

## OVERVIEW AND NEED

Children and youth with special health care needs (CYSHCN) are a diverse group of children ranging from children with chronic medical conditions such as epilepsy to children with autism. It includes children with more complex health issues such as congenital heart disease and spina bifida.

Overall CYSHCN are defined as children birth to 21 years of age who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that required by children generally.

CYSHCN may have difficulties with access to care and quality medical care especially if they reside in a rural area. Community based services are often difficult to find and transition to adulthood and adult systems of care are not optimal. With an emphasis on prevention and cost containment there is a potential for short and long-term savings within a system that both ensures access and coordination of services.

**The Kentucky Office for Children with Special Health Care Needs is looking for innovative ideas to address these issues and help to develop comprehensive systems of care and support among health care and other child services.**

## REVIEW COMMITTEE

- Executive Director
- Medical Director
- Director of Clinical and Augmentative Services
- Director of Administrative and Financial Services
- Assistant Director of Support Services
- Social Worker

## REVIEW PROCESS

All funding recipients must submit monthly reports and invoices and an end-of-project report including measureable outcomes. The reports should include a synopsis of the progress made toward achieving project goals and the final report should include a summary of outcomes achieved, expense report, plus any tangible work product (such as pamphlets, etc.).

Funded recipients must acknowledge the KY Office for Children with Special Health Care Needs in all related publications, work products, and presentations.

## CONTACT US

Kentucky Cabinet for Health and Family Services  
Office for Children with Special Health Care Needs  
310 Whittington Parkway, Suite 200, Louisville, KY 40222  
Phone: (502) 429-4430 or (800) 232-1160  
FAX: (502) 429-4489  
<http://chfs.ky.gov/agencies/ccshcn>



Find us on Facebook at KY Office for Children with Special Health Care Needs (OCSHCN)



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**Office for Children with  
Special Health Care Needs**

# SNAP!

## Funding for Special Needs Access Projects (SNAP)

The Kentucky Office for Children with Special Health Care Needs (OCSHCN) has a mission to enhance the quality of life for Kentucky's children with special health care needs through quality service, leadership, advocacy, education, and collaboration.

# SNAP! GUIDELINES

Project submissions should demonstrate an innovative process for the delivery of health care or related services and should result in health and health services improvements for children and youth with special health care needs (CYSHCN) that reside in Kentucky. Areas of interest are listed below:

- Increased access to care
- Improved health outcomes
- Innovative service delivery
- Decreased health disparities
- Improved quality of care
- Improved transitions to adulthood
- Increased community-based services and supports
- Development of a rural healthcare network

Projects should be novel, such as creation of new collaborations or gap filling services in existing programs. Programs involving expansion of existing projects will not be accepted. Projects with clearly defined measurable outcomes and plans for sustainability will be ranked highly. Collaboration projects should bring together key parts of a rural or metro health care delivery system, particularly those entities that may not have collaborated in the past under a formal relationship, to work together to establish and improve local capacity and coordination of care. Projects should prospectively collect data on outcomes and quality measures. Funded projects will be required to submit quarterly progress reports and an end of project report. Suggested quality measures include: Quality of care, family centered care, provider collaboration, successful transitions. Data reporting suggestions include but are not limited to: diagnosis, ED uses, hospitalizations, preventive care visits, chronic disease management visits, specialist visits, improvement to access to care.

## FUNDING AMOUNTS

Up to \$15,000 reimbursed

## WHO CAN APPLY

Local governments, school or special districts, nonprofit organizations, and universities may apply. Entities that will gain a profit from their proposed project will not be considered.

## LETTER OF INTENT

Letters should be no longer than two (2) pages in length, page one (1) being the cover sheet and page two (2) the narrative. Use 1 inch margins and 12 point font.

Cover Sheet—No longer than one (1) page and must include the following:

1. The title of the project.
2. The name of the Principal Investigator (PI).
3. Correspondence name (if different from PI), address, phone number, fax number, and email address.
4. List of any other investigators.
5. Your organization's mission, a brief history of your organization, and its range of services.
6. Amount requested.

Narrative - No longer than one (1) page and should include the following:

1. Objective of project, brief background, and existing similar projects if any.
2. Why should project be done? Benefits to CYSHCN? Number of CYSHCN the project will reach.
3. Indicate how your project incorporates one or more of these principles:
  - Focus on gap filling services — services that do not exist in a given area
  - Contribute to a seamless continuum of care through appropriate transitions to adult systems of care and/or hospital to outpatient care
  - Build community capacity
  - Emphasize collaborations between community partners
4. Expertise of investigators; any related projects completed by investigators.
5. Basic project design, methodology, data collection, measurable outcomes.
6. Brief budget summary.
7. Potential barriers to project, feasibility, pitfalls, and your organization's capacity to complete the project.
8. Expected outcome.
9. Sustainability.

Send your letter to:

Patricia Purcell, M.D., M.B.A.  
Office for Children with Special Health Care Needs 310  
Whittington Parkway, Suite 200  
Louisville, KY 40222

## FULL PROPOSAL

Full proposals will only be accepted from those who have been invited by the review committee to submit a proposal based on their letter of intent.

Cover Sheet - No longer than one (1) page and must include the following:

1. The title of the project.
2. The name of the Principal Investigator (PI).
3. Correspondence name (if different from PI), address, phone number, fax number, and email address.
4. List of any other investigators.
5. Your organization's mission, history, and range of services.
6. Total amount requested.

Narrative – No longer than four (4) pages. Use 1 inch margins and 12 point font. Include the following:

1. Background and significance. Indicate the baseline for your population.
2. Specific aims/objectives. Indicate how project incorporates one or more of these principles:
  - Focus on gap filling services — services that do not exist in a given area
  - Contribute to a seamless continuum of care through appropriate transitions to adult systems of care and/or hospital to outpatient care
  - Build community capacity
  - Emphasize collaborations with community partners
3. Previous related projects by investigators.
4. Project design and methods: What will change for the target population? By what date? How will you measure the change; timeline; population details (number, counties served); methods, data collection, measurable outcomes; and evaluation plan.
5. Potential barriers to project, feasibility, pitfalls, and your organization's capacity to complete the project.
6. Community partners.
7. Expected outcome.
8. Future directions/sustainability.

References – No longer than one (1) page in length. Include any pertinent citations.

Budget – No longer than two (2) pages. Funds may only be used as described in the line-item budget. Include total cost of the budget, amount sought from OCSHCN, as well as other planned sources of support and the status of these requests.