

WEST VIRGINIA
Department of



Bureau for Behavioral Health and Health Facilities

Announcement of Funding Availability

Prevention works! Treatment is effective! And Recovery happens!



Proposal Guidance and Instructions

AFA Title: Traumatic Brain Injury Services

AFA Number: AFA-02-2014-DD

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
350 Capital Street, Room 350
Charleston, WV 25301-3702

For Technical Assistance please include the AFA # in the subject line and forward all inquiries in writing to:

DHHRBHHFAnnouncement@wv.gov

Key Dates:	
Date of Release:	August 5, 2013
TECHNICAL ASSISTANCE MEETING:	August 21, 2013
Letter of Intent Deadline:	August 30, 2013 Close of Business – 5:00PM
Application Deadline:	September 23, 2013 Close of Business–5:00PM
Funding Announcement(s) To Be Made:	October 1, 2013
Funding Amount Available:	Not to exceed \$700,000.00

The following is a guide and instructions for submitting a proposal to the Bureau for Behavioral Health and Health Facilities (BBHFF). The document includes general contact information, program information, administrative, and fiscal requirements. Responses must be submitted using the required AFA Application Template available at DHHR.WV.GOV/BHFF/AFA. Responses must be submitted electronically via email to DHHRBHHFAnnouncement@wv.gov with the AFA Title and Number in the subject line. All submissions must be received no later than 5:00 PM on the application deadline date. Notification that the proposal was received will follow. Paper copies of proposals will not be accepted. It is the sole responsibility of applicants to insure that all documents are received by deadline dates. Incomplete proposals or proposals submitted after the application deadline will not be reviewed.

LETTER OF INTENT

All organizations planning to submit an application for an Announcement of Funding Availability (AFA) must submit a Letter of Intent (LOI) by **August 30, 2013 close of business (5:00pm)** to the email address: DHHRBHHAffirmation@wv.gov prior to submission of the AFA.

Please list the AFA Title and Number found on Page 1 of this document in the email subject line.

These letters of intent shall serve to document the applicant's interest in providing each type of service (AFA) and will not be considered binding until documented receipt of the application.

RENEWAL OF AWARD

The BBHFF may renew or continue funding beyond the initial fiscal year award for a period not to exceed one additional fiscal year period beyond the end of this stated grant period. As such, at the discretion of the BBHFF funding may be renewed for a period no later than June 30, 2015. Future funding will be contingent on availability of funds and successful implementation of goals and documented outcomes.

LEGAL REQUIREMENTS

All applicants must be able to provide proof of 501(c) 3 status and/or possess a valid West Virginia business license. If the applicant is not already registered as a vendor in the State of West Virginia, this must either be completed by the award notification date or the vendor must demonstrate proof of such application. It is also required that the applicants have a System for Award Management (SAM) registration and have a Dun & Bradstreet or DUNS number. For more information visit: <https://www.sam.gov>

The Grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the designated Grantee applicant to be the sole point of contact with regard to all contractual matters. The Grantee may, with the prior written consent of the State, enter into written sub agreements for performance of work; however, the grantee shall be responsible for payment of all sub awards.

FUNDING AVAILABILITY

The West Virginia Bureau for Behavioral Health and Health Facilities (BBHFF) is requesting proposals for external and independent development of a Traumatic Brain Injury Program services for individuals with traumatic brain injury. Funding in the amount of \$700,000.00 will be awarded to support the traumatic brain injury service needs statewide.

Allocation and Proposal Information:

The total amount of funding available for the Traumatic Brain Injury Program is up to \$700,000.00 annually. For the initial award period (January 1, 2014 through June 30, 2014), all funding will be awarded in proportion to the 6 month grant period. I.e. Grants will be funded a rate of 6 months/12 months (50%) of the total award amount or a maximum of \$350,000.00.

Section One: INTRODUCTION

A Traumatic Brain Injury is defined by West Virginia statute as an acquired injury to the brain, including brain injuries caused by anoxia due to near drowning. Traumatic Brain Injury does not include brain dysfunction caused by congenital or degenerative disorders, cerebral vascular accidents (stroke), brain tumors nor birth trauma.

Traumatic Brain Injuries (TBIs) affect individuals of all ages and they happen without warning. Anyone can be and is affected by traumatic brain injuries. An eleven year old child falls while playing with his friends and hits his head on the concrete and he now has a head injury. It looks harmless enough, after all kids fall all the time. But now it takes your child longer to do things, he has trouble remembering things, he can't always find the words he wants to use, and he gets angry easy and frustrated often. Reading is hard for him now. No one understands and it will take time for people to understand that healing on the outside does not mean your child is healed. Your child has a brain jury and your life and his is forever changed.

While playing, a four-year-old accidentally turns a large piece of furniture over and it lands on her. She is found blue and unresponsive. She has been without oxygen for several minutes, resulting in loss of essential brain function and the child's life (and the family's life) is forever changed.

A world-renowned surgeon is driving to work one day and is involved in a car accident. The other driver walks away with minor scratches and bruises. The surgeon, however, is still unable to function normally a year later. The doctor discovers she has forgotten her child's birthday, missed her nephew's graduation ceremony and has failed to

appear for five scheduled surgeries in the past month. She wonders what is causing these mental lapses. She has failed to recognize that she incurred a traumatic brain injury a year earlier during the motor vehicle accident and her life is forever changed.

Each year these scenarios play out in the lives of thousands of people in around the world. Centers for Disease Control reports that at least 1.7 million TBIs occur either as an isolated injury or along with other injuries in the United States. TBI is a contributing factor in 30.5% of all injury-related deaths annually. About 75% of TBIs that occur each year are concussions or other forms of mild TBI.

- Children ages 0 to 4 years, older adolescents aged 15 to 19 years, and adults aged 65 years and older are most likely to sustain a TBI. TBI results in 631,146 trips to the emergency room annually for children 0 – 19 years of age.

- Adults age 75 years and older have the highest rates of TBI-related hospitalization and death.

- In every age group, TBI rates are higher for males than for females.

- Males ages 0 to 4 years have the highest rates of TBI-related emergency department visits, resulting in 5,994 hospitalizations, and nearly 6,169 deaths. (Injury Prevention & Control: Traumatic Brain Injury) (Injury Prevention & Control: Traumatic Brain Injury)

It is our firm the belief that individuals who have a traumatic brain injury may lead a life that is dignified, productive and enjoyable, when appropriate education, services and supports are in place.

The initial focus of the Traumatic Brain Injury Program was to develop and implement a statewide infrastructure that provided effective clinical and/or support services for individuals with a traumatic brain injury. The TBI Fund Board researched the effective clinical and support services that were already established and accessible in West Virginia and identified gaps in supports and services. As a result of data collection and additional evidence based practice research, the Department of Health and Human Resources recently implemented the Traumatic Brain Injury (TBI) Medicaid Waiver program. The TBI Medicaid Waiver supports West Virginia residents who are both medically and financially eligible to participate in the program. The purpose of this waiver is to prevent unnecessary institutionalization by providing person-centered services and supports that promote choice, independence, participant-directed, respect, dignity and community integration Civil Action No. 81-MISC-585, E.H. et al v Matin et al (2009).

Beyond TBI Medicaid Waiver services, The TBI Program is designed to address the needs of West Virginia residents by offering person-centered resource coordination services (with a focus on linkage, referral and advocacy activities), collecting and

analyzing data about service gaps in the state, providing neuropsychological assessments, facilitating access to the flexible fund to cover small unmet needs, and preparing and presenting training and public awareness about brain injury issues statewide.

Section Two: **SERVICES DESCRIPTION**

The Traumatic Brain Injury Program helps assure all individuals with a traumatic brain injury have access to available services and supports by 1) identifying current clinical and support services and providing direction on how to access those services. 2) Providing access to the “Funds for You” program which is a designated funding source for individuals with TBI who have need of goods and/or services that would not be covered in a conventional manner. The TBI program also documents unmet needs, defined as goods and services that enhance quality of life and are considered best practice, but are not available and/or are not covered or are under-covered by a commercial insurance carrier, Medicare or Medicaid.

The Program also provides person-centered resource coordination services (with a focus on linkage, referral and advocacy activities), collects data on services that were not available in the state, provides linkage and/or assistance with positive behavior supports, neuropsychological services and training on brain injury issues statewide

Definitions:

Traumatic Brain Injury – A Traumatic Brain Injury is defined by insult or injury to the brain caused by an external physical force resulting in total or partial functional disability and/or psychosocial impairment, including brain injuries caused by anoxia due to near drowning. Traumatic Brain Injury does not include brain dysfunction caused by congenital or degenerative disorders, cerebral vascular accidents (stroke), brain tumors nor birth trauma.

All entities applying to provide The Traumatic Brain Injury Program for individuals must provide detail as to how they will comply with all the following standards:

- Capacity to provide a single point of entry for referrals to the Traumatic Brain Injury Program.
- Capacity to accept, review and provide a disposition to all requests for brain injury services.
- Capacity to assess the clinical needs of each individual with a medically confirmed traumatic brain injury
- Capacity to refer to neuropsychological screenings and evaluations.
- Capacity to supply trained staff to provide Traumatic Brain Injury resource coordination statewide.
- Capacity to collaborate with agencies, service providers, the Department of Health and Human Resources, and other state agencies to resolve consumer and agency issues at the lowest level possible, using communication protocols developed in conjunction with those entities.
- Capacity to utilize mediation and facilitation to enhance the organization's ability to meet the goals BBHFF and community partner needs
- Capacity to identify and monitor documented traumatic brain injury individuals who are at risk for hospitalization in a state psychiatric/diversion hospital or other institutional setting.
- Capacity to provide specialized information relevant to traumatic brain injury, including but not limited to:
 - Capacity to identify and document TBI-related training needs for individuals with Traumatic Brain Injury, their family members, and statewide services providers and develop trainings in response to assessed need
 - Capacity to develop and disseminate educational materials to be used by individuals with Traumatic Brain Injury and family members to share with legislators and policy makers;
 - Capacity to identify effective clinical and support services by county/region/state that are not available and/or not covered or are under-covered for individuals with a medically confirmed traumatic brain injury.
- Capacity to collect, track and trend data

Section Three: **PROPOSAL INSTRUCTIONS**

Eligible applicants must provide proof of 501(c) 3 status **and/** or valid business license and possess a valid West Virginia business license.

All proposals must include a one-page proposal abstract. The abstract should include the project name, description of the population to be served, planned

strategies/interventions, and a general overview of project goals and measurable objectives, including the number of people projected to be served annually. Project abstracts may be used for governmental reports and public release. As such, all applicants are encouraged to provide a well-developed abstract document not exceeding 35 lines in length.

All applications will be reviewed by the BBHMF staff for administrative compliance with all required guidelines. All applications passing the administrative review will be subsequently forwarded to an independent grant review team which will score the proposal narrative consisting of five areas:

Proposal Narrative and Supporting Documentation – The Proposal Narrative describes your project. It consists of Sections A through E. Sections A - E together may not be longer than 20 pages; applicants must utilize 12pt. Arial or Times New Roman font and single line spacing. Supporting Documentation provides additional information necessary for the review of your application. It consists of Sections F and G. These documents and/or attachments will not be counted towards the Project Narrative page limit; Section F and G together may not be longer than 20 additional pages.

- A. Population of Focus and Statement of Need (20 points)
- B. Proposed Evidence-Based Service/Practice (25 points)
- C. Proposed Implementation Approach (35 points)
- D. Staff and Organizational Experience (10 points)
- E. Data Collection and Performance Measurement (10 points)
- F. Budget Form and Budget Narrative
- G. Attachments
 - Letters of Support
 - Budget Forms
 - Budget Narrative

Section Four: **PROPOSAL OUTLINE**

All proposal submissions must include the following components without exception.

Abstract:

Provide a brief description of the project proposed as earlier set forth in this announcement and as provided for on the proposal template

Project Narrative and Supporting Documentation:

A. Population of Focus and Statement of Need:

- Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, language, gender, age, socioeconomic characteristics, and other relevant factors, such as literacy.
- Demonstrate an understanding of this population consistent with the purpose of the project and the intent of the AFA
- Describe the nature of the problem, including service gaps, and document the extent of the need (e.g., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources.
- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve traumatic brain injury and or services for the designated population that is consistent with the purpose of the program and intent of the AFA)
- Document the need for the proposed project in West Virginia.
- Indicate which region and county(ies) that will be served by the proposed project and if there are regions or counties with remarkable deficits then identify and propose program solutions

B. Proposed Evidence-Based Service/Practice:

- Describe the purpose of the proposed project
- Clearly state project goals, objectives and strategies. These must relate to the

intent of the AFA and performance measures identified in Section E: Data Collection and Performance Measurement

- Describe evidence-based practice(s) (EBP) that will be used to justify use for your population(s) of focus, your proposed program, and the intent of this AFA
- If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate, existing EBP
- Describe how the proposed practice(s) will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice: in demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status), language and literacy, sexual identity (sexual orientation and gender identity) and disability
- Describe what criteria your organization will develop for opening and closing cases for resource coordination to assure needs are comprehensively assessed and addressed.
- Describe what your organization's person centered practice will look like for the individual with traumatic brain injury.
- Describe how you will identify, monitor and provide services to all traumatic brain injury individuals who are residing in a vocational rehabilitative hospital, state psychiatric/diversion hospital or I/DD Crisis Response site.
- Discuss how you will reach, serve or access individuals in remote areas of the state.
- Describe how the organization will address cultural competence in proposal implementation. All BBHMF sub-grantees are required to receive cultural competence training and to ensure that no one will be discriminated against due to race, ethnicity, religion, gender, age, geography or socioeconomic status.
- Briefly describe how privacy and confidentiality will be ensured, including an explanation of what data will be collected and how it will be used

C. Proposed Implementation Approach:

- Describe how achievement of the goals will produce meaningful and relevant

results for the focus population for the brain injured individuals

- Describe the proposed program activities, including how unmet needs will be documented and reported at both the individual and system levels and how requests for advocacy will be prioritized.
- Describe how program will meet the needs of the individuals and promote systems change.
- Describe how you will screen and assess clients for the presence of brain injury, those who would now be deemed co-existing with an intellectual disability and/or mental disorders as a direct result of such injury, and how will you use the information obtained from the screening and assessment to recommend and advocate for appropriate treatment approaches for the persons identified as having such disorders.
- Describe how you will ensure the input of clients in assessing, planning, and implementing your project. Describe the feedback loop between the clients, your organization, project partners/key stakeholders, and the BBHFF in all implementation stages of the project.
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of support from community organizations supporting the project in **Attachment 1**
- Clearly state the unduplicated numbers of individuals you expect to serve (annually) with grant funds.
- Describe additional training to be sought and utilized in the development of the project, identifying key training components (by title) and their relevance
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them
- Describe how program continuity will be maintained when there is a change in the operational environment (e.g. staff turnover, change in project leadership) to ensure stability over time

D. Staff and Organization Experience:

- Discuss the capability and experience of the applicant organization.
Demonstrate that the applicant organization has linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) of the population(s) of focus
- Provide a complete list of staff positions for the project, including the Program Director and other key personnel, showing the role of each and their level of effort and qualifications
- Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with the culture(s)

E. Data Collection and Performance Measurement:

- Document your ability to collect and report on the required performance measures as specified in Section Five: Expected Outcomes / Products of this AFA. Describe your plan for data collection, management, analysis, and reporting. Specify and justify any additional measures or instruments you plan to use for your project
- Describe the data-driven quality improvement process by which population and sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced
- Describe how data will be used to manage the project and assure that the goals and objectives at a systems level will be tracked and achieved.
- Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies, and stakeholders

F. Budget Form and Budget Narrative: *All requirements set forth in Section F must be included in **Attachment 3 and will not count toward the Project Narrative page limit***

- Include a proposed Target Funding Budget (TFB) with details by line item including sources of other funds where indicated on the TFB form
 - Include expenses for attending Quarterly BBHFF Provider Meetings

- Include a Budget Narrative document with specific details on how funds are to be expended
 - The budget narrative clarifies and supports the budget (TFB). The narrative should clearly/specify the intent of and justify each line item in the budget (TFB)
- Describe any potential for other funds or in kind support. Please include a description of such funds as a supplement to the Budget Narrative document.
- Prepare and submit a separate TFB for any capital or start-up expenses and accompany this separate TFB with a coordinating Budget Narrative document
- Additional financial information and requirements are located in **Appendix A**

**All forms referenced in Section F: Budget Form and Budget Narrative can be accessed through the BBHMF web-site at:
<http://www.wvdhhr.org/bhhf/resources.asp>**

G. Attachments 1 through 3: *Will not count toward the Project Narrative page limit*

- **Attachment 1:** Letters of Support
- **Attachment 2:** Facility/site diagrams (if applicable/available)
- **Attachment 3:** Budget Form(s) and Budget Narrative(s)

Section Five: **EXPECTED OUTCOMES / PRODUCTS**

It is our firm the belief that individuals who have a traumatic brain injury may lead a life that is dignified, productive and enjoyable, when appropriate education, services and supports are in place.

The core values of traumatic brain injury services drive program outcomes:

- Educate consumers and families about consumer rights and self-advocacy to better enable them to make informed decisions about their care and rights as a traumatic brain injury survivor;
- Identify and monitor documented traumatic brain injury individuals who are at risk for hospitalization in a state psychiatric/diversion hospital or other institutional setting;
- Resolution of consumer and agency issues at the lowest level possible level;
- Assurance that a person centered process is being implemented by service providers and that service planning team meetings are based on helping the consumer access appropriate community-based services and supports.
- Documentation of strengths, challenges and plan of action to meet the consumer needs
- Specific trainings are relevant to collected data from family members, vendors and community partners.

All grantees must discuss their ability to report the data collected through web-based reporting by the 10th of each month,

Documentation of all activities related to program service areas indicated by:

- A. Number of Persons Served by Type of Activity.
- B. Number of Persons Served by Age, Gender, Race and Ethnicity at admission and discharge in accordance with applicable regulations.
- C. Number of Cross Planning Initiatives and programs implemented with other sectors.
- D. Number/type of trainings/ events attended and provided. |

Section Six: **TECHNICAL ASSISTANCE**

The **Bureau for Behavioral Health and Health Facilities (BBHFF)** will provide technical assistance to all applicants through a scheduled technical assistance meeting and/or conference call as indicated on Page 1 of this document.

Technical assistance needs may also be submitted via email to: DHHRBHHFAnnouncement@wv.gov. All emailed technical assistance inquiries will be addressed by the BBHFF and posted to a Frequently Asked Questions (FAQ) document on the BBHFF website available at DHHR.WV.GOV/BHFF/AFA.

Appendix A
Other Financial Information

Allowable costs:

Please note that Departmental Policies are predicated on requirements and authoritative guidance related to Federal grants management and administrative rules and regulations, Grantees shall be required to adhere to those same requirements when administering other DHHR grants or assistance programs, the source of which is non-Federal funds (e.g. state-appropriated general revenue and appropriated or non-appropriated special revenue funds) unless specifically provided direction to the contrary.

Cost Principles:

For each kind of grantee organization, there is a set of Federal cost principles for determining allowable costs. Allowable costs are determined in accordance with the cost principles applicable to the organization incurring the costs. The following chart lists the kinds of organizations and the applicable cost principles. The Grantee agrees to comply with the applicable cost principles as set forth below.

If the Grantee is a:	OMB Circulars Codified at:
State, local or Indian tribal government uses the cost principles in OMB Circular	DHS codified at 45 C.F.R. § 92 and 45

<p>A-87.</p>	<p>C.F.R. § 95</p> <p>USDA codified at 7 C.F.R. § 3016;</p> <p>EDUC codified at 34 C.F.R. § 80;</p> <p>EPA codified at 40 C.F.R. § 31.</p>
<p>Private nonprofit organization other than an (1) institution of higher education, (2) hospital, or (3) organization named in OMB Circular A-122 as not subject to that circular use the cost principles in OMB Circular A-122.</p>	<p>DHS codified at 45 C.F.R. § 74;</p> <p>USDA codified at 7 C.F.R. § 3019;</p> <p>EDUC codified at 34 C.F.R. § 74;</p> <p>EPA codified at 40 C.F.R. § 30.</p>
<p>Educational Institution uses the cost principles in OMB Circular A-21.</p>	<p>DHS codified at 45 C.F.R. § 74;</p> <p>USDA codified at 7 C.F.R. § 3019;</p> <p>EDUC codified at 34 C.F.R. § 74;</p> <p>EPA codified at 40 C.F.R. § 30.</p>
<p>Hospital use the cost principles in Appendix E of 45 C.F.R. § 74.</p>	<p>DHS codified at 45 C.F.R. § 74;</p> <p>USDA codified at 7 C.F.R. § 3019;</p> <p>EDUC codified at 34 C.F.R. § 74;</p> <p>EPA codified at 40 C.F.R. § 30.</p>
<p>For-profit organization other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular use the cost principles in 48 C.F.R. pt. 31 Contract Cost Principles and Procedures.</p>	<p>DHS codified at 45 C.F.R. § 74;</p> <p>USDA codified at 7 C.F.R. § 3019;</p> <p>EDUC codified at 34 C.F.R. § 74;</p> <p>EPA codified at 40 C.F.R. § 30.</p>

Grantee Uniform Administrative Regulations:

For each kind of grantee organization, there is a set of Federal uniform administrative regulations. The following chart lists the kinds of organizations and the applicable uniform administrative regulations for each listed type of grantee.

If the Grantee is a:	OMB Circulars Codified at:
State, local or Indian tribal government uses the uniform administrative requirements in OMB Circular A-102.	Department of Health and Human Services (DHS) codified at 45 C.F.R. § 92 and 45 C.F.R. § 95 ; Department of Agriculture (USDA) codified at 7 C.F.R. § 3016 ; Department of Education (EDUC) codified at 34 C.F.R. § 80 ; Environmental Protection Agency (EPA) codified at 40 C.F.R. § 31.
Private nonprofit organization, institutions of higher education or a hospital use the uniform administrative requirements in OMB Circular A-110.	DHS codified at 45 C.F.R. § 74 ; USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30.
For-profit organization uses the uniform administrative requirements in OMB Circular A-110.	DHS codified at 45 C.F.R. § 74 USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30.

References

Injury Prevention & Control: Traumatic Brain Injury. (n.d.). Retrieved June 30, 2013, from Centers for Disease Control and Prevention:
<http://www.cdc.gov/traumaticbraininjury/statistics.html#2>