U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Maternal and Child Health Bureau
Division of Services for Children with Special Health Needs

Innovations in Access to Care for Children and Youth with Epilepsy

Funding Opportunity Number: HRSA-19-059
Funding Opportunity Type(s): Competing Continuation, New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: April 22, 2019

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: January 22, 2019

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Authority: Social Security Act, Title V, § 501(a)(2) (42 U.S.C. 701(a)(2)).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019, *Innovations in Access to Care for Children and Youth with Epilepsy*. The purpose of this program is to support those working to improve access to coordinated, comprehensive, quality care for children and youth with epilepsy (CYE) in medically underserved and/or rural areas. This project will support recipients of funding provided under the *Transforming Health Care for CYE* program (HRSA-19-060) and provide national leadership and resources on practices, policies, and tools to improve the care of CYE.

Funding Opportunity Title:	Innovations in Access to Care for Children and Youth with Epilepsy
Funding Opportunity Number:	HRSA-19-059
Due Date for Applications:	April 22, 2019
Anticipated Total Annual Available FY 2019 Funding:	$650,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to $650,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2019 through August 31, 2023 (4 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b) is eligible to apply). See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply. (45 CFR § 75.218). See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, February 7, 2019
Time: 2–3 p.m. ET
Call-In Number: 1-888-889-6555
Participant Code: 9032218
Weblink: https://hrsa.connectsolutions.com/hrsa-19-059_iiatcfc_ywe/

The audio recording will be available until May 7, 2019, 11:59 p.m. ET.
Playback Number: 1-888-662-6641
Passcode: 656445

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Innovations in Access to Care for Children and Youth with Epilepsy Program. The purpose of this program is to support those working to improve access to coordinated, comprehensive, quality care for children and youth with epilepsy (CYE) in medically underserved and/or rural areas. The project will support recipients of funding under the *Transforming Health Care for CYE* program (HRSA-19-060) and provide national leadership and resources on practices, policies, and tools to improve the care of CYE.

The recipient will coordinate HRSA-19-060 grant recipient activities and provide HRSA-19-060 grant recipients with technical assistance, training, and education to implement telehealth and telemedicine strategies and improve youth health care transition processes, communication and collaboration between primary and specialty care, data collection, quality improvement, and evaluation. Additionally, the recipient will analyze, compile and disseminate evidence-based and innovative practices, policies, tools, and resources related to health care management of CYE and develop partnerships with national organizations and key stakeholders to improve health care of CYE, especially those residing in rural and/or medically underserved areas.

Program Objectives

A. The recipient of this project is expected to support the HRSA-19-060 grant recipients in achieving their program objectives listed below and repeated in the HRSA-19-060 Notice of Funding Opportunity:

- By 2023, increase by 25 percent, access to care for CYE in the target population through telehealth strategies that provide direct care, including teleconsultation, tele-education, telemedicine, mobile health, etc.
- By 2023, 90 percent of families in the target population served by HRSA-19-060 grant recipients report they are partners in shared-decision making in their child's care.
- By 2023, increase by 75 percent the number of completed health care transition readiness assessments of youth (ages 14–22) with epilepsy in the target population.
- By 2023, increase by 40 percent, the number of participating primary care providers who report increased communication, collaboration, and co-management with specialty providers.

Applications are expected to propose a baseline and collect additional data to reach the following objectives (B and C).

B. The Technical Assistance/Training/Education Objective
- By 2023, increase by 75 percent the number of HRSA-19-060 grant recipients' clinical sites that adopt evidence-based/-informed practices in each of the following: telehealth, particularly telemedicine, health care transition, family

engagement, increasing primary care provider communication, collaboration and co-management with specialists.

C. National Leadership Objectives

- By 2023, increase by 50 percent, the number of partnership activities with organizations that represent and/or serve CYE and their families in diverse and medically underserved communities.
- By 2023, increase by 50 percent, the dissemination of national resources to support CYE and their families in rural and/or medically underserved areas.
- By 2023, publish a report that identifies and describes national priorities related to CYE and their families in rural and/or medically underserved areas.

This program will provide critical infrastructure to convene national organizations, stakeholders, and other subject matter experts and support the HRSA-19-060 grant recipients to improve access to care for CYE.

2. Background

This program is authorized by the Social Security Act, Title V, § 501(a)(2) (42 U.S.C. 701 (a)(2)).

Epilepsy, the fourth most common neurological disorder in the United States, is a disorder of the brain that results in a person experiencing seizures.[1] The effects of these seizures often vary in occurrence. Some seizures can appear as staring spells, while other seizures can cause an individual to collapse, shake, and become unaware of their environment. People living with epilepsy also experience common comorbidities, including physical, neurological, and mental health conditions.[2] Such conditions can lead to poorer overall health status and quality of life.[3] According to the latest estimates, 470,000 children and youth aged 0 to 17 years have active epilepsy. The number of CYE is growing as the population increases, from 2.3 million in 2010, to 2.5 million in 2015.[4]

The complexity of epilepsy requires a comprehensive, coordinated system to reduce fragmentation across many entities, including health, education, and community services. Limited access to comprehensive and coordinated systems of care is associated with poorer quality of life for CYE.[5] A systems approach is required to meet the social, physical, cognitive, and emotional needs of CYE, families, and their communities. Achieving a comprehensive, well-coordinated system for CYE has not been fully realized, and requires national leadership. Currently, there is no national resource with a primary focus on increasing access to a comprehensive, coordinated system of care for CYE in rural and/or medically underserved areas. Considering the

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[1] Hirtz, D., Thurman, D.J., Gwinn-Hardy, K., Mohamed, M., Chaudhuri, A.R., Zalutsky, R. (2007). How common are the "common" neurologic disorders? *Neurology*, 68, 326-37.
[2] IOM (Institute of Medicine). (2012). Epilepsy Across the Spectrum Promoting Health and Understanding. Washington, D. C. *The National Academies Press*. 122-128.
[3] Idib.
[4] Zack, M.M., Kobau, R. (2017). National and State Estimates of the Numbers of Adults and Children with Active Epilepsy — United States (2015). *MMWR Morbidity Mortality Weekly*, 66, 821–825.
[5] Buelow, J.M., McNelis, A., Shore, C.P., Austin, J.K. (2006). Stressors of parents of children with epilepsy and intellectual disability. *The Journal of Neuroscience Nursing*, 38, 147-146.

specialized, complex needs of this population, national leadership is critical to strengthen the system of services for CYE and ensure their health and well-being.

This funding opportunity is designed to address these gaps by providing support to HRSA-19-060 grant recipients working to increase access to care for CYE in rural and medically underserved areas through the four content areas. The project will also conduct activities and provide national leadership in content areas identified through a needs assessment.

Telehealth and Telemedicine
The advancement of health information technology over the last 40 years has made medical services more accessible through the use of telehealth and telemedicine, particularly for those individuals with special needs. The Health Resources and Services Administration defines telehealth as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Additionally, telemedicine has been defined as the delivery of remote clinical services to diagnose and treat patients.[6] For further information regarding telehealth funding and resources, please visit the Federal Office of Rural Health Policy's Office for the Advancement of Telehealth or the National Consortium of Telehealth Resource Centers.

Through telehealth and telemedicine modalities, CYE, their families and/or caregivers have the ability to communicate jointly with their primary care physician and a neurologist or other specialist during a medical appointment. A number of barriers, including reimbursement, lack of awareness, security and privacy concerns, quality of care and the need for sophisticated equipment impact access to telemedicine services.[7] A policy statement by the American Academy of Pediatrics recommends that telemedicine services be delivered and coordinated through the medical home to increase communication among clinicians and result in a more efficient and higher quality care.[8]

Health Care Transition
Health care transition planning is particularly critical for CYE as they move from caregiver-oriented management to self-initiated management of epilepsy.[9] Leadership and guidance among health care, education, and community service providers in appropriately planning a youth's transition and care coordination is critical to decrease gaps in care and delayed entry into the adult health care system.[10] Data from the 2016 National Survey of Children's Health (NSCH) indicate that 16.5 percent of youth with

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[6] World Health Organization. (2009). Telemedicine: Opportunities and Developments in Member States. *World Health Organization eHealth Report*, 2.

[7] Cranford, L. (2007). Barriers to Telemedicine are Falling: Why Aren't More Patients Engaging.

[8] American Academy of Pediatrics Committee on Pediatric Workforce. (2015). The Use of Telemedicine to Address Access and Physician Workforce Shortages. *Pediatrics,* 1253.

[9] Wagner, J. (2016). Behavioral health in young adults with epilepsy: Implications for Transition of Care. *Epilepsy & Behavior,* 65, 7-12.

[10]Brown, L., Camfield, P., Capers, M., et. al. (2016). The neurologist's role in supporting transition to adult health care. *Neurology*, 87.

special health care needs were likely to receive the services necessary to transition from pediatric to adult health care.[11] CYE and their families who do not successfully transition from a child primary care or specialty physician to an adult primary care or specialty physician show a reported decline in their overall health.[12] CYE living in medically underserved and rural areas are less likely to have access to coordinated and comprehensive quality health care, including referrals to qualified subspecialists (e.g., pediatric and adult neurologists) compared to CYE in non-rural areas.[13]

Family and Patient Engagement
Family and patient engagement is an essential component in making measurable improvements in the quality of health care delivery, particularly for CYE and their families.[14] For the purposes of this funding opportunity, family engagement includes patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system. Family engagement leads to better quality of care, decreases parent/caregiver anxieties, reduces health care cost, increases patient and family satisfaction, and improves families' communication and relationships with healthcare providers.[15] Although engaging families in health care decisions improves a variety of health-related factors, families, parents, and caregivers of CYE often lack knowledge about epilepsy care, comorbities, and how to collaborate effectively with their child's healthcare provider.[16] Engaging with CYE and their families to access relevant data and knowledge about their health care allows them to actively and fully participate in their medical home, co-manage their epilepsy, and achieve their health and life goals.[17] For example, seizure action plans are designed to help parents define a consistent plan with their doctor to use when their child has a seizure. This tool can be used by individuals in the CYE's community, including teachers and other family members.[18] Engaging with CYE and their families to educate them about epilepsy increases self-confidence, competency in self-management, and increases their ability to partner in their own health care.[19]

Primary and Specialty Care Communication, Collaboration, and Co-Management
Quality care for CYE requires access to specialty providers and specialized epilepsy centers.[20] The shortage of pediatric and adult neurologists limits access to specialty care providers who treat CYE.[21] In 2012, 39 percent of children's hospitals reported vacancies of 12 months or longer for child neurologists, and child neurology ranked as

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[11] Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. 2016 National Survey of Children's Health (NSCH) data query. Retrieved 06/26/18] from www.childhealthdata.org. CAHMI: https://www.cahmi.org.
[12] Brown, L., Camfield, P., Capers, M., et. al. (2016). The neurologist's role in supporting transition to adult health care. *Neurology*, 87.
[13] Pletcher, B.A., Rimmsza, M.E., Cull, W.L., Shipman, S.A., et al. (2010). Primary care pediatrician's satisfaction with subspecialty care, perceived supply, and barriers to care. *The Journal of Pediatrics*, 156-1011-5.
[14] Guide to Patient and Family Engagement in Hospital Quality and Safety. (2017). Agency for Healthcare Research and Quality, Rockville, MD.
[15] Marbell, P. (2017). Engaging families in improving the health care system for children with special health care needs. *Lucile Packard Foundation for Children's Health*.
[16] IOM (Institute of Medicine). (2012). Epilepsy Across the Spectrum Promoting Health and Understanding. Washington, D. C. *The National Academies Press,* 330.
[17] Ibid, 329
[18] Ibid, 230.
[19] Ibid, 329
[20] Ibid, 7-8.
[21] Ibid.

one of the most shorthanded specialties, with average wait times of 45 business days.[22] Limited access to specialty care providers burdens primary care physicians, who may lack the knowledge and confidence to treat CYE.[23] Additionally, the majority of day-to-day care and treatment for people with epilepsy is delivered by a primary care physician, particularly uninsured or publicly insured CYE.[24] Multiple studies note that primary care providers' skill, knowledge, and comfort to treat people with epilepsy is limited, and should be improved.[25] High quality primary care provided through a primary care setting can improve seizure control and reduce hospitalizations for those with epilepsy.[26]

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA Program involvement will include:
- Participation in the planning and development period of the cooperative agreement;
- Review of activities, data, measures, and tools designed and implemented to accomplish this initiative;
- Participation, when appropriate, in meetings conducted during the period of the cooperative agreement;
- Participation in preparation of project information prior to dissemination; and
- Assistance in the establishment of federal and state interagency partnerships, collaboration, and cooperation that may be necessary for project success.

The cooperative agreement recipient's responsibilities will include:
- Completion of activities proposed in response to the project requirements and scope of work;
- Development and maintenance of a stand-alone website;
- Provision of leadership, in collaboration with MCHB, in data collection; analysis of evidence-based data; impact and quality improvement data, and any relevant data trends;
- Collaboration with MCHB on ongoing review of activities, budget items, procedures, information/publications prior to dissemination, contracts and interagency agreements;

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[22] Dall, T.M., Storm, M.V., Chakrabarti, R., et al. (2013). Supply and demand analysis of the current and future US neurology workforce. *Neurology,* 81(5), 470-478.
[23] IOM (Institute of Medicine). (2012). Epilepsy Across the Spectrum Promoting Health and Understanding. Washington, D. C. *The National Academies Press,* 236-237.
[24] Ibid.
[25] Ibid.
[26] Ibid.

- Participation in face-to-face meetings and conference calls with MCHB during the cooperative agreement; and
- Production and dissemination of materials, including publishing articles; and adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.

2. Summary of Funding

HRSA expects approximately $650,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $650,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2019 through August 31, 2023 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for *Innovations in Access to Care for Children and Youth with Epilepsy* in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b)) is eligible to apply). See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date, as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

If you're reading this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 9 -15: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program Description

Successful applicants will:

1. **Provide Infrastructure and Technical Assistance for HRSA-19-060 Grant Recipients**
This program will provide support to coordinate the *Transforming Health Care for CYE* (HRSA-19-060) grant recipients through the following activities:

   - Provide training, technical assistance, and education (T/TA/E) to HRSA-19-060 grant recipients and their associated clinical networks in the following topic areas:
     - Family Engagement;
     - Telehealth and telemedicine;
     - Health Care Transition;
     - Partnership Building;
     - Quality Improvement;
     - Change Management;
     - Data Collection and Analysis;
     - Evaluation; and
     - Other areas of T/TA/E to address emerging needs of recipients.
   - Establish and maintain an infrastructure for the HRSA-19-060 grant recipients, which could include:
     - Hosting a shared online platform for communications, resource repository, etc.
     - Hosting and facilitating regular peer-to-peer calls and meetings/webinars for HRSA-19-060 grant recipients to support reaching project goals, and as requested by recipients.
     - Working with recipients to assess outcomes and objectives.
     - Hosting a data collection platform for monitoring and evaluating activities.
     - Planning, hosting, and facilitating an annual in-person, epilepsy recipient meeting.

- Identify, analyze, compile, and disseminate evidence-based/-informed practices, policies, tools, and resources for the HRSA-19-060 grant recipients.
- Facilitate peer-to-peer information sharing and learning opportunities between and within the recipient networks to support them in meeting program objectives. Peer-to-peer learning opportunities should be available both in-person and virtually. Potential learning opportunities could include, but are not limited to the following:
  - Implementing evidence-based/-informed practices for CYE in telehealth, health care transition, family engagement, and primary care provider communication, collaboration, and co-management with specialists;
  - Using and adopting seizure action plans;
  - Improving access to a medical home model of care for CYE in rural and/or medically underserved areas; and
  - CYE co-morbidities.
- Develop and implement a comprehensive evaluation of the HRSA-19-060 grant recipients' QI networks.

2. **Provide national leadership and develop a resource on practices, policies, and tools including cognitive, medical, psychological, and social co-morbidities to improve the care of CYE.**
   This can be accomplished through:

- **Technical Assistance, Training, and Education (T/TA/E)**
  - Provide T/TA/E to stakeholders and entities including, but not limited to the following: CYE, families, family organizations, health care professionals, health systems, community organizations, state Title V programs, school-based health centers and clinics, etc.
  - Conduct a national needs assessment of stakeholders critical to improving access to care for CYEs, including but not limited to CYE, families, and health care professionals.
  - T/TA/E topics should be based on results from a national needs assessment, and should at a minimum include the four content areas outlined in the epilepsy recipient NOFO, HRSA-19-060:
    - Family Engagement;
    - Telehealth and Telemedicine;
    - Health Care Transition; and
    - Communication, Collaboration, and Co-Management with Primary and Specialty Providers.
  - Develop TA initiatives, training activities, resources (i.e., issue briefs, tools, toolkits, fact sheets, webinars, and publications, as needed), and educational materials, including the dissemination of evidence-based/-informed practices and strategies to improve access to care for CYE, including content areas identified in the national needs assessment.

- **Partnership Building**
  - Develop and sustain partnerships with relevant national organizations and key stakeholder groups to improve access to health care for CYE.

- o Collaborate with individuals and organizations that conduct outreach to medically underserved populations, including those in rural and urban communities, racial-ethnic minority populations, and low socio-economic status.
- o Develop and convene an Advisory Committee to include, but not limited to the following: CYE, families and caregivers, family organizations, Title V programs, adult and pediatric neurologists, epileptologists, mental health providers, school-based health workforce and clinics, federally qualified health centers, and state and federal partners.
  - ▪ Key activity of the Advisory Committee is the development and publication of a national strategic plan, or agenda, which will guide future efforts to improve access to care for CYE, particularly in underserved areas.

- **Policy Analysis and Research**
  - o Identify and examine policy and program initiatives at the local, state, and federal level to improve access to care for CYE.
  - o Identify promising and evidence-based/-informed practices, innovations, validated tools, and measurement for CYE.
  - o Identify and describe national priorities, as they relate to access to care for CYE and their families in rural and/or medically underserved areas.
  - o Monitor and analyze emerging state and federal trends, legislation, regulations, and other relevant policies that address improving access to care for CYE.

- **Dissemination**
  - o Develop a public-facing, freestanding website that can act as a repository of resources, publications, topical meetings, newsletters, and can also host the HRSA-19-060 grant recipients online platform.
  - o Disseminate successful innovations, trainings, and reports to HRSA-19-060 grant recipients and relevant stakeholders, including CYE.
  - o Interface with external partners and the advisory committee to ensure developed resources, tools, and trainings are disseminated through multiple and diverse channels.
  - o Submit articles to peer-reviewed journals.

3. **Develop Monitoring and Evaluation Plans**
   - Monitor progress of the project in meeting goals and objectives of the cooperative agreement.
   - Disseminate evaluation findings to stakeholder groups.
   - Use evaluation data to inform program activities, quality improvement efforts, policies, procedures, and practices.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion(a) 1*
  - Briefly describe the purpose of the proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion(a) 1 Demographic data should be used and cited whenever possible to support the information provided. This section should help reviewers understand the communities and populations that will be served by the proposed project.*

  - Describe the target population (CYE) and their unmet health needs. Include descriptions of disparities within the CYE population, including race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions.
  - Describe the socio-cultural determinants of health and health disparities impacting CYE, their families, and communities.
  - Identify and describe major TA/T gaps for epilepsy.
  - Demonstrate capacity to assess and address the needs, including TA/T needs, of the awarded HRSA-19-060 grant recipients.
  - Demonstrate knowledge of current strategies and investments at the federal and state level to improve access to care for CYE and families.
  - Describe the role of partners and stakeholders, including but not limited to HRSA-19-060 grant recipients, state and national family organizations, health care providers, payers, and other professional organizations.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion(a) 2 and 4*

  - Propose methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO, including: (1) infrastructure building and TA for HRSA-19-060 grant recipients; (2) national leadership and development of resources on practices, policies, and tools to improve the care of CYE; (3) development of monitoring and evaluation plans.
  - Describe methods, including data sources, of developing and proposing baselines for program objectives listed on pages 1 and 2.
  - Describe development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination through multiple platforms with efforts to involve

patients, families and communities (e.g. online resources, white papers, manuscripts, products, meetings).

- o Identify strategies to ensure the HRSA-19-060 grant recipients are successful in achieving the MCHB program requirements.
- o Describe how identified TA/T gaps for epilepsy will be addressed through the proposed project.
- o Provide a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.
- o Describe how the methodology extends across all 4 years of the project period.
- o Identify meaningful support and collaboration with key stakeholders, including CYE and their families, patient/family support organizations, state and federal agencies, and pediatric and adult primary and specialty health care providers in planning, designing, and implementing all activities including development of the proposal.
- o Recruit and convene a multidisciplinary advisory committee of stakeholders with subject matter expertise in the project's focus areas. Include the extent to which these contributors reflect, racial, linguistic, and geographic diversity of the populations and communities served.
- o Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. Please include a comprehensive sustainability plan as Attachment 7.

- ▪ *WORK PLAN -- Corresponds to Section V's Review Criterion(a) 2 and 4*
    - o Describe activities or steps to achieve each of the objectives proposed during the entire period of performance in the Methodology section.
    - o Propose a time line that includes each activity and identifies responsible staff.
    - o Identify meaningful support and collaboration with key stakeholders, particularly CYE and their families, in planning, designing, and implementing all activities, including development of the application.

You must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:
- o Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- o Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- o Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- o Target population (e.g., the individuals to be served);
- o Activities (e.g., approach, listing key intervention, if applicable);

o Outputs (i.e., the direct products program activities); and
o Outcomes (i.e., the results of a program, typically describing a change in people or systems).

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion(a) 2*
  o Discuss challenges likely to be encountered in designing and implementing the activities described in the work plan, and approaches used to resolve such challenges.
  o Discuss challenges likely to be encountered in providing TA/T and educational activities to HRSA-19-060 grant recipients and stakeholders.
  o Discuss challenges likely to be encountered in building an infrastructure for HRSA-19-060 grant recipients.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion(a) 3*
  o Describe the plan for the project performance evaluation that will contribute to continuous quality improvement. The evaluation should monitor ongoing processes and progress towards the goals and objectives of the project and address the program-specific objectives.
  o Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), proposed baselines for each objective, key processes, and expected outcomes of the funded activities.
  o Describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
  o Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
  o Describe the data collection strategy to collect, analyze and track data to measure process, outcome, and impact with different cultural groups (e.g., race, ethnicity, language).
  o Explain how the data will be used to inform program development and service delivery.
  o Describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.
  o At least 20 percent of the annual awarded budget must be allocated to evaluation activities.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion(a) 5*
  o Provide information on the organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.

- Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services.
- Describe the organization's experience, collaborations, successes and impact on the knowledge/evidence base and implementation of strategies.
- Provide information on project personnel who are qualified by training and/or experience to implement and conduct the project.
- Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
- Describe experience managing collaborative federal awards at the national level, including examples of the extent to which accomplishments were completed in full and on time.
- Describe meaningful support and collaboration with key stakeholders and partners, including national patient/family organizations, in the planning, designing and implementation of all activities, including the development of the application.
- Provide information on time allocation for all key staff on proposed project activities.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan

and by carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L.115-245), Division B, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv.   *Budget Narrative*
See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, the Innovations in Access to Care for Children and Youth with Epilepsy program requires the following:

*   Award-Related Meetings: sufficient funding must be budgeted to support a minimum of one staff to attend an annual recipient meeting and participation in monthly/quarterly calls.

*   Evaluation/Sustainability Activities: data collection activities and procedures required by evaluation should be included within the scope of the budget (e.g., baseline and periodic data collection annually).

    o   Recipients must allocate 20 percent of the awarded budged to evaluation and sustainability activities annually.

v.   *Program-Specific Forms*
Program-specific forms are not required for application.

vi.   *Attachments*
Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Work Plan
    Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: Sustainability Plan

Propose a comprehensive plan for project sustainability after the period of federal funding ends. Successful applicants are expected to sustain key elements of their projects that have proven effective in improving access to care for CYE and their families.

Attachment 8: Progress Report
(FOR COMPETING CONTINUATIONS ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. The report should include:

(1) The period covered (dates).

(2) Specific objectives - Briefly summarize the specific objectives of the project.

(3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 9 – 15: Other Relevant Documents
Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the updated FAQs to learn more.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *April 22, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

Innovations in Access to Care for Children and Youth with Epilepsy is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $650,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

You may not use funds under this notice for the following purposes:
- Purchase or lease of telehealth equipment or software;
- Provision or reimbursement of patient care (including telemedicine services); or
- Compensation associated with provision of patient care (including telemedicine services).

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, except for the competing continuations' progress report, which may be considered in making awards under this NOFO.

Review criteria are used to review and rank applications. The Innovations in Access to Care for Children and Youth with Epilepsy has six review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment
The strength, completeness, and feasibility of the applicant's:
* Proposed project and its alignment with the purpose of this NOFO, using data whenever possible to support the information provided.

The extent to which the applicant:
* Describes the unmet health needs of the targeted population (CYE), including descriptions of disparities within the CYE population, including race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions.
* Describes the socio-cultural determinants of health and health disparities that have an impact on CYE, their families, and communities.
* Identifies and describes major TA/T gaps for HRSA-19-060 grant recipients.
* Demonstrates capacity to assess and address the needs, including TA/T needs, of the HRSA-19-060 grant recipients.
* Demonstrates knowledge of current strategies and investments at the federal and state level to improve access to care for CYE and families.
* Describes the role of partners and stakeholders, including but not limited to HRSA-19-060 grant recipients, state and national family organizations, health care providers, payers, and other professional organizations.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

Methodology (20 points)
The strength, completeness, and feasibility of the applicant's:
- Proposed methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO, including: (1) infrastructure building and TA for HRSA-19-060 grant recipients; (2) national leadership and development of resources on practices, policies, and tools to improve the care of CYE; (3) development of monitoring and evaluation plans.
- Proposed baselines for program objectives listed on pages 1 and 2, including data sources.
- Proposed tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities.
- Proposed strategies to ensure the HRSA-19-060 grant recipients are successful in achieving the MCHB program requirements.
- Proposed plan to address identified TA/T gaps through the proposed project.
- Proposed plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.
- Proposed plan for how the methodology extends across all 4 years of the project period.
- Proposed plan for identifying meaningful support and collaboration with key stakeholders, including CYE and their families, patient/family support organizations, state and federal agencies, and pediatric and adult primary and specialty health care providers in planning, designing, and implementing all activities including development of the proposal.
- Proposed plan to recruit and convene a multidisciplinary advisory committee of stakeholders with subject matter expertise in the project's focus areas. Include the extent to which these contributors reflect, racial, linguistic, and geographic diversity of the populations and communities served.

Work Plan (5 points)
The strength, completeness, and feasibility of the applicant's:
- Proposed activities or steps to achieve each of the objectives outlined during the entire period of performance in the Methodology section.
- Proposed a time line that includes each activity and identifies responsible staff.
- Proposed plan for support and collaboration with key stakeholders, particularly CYE and their families, in planning, designing, and implementing all activities, including development of the application.

Resolution of Challenges (5 points)
The extent to which the applicant:
- Discusses challenges likely to encounter in designing and implementing the activities described in the work plan, and approaches used to resolve such challenges.
- Discusses challenges likely to encounter in providing TA/T and educational activities to HRSA-19-060 grant recipients and stakeholders.

- Discusses challenges likely to encounter in building an infrastructure for the HRSA-19-060 grant recipients.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
The strength, completeness, and feasibility of the applicant's:

Evaluation Plan (*10 points*)
- Proposed plan for the project performance evaluation that will contribute to continuous QI. The evaluation should monitor ongoing processes and progress towards the goal and objectives of the project. This plan should describe the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), proposed baselines for each objective, key processes, and expected outcomes of the funded activities.
- Description of any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

Evaluation Processes (*10 points*)
- Proposed systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
- Proposed data collection strategy analyzes and tracks data to measure process, outcome, and impact with different cultural groups (e.g., race, ethnicity, language). The strategy uses data to inform program development and service delivery.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Methodology and Work Plan
The strength, completeness, and feasibility of the applicant's:
- Proposed logic model.
- Proposed plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. Please include a comprehensive sustainability plan as Attachment 7.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Organizational Information
The extent to which the application:

- Provides information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describes how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. This should include information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services.

- Describes level of experience, collaborations, successes and impact upon the knowledge/evidence base and implementation of strategies proposed. This information includes describing project personnel who are qualified by training and/or experience to implement and conduct the project, including: current experience, skills, and knowledge, individuals on staff, materials published, and previous work of a similar nature.
- Describes experience managing collaborative federal awards at the national level, including examples of the extent to which accomplishments were completed in full and on time.
- Describes meaningful support and collaboration with key stakeholders and partners, including national patient/family organizations, in the planning, designing and implementation of all activities, including the development of the application.
- Provides information on time allocation for all key staff on proposed project activities.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative

The strength, completeness, and feasibility of the applicant's:
- Proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results.

The extent to which the applicant:
- Outlined in the budget and required resources sections, are reasonable given the scope of work.
- Identified key personnel with adequate time devoted to the project to achieve project objectives.
- Describes funding to support a minimum of one staff to attend annual recipient meeting and participate in monthly/quarterly calls.
- Allocates 20 percent of the awarded budged to evaluation and sustainability activities annually.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2019. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

Data Rights
All publications the cooperative agreement recipient develops or purchases with funds awarded under this notice must be consistent with the requirements of the

program. Pursuant to 45 CFR § 75.322(b), the cooperative agreement recipient owns the copyright for materials that it develops under this cooperative agreement, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this cooperative agreement and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by other researchers. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the Notice of Award (NOA). Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

The Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHBs). HRSA enhanced the DGIS and these improvements are available for recipient reporting. The agency will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

The updated and final reporting package incorporating all OMB-accepted changes can be reviewed at:

https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 Expiration Date: 06/30/2019).

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis, which should address progress against program outcomes, including any expected outcomes in the first year of the program. Further information will be available in the award notice.

2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.

3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

a) **Performance Measures and Program Data**

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U23_3.HTML and below.

Forms
• **Form 1, Project Budget Details** • **Form 2, Project Funding Profile** • **Form 4, Project Budget and Expenditures** • **Form 6, Maternal & Child Health Discretionary Grant** • **Form 7, Discretionary Grant Project**
Updated DGIS Performance Measures, Numbering by Domain *(All Performance Measures are revised from the previous OMB package)*

Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 2	New	N/A	Technical Assistance

CB 3	New	N/A	Impact Measurement
CB 4	Revised	5	Sustainability
CB 5	Revised	3, 4	Scientific Publications
CB 6	New	N/A	Products
Children and Youth with Special Health Care Needs			
CSHCN 1	Revised	7	Family Engagement
CSHCN 2	Revised	40, 41	Access to and Use of Medical Home
CSHCN 3	New	N/A	Transition to Adult Health Care

b) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the period of performance start date, to register in HRSA's EHBs and electronically complete the program-specific data forms that are required for this award. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures (DGIS).

Performance reporting is conducted for each year of the period of performance. Recipients will be required, within 120 days of the budget period start date, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant/cooperative agreement summary data as well as finalizing indicators/scores for the performance measures.

c) Period of Performance End Performance Reporting

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the period of performance, to electronically complete the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the period of performance, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

4) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Bria Haley
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-3778
Email: BHaley@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Yasmin Mazloomdoost, MPH, MSW
Attn: Division of Services for Children with Special Health Needs
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3740
Email: ymazloomdoost@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Logic Models

You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find information on how to distinguish between a logic model and work plan at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, February 7, 2019
Time: 2–3 p.m. ET
Call-In Number: 1-888-889-6555
Participant Code: 9032218
Weblink: https://hrsa.connectsolutions.com/hrsa-19-059_iiatcfc_ywe/

The audio recording will be available until May 7, 2019, 11:59 p.m. ET.
Playback Number: 1-888-662-6641
Passcode: 656445

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.