U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Maternal and Child Health Workforce Development

Developmental-Behavioral Pediatrics Training Program

Funding Opportunity Number: HRSA-23-070

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings Number: 93.877

Application Due Date: January 19, 2023

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 may take up to 1 month to complete.

Issuance Date: October 21, 2022

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 280i-1(e)(1) (Title III, § 399BB(e)(1) of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Developmental-Behavioral Pediatrics (DBP) Training Program. The purpose of this program is to increase access to evaluation and services for children with a wide range of developmental and behavioral concerns, including autism. Through this program, up to 15 Accreditation Council for Graduate Medical Education (ACGME) accredited DBP fellowship programs will provide post-graduate training (including fellowships), continuing education to practicing providers, and technical assistance to community agencies. Programs will prepare DBP fellows for leadership roles as teachers, researchers, and clinicians. In doing so, programs will build the workforce capacity to evaluate, diagnose or rule out developmental disabilities, including autism, as well as other behavioral health concerns; and support research and clinical care in the broad range of behavioral, psychosocial, and developmental issues through training of pediatric practitioners, residents, and medical students.

This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award.

Funding Opportunity Title:	Developmental-Behavioral Pediatrics Training Program
Funding Opportunity Number:	HRSA-23-070
Due Date for Applications:	January 19, 2023
Anticipated FY 2023 Total Available Funding:	$4,287,000 (includes $42,000 for recipient meeting, recipients of which will be determined after award)
Estimated Number and Type of Award(s):	Up to 15 grants
Estimated Annual Award Amount:	Up to $283,000 per award subject to the availability of appropriated funds (Each year, one recipient will receive an additional $42,000 award for the recipient meeting)

Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2023 through June 30, 2028 (5 years)
Eligible Applicants:	Per § 399BB(e)(1)(A) of the Public Health Service Act, public or nonprofit agencies, including institutions of higher education, are eligible to apply. Tribes and tribal organizations are eligible. 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 this NOFO and in HRSA's *SF-424 R&R Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Wednesday, November 9, 2022

2–3 p.m. ET

Weblink: https://hrsa-gov.zoomgov.com/j/1607335645?pwd=cU0wVTR2bHVtekNDN2hHTmowUGQ2UT09

Attendees without computer access or computer audio can use the dial-in information below

Call-In Number: 1-833-568-8864
Passcode: 08822095

HRSA will record the webinar and post the recording at https://mchb.hrsa.gov/fundingopportunities/default.aspx.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Developmental-Behavioral Pediatrics (DBP) Training Program. By expanding the DBP workforce, children with a wide range of developmental and behavioral concerns will have increased access to evaluation and services that address medical and psychosocial aspects of development. Through this award, programs will:

- Prepare DBP fellows and other long-term trainees (LTTs) for leadership roles as teachers, investigators, and clinicians.
- Build workforce capacity to evaluate for, diagnose or rule out developmental disabilities (DD), including autism, and other behavioral health concerns.[1]
- Prepare trainees to participate in clinical care and research training across the broad range of behavioral and developmental health concerns.
- Provide pediatric practitioners, residents, and medical students with essential psychosocial knowledge and clinical expertise.
- Provide technical assistance (TA) to strengthen systems of care for children who may have autism/DD and their families. TA recipients may include state Title V Maternal and Child Health Services Block Grant agencies and community agencies.

Each recipient will accomplish this purpose through five overarching objectives:

Objective 1: Recruit and train 10 LTTs, including 5 DBP fellows and 5 other LTTs, over the 5-year period of performance.

Objective 2: Conduct one activity per year to address equity and improve access to DBP services.

Objective 3: Provide training to a minimum of 200 short- and medium-term trainees per year.

Objective 4: Train a minimum of 150 practicing providers through continuing education per year.

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1 HRSA/MCHB is making efforts to eliminate ableist terminology from written products and publications. As such, the word 'disorder' is not used in this NOFO when referring to persons with autism or other developmental disabilities. HRSA MCHB intends for the abbreviated terminology of 'autism' used herein to refer to the population of individuals which meet the diagnostic criteria for autism spectrum disorder and autistic disorder, as formally recognized by the American Psychological Association (APA) in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-V-TR) and the World Health Organization (WHO) in the International Classification of Diseases 11th Revision (ICD-11), respectively.

Objective 5: Provide a minimum of 10 technical assistance (TA) activities per year to strengthen systems of care for children who may have autism/DD and their families.

2. Background

Authority

The DBP Training Program is authorized by 42 U.S.C. § 280i-1(e)(1) (Title III, § 399BB(e)(1) of the Public Health Service Act, as amended by the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2019 (Pub. L. 116-60)). HRSA supports training, research, state systems grants and two resource centers to carry out these provisions.

About MCHB and Strategic Plan

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: *Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations*

Goal 2: *Achieve health equity for MCH populations*

Goal 3: *Strengthen public health capacity and workforce for MCH*

Goal 4: *Maximize impact through leadership, partnership, and stewardship*

The DBP Training Program addresses MCHB Goal 3 by:

- Increasing the racial/ethnic diversity of the workforce and expanding equitable access to health care services especially among people with disabilities.
- Supporting training and educational opportunities to create a more culturally responsive workforce.
- Translating science into practice and policy to implement effective strategies and innovations that impact MCH population health outcomes.
- Advancing population-specific preparation for and responses to public health emergencies and emerging issues, including the behavioral and mental health crisis among children and adolescents.

To learn more about MCHB and the bureau's strategic plan, visit Mission, Vision, and Work | MCHB.

Equity

MCHB is committed to promoting equity in health programs for mothers, children, and families. As such, the definition of equity provides a foundation for the development of programs that intend to reach underserved communities and improve equity among all communities.

Definition of Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons affected by persistent poverty or inequality.[2]

DBP Workforce Shortage

The prevalence of autism/DD is significant, yet the workforce needed to ensure timely access to diagnosis and services is insufficient. In 2020, approximately 1.6 million children (3-17 years) were diagnosed with autism.[3] Even though children can be diagnosed with autism as early as 2 years old, more than 70% were diagnosed after age 3.[5] Autistic children who receive early intervention services (before 4 years) are more likely to have improved skills and outcomes.[4] Delays in diagnosis result in a lost opportunity for early intervention services.[5]

There is also evidence that the COVID-19 pandemic has had negative impacts on the development and behavioral and mental health of children and youth and that this will continue to result in increased need for support,[6] increasing the need to train providers to serve these populations.

DBPs are trained to evaluate, identify, and address a range of developmental and behavioral concerns, including autism. However, due to a shortage of certified DBPs, there is a nearly 19 week average wait time for DBP care, and there are employment

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2 Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

3 Child and Adolescent Health Measurement Initiative. 2020 National Survey of Children's Health. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 8/1/22 from http://www.childhealthdata.org.

4 Healthy People 2030. Increase the proportion of children with autism spectrum disorder who receive special services by age 4 years. Retrieved on 8/1/2022 from https://health.gov/healthypeople/objectives-and-data/browse-objectives/children/increase-proportion-children-autism-spectrum-disorder-who-receive-special-services-age-4-years-mich-18.

5 Shaw KA, Maenner MJ, Bakian AV, et al. (2021). Early Identification of Autism Spectrum Disorder Among Children Aged 4 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2018. MMWR Surveill Summ 70(No. SS-10):1–14.

6 Patrick SW, Henkhaus LE, Zickafoose JS, Lovell K, Halvorson A, Loch S, Letterie M, Davis MM. (2020). Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey. Pediatrics.

vacancies in DBP in over 46% of U.S. children's hospitals.[7] As of 2021, there were only 728 pediatricians certified by the American Board of Pediatrics as DBPs, resulting in a national average of 100,327 children per DBP.[10] Furthermore, there are significant geographic disparities in the DBP workforce across states, with ratios ranging from 25,560 to 931,184 children per certified DBP. Two states lack even one DBP.[8] In addition, Spanish-speaking families have more limited access to DBPs compared to English-speaking families, with 31% of DBP programs affiliated with children's hospitals not providing language accommodation.[9]

Further disparities exist for children with DD. Autistic children have higher rates of co-occurring mental and behavioral health conditions compared to children without autism.[10] While 67% of mental health treatment facilities provide behavioral health services to children, only 43% provide behavioral health services to autistic children, and only 13% had a clinician with specialized training to care for autistic children.[14] Rural and low-income counties were least likely to have a mental health facility currently accepting autistic children as new patients compared to urban/suburban and higher income counties.[15]

Need for the DBP Training Program

Increased training in DBP is necessary at multiple levels, including in undergraduate medical education, residency programs, and subspecialty fellowships to prepare providers to identify and address children's developmental concerns at all levels of care. At its core, the DBP Training Program supports pediatricians seeking to complete the 3-year fellowship to obtain board certification in DBP. In addition to providing specialty care, DBPs are teachers, researchers, and collaborators. They partner with state Title V and other MCH agencies to improve systems of care as consultants in implementing new or improved services to address autism and other DD. Through their research they expand the knowledge base in the field. Finally, because each pediatric residency program is required to have at least one faculty member who is certified in DBP, they also serve as faculty in medical schools.

While many behavioral and mental health concerns can be addressed in primary care, current and recent pediatric trainees perceive low competence in assessment and treatment of these conditions.[11] Surveys of practicing pediatricians indicate that they feel underprepared in these areas even with the required 200-hour DBP rotation during

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7 Children's Hospital Association. (2018). Fact Sheet: Pediatric Workforce Shortages Persist. https://www.childrenshospitals.org/Issues-and-Advocacy/Graduate-Medical-Education/Fact-Sheets/2018/Pediatric-Workforce-Shortages-Persist.
8 The American Board of Pediatrics. 2020–2021 Pediatric Physicians Workforce Data Book. Pediatric Physicians Workforce Data Book 2020-2021 (abp.org).
9 Jimenez ME, et. al. (2017). Access to Developmental Pediatrics Evaluations for At-Risk Children. Journal of Developmental Behavioral Pediatrics.
10 Cummings JR, et al.. (2016). Health Services Utilization Among Children With and Without Autism Spectrum Disorders. J Autism Dev Disord. 46(3):910-20.
11 Green, C., Leyenaar, J. K., Turner, A. L., & Leslie, L. K. (2020). Competency of Future Pediatricians Caring for Children With Behavioral and Mental Health Problems. Pediatrics, 146(1).

residency.[12,13,14,15] For those not seeking DBP board certification, DBP training opportunities for other providers beyond residency, such as general pediatricians and advanced practice nurses, can expand access to DBP care. With adequate training, these providers are able to provide DBP services for some DBP issues in primary care, increase coordination between primary and specialty care, and shorten wait times for diagnosis.[16]

The DBP Training Program aims to increase the number of certified DBPs and support training in DBP for current and future pediatric practitioners. While the focus of the program is training, the 12 currently funded DBP Training programs also provide interdisciplinary diagnostic services to confirm or rule out autism/DD in 14,778 infants or children.[17] In FY 2020, the DBP Training Program:

- Prepared 1,404 long-, medium-, and short-term trainees to serve children with developmental and behavioral needs. Of the LTTs, over 38% were from underrepresented racial groups and 12% were Hispanic.
- Supported 198 DBP faculty members, representing 18 disciplines, to mentor fellows using innovative clinical and didactic curricula.
- Reached 30,215 practicing providers through 527 CE events. All 12 programs collaborated with state Title V MCH agencies or other MCH programs on over 500 activities in areas of service, training, CE, TA, product development, and research.
- Published 383 peer reviewed journal articles and 812 other documents and presentations illustrating their broad influence on the field.[18]

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 grant.

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12 Accreditation Council on Graduate Medical Education. (2022). ACGME Program Requirements for Graduate Medical Education in Pediatrics. https://www.acgme.org/globalassets/pfassets/programrequirements/320_pediatrics_2022.pdf. Accessed July 26, 2022.
13 Horwitz SM, et al. (2015) Barriers to the Identification and Management of Psychosocial Problems: Changes from 2004 to 2013. Academic Pediatrics. 613-20.
14 McMillan JA, Land M, Leslie LK. (2017) Pediatric Residency Education and the Behavioral and Mental Health Crisis: A Call to Action. Pediatrics. 139(1).
15 Bridgemohan C, Bauer NS, Nielsen BA, et al. (2018) A Workforce Survey on Developmental-Behavioral Pediatrics. Pediatrics. 141(3).
16 Sandler, A. (2019). Value-Driven Care in Developmental-Behavioral Pediatrics, Part 1: The Value Proposition of Developmental-Behavioral Pediatrics, Journal of Developmental & Behavioral Pediatrics. 40(6): 472-478.
17 National Information and Reporting System (NIRS). 2021.
18 Discretionary Grant Information System (DGIS). 2021.

2. Summary of Funding

HRSA estimates approximately $4,287,000 to be available annually to fund up to 15 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to $283,000 annually (reflecting direct and indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2023 through June 30, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the DBP Training Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

Five recipients awarded funds under this competition will be required to plan and convene the DBP Training Program national recipient meeting during one of the years of the period of performance. Additional funding in the amount of $42,000, pending availability of funds, will be provided to one recipient annually to support the meeting. HRSA will provide funds on a rotating basis to one recipient each year to host this meeting. See Section IV, Budget for additional information.

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

Limitations on Indirect Cost Rates

Indirect costs under training awards to organizations other than state or local governments or federally recognized Indian tribes, will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, as otherwise allowable, and subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Public or nonprofit agencies, including institutions of higher education, are eligible to apply.

For the purposes of this NOFO, an “institution of higher education" is defined as any college or university accredited by a regionalized body or bodies approved for such purpose by the Secretary of Education, and any teaching hospital which has higher learning among its purposes and functions, and which has a formal affiliation with an accredited school of medicine and a full-time academic medical staff holding faculty status in such school of medicine.

Tribes and tribal organizations are eligible.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

NOTE: Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

A student/trainee receiving support from award funds must be a citizen, national, or permanent resident of the United States.

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 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

Form Alert: For the Project Abstract Summary, applicants using the SF-424 R&R Application Package are encountering a "Cross-Form Error" associated with the Project Summary/Abstract field in the "Research and Related Other Project Information" form, Box 7. To avoid the "Cross-Form Error," you must attach a blank document in Box 7 of the "Research and Related Other Project Information" form, and use the Project Abstract Summary Form in workspace to complete the Project Abstract Summary. See Section IV.2.i Project Abstract for content information.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-070 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 R&R Application Guide* provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 R&R Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 R&R Application Guide*. 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 HRSA *SF-424 R&R Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **75 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-070, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-070 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are 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. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 8: Other Relevant Documents*.

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

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e), which sunsets / terminates on September 30, 2023. Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website.

Program Requirements and Expectations

1. Overall, successful programs should:

- Demonstrate that the applicant organization possesses current accreditation for certification in DBP by the Accreditation Council for Graduate Medical Education (ACGME).
- Aim to reduce barriers to screening, diagnosis, and services by training professionals to use evidence-based tools and practices.
- Involve individuals who have lived experience with autism/DD, both personally (self-advocates) and as family members, to enhance patient-centered and family-centered care principles into the DBPs' training and practice. Self-advocates and family members will be partners in the interdisciplinary teams in both the clinical and didactic settings and may be teachers, mentors, and colleagues to the fellows and other trainees.
- Implement a minimum of one activity per year that seeks to address equity in access to DBP services. Some examples of such activities include TA efforts to underserved communities, quality improvement efforts within clinical services, research, and training to improve skills among DBP faculty and trainees, etc. The

program must involve LTTs in the design and delivery of the activity and may involve collaboration with other recipients or organizations.

2. Successful programs should implement a curriculum that:

- Promotes a broad understanding of disability, including both the medical and social/cultural models. This includes an awareness of ongoing and emerging health issues and practice challenges related to developmental-behavioral medicine, e.g., autism/DD, mental health effects of the COVID-19 pandemic, co-occurring behavioral and mental health conditions, substance use, and suicide.
- Emphasizes the integration of services supported by states, local agencies, organizations, private providers, and communities that influence child and adolescent health.
- In addition, to ACGME requirements,[19] MCHB-funded programs should include the following curricular elements:
    - Needs of children living in rural and underserved communities or who experience disparities in access to care.
    - Cultural and linguistic responsiveness and humility, including strategies for approaching differing social, cultural, and health practices of various groups, and the implications of these relative to health status and the provision of health care.
    - How disability can intersect with other identities/experiences, such as race/ethnicity and family and community resources.
    - Patient- and family-centered services.[20]
    - The life course model as well as access to healthcare through the lifespan.[21]
    - Health care transition and transition from school-based services to those available during adulthood.
    - Interdisciplinary team skills.
    - Opportunities to coordinate with Title V systems of care, including developmental screening initiatives.

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19 http://www.acgme.org/

20 Family-centered care recognizes the importance of cultural diversity and family traditions; embraces community-based services; promotes an individualized and developmental approach to working with children and families; and ensures all policies, practices, and systems have the family in mind. Family-centered care honors the strengths, expertise, experiences, cultures, and traditions that everyone brings to this relationship. Patient-centered care is "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."20 The American Academy of Pediatrics defines the pediatric medical home as being accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. Institute of Medicine (IOM). 2001. *Crossing the quality chasm: A new health system for the 21st century.* Washington D.C.: National Academy Press.

21 The life course approach to conceptualizing health care needs and services evolved from research documenting the important role of early life events in shaping an individual's health trajectory. The interplay of risk and protective factors, such as socioeconomic status, toxic environmental exposures, health behaviors, stress, and nutrition influence health throughout one's lifetime. Rethinking MCH: The Life Course Model as an Organizing Framework
https://www.hrsa.gov/sites/default/files/ourstories/mchb75th/images/rethinkingmch.pdf

- Analysis of core public health functions applied to DBP issues, such as community needs assessment, program planning and evaluation, public policy, financing, budgeting, and consultation.
- Healthy People 2030 National Health Promotion and Disease Prevention Objectives related to developmental and behavioral health and social and structural determinants of health (SSDOH).[22]
- The systems serving children with special health care needs, including Title V of the Social Security Act, the Autism CARES Act of 2019, and Titles XIX (Medicaid/Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)), XXI (State Children's Health Insurance Program) of the Social Security Act.
- The use of telehealth and tele-consultation to expand the reach of DBP in rural and underserved areas.[23]

- Teaches leadership skills, including the MCH Leadership Competencies, to prepare graduates to assume leadership roles in training others and the development, improvement, and coordination between systems of care.
- Provides for the conduct of collaborative research by fellows under joint supervision of faculty from relevant disciplines, e.g., contributing new knowledge, validating the effectiveness of intervention strategies, assessing quality, or linking therapy to functional outcomes and quality of life. HRSA expects all fellows to engage in one or more research and/or quality improvement project during their tenure. They should seek to disseminate findings at scientific symposia, through published articles in peer-reviewed journals, and to practitioners and policymakers.
- Relies on partnerships with other organizations to offer practicum sites that provide exemplary, comprehensive, community-based services in a variety of institutional and rural/urban community-based settings. These sites will be focused on children, will address autism/DD and other behavioral health concerns, and will be representative of the cultural, social, and ethnic diversity of the community, including in underserved communities. If possible, you are

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22 The Department of Health and Human Services (HHS) is committed to improving the health and well-being of the nation through Healthy People 2030 (HP2030). HP2030 establishes national health objectives with targets and monitors and catalyzes progress over time to measure the impact of research and prevention efforts. HHS defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health can be grouped into 5 domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; social and community context. You can explore evidence-based resources at the following link: Browse Evidence-Based Resources.
CDC: CDC: Social Determinants of Health: Know What Affects Health
CDC Social Vulnerability Index (SVI) County Maps: CDC's Social Vulnerability Index (SVI): County Maps
HHS National Partnership to End Health Disparities:
https://www.minorityhealth.hhs.gov/assets/pdf/npa/NPA_Toolkit.pdf
Opportunity Zones:Guidance and Examples of language

23 Telehealth is defined as the use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health. Additional information on telehealth can be found at Telehealth.HHS.gov.

encouraged to coordinate clinical training opportunities with HRSA-funded research sites and Title V programs. It is expected that the clinical component of the training will occur both within the primary program setting and in a variety of community settings.

3. Successful programs should aim to recruit and retain:

- A diverse DBP workforce to increase access to quality care for underserved populations and reduce health disparities.
- LTTs from three categories, 1. DBP fellows, 2. DBP mini-fellows (i.e., pediatric primary care providers seeking to further their expertise in DBP), and 3. Graduate and post-graduate level trainees in other specialty disciplines such as child psychiatry, psychology, etc. All LTTs, including fellows, mini-fellows, and others, must complete 300 or more hours of DBP leadership, clinical, and didactic training combined. Hours counted toward the traineeship must be distinct from any hours counted toward another MCH-funded program (i.e., LEND).
    - Recipients will aim for a minimum of one new DBP fellow per year for a minimum of five DBP fellows during the period of performance.[24] Fellows are counted as LTTs each year they are in the 3-year fellowship program.
    - Recipients will aim for minimum of one additional LTT per year for a minimum of five during the period of performance. The goal of these LTTs will be to increase access to DBP care in primary care settings and are sometimes referred to as "mini-fellows." Mini-fellows are generally primary care providers, such as pediatricians, physician assistants and advanced practice nurses. Their aim is to complete additional training in DBP to provide DBP care in their practice, start new DBP clinics in primary care settings, advance coordination, and collaboration with DBP providers, etc.
    - Trainees from other disciplines, such as child psychiatry, psychology, etc. count as LTTs above and beyond the minimum requirements for DBP fellows and mini-fellows.
- Medium- and short-term trainee levels (including medical students, pediatric residents, and pediatric practitioners) to strengthen their ability to assess and address the developmental-behavioral needs of their patients.[25] Fellows should participate in these teaching activities, and serve as role models for students, residents, and other short- and medium-term trainees. Grant funds may be used to provide stipends to long-term trainees (300+ hours) and advanced medium-

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24 "Fellowships" refer to non-degree-related training and "traineeships" refer to degree-related training. As used elsewhere the term "trainee" is generic. Appendix A: Applicable Standards for Using Grant Funds to Support Trainees/Fellows defines trainees and fellows and provides guidelines for support.

25 Medium-term trainees are trainees receiving 40 to 299 contact hours in a program. Short-term trainees are trainees receiving less than 40 contact hours in a training program. Short-term trainees are enrolled in a formal course of study and are distinct from CE participants. Contact hours are defined as hours spent in didactic training (i.e., hours of course work or number of academic hours for which a trainee is registered); on site clinical work or hands-on, supervised clinical work; and experiential activities and projects conducted under the supervision of faculty (e.g., research, presentations, proposal development).

term trainees (150–299 hours). See Appendix A for additional information on stipends.

4. **Successful programs should train practicing providers** through a minimum of one CE opportunity per year for current providers to enhance their skills and to disseminate new information. While there are many approaches to provision of CE, you may wish to incorporate the collaborative office rounds (COR) or ECHO models in their efforts.

5. **Successful programs should collaborate with other programs through:**

   - Joint efforts to advance the field and address the DBP workforce shortage. This could include efforts across all DBP Training recipients to increase visibility of the field and raise interest among potential recruits; partner to develop innovative training curricula for fellows, residents or practicing providers; or partner with other MCH training programs to advance the system of care in their region.
   - Partnership with HRSA training and research investments, including, but not limited to, Autism CARES-funded programs in your region (state programs, research networks, and LEND recipients), some of which are coordinated under the Autism CARES Act National Interdisciplinary Training Resource Center (ITAC).
   - Participating in the DBP Training recipient meeting held each year. Each program will send two faculty members, including the project director (PD) and/or other key staff, all fellows, and (optionally) other LTTs. The purpose of this meeting is to share fellows' research, promote collaboration across programs, disseminate new information, and enhance national-level, long-term development in DBP regarding training, health services, and research issues.
   - Supporting collaboration, networking, joint learning across MCHB DBP Training programs by demonstrating willingness to host the DBP Training Program recipient meeting and supporting additional collaborations between fellows/trainees and product dissemination.
   - Attendance at the Autism CARES recipient meeting held every other year in Washington, DC. At a minimum, a PD or other key staff must attend. The recipient meetings will likely occur the summers of 2025 and 2027.

6. **Successful programs should offer technical assistance (TA) or consultation** which may include program development and evaluation; clinical services; needs assessment; policy and guideline formulation; peer-to-peer support; and review/advisory functions. Of particular interest to HRSA is TA to Title V agencies, community-based programs, organizations in rural and underserved communities, and others, to support the system of care for individuals with autism/DD and other behavioral health concerns.

7. **Successful programs should develop and disseminate educational resources:**
Including new or revised curricular materials, teaching models, and other resources in response to new research findings and developments in DBP. Disseminating these products to other relevant programs will promote enhanced attention to DBP and expand access to care.

8. **Successful programs should evaluate their activities:**
- To identify and analyze project outcomes, including impact on different target populations.
- To monitor progress toward the goals and objectives of the project and conduct continuous quality improvement. This includes assessment of systems, health, and performance outcome indicators, such as those required in the Discretionary Grants Information System (DGIS) noted in the Reporting section.
- To assess whether the emphases on diversity, cultural and linguistic responsiveness, and person- and family-centered care might also help to reduce health disparities.
- Including participating in HRSA's autism program evaluation activities, as required. Participation may include responding to surveys, interviews, and providing other reports and data.

9. **Successful programs should have faculty and staff** with demonstrated leadership and appropriate education and experience in DBP necessary to fulfill the training goals and objectives.

- The PD has direct, functional responsibility for the program for which support is directed and is expected to commit at least 20% effort (either grant-supported and/or in-kind) on this project.
    - The PD should be board-certified in DBP.
    - The PD should demonstrate leadership within the applicant organization to ensure successful implementation of the grant program.
    - The PD should demonstrate leadership and expertise in the field of DBP, experience in post-graduate level teaching and productivity in the conduct of scholarly research in DBP.
    - The PD position cannot be shared. Only one PD is formally recognized by HRSA on the notice of award (NOA) and will receive key HRSA communications.
- Core faculty have the primary responsibility for planning, designing, implementing, supervising, and evaluating all training and service elements of the DBP Training Program grant.
    - The interdisciplinary team includes individuals who have lived experience with autism/DD, both personally (self-advocates) and as family members. All grants must support involvement of at least one family member and one self-advocate to present the family and personal perspective to all trainees. This may include teaching, mentoring, coordinating community experiences

for trainees, advising other faculty on personal/family perspectives, planning training and developing curriculum, and serving as faculty. Individuals with disabilities or parents/siblings of individuals with disabilities who consult to your program or serve as faculty/staff members must be financially compensated.
    - The faculty includes well qualified professionals representing various disciplines, including pediatrics, nursing, child development, psychology, child and adolescent psychiatry, nutrition, social work, child neurology, speech and language pathology, education, physical therapy, occupational therapy, and public health (e.g., health policy, organization and administration of services, program development, evaluation). Faculty from other disciplines may be included, as appropriate for interdisciplinary teaming.
    - Core faculty must meet at least the minimum standards of certification/licensure generally accepted by their respective professions. Each core faculty must demonstrate leadership and must have teaching and clinical experience specific to the health care needs of the population on which the program is focused.
    - Core faculty must be able to document cultural responsiveness, knowledge and experience in patient-centered care, family-centered care, interdisciplinary teaming, and medical home or the project must provide appropriate CE for faculty to achieve these competencies.
    - Core faculty may be functionally, programmatically, or academically responsible to their academic appointment as identified in the staffing plan and position descriptions but must be responsible to the DBP PD for the time allocated to the project.
- The program will provide support for faculty salaries to ensure faculty can commit adequate time to participate fully in all components of the DBP Training Program grant.

10. **Successful programs should have the organizational capabilities to** support trainees at all levels and faculty to implement all aspects of the DBP Training program. This includes physical, audiovisual, and computer resources to the program that is at least at the level available to other comparable programs in the institution.

Program-Specific Instructions

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See **Form Alert** in Section IV.1 Application Package.

For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

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 and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below 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 1 Need*

  In your application:

  - Briefly describe the purpose of the proposed project and state concisely the importance of the project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 Need*

  In your application:

  - Document the needs related to services and systems of care for individuals with developmental and other related disabilities, including autism, as well as other behavioral health concerns.
  - Describe and document the target population reached by your DBP Training program and its unmet health needs, including how SSDOH will be addressed by the program. Use and cite demographic data whenever possible to support the information provided.
  - Discuss any relevant barriers in the DBP Training program's service area that the project seeks to overcome.
  - Describe the demand for DBP care, currently available training at various levels, and specifically identify issues the project will address and gaps that the project is intended to fill.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 Response and 4 Impact*

1) Overarching Methodology, Goals and Objectives

In your application:

- Propose methods that you will use to address the stated needs and meet each of the Program Requirements and Expectations of this NOFO.
- Propose a plan for project sustainability after the period of federal funding ends.
- Demonstrate how projects will involve individuals from populations to be served, including those from historically underrepresented groups, in the planning and implementation of the project.
- Describe the proposed project goals and objectives and how they relate to the potential of the project to meet the purpose, goals and objectives of the grant program described in Section I.1. Purpose of this NOFO.
- Propose objectives that are specific, measurable, attainable, realistic, time-bound, inclusive, and equitable (SMARTIE) for each project year.
- Propose program goals and objectives that are responsive to the Autism CARES Act of 2019 and the needs described in the needs assessment.

2) Curriculum

In your application:

- Describe clear, measurable educational objectives for an interdisciplinary core curriculum, clinical and didactic, addressing **all** the program requirements and expectations described in this NOFO.
- Include an outline of the curriculum, with descriptions of courses, workshops, seminars, clinical preparation, and field experiences in Attachment 5. Identify the competencies expected of trainees.
- Describe methods that will be used to deliver the training, including use of technologies such as e-learning systems, course management software, web-based conferencing, social media, and social networking tools.
- Describe how fellows are assigned administrative/academic responsibility for at least one focused service or teaching activity.
- Identify specific training objectives and the training activities in which short- and medium-term trainees are engaged.

3) Trainee Recruitment and Retention

In your application:

- Describe methods to recruit pediatricians to complete a 3-year DBP fellowship (LTTs).
- Describe methods to recruit DBP mini-fellows to complete a portion of the DBP fellowship training and how training activities will advance access to DBP care in primary care.
- Describe methods to recruit LTTs from other disciplines to complete a portion of the DBP fellowship training and how they will be integrated into the program with the fellows.
- Describe methods to recruit medium- and short-term trainees, to complete a portion of the DBP fellowship training.
- Describe efforts that will lead to increased diversity of the health workforce including underrepresented racial and ethnic groups. Performance Measure Training 6 requires annual reporting on the percentage of trainees from underrepresented racial and ethnic groups.
- Describe strategies to retain trainees at all levels through their completion of the program.

4) Collaboration and Strengthening Systems of Care

In your application:

- Describe the plan for meeting the CE requirement listed in the Program Expectation section each year. List the type of CE opportunities that you will offer, and how you will market and evaluate your offerings.
- Describe how you will collaborate with other DBP Training recipients and/or other entities, and HRSA training and research investments, including, but not limited to, Autism CARES-funded programs in your region.
- Indicate plans to participate in required recipient meetings, including the annual DBP Training Program recipient meeting, and the Autism CARES recipient meeting.
- Describe how you will partner with programs that address autism/DD and other behavioral health concerns, such as Title V programs, Part C programs, home visiting programs, early childhood programs, and school systems. Performance Measure Training 4 measures the extent to which recipients collaborate with state Title V agencies, other MCH programs, and professional organizations.
- Describe the plan for meeting the TA requirement each year. List the type of TA activities that you will conduct, and how you will market and evaluate your efforts.
- Describe plans to use telehealth and tele-consultation to expand the reach of the DBP Training Programs to rural and underserved areas.
- Provide a plan for dissemination/sharing of educational resources broadly.
- Include a plan to develop and convene the DBP Training Program recipient meeting, 1 year during the 5-year period of performance. See Budget section for what expenses will be covered by the host and what will be covered by individual recipients.

▪ *WORK PLAN -- Corresponds to Section V's Review Criteria 2 Response and 4 Impact*

In your application:

- Include the work plan in Attachment 1. The work plan should:
  - Describe each training activity, didactic, clinical and practicum, regarding purpose, methodology, content, time commitment, and method of evaluation.
  - Document dissemination of project results.
  - Include a timeline with all planned activities for the entire period of performance (5 years) and identify responsible staff.

- Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section.
- Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities.

Logic Model

In Attachment 1, 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:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable).
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.).
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources).
- Target population (e.g., the individuals to be served).
- Activities (e.g., approach, listing key intervention, if applicable).
- Outputs (i.e., the direct products of program activities).
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

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 additional information on developing logic models at ACF HHS: Logic Model Tip Sheet.

The logic model in Appendix B is a conceptual model of the national DBP Training Program initiative. This may also serve as a sample format for your logic model submission, which can be as short as 1-page.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 Response*

In your application:

- Discuss challenges that you are likely to encounter in designing and implementing the activities described.
- Describe potential challenges with recruitment of fellows and trainees at all levels and representing diverse backgrounds.
- Discuss approaches that you will use to resolve challenges described.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 Evaluative Measures and 5 Resources/Capabilities*

  In your application:

  - Describe the plan for evaluating the success of the project and implementing quality improvement.
  - Provide assurance that you will participate in HRSA's autism program evaluation activities.
  - Identify measures that you will use to assess performance and progress towards the objectives outlined in the Purpose section.
  - Describe how you will collect, analyze, track, and report data to measure process and impact/outcomes, including on the performance measures required in the DGIS systems noted in the Reporting section, and explain how the data will be used to inform program development and service delivery.
    - Describe plans for reporting on cultural responsiveness. Performance Measure Training 2 measures the extent to which cultural and linguistic competence is integrated into the grant's policies, guidelines, and training.
    - Describe your plan for tracking and reporting on former long-term trainees (including fellows and others) after completing the training program. This plan should include longitudinal follow-up data about LTTs that the recipient will report on 2 and 5 years after completing the training program on Training Forms 10, 11 and 12 of the DGIS system.
  - Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 Resources/Capabilities*

  In your application:

  - Provide documentation of current accreditation for certification in DBP by ACGME in Attachment 6.
  - Describe your organization's ability and past success in recruiting and retaining fellows and other trainees into the DBP training program.
  - Succinctly describe your organization's current mission and structure, scope of current activities, including an organizational chart (Attachment 4), and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.

- Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

- Describe briefly the physical settings and resources in which the program will take place. This includes sufficient and appropriate spaces for core faculty and trainee offices and for clinical and teaching activities. Include maps, if needed, in Attachment 8.

- Describe the partners and practicum sites available for trainees completing clinical and community-based preparation.

- Include in Attachment 3, noting overall page limits, select copies of agreements, letters of understanding/commitment or similar documents from key organizations/individuals of their willingness to perform in accordance with the plan presented in the application.

- Include the staffing plan and job descriptions for key faculty/staff in Attachment 2. Describe the minimum qualifications for each faculty position in the job description. Functional and program responsibilities should be specified in the narrative and position descriptions. A position description should not exceed one page in length but can be as short as one paragraph in length due to page limits.

- Describe the proposed PD's experience and expertise meeting the qualifications described, and how the PD will fulfill the administrative responsibilities and time commitment.

- Describe the proposed faculty and their qualifications to meet requirements, including expertise in autism/DD and other behavioral health issues and expertise in teaching, research and community service.

- Describe how the program will include a minimum of one family member to present a family perspective to fellows and trainees.

- Describe how the program will include a minimum of one self-advocate to represent a lived experience perspective to fellows and trainees. Performance Measure Training 1 measures the extent programs ensure family/youth/ community member participation in program and policy activities.

- Describe tools and strategies for ongoing staff training, outreach, collaborations, communication, and information sharing/dissemination with efforts to involve patients, families, and communities.

- Include biographical sketches in the SF-424 RESEARCH & RELATED Senior Key Person Profile form that can be accessed in the Application Package under "Mandatory." Even though the document has an OMB clearance number, it is not a standard form but a format, and so biographical sketches do count against the page limit.

Biographical Sketches

Provide a biographical sketch for key faculty/staff contributing to the project. The information must be current, indicating the individual's position and sufficient detail to assess the individual's qualifications for the position being sought and consistent with the position description. *Each biographical sketch must be limited to two pages or less as they count toward the overall page limit.* Include all degrees and certificates. When listing publications, list authors in the same order as they appear on the paper, the full title of the article, and the complete reference as it is usually cited in a journal. List the PD's sketch first then all other sketches must be arranged in alphabetical order, after the PD's sketch, and attached to SF-424 Senior/Key Person profile form.

It is strongly encouraged that biographical sketches follow the format described below:

- *Professional information.* At the top of page one, include name, position title, education/training including: institution and location, degree, month/year degree attained, field of study.
- *Personal statement*. Briefly describe why you are well-suited for your role(s) in the project described in this application.
- *Positions and honors*. List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any federal government public advisory committee.
- *Contribution to the field*. Reference up to five of your most significant contributions to the field, including peer-reviewed publications or other non-publication products).
- *Project support.* List both selected ongoing and completed research or training projects for the past 3 years (federal or non-federally-supported). *Begin with the projects that are most relevant to the research proposed in the application.*

When applicable, biographical sketches must include training, language fluency and experience working with populations that are culturally and linguistically different from their own.

iii. *Budget*

The directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may 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) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), "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 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Indirect costs under training awards to organizations other than state or local governments, or federally recognized Indian tribes, will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

iv. *Budget Justification Narrative*

See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*.

All budgets must provide satisfactory details to fully explain and justify the resources needed to accomplish the training objectives. This justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes.

Budget justification must document support provided to LTTs, including fellows, either through this award or through other sources.

You should budget funds for required meetings and include in the justification a description that includes attendance at the annual DBP Training Program and the Autism CARES recipient meetings.

- Include a brief plan for fulfilling the responsibilities of hosting the DBP Training Program annual recipient meeting along with the statement of willingness and capability.
    - IMPORTANT NOTES: Pending the availability of funds during each year of the period of performance, the one designated recipient will receive an administrative supplement of up to $42,000 post-award, in additional funding to cover the costs of the annual meeting. The host should coordinate with the MCHB project officer in selecting both the date and location of the DBP annual meeting to facilitate coordination with other meetings. While only five recipients will host the meeting, you should include a brief plan for fulfilling this responsibility. Internal planning for the annual meeting must remain consistent with a budget of $42,000. However, do not include these annual meeting costs in the overall budget request. The budget must not exceed $283,000 per year, as annual meeting supplemental funding will not be finalized until post-award.

- The meeting host will be discussed among the awardees at the annual meeting the year prior to identify the optimal geographic location for all recipients. MCHB will make the final decision on who will receive the funds and host the meeting.
- Responsibilities of the host program include agenda development, meeting logistics, meeting room rental and audiovisual support, arrangements, expenses, and payment for the program speakers, and reserving a room block for hotel rooms (individual programs will pay for rooms for their faculty and trainees). The host program will pay for meeting meals in lieu of one-half the per diem, for approximately 90 participants—a minimum of two faculty and three fellows from each program, plus the other LTTs who have the option to join at each recipient's discretion. The host program will also use funds to support networking and/or product dissemination beyond the meeting. This may include convening fellows/trainees to support networking and mentoring across programs, compiling presentation abstracts from fellows or recipient products for dissemination, supporting a joint training activity for fellows, trainees and/or faculty, etc.

In your application:

- Indicate key faculty/staff FTE commitment to the DBP program with documentation to support that they will be allotted adequate time to meet project objectives. If key faculty/staff time for DBP will be supported by other funds, please indicate this in the budget narrative.
- Indicate how the budget narrative supports the proposed project activities, including training activities and provision of TA and CE.
- Include the number of trainees expected each year (specifying the number of short-, medium-, and LTTs) and how many of those will be DBP fellows, mini-fellows and trainees from other disciplines.
- Indicate trainee support, including stipend amounts, and how they will be distributed. Participant/Trainee Support Costs: For applicants with trainee support costs that are not covered by graduate medical education (GME), if applicable, list health insurance, stipends (including subsistence and housing costs while at rotation site), travel to rotation sites, and the number of trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "Total Participant/Trainee Support Costs" which includes the summation of all trainee costs.

  NOTE: Fringe benefits are not allowed for residents receiving stipend support while in rotations. Health insurance is allowable, but award funds cannot be used to pay for other fringe benefits, such as FICA, workers compensation, and unemployment insurance. Stipends are only allowable for the specialty indicated in the application. Refer to the HHS Grants Policy Statement at https://www.hrsa.gov/sites/default/files/grants/hhsgrantspolicy.pdf.

- Indicate if trainees will be supported through other means.
- Indicate compensation for family and self-advocate partners for contributions to the project.
- Describe travel funds requested, indicating how you will meet the requirements for each meeting listed.
    - The annual DBP Training Program recipient meeting. At least two faculty members, the PD and other key staff and all fellows must attend the DBP Training Program meeting which will be held once a year. A PD or other key staff are considered program representatives. Other LTTs are highly encouraged to attend. Individual DBP Training Program recipients are responsible for transportation, lodging, and other expenses to and from the meeting for their faculty and fellows attending. Please note, individual recipients will now be required to provide lodging rather than the host program as in previous award cycles.
    - The Autism CARES recipient meeting which is held every other year in Washington, DC. At least one program representative must attend. At a minimum, a PD or other key staff must attend. We anticipate these will occur the summer of 2025 and 2027.
- Describe how you will budget funds meeting the requirements to host one DBP recipient meeting during the 5-year period. (Include a description in the budget narrative but not in the SF-424 R&R Budget Period form.)

v. *Program-Specific Forms*

Program-specific forms are not required for this 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.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan and Logic Model, required

Attach the work plan and logic model for the project that includes all information detailed in Section IV.2.ii. Project Narrative. 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.vi. of HRSA's *SF-424 R&R Application Guide), required*

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

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 4: Project Organizational Chart, required

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

Attachment 5: Curriculum, required

The required description of the curriculum should include descriptions of courses, workshops, seminars, and field experiences in Attachment 5. Identify the competencies expected of trainees.

Attachment 6: Documentation of ACGME Accreditation, required

Include documentation indicating current accreditation for a DBP fellowship program by ACGME.

Attachment 7: Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts) that show the program's curriculum, workshop descriptions, field placements and other elements of the training.

Attachments 8–15: Other Relevant Documents

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

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR §

25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may 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 two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.grants.gov/)

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

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 application due date under this NOFO is ***January 19, 2023 at 11:59 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The Developmental Behavioral Pediatrics Training Program is not 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 R&R Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $283,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. 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 H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these and other restrictions will apply in the following fiscal years, as required by law.

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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 R&R Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: **2021-01E**.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under 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 and to assist you in understanding the standards against which your application will be reviewed. HRSA has 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.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank DBP Training Program applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's *Introduction and Needs Assessment*

The extent to which the application:

- Describes the target population and the social determinants of health impacting unmet health needs.
- Documents a strong knowledge of health and related issues for individuals with developmental and related disabilities, including autism, as well as other behavioral health concerns.
- Documents the critical needs that the proposed project will address, and gaps which the proposed project is intended to fill.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's Methodology, Work Plan, Resolution of Challenges

Work Plan and Logic Model (5 points)

The extent to which the:

- Proposed project responds to the Purpose included in the program description.
- Project goals and objectives address the stated needs/purpose outlined in Purpose section of this NOFO and the objectives are specific, measurable, attainable, realistic, time-bound, inclusive, and equitable (SMARTIE).
- Activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.
- Work plan (Attachment 1) describes the activities or steps used to achieve each of the objectives proposed in the methodology section.
- Logic model (Attachment 1) demonstrates the relationship among resources, activities, outputs, target population, short and long-term outcomes.

Curricula and Training Elements (Training program design, clinical and didactic training): (15 points)

- The extent to which the curriculum, included in Attachment 5, has clear educational objectives, is comprehensive and presents course descriptions and planned activities, including a variety of interdisciplinary clinical and research opportunities, for the full 3-year fellowship.
- Strength of plans to incorporate evidence-based practices and new advances into curricula that will develop professionals with expertise on autism/DD and other behavioral health concerns, including diagnosis and service provision.
- Evidence that the training facilitates collaboration with families and self-advocates and promotes patient-centered and family-centered care.
- The extent to which the curriculum addresses life course and social determinants of health and provides an understanding of the influences of family; environment;

lifestyle; cultural values; economic, legal, and political conditions; and technological advances on the health of children.

- Evidence that the curriculum aims to develop cultural and linguistic responsiveness and humility among the trainees and presents alternative models of disability, such as the socio-cultural and medical models.
- The extent to which the curriculum addresses relevant public health content and emphasizes the systems of care and integration of services supported by states, local agencies, organizations, private providers, and communities.
- The extent to which the curriculum, didactic and experiential, prepares graduates to assume leadership roles, and incorporates the MCH Leadership Competencies framework into the training.
- The extent to which the application proposes a collaborative research approach for trainees in partnership with faculty.
- Strength of the outcomes and activities described for medium- and short-term trainees.

Trainee Recruitment and Retention (10 points)

- The completeness, strength, and innovation of recruitment and retention plans and the strategies to attract trainees with training and career goals consistent with the purpose of the DBP Training Program.
- Strength of recruitment plans to attract trainees from diverse backgrounds, including from historically underrepresented racial and ethnic groups.
- Strength of methods to recruit a minimum of one new fellow per year, including a clear description of challenges related to recruiting DBP fellows and how they will be overcome.
- Strength of the plans to recruit a minimum of one LTT mini-fellow per year.
- Strength of plans to increase the DBP workforce by offering medium-term and short-term trainee programs and activities, including training a minimum of 200 STTs and MTTs each year.

Collaboration and Strengthening Systems of Care (10 points)

- The strength of the proposed continuing education (CE) activities for practicing professionals, including meeting the minimum of one per year.
- The effectiveness and strength of the collaboration with those outside of the university (families, state Title V agencies, MCH, or other agencies) to strengthen systems of care.
- The strength of plans to provide consultation and technical assistance to those practicing in the field, including meeting the minimum of 10 TA activities per year.

- Strength of the plans to collaborate with other DBP Training awardees and/or other entities to address the DBP workforce shortage, and collaborate with research networks, state demonstration projects, and/or LEND programs funded under the Autism CARES Act of 2019.
- Demonstration of an effective use of technology to increase reach of DBP training to practitioners in underserved areas.
- Strength of plan to implement one activity per year that seeks to address equity in access to DBP services.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

- The degree to which the proposal presents evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.
- The strength of the methods for quality data collection, analysis, and reporting, including plans to track and report on required annual performance measures.
- The completeness of plans for tracking trainees after graduation to complete former trainee surveys and respond to performance measures.
- The strength of the project plan to use evaluation findings for continuous quality improvement.
- The strength of the plans to assess TA recipient, and medium- and short-term trainee experiences and the impact of the training and/or TA on their practice.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's *Methodology*, *Work Plan*

- The extent to which the proposed impact of the program is outlined in the logic model and proposed activities are tied to the intended impact.
- The extent to which the proposed project will result in increased access to care for children and strengthen the system of care.
- The extent to which project results may be national in scope and the degree to which the project activities are replicable.
- The strength of the plans to sustain key parts of the program beyond the federal funding.
- The feasibility and effectiveness of the dissemination plan to share curricula, assessment and other tools, training approaches, research findings, and successes.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

Organizational Capabilities (10 points):

- Evidence that the DBP fellowship program is accredited by ACGME.
- The strength of the plan to meaningfully involve individuals from populations to be served, including those from historically underrepresented groups, in the planning and implementing the project with appropriate compensation.
- The extent to which the applicant organization provides the quality and availability of facilities, resources (physical and virtual) and personnel to fulfill the needs and requirements of the proposed project.
- Evidence of formal affiliation agreements with institutions and programs outside of the university that are contributing to the training program, such as those serving as practicum sites (Attachment 3).
- The extent that the organization has the capacity to facilitate interdisciplinary discussions and experiences.

Faculty and Staff (10 points):

The extent to which the application:

- Demonstrates that the proposed PD is board-certified in DBP with demonstrated academic and scholarly leadership in the field.
- Demonstrates that the proposed PD has direct, functional responsibility for the program.
- Demonstrates that project personnel are qualified by training and/or experience to implement the project.
- Demonstrates that faculty members are effective in recruiting, teaching, collaborating with, and mentoring students as well as leading in the field of DBP.
- Demonstrates that a minimum of one self-advocate and one family member will be involved in the project and describes their roles, including mentoring the trainees.
- Demonstrates that the person identified on the project as responsible for refining, collecting, and analyzing data for evaluation is qualified by training and/or experience to fulfill these data-related activities.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Justification Narrative

- The extent to which costs for all 5 years of the period of performance are reasonable given the scope of work.
- Demonstrates that key personnel have adequate time devoted to the project to achieve project objectives (use of funds other than grant funds is permitted), including that the proposed PD has devoted at least 20% effort on this project.
- The extent to which budget line items are well described and justified in the budget justification.
- The extent to which funds are allocated for travel to required meetings, including support for two key staff, all fellows, and (optionally) other LTTs to attend the annual DBP Training Program recipient meeting, and for the PD or one key faculty member to attend the Autism CARES throughout the 5-year period of performance.
- The extent to which the number and size of trainee stipends and support are described in the budget.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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 R&R Application Guide* for more details.

3. Assessment of Risk

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.

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 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 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).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of July 1, 2023. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

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, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, 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 award 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 others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Utilize health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Utilize health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

Human Subjects Protection

Certificate of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, HRSA-supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to the award. For additional information which may be helpful in ensuring compliance with this term and condition, see Centers for Disease Control and Prevention (CDC) Additional Requirement 36 (https://www.cdc.gov/grants/additional-requirements/ar-36.html).

3. Reporting

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

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline. Please be advised the administrative forms and performance measures for MCHB discretionary grants will be updated on May 4, 2023. DGIS reports created on or after May 4, 2023 will contain the updated forms. To prepare successful applicants for their reporting requirements, the administrative forms and performance measures for this program are Form 1, Form 6, Form 7, Products, Publications and Submissions Data Collection Form, Technical Assistance/Collaboration Form, Continuing Education Form, Faculty and Staff Information, Former Trainee Information, Trainee Information (Long - term Trainees Only), Medium Term Trainees, Short Term Trainees, Core 3, Capacity Building (CB 3), Capacity Building (CB 5), Capacity Building (CB 6), Capacity Building (CB8), Child Health (CH 3), Children and Youth with Special Health Care Needs (CSHCN 3), Training Form 01, Training Form 02, Training Form 04, Training Form 05, Training Form 06, Training Form 10, Training Form 11, and Training Form 12. The type of report required is determined by the project year of the award's period of performance. The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection. (OMB Number: 0915-0298 | Expiration Date: 08/31/2025).

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	July 1, 2023 – June 30, 2028 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	July 1, 2023 – June 30, 2024 July 1, 2024 – June 30, 2025 July 1, 2025 – June 30, 2026 July 1, 2026 – June 30, 2027	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	July 1, 2027 – June 30, 2028	Period of performance end date	90 days from the available date

2) **Progress Report**s. The recipient must submit a progress report to HRSA on an annual basis. Among other items, the report will ask for progress against program activities and outcomes proposed in the application. More information will be available in the NOA.

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

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

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

LaToya Ferguson
Grants Management Specialist
Division of Grants Management Operations, OFAM

Health Resources and Services Administration
Phone: (301) 443-1440
Email: lferguson@hrsa.gov

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

Rita Maldonado, MPH
Project Officer, Division of MCH Workforce Development
Attn: Developmental-Behavioral Pediatrician Training Program
Maternal and Child Health Bureau
Health Resources and Services Administration
Telephone: (301) 443-3622
Email: rmaldonado@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
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

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

Appendix A: Applicable Standards for Using Grant Funds to Support DBP Trainees/Fellows

A. Definitions

1. A **long-term trainee** is an individual enrolled for 300+ hours in the DBP training program. Trainees are qualified to participate if they are currently achieving an advanced degree (pre-doctoral or doctoral), are family members or self-advocates, or are practicing professionals from the community with graduate degrees or commensurate work or leadership experience. Long-term trainee status is independent of a trainee's enrollment status at the academic institution (based on credit hours and/or academic units per term).

2. A **long-term fellow** is an individual enrolled for 300+ hours in the DBP Training program. Fellows are post-doctoral and have met at least the minimum standards of education and experience accepted by their respective professions. Long-term fellow status is independent of a fellow's enrollment status at the academic institution (based on credit hours and/or academic units per term).

3. An **advanced medium-term trainee** is an individual enrolled in DBP for 150–299 hours of training. Stipends for advanced medium-term trainees are at the discretion of the recipient. Trainee status is independent of a trainee's enrollment status at the academic institution (based on credit hours and/or academic units per term).

4. A **stipend** is allowable as cost-of-living allowances for trainees. A stipend is not a fee-for-service payment and is not subject to the cost accounting requirements of the cost principles.[26] This is also known as a "participant support cost" per the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

B. Qualifications for receiving stipends/tuition/salary support under this program

1. Trainees/fellows receiving stipends or salary under this program will generally be long-term trainees. Stipends for advanced medium-term trainees are allowable and may be provided at the discretion of the recipient.

2. Tuition support may be provided to DBP trainees/fellows enrolled full-time or part-time for academic credits.

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[26] HHS Grants Policy Statement (https://www.hrsa.gov/sites/default/files/grants/hhsgrantspolicy.pdf)

3. A long-term DBP trainee must have at least a baccalaureate degree and be enrolled in a graduate or fellowship program, or as a practicing professional with a graduate degree or commensurate experience.

4. A long-term DBP fellow must have achieved the academic degree and completed requisite training which constitutes the basic professional level training for their field.

5. A trainee or fellow who does not meet the requirements listed may be approved, upon request to the MCHB PO after award, only in those unusual circumstances where particular needs cannot be met within the categories described above.

6. Citizenship – The trainee or fellow receiving a stipend must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence, as evidenced by a currently valid Permanent Resident Card [USCIS Form I-551] or other legal verification of such status, by the start of the training grant, fellowship or traineeship, or award. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States.

7. Licensure – For any profession for which licensure is a prerequisite, the trainee/fellow must also be licensed by one of the states, or, in the case of foreign graduates, meet other requirements which legally qualify them to practice their profession in the United States.

C. Restrictions

1. Only long-term and advanced medium-term trainees may receive stipends from the grant funds.

2. Concurrent Support – Stipends or salary generally will not be made available under this program to persons receiving a salary, fellowship, or traineeship stipend, or other financial support related to the training or employment for the same hours counted toward the HRSA-funded traineeship/fellowship. Exceptions to these restrictions may be requested to the MCHB PO, after award, and will be considered on an individual basis.

3. Non-Related Duties – The funding recipient shall not use funds from this award to require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.

4. Field Training – Funded recipients may not use grant funds to support field training, except when such training is part of the specified requirements of a DBP training program, or is authorized in the approved application.

5. Award funds may be used for costs associated with reasonable modifications and accommodations for trainees with disabilities, however, these costs are not to be deducted from trainee stipends.

6. Award funds may not be used:
   a) For the support of any trainee who would not, in the judgment of the recipient, be able to use the training or meet the minimum qualifications specified in the approved plan for the training.
   b) To continue the support of a trainee who has failed to demonstrate satisfactory participation in the training program.
   c) For support of candidates for undergraduate or pre-professional degrees or credentials.

D. Trainee Costs

1. Allowable Costs:[27]
   a) Stipends or salary (except as indicated above).
   b) Tuition and fees.[28]
   c) Travel related to training and field placements (international travel requests will require prior approval).
   d) Post-doctoral/post-residency fellows may be supported via stipend or salary:
      a. If supported on salary, fringe benefits are an allowable cost.
      b. If supported via stipend, medical insurance is an allowable cost.
   e) Temporary dependent care costs that directly result from travel to conferences are allowable provided that:
      a. The costs are a direct result of the individual's travel for the Federal award;
      b. The costs are consistent with the non-Federal entity's documented travel policy for all entity travel; and
      c. The costs are only temporary during the travel period.

2. Non-Allowable Costs:[21]
   a) Dependent/family member allowances.
   b) Daily commuting costs.
   c) Fringe benefits or deductions which normally apply only to persons with the status of an employee.

3. Stipend Levels
   The Division of MCH Workforce Development (DMCHWD) has adopted stipend levels established by Kirschstein-National Research Service Awards (NRSA) for trainees and fellows (pre-doctoral and post-doctoral). Dollar amounts indicated in this NOFO are subject to update by the NIH as reflected in this issuance. All approved stipends indicated are for a full calendar year and must be *prorated for the training period*, as appropriate. The stipend levels may, for the DMCHWD, be treated as ceilings rather than mandatory amounts, i.e., stipends may be less than *but may not exceed* the amounts indicated. However, where lesser amounts

[27] Uniform Administrative Requirements (UAR 45 CFR § 75.466(a)) and the HHS Grants Policy Statement (HHS GPS).

[28] Under 45 CFR 75.466(a), tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution's practice to similarly compensate students in non-sponsored as well as sponsored activities. Other requirements also apply.

are awarded, the awarding institution must have established, written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all eligible trainees/fellows. These stipend levels were updated on May 13, 2022, https://grants.nih.gov/grants/guide/notice-files/NOT-OD-22-132.html

Stipends for DBP LTTs may be supplemented by other federal funding sources to support additional DBP training that exceeds the required 300 hours. The terms of the federal program from which the supplemental funds are to be derived must authorize this practice.

a) Pre-Doctoral trainee

One stipend level is used for all pre-doctoral candidates, regardless of the level of experience.

Career Level	Years of Experience	Stipend for FY 2022	Monthly Stipend
Pre-doctoral	All	$26,352	$2,196

b) Post-Doctoral fellow

The stipend level for the entire first year of support is determined by the number of full years of relevant post-doctoral experience** when the award is issued. Relevant experience may include research experience (including industrial), teaching assistantship, internship, residency, clinical duties, or other time spent in a health-related field beyond that of the qualifying doctoral degree. Once the appropriate stipend level has been determined, the fellow must be paid at that level for the entire award year. *The stipend for each additional year of support is the next level in the stipend structure and does not change mid-year*. These stipend levels should be used to guide support for post-doctoral and post-residency fellows whether supported via stipends or salary.

Career Level	Years of Experience	Stipend for FY 2022	Monthly Stipend
Post-doctoral	0	$54,840	$4,570
	1	$55,224	$4,602
	2	$55,632	$4,636
	3	$57,852	$4,821
	4	$59,784	$4,982
	5	$61,992	$5,166
	6	$64,296	$5,358
	7 or More	$66,600	$5,550

**Determination of the "years of relevant experience" shall be made in accordance with program guidelines and will give credit to experience gained prior to entry into the grant-supported program as well as to prior years of participation in the grant-supported program. The appropriate number of "years" (of relevant experience) at the time of entry into the program will be determined as of the date on which the individual trainee begins their training rather than on the budget period beginning

date of the training award. Stipends for subsequent years of support are at the next level on the stipend chart.

Appendix B: DBP Program Logic Model

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES **(What will program inputs do?)**	**OUTPUTS / PRODUCTS** **(What will be created as a result of the activity?)**	**SHORT-TERM (ST) / INTERMEDIATE (I)** **(What will change as a result of the product/system implemented?)**	**LONG-TERM (LT) / IMPACT** **(What will change if short-term / intermediate outcomes are achieved?)**
Training & Workforce Development • Recruit fellows, with an emphasis on underrepresented racial and ethnic groups • Train fellows on autism/DD/behavioral health systems of care and services and diagnosis of autism/DD/behavioral health concerns • Recruit and train medical students, residents, and providers from other disciplines as short-/medium-term trainees. • Offer continuing education to practicing providers on autism/DD/behavioral health concerns. • Provide diagnostic screening, assessment and follow-up	• Fellows and trainees recruited and trained on screening/diagnosis, interdisciplinary services, systems of care and leadership *# fellows graduated* • Continuing education offered for practicing providers. *# providers reached through CE* *# diagnostic screenings conducted*	• Increased knowledge of diagnosis and best practices for DBP populations. • Increased access to and delivery of high-quality care for DBP populations *# infants/children who received interdisciplinary diagnostic services to confirm or rule out autism/DD* • Increased number of DBP providers prepared to be leaders in the field. *% former trainees demonstrating leadership post graduation* • Fellows and trainees conduct diagnostic screening and follow-up *% former trainees working with MCH populations*	• Increased workforce capacity to provide behavioral health supports to children • Improved behavioral health for children • Improved health and well-being for children and youth with autism/DD
Partnerships, Collaboration, & Family Engagement	• DBP programs include family faculty members as educators and partners. *% recipients with family members on faculty*	• Increase in state and community support for DBP populations. • Increased patient- and family-centered care	• Improved behavioral health for children • Improved health and well-being for children and youth with

• Recruit family members and self-advocates as mentors and faculty • Collaborate with state Title V MCH programs for consultation, in-service education, and continuing education	• DBP programs include self-advocate faculty as educators and partners. *% recipients as self-advocates on faculty* • DBP programs collaborate with Title V to support community efforts to address DBP concerns. *% DBP programs collaborating with Title V or other MCH programs*	*% DBP programs including family, youth, and community member participation in program and policy activities.*	autism/DD/behavioral health concerns
TA Market and provide technical assistance (TA) to State Title V and community agencies. TA includes mutual problem solving and collaboration on a range of issues, which may include program development and evaluation; clinical services; needs assessment; policy and guideline formulation; site visits; and review/advisory functions.	• State Title V and community agencies receive technical assistance, consultation and education. *# TA activities and participants*	• Increase in knowledge of DBP, autism/DD/behavioral health issues and supports among Title V and community agencies • Increase in state and community support for DBP populations.	• Improved behavioral health for children • Improved health and well-being for children and youth with autism/DD
Research Support fellow scholarly activities, including engagement in research and quality improvement studies. Faculty and fellows attend annual recipient meeting where fellows present current and completed research.	Research projects completed by fellows	• Increased research outputs on DBP and autism/DD/behavioral health issues *# publications and products supported by award* • Increased knowledge of DBP and autism/DD/behavioral health issues among those who provide services in the field	• Improved behavioral health for children • Improved health and well-being for children and youth with autism/DD
Assessment, Evaluation, & QI	• Evaluation process and plan completed	• Increased knowledge of best practices in	• Improved behavioral health for children

• Develop evaluation process and plan for quality improvement	*% DBP programs conducting quality improvement activities based on evaluation results*	DBP training programs and practice settings	• Improved health and well-being for children and youth with autism/DD
*__Note__: Outputs and measures may be identified for any activity; those shown here are for illustration purposes only. __FAQ__: If an outcome applies to multiple activity buckets, it may be repeated.			