

## **REQUEST FOR PROPOSALS**

### **Indiana Graduate Medical Education Residency Expansion Grant (7<sup>th</sup> RFP)**



## **1 OVERVIEW OF FUNDING OPPORTUNITY**

### **1.1 PROGRAM TITLE**

Graduate Medical Education Residency Expansion

### **1.2 SYNOPSIS OF PROGRAM**

In 2015, the Indiana General Assembly passed House Enrolled Act 1323, Pub. L. 190- 2015, adding Ind. Code Chpt. 21-13-6.5 and Ind. Code Chpt. 21-44-7 to the Indiana Code, establishing the Medical Residency Education Fund and the Graduate Medical Education Board and Fund. The Medical Residency Education Fund is available to support the creation and maintenance of new residency positions at existing and new Graduate Medical Education programs. A ten-member Graduate Medical Education Board was created to develop a plan to utilize this funding for the most effective expansion of Graduate Medical Education in Indiana.

### **1.3 POINT OF CONTACT**

Indiana Commission for Higher Education  
101 West Ohio Street, Suite 300  
Indianapolis, IN 46204  
[GMEB@che.in.gov](mailto:GMEB@che.in.gov)  
[finance@che.in.gov](mailto:finance@che.in.gov)

## **2 AWARD SUMMARY**

### **2.1 AVAILABLE FUNDING**

The Indiana General Assembly appropriated \$14 million across the 25-27 biennium to the Graduate Medical Education Board to fund medical residency training positions which are over the CMS federal cap and not eligible for CMS funding.

## **2.2 AWARD AMOUNTS AND NUMBER OF SUBMISSIONS**

### **2.2.1 Award per Newly Created Residency Position.**

The award amount is \$45,000 per training year for each new residency position.

For example, if an applicant applies for funding to support one new residency position in a Family Medicine residency program, the applicant may apply for \$45,000 of funding for each year of the training program, or \$135,000.

### **2.2.2 Maximum Number of Awards.**

The maximum number of residency position awards is contingent upon the amount of appropriation available.

### **2.2.3 Maximum Number Submissions.**

An eligible applicant may request awards for multiple qualified residency positions in one or more eligible programs.

### **2.2.4 Prioritization of Award Selection.**

It is mandatory that residency programs use the funding to increase the number of residents in programs that prepare physicians for entry into the following specialties:

- Family Medicine
- Outpatient Community-Based Pediatrics
- OB/GYN
- Psychiatry
- Emergency Medicine
- General Surgery
- Outpatient Community-Based Internal Medicine

Priority will be given to:

- Residency programs that expose residents to rural and/or underserved regions of the state.
- Residency programs that are collaborative in nature, such as programs that are developed through a consortium approach, or engage multiple health systems/hospitals, Federally Qualified Health Centers (FQHC), Critical Access Hospitals, Behavioral Health Provider, etc.
- Residency programs that produce graduates who practice in rural and/or underserved areas of Indiana.

The Indiana Graduate Medical Education Board will use the following rubric to evaluate applications:

<b>Applicant's Name:</b>	Sponsoring Institution: _____ Total Request: \$_____,____		<b>No of Positions Requested:</b>	____ Funded Positions ____ positions x ____ years (202____-202____)
<b>[INSERT SPECIALTY]</b>				
<b>Residency Expansion Grant (\$45K/Resident)</b>				
<b>Evaluation Criteria</b>		<b>Possible Points</b>	<b>Applicant Score</b>	<b>Notes</b>
<b>Residency Program development in underserved areas of Indiana (County Rankings based on healthcare outcomes). Robert Wood Johnson Foundation Data.</b>		20	0	
Rank 1-23	5 points		0	
Rank 24-46	10 points		0	
Rank 47-69	15 points		0	
Rank 70-92	20 points		0	
<b>Residency Program development in rural areas of Indiana ( based on Population: PCP ratio) - Robert Wood Johnson Foundation Data.</b>		20	0	
<1,500: 1	5 points			
1,500-2,000: 1	10 points			
2,000-3,500: 1	15 points			
>3,500: 1	20 points			
<b>Residency program development involving a collaborative approach such as a consortium, FQHC, Hospital Systems, Critical Access Hospital, other)</b> 1: 5 Points 2: 10 Points 3+: 15 Points		15	0	
Critical Access			0	
FQHC			0	
Behavioral Health Provider			0	
Other (Name and Description of Collaborator): _____			0	
<b>Priority Score for 5 year and new programs:</b>		25	0	
1st Year	25 points		0	
2nd Year	20 points		0	
3rd Year	15 points		0	
4th Year	10 points		0	
5th Year	5 points		0	
<b>Strength/Completeness of Application</b>		20	0	
<b>Faculty Development Plan</b>	<b>Strength/Completeness of Component:</b> 0. Missing 1. Disagree 2. Neutral 3. Agree 4. Strongly Agree		0	
<b>Letter from Medical Staff Leadership</b>	<b>Strength/Completeness of Component:</b> 0. Missing 1. Disagree 2. Neutral 3. Agree 4. Strongly Agree		0	
<b>Letter from Administrative Leadership</b>	<b>Strength/Completeness of Component:</b> 0. Missing 1. Disagree 2. Neutral 3. Agree 4. Strongly Agree		0	
<b>Community Support:</b>	<b>Strength/Completeness of Component:</b> 0. Missing 1. Disagree 2. Neutral 3. Agree 4. Strongly Agree		0	
<b>Budget</b>	<b>Strength/Completeness of Component:</b> 0. Missing 1. Disagree 2. Neutral 3. Agree 4. Strongly Agree		0	
<b>Total Points</b>		<b>100</b>	<b>0</b>	

### **2.3 COST SHARING OR MATCHING REQUIREMENTS**

Applicants must agree to provide matching funds or in-kind resources to support newly created residency positions equal to at least 25% of the funding provided through the grant.

### **2.4 GRANT DURATION**

The grant duration will align with the start and end dates of the residency position which has been awarded funding.

### **2.5 NOTIFICATION OF AWARD SELECTION**

Applicants selected to receive Residency Expansion Grants will be notified by no later than 10 state business days following the Board meeting during which the proposal was reviewed.

## **3 ELIGIBILITY INFORMATION**

An eligible applicant is:

- (a) a Graduate Medical Education program which intends to increase and fill residency positions during the grant period approved by the Accreditation Council for Graduate Medical Education or American Osteopathic Association; or
- (b) a sponsoring institution that has a Graduate Medical Education program which intends to increase and fill residency positions during the grant period approved by the Accreditation Council for Graduate Medical Education or American Osteopathic Association.

## **4 APPLICATION SUBMISSION GUIDELINES**

Each applicant shall submit their completed application, including the required attachments, to Lucas Norrington at [GMEB@che.in.gov](mailto:GMEB@che.in.gov).

### **4.1 SUBMISSION DEADLINE**

Each applicant must submit a completed application, including any required attachments, no later than 30 days prior to the Graduate Medical Education Board's (GMEB) [Quarter 3](#) meeting.

## 5 APPLICATION FORMAT

Applications shall not exceed 50 pages in length. Every application must include the three components listed in items (1) through (3) below:

(1) **Certification of the Application Information**, as described in Section 5.1. Provide one certification form per applicant regardless of the number of eligible Graduate Medical Education programs for which funding is being requested.

(2) **General Applicant Information**, as described in Section 5.2. Provide one applicant information form per applicant regardless of the number of eligible Graduate Medical Education programs for which funding is being requested.

(3) **GME Program Information**, as described in Section 5.3 through Section 5.6. A separate Graduate Medical Education Program Information Form must be provided for each eligible Graduate Medical Education program for which funding is being requested.

### 5.1 CERTIFICATION OF THE APPLICATION INFORMATION

The application must be certified and submitted by an individual who is legally authorized to submit the application on behalf of the applicant.

### 5.2 GENERAL APPLICANT INFORMATION

Provide the following information on the Sponsoring Institution and a summary of program awards requested.

- Name of Sponsoring Institution
- Sponsoring Institution Contact Information
- List of all Graduate Medical Education programs and positions for which funding is being requested
- Letter of approval from present CEO or DIO

### 5.3 GME PROGRAM-SPECIFIC INFORMATION

For each eligible Graduate Medical Education program for which funding is being requested, provide information on the program, including:

- Name of Eligible Program
- Program Specialty and Duration
- Existing Accreditation Date, Accreditation Application Date and Expected Start Date, as applicable
- Program Location (City, Zip Code, and County)
- Program Director Contact Information
- Information required under Section 5.4 through Section 5.6 of this RFP

- Existing residency program outcomes such as location of graduates' practices in underserved and/or rural areas in Indiana and graduates' practicing specialties of need (as identified in 2.2.4 of this proposal) in Indiana in the last five years.

## **5.4 RESIDENCY POSITION DATA**

### **5.4.1 Number of Positions**

For each eligible Graduate Medical Education program for which funding is being requested, this section of the application must include by postgraduate year (PGY):

- The number of positions approved by the accrediting body;
- The number of filled positions as of July 1, in the previous academic year;
- The number of newly accredited positions for which applicant is requesting funding for the upcoming academic year; and
- The number of newly accredited positions which are above the CMS cap at existing programs.

### **5.4.2 Data Qualifications**

When submitting information under Section 5.4.1 above, if the accrediting body does not approve positions by PGY level, enter the total number of approved positions for the program.

## **5.5 BUDGET**

The budget must include amounts of allowable grant fund expenditures during the grant period.

The budget must indicate how applicants intend to provide matching funds or in-kind resources equal to at least 25% of the funding provided.

## **5.6 FINANCIAL VIABILITY**

### **5.6.1 Existing Programs**

Provide a financial statement (i.e., executive summary of expenses and revenues) for the Graduate Medical Education program for the previous fiscal year. The statement should include a summary overview of amounts and sources of income and amounts and categories of expense related to operation of the program.

### **5.6.2 New Programs**

Provide a projected financial statement for the first year the Graduate Medical Education program is in operation. The statement should include amounts and sources of estimated income and amounts and categories of estimated expense



related to the operation of the program.

**Note:** The Graduate Medical Education Board members/staff will be the only representatives to view financial data provided via the Financial Viability requirements stated in 5.6 of this RFP. An aggregated de-identified summary of financial data may be presented to the Indiana General Assembly and public.

## **5.7 DOCUMENTATION OF ELIGIBLE RESIDENCY PROGRAM(S)**

Provide information specified in Section 5.7.1 through Section 5.7.3 below as a separate attachment to the application.

### **5.7.1 Existing Programs**

Applications relating to existing Graduate Medical Education programs must include the following documentation for each program:

- (a) *Documentation of Current Program Accreditation.* Provide each program's and Institution's most recent accreditation letter from the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, as applicable, listing current accreditation status, any citations or areas of concern, or quality improvement.
- (b) *Documentation of Approved and Filled Positions.* Provide evidence of the residency program's approved and filled positions by PGY as of July 1, for the previous year.

### **5.7.2 Expanded Existing Programs**

Provide documentation of request for and approval of additional residency positions.

- (a) Provide evidence of applicant's request to and approval from the program's accrediting body for the increase in number of program positions. If the request and approval are for a temporary increase, provide a plan, including timetable, for obtaining accreditor approval for a permanent increase in number of program positions.

### **5.7.3 New Programs**

Applications relating to new and planned Graduate Medical Education programs must provide a plan, including a timetable, for achieving accreditation from applicant's accrediting body. Applicant must also provide documentation relating to an application in process for program accreditation.

## **6 USE OF AWARD FUNDS**

### **6.1 ALLOWABLE COSTS**

Funds awarded must be expended to support direct resident costs in the following allowable budget categories:

- Resident Compensation: Salaries/stipends and benefits for residents participating in the awarded program.
- Professional Liability Insurance: For residents participating in the awarded program.
- Other Direct Resident Costs, as justified in the application.

### **6.2 BUDGET CHANGES**

The transfer of funding between budget line items is permissible so long as the amount transferred does not exceed 10% of the amount in the originating line item from which the funding is being transferred. Transfer requests which exceed 10% must be reviewed and approved by the Graduate Medical Education Board. Transfer of funding to a new line item not included in the approved budget is prohibited. Overall expenditures shall not exceed the total grant award.

## **7 SELECTION FOR FUNDING**

### **7.1 APPLICATION SCREENING**

The Indiana Graduate Medical Education Board will review applications to determine if they adhere to the grant program requirements and the funding priorities contained in the RFP.

### **7.2 SELECTION OF APPLICANTS FOR AWARDS**

#### **7.2.1 Evaluation.**

The Indiana Graduate Medical Education Board shall evaluate applications, which must demonstrate the applicant will use funding to increase the number of accredited residency positions.

#### **7.2.2 Priority for Funding.**

Priority will be applied to Graduate Medical Education programs as described in Section 2.2.4 of this RFP.

#### **7.2.3 Matching Requirement.**

Applicants must indicate how they intend to provide matching funds or in-kind resources equal to at least 25% of the funding provided.<sup>2</sup>

## **8 DISTRIBUTION OF AWARD FUNDS**

### **8.1 VERIFICATION OF FILLED POSITIONS**

#### **8.1.1 Verification of Filled Positions**

To qualify for distribution of awarded funds, the awarded applicant must submit verification to the Indiana Graduate Medical Education Board that the new residency positions have been filled, including National Provider Identifier (NPI) numbers.

#### **8.1.2 Awarded Positions Not Filled**

If an applicant selected for an award fails to verify to the Indiana Graduate Medical Education Board that the awarded residency positions have been filled, the applicant shall forfeit the award for any unverified positions.

### **8.2 FUNDS DISTRIBUTION**

#### **8.2.1 Payments**

Payments will be made by Indiana Commission for Higher Education in coordination with the Indiana Graduate Medical Education Board.

#### **8.2.2 Invoicing and Disbursement**

The total award will be disbursed upon receipt of invoice with verification the awarded residency positions have been filled for the upcoming academic year.

#### **8.2.3 Retraction or Reduction of Payments**

The Indiana Commission for Higher Education is not bound by any award estimates in the RFP. After making a finding that an awarded applicant has failed to perform or failed to conform to the terms of the Grant Award Agreement, the Indiana Commission for Higher Education may retract or reduce the grant amount for the awarded applicant.

#### **8.2.4 Unexpended Balance**

Any unexpended balance of the award at the end of the grant period will be returned to the Indiana Commission for Higher Education.

#### **8.2.5 Return Prorated Funds**

If an applicant is awarded funding for a residency position, but the resident leaves, is terminated, or otherwise fails to remain qualified prior to completion of the program, the applicant is required to return the prorated amount funded for the remainder of the residency program.

### **9 REPORTING REQUIREMENTS**

#### **9.1 ANNUAL PROGRAM REPORT**

The Annual Expansion Grant Report will detail the preceding fiscal year (July 1 – June 30). The report shall be submitted to the Graduate Medical Education Board at least 30 days prior to the Graduate Medical Education Board's [Quarter 4](#) meeting, and provide data, information, progress, and any other information required by the Graduate Medical Education Board.

#### **9.2 DELINQUENT REPORTS**

Graduate Medical Education programs with any required reports deemed to be delinquent may be ineligible to participate in future funding cycles.