding?

Answer: Funding obtained from a legal source that is un-obligated and specifically designated to expand and enhance services provided through the Closing the Gap initiative.

Question: Is the application only for “new” applicants trying to start a Closing the Gap project or are currently funded projects required to apply for renewal.

Answer: Closing the Gap projects currently receiving funding are not renewable. An organization that would like to be considered for funding must apply. This is a new three year cycle and as stated in the grant application any person, entity, or organization within a single county may apply for a Closing the Gap grant.

Question: If a county health department provides a dual function and serves two counties, how should the population count be defined?

Answer: The population count should be based on the county in which the applicant is located.

Question: Is a match required for an organization providing services to the Front Porch community and three more communities within a county.

Answer: Yes, if the county population is greater than 50,000 thousand a cash match will be required. If the population is 50,000 or less all of the required match can be in-kind.

Question: Does the grant allow for providing incentives in the amount of \$5or \$10 certificates, i.e., movie tickets, Winn Dixie food vouchers, Subway, etc.

Response: No.

Priority Areas by Health Disparity

Adult and Child Immunizations

Question: What is the intent of restricting applicants to provide immunization services at locations not previously funded, and during non traditional hours?

Answer: To expand access to un-served or under-served minorities. The goal is not to replace funding already being allocated for immunization services but offer a supplement.

Question: As the main objective is to reach un-served or under-served populations, would a mobile unit be an acceptable method of service or does it have to be stationary location?

Answer: Yes, a mobile unit is an acceptable location.

Question: Are agencies applying for this topic supposed to use funding to design a standing orders program, then go into partnering providers and begin implementing a standing orders program?

Answer: Applicants within this activity could design a standing orders program; identify existing alternatives currently in use throughout the country or mix and match, depending on partners and what may best serve the objectives. Absent unusual circumstances, it is not anticipated that development of or research on existing standing orders programs would be time consuming or a significant program expenditure. An application submitted within this activity should be clear regarding the applicant's approach for development or selection of its standing orders program. The application should clearly explain how partnering would occur and how the standing orders program would be monitored, evaluated and benefit targeted minorities.

Question: Is the applicant to use funds to assess patient history of vaccinations and identify differences by race, or does the partnering provider do this?

Answer: Applications should include details concerning the assessment process, tools, schedule, responsible parties, review and evaluation. The narrative is expected to identify major tasks and parties responsible for those tasks. Assessment either by the primary party/applicant or by engaged partners is possible. Contracts are with the Department of Health and the department must ensure that contract "deliverables" are met, including any tasks/functions that might be sub-contracted to a third party. Assessment at start-up is expected to provide a baseline for subsequent, periodic assessments once standing orders have been implemented.

Question: Can funds for this topic be used for outreach and to disseminate information about vaccines and where they are available?

Answer: Modest outreach and health education activities would be considered eligible expenses provided these were directly linked to partners engaged in the standing orders project. The intended emphasis for proposals within this activity is not to focus on public health education through pamphlets, media promotions or health fairs. Rather the emphasis is to focus on effective marketing to providers a standing orders program, measuring and analyzing results by race and ethnicity

and improve effective interventions. Providers-not infants, children, adolescents, or adults-are the intended targets of educational and informational elements of proposals submitted within this activity.

Breast & Cervical Cancer

Question: Must the proposal include both screening and referral services and education, or is it sufficient to only provide education?

Answer: The proposal should include provisions for breast and cervical screenings and needed diagnostics, as well as education.

Question: Are proposals restricted to the age groups listed in the application?

Answer: Yes.

Question: Must the breast & cervical cancer proposals include all eleven components stated in the application or is a subset sufficient?

Answer: All eleven components must be addressed.

Question: Please clarify the intent of the statement on page 8, number 2. "Provide and document clinical breast exam". Is the Closing the Gap project to provide these services or a partnering clinic? Per page 21, funds may not be used for "medical care, treatment or therapy".

Answer: Closing the Gap projects that are medical providers can provide the screenings. If not, referrals should be made to providers with agreements to provide the clinical breast exams, Pap tests, mammograms and related diagnostics at the Medicare part B rates.

Question: Are Closing the Gap projects required to budget and pay for screenings, such as, clinical breast exams, pap tests at the approved Medicare part B rates to reimburse health care providers.

Answer: Yes. Funding should also be budgeted for limited diagnostic performed by a medical provider at the Medicare part B rate.

Question: How much of the funds are allowed for this cost?

Answer: The amount of funds allocated to provide clinical breast exams, Pap tests, mammograms and limited diagnostic services must be determined by the applicant.

Question: On page 9, number 6, is education on colorectal cancer intentionally listed with breast and cervical cancer, as a means of collaboration among DOH programs or is it an item that belongs under Comprehensive Cancer?

Answer: Yes. It is placed here so that Medicare part B rate may be used to provide Fecal Blood Occult testing and readings. Agreements must be obtained with low cost clinics to refer women to that are in need of a colonoscopy.

Question: According to the American Cancer Society at age 50 a baseline colonoscopy is recommended to be completed. Is this something that needs to be addressed in the budget?

Answer: A FBOT will be offered and the patient and the patient informed that a baseline should be received at age 50. A referral for a colonoscopy should be provided to clinics that have letters of agreements that will see low income women. Closing the Gap funds can only pay for the FBOT and reading.

Question: Does the Closing the Gap Grant pay for fecal occult blood testing according to the Medicare part B rates?

Answer: Closing the gap can offer and pay for the Fecal Occult Blood Test (FBOT) and readings at Medicare part B rates.

Question: If needed as indicated through screening will the Closing the Gap Grant pay for a colonoscopy or sigmoidoscopy according to the Medicare part B rates?

Answer: No. Letters of agreement with a provider must be in place to refer patients with abnormal FOBT's, and to refer for diagnostics or treatment if found to have colon cancer. Closing the Gap funds may not be used to pay for diagnostics or treatment.

Question: It is up to the applicant to determine how many screenings and diagnostics they can provide using the Medicare part B rates.

Answer: Yes.

Cardiovascular Health

Question: Is it required to respond to all of the components in the RFA for this health disparity?

Answer: No. However, applicants should address as many of the components that can be achieved.

Question: Could you explain the restriction on blood drawing for cholesterol and glucose screening?

Answer: Applicants applying under the cardiovascular program may not perform blood draws or finger sticks for cholesterol or diabetes. Providers may partner with the appropriate healthcare professionals from medical clinics at health fairs to screen for cholesterol for the purpose of raising awareness, referring high risk participants to healthcare providers, and recruiting program participants. This service - cholesterol screenings - should increase health care access. County health departments and health care centers that are funded as cardiovascular providers

must refer participants to the appropriate clinical department for cholesterol screening. Blood draws must be done by the proper professionals, to ensure safeguards are utilized, results are accurate, and participants have the necessary follow-up care.

Blood draws or finger sticks to screen for diabetes are not allowed. Successful applicants should utilize the American Diabetes Association, Diabetes Risk Test, as a means of informing individuals about their risk for diabetes. At-risk individuals should then be referred to a health care provider for further evaluation and follow-up. Health fairs cannot be a primary intervention for funded projects.

Question: Applicants are required to obtain letters of commitment from providers stating they will provide services at reduced or no cost. If the applicant is a county health department are letters of commitment required?

Answer: A letter will be required if the proposal includes services not provided at the county health department, e.g., exercise classes.

Question: If an organization works in collaboration with a clinic and community health program to assist clients that are having trouble utilizing glucose monitoring devices, but the primary purpose is not to measure cholesterol or glucose, would this be acceptable given the restriction on blood drawing for cholesterol and glucose screening?

Answer: Yes. The example stated is an educational issue and would be acceptable. However, it is recommended that the client being assisted is the one doing the finger stick as there are liability issues related to handling blood in the community.

Question: The application states that funded organizations will not be permitted to organize and host health fairs as a primary intervention strategy. Can health fairs be used as a public-wide awareness campaign?

Answer: Yes, health fairs can be used for this purpose but not as a primary intervention strategy.

Question: Is the list of evidence based programs in the appendix for cardiovascular health exhaustive or just a sampling?

Answer: A sampling.

Question: Is there a particular curriculum that CTG providers should use? Or are you more concerned that the specified topic areas are addressed during education sessions?

Answer: The applicant may decide on the curriculum and the topics, but both should be linked to evidence based standards.

Question: Can the church ministry programs be done specifically in a church? What are some things that have been done in the past?

Answer: Yes. The program may be conducted in a church. Organizations have partnered with community churches to present their program. This involves presenting a curriculum that included education on a variety of risk factors, nutritional demonstrations, and exercise classes being held at the church(es).

Diabetes

Question: Is payment for the output measures required by the ADA, for example the measurement of Hemoglobin A1C and the annual dilated eye examination an allowable expense?

Answer: No, funding cannot be used pay for these services

Question: Is a letter of commitment from a professional qualified to administer the annual dilated eye services required?

Answer: No. A letter of commitment is not required for a professional that can administer the annual dilated eye exam. The objective is to refer patients and project participants for eye exams to increase the proportion of adults in the area who receive these services.

Question: It may be difficult to obtain data on client utilization of services outside of a clinic. Is self report acceptable?

Answer: Yes.

Question: Should a proposal specify which minority group will be targeted or can we use the terminology "minority" and focus on any minority group in the area with high diabetes rates?

Answer: The statute states that services are to be provided to racial and ethnic populations. Funded organizations must identify the targeted racial and ethnic group being served.

Question: Are projects required to provide referral and follow-up for unrelated diabetes services in the women and men health brochures.

Answer: The brochure is designed to educate participants on available services and increase participants understanding of each service. Participants that are referred to a primary care provider should take the brochure and make suggestions on services needed. Grantees should provide follow-up to determine if the brochure was discussed with primary care provider.

Question: Without violating HIPPA, how will an applicant implement the requirement of obtaining letters of agreement from emergency rooms, local emergency responders and the health department stating that they are willing to refer individuals receiving diabetes related emergency services to Closing the Gap organizations?

Answer: A written of agreement from the stated entities is required. The applicant must work with these entities to devise a system that will accommodate the requirement and is in compliance with the HIPPA requirements.

Question: Is an evidenced based chronic disease self management program that addresses many chronic conditions, including diabetes, an acceptable curriculum for diabetes self-management education?

Answer: No. However, an evidenced based chronic disease self management program that addresses many chronic conditions including diabetes is acceptable for a wellness course.

Question: Do you prefer that potential providers choose curricula from those in Appendix D?

Answer: Appendix D is provided as a resource. If a curriculum that is not in Appendix D, is used, the applicant must submit documentation of the curricula being evidence based or developed by a recognized authority.

Question: If a local hospital is providing the DSME classes at community locations can CTG funding be used for the class?

Answer: Yes, as long as a referral protocol and a description of how many additional persons will get the DSME are included.

HIV/AIDS

Question: On pg 36 under the intervention CRCS and on page 38 under the intervention VOICES/VOCES the target population is listed as adult. What is your definition of adult?

Answer: For the purposes of this grant an adult is defined as 18 and older. Please note that there are several interventions listed that target other age groups but where the term "adult" is specified only participants that are 18 and older may be included.

Question: Can it be interpreted that men who have sex with men (MSM) are minorities or do we have to target a specific racial and ethnic minority group?

Answer: The objective of the Closing the Gap project is to address racial and ethnic health disparities. If the MSM initiative is selected it should target MSM that are also racial and ethnic minorities.

Question: Could the statement that HIV/AIDS services should be provided where significant disparities continue to exist be clarified?

Answer: At the time that a proposal is being written and submitted the significant disparities should exist in the communities and populations that are being targeted.

Question: On the front of the application it states that due to limited funding, awards may range between \$75,000 and \$150,000. The Bureau of HIV/AIDS may fund HIV projects up to \$175,000. Are these definitive amounts?

Answer: Yes the amounts are those that are stated in the application. If you are submitting a proposal for HIV you can submit up to \$175,000.

Question: Are applicants allowed to propose other interventions other than those interventions listed in the grant application?

Answer: Absolutely.

Question: Is the provision of HIV testing and counseling services allowable costs?

Answer: Yes, including HIV testing in proposals is encouraged. The Bureau of HIV/AIDS will pay for testing supplies and laboratory processing.

Question: Is there any estimate available on how many HIV/AIDS proposals will be funded for this upcoming grant cycle?

Answer: No, there is no way to anticipate how many proposals will meet the criteria for funding.

Question: Are proposals that target MSM under 18 acceptable or are adults the only target for the MSM initiative?

Answer: No, proposals do not only have to target adults. As long as the MSM are racial or ethnic minorities this is acceptable.

Question: It was stated that including HIV testing in proposals is encouraged. Is it acceptable to make HIV testing or reducing barriers to HIV testing the major focus of a proposal and include one of the behavioral interventions?

Answer: It is acceptable to do one or all of the components specified in any combination. No evidence-based interventions are required. Applicants should choose the approach they believe will be most effective.

Question: If HIV testing services are provided by another organization in the area could the cost of that service be considered a matching fund for our organization?

Answer: No.

Question: What is the appropriate age for an applicant targeting VOICES/VOCES?

Answer: VOICES/VOCES was designed for and intended to be used with people 18 years and older. It was never intended to be used for adolescents (hence no parental consent forms with materials). Agencies may choose to adapt VOICES to be used with youth ages 13 and up. When adapting interventions for youth, agencies should be mindful of their level of development and adjust the materials appropriately.

Question: If HIV testing services are provided by another organization in the area could the cost of that service be considered a cash match for our organization?

Answer: This would be considered an in kind contribution. Cash is cash and must be used to expand and enhance services provided by the Closing the Gap program. Secondly care must be taken to ensure that organizations providing HIV testing that is funded through the Department of health are not using those funds for matching purposes.

Question: The application states that only one of the three initiatives under HIV/AIDS may be included in a proposal. If a proposal has been developed for more than one of the initiatives can these proposals be submitted separately?

Answer: No, only one application can be submitted for each program area.

Question: HIV/AIDS initiative number one is targeted for black communities. Is it acceptable to use a self-reported definition of black? For example if there are Latino's and Haitians in the community that consider themselves "black", could this be considered a black community?

Answer: The federal definition to determine an individual's race and ethnicity should be followed.

Maternal and Infant Mortality

Question: Must an applicant address all twelve of the components listed in the application?

Answer: Yes.

Question: How many of the 14 services listed under number 8 must be addressed?

Answer: All of the services do not have to be addressed. The intent is to screen clients to help identify risk factors. Once risk factors have been identified clients can then be placed or referred to or provided education/counseling in as many service areas as appropriate

Question: Is case management acceptable as one of the preconception services?

Answer: Yes, as long as targeted individuals are not already participating in case management or contact, other care coordination, or outreach programs. The goal is to not duplicate services.

Question: Are items such as formula, diapers, etc., an allowable cost particularly for women who have not yet been referred and processed by other local services.

Answer: The funding being provided should focus on providing and expanding preconception services. Other local resources, e.g., WIC should be used to provide those supplementary items.

Question: Is it permissible for applicants to subcontract direct services for a project.

Answer: Yes. However, the budget for these organizations will be very closely examined.

Question: If an organization is currently a funded project, and the project is effective, is it necessary to add, change or alter the services provided?

Answer: Applicants must comply with the requirements stated in the grant application and address items 1-2. Currently funded projects must also comply with page 6 of the grant application.

Oral Health Care

Question: Are dental services only to be provided to children or can services be provided to adults and caregivers as well? If services are not to be provided to adults and caregivers is the focus education?

Answer: Dental providers will provide dental services, such as diagnostic, preventive, restorative, and maintenance care within existing public or private programs. Most of these public/private programs reimburse for children's services with services for adults very limited if any at all. The Grant will also focus on educating children, parents, and caregivers on multiple aspects of oral health care.

Question: Item 4 and 6 states that letters of commitments must be obtained from providers. Medicaid recipients already have providers assigned to them. There are numerous providers assigned to a community for Medicaid. Is it necessary to get a letter of commitment from each client's provider? What should be done in cases where it is unclear who the Medicaid client is assigned to?

Answer: Medicaid eligibles are not assigned to a Medicaid dental provider unless the eligible is enrolled in a Medicaid medical HMO that covers dental services. Information on this will have to be obtained from the Medicaid eligible, a parent, or a caregiver. Letters of commitment from dental providers will be necessary to assure that the grant applicant will have a dental infrastructure in place for the provision of the dental needs.

Question: Could you clarify what type of dental services would be considered allowable costs?

Answer: Basic general dental services such as examinations (including x-rays), cleanings and fluoride treatment, and routine restorations (fillings) would be considered allowable services. It must be noted that the aforementioned services are not an all inclusive list of allowable services.

Question: On item # 6 (pages 18-19), you indicate the applicant must recruit providers but then you state that a letter of commitment from dental providers must be submitted with the application. If one of the grant activities will be to recruit providers, how can we submit commitment letters at the time of the application? Please clarify.

Answer: The grant applicant will need letters of commitment from dental providers to assure that an appropriate and sufficient dental infrastructure will be in place for the provision of the anticipated dental needs.