U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

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

Universal Newborn Hearing Screening and Intervention Program

Announcement Type: New and Competing Continuation
Funding Opportunity Number: HRSA-17-059

Catalog of Federal Domestic Assistance (CFDA) No. 93.251

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: October 14, 2016

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Issuance Date*:* August 15, 2016

Sadie Silcott, MBA, MPH
Public Health Analyst
Division of Services for Children with Special Health Needs
E-mail: ssilcott@hrsa.gov
Telephone: (301) 443-0133
Fax: (301) 443-2960

Authority: Public Health Service Act, Title III, § 399M, as amended by the Early Hearing Detection and Intervention Act of 2010 (P.L. 111-337) (42 U.S.C. 280g-1).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Services for Children with Special Health Needs (DSCSHN) is accepting applications for fiscal year (FY) 2017 Universal Newborn Hearing Screening and Intervention Program. The purpose of this program is to develop statewide comprehensive and coordinated programs and systems of care targeted towards ensuring that newborns and infants are receiving appropriate and timely services including screening, evaluation, diagnosis, and early intervention (EI).

Funding Opportunity Title:	Universal Newborn Hearing Screening and Intervention Program
Funding Opportunity Number:	HRSA-17-059
Due Date for Applications:	October 14, 2016
Anticipated Total Annual Available Funding:	$14,750,000
Estimated Number and Type of Award(s):	Up to 59 grant(s)
Estimated Award Amount:	Up to $250,000 per year
Cost Sharing/Match Required:	No
Project Period:	April 1, 2017 through March 31, 2020 (three (3) years)
Eligible Applicants:	Any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b) is eligible to apply). Faith-based and community-based organizations are also eligible to apply. (45 CFR § 75.218).

Application Guide

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

Technical Assistance

A pre-submission technical assistance webinar for all prospective applicants will be held:

Day/Date: Tuesday, August 30, 2016
Time: 3:00 p.m. - 4:30 p.m. ET
Dial-in: (866) 702-4108
Passcode: 7658669
Weblink: https://hrsa.connectsolutions.com/dscshngeneral/
Playback Link: http://mchb.hrsa.gov/

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Universal Newborn Hearing Screening and Intervention Program. The purpose of this program is to develop a comprehensive and coordinated[1] statewide[2] Early Hearing Detection and Intervention (EHDI) system of care targeted towards ensuring that newborns and infants are receiving appropriate and timely services, including screening, evaluation, diagnosis, and early intervention (EI). This purpose will be achieved by focusing efforts on: 1) increasing health professionals' engagement within and knowledge of the EHDI system, 2) improving access to EI services and language acquisition, and 3) improving family engagement, partnership, and leadership within the EHDI programs and systems.

Recipients will be required to:

- Engage health care professionals and families in learning communities to assure participants have information on how to effectively contribute to the health care system as it relates to deaf or hard of hearing children and their families;
- Develop and foster collaborative partnerships with EI programs to ensure that children who are deaf or hard of hearing have access to the necessary referral(s), care coordination, and pertinent services that will support language acquisition; and
- Address the importance of families within the EHDI system by incorporating family members within the learning communities as well as facilitating partnerships between families and various professionals and programs within the EHDI system.

A public health approach to systems alignment for improving and protecting community health and well-being will be important. A strong state EHDI system should be aligned with other public health and/or service programs within the state (i.e., partnering and collaborating with Maternal and Child Health programs such as MCH Title V Children and Youth with Special Health Care Needs (CYSHCN) Program, newborn bloodspot screening program, home visiting, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Early Head Start, Family-to-Family Health Information Centers, etc.).

Program Goal:

The goal of the program is to support the development of statewide programs and systems of care that ensure that deaf or hard of hearing children are identified through newborn and infant hearing screening and receive evaluation, diagnosis, and appropriate intervention that optimize their language, literacy, and social-emotional development.

---

[1] The Agency for Healthcare Research Quality defines coordinated care as care that is coordinated across all elements of the broader healthcare system whereas comprehensive care is defined as patients having the large majority of their physical and mental health needs met (https://pcmh.ahrq.gov/).

[2] For purposes of this funding opportunity, under 42 U.S.C. 201, the term "state" includes, in addition to the several States, only the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands.

Program Objectives:

1) To increase by 30 percent from baseline (initial collection of data which serves as a basis for comparison with the subsequently acquired data) the number of newborns and infants who receive timely diagnosis per Joint Committee on Infant Hearing (JCIH)[3] recommended practice guidelines by the end of the three (3) year project period. Baseline data will be based upon the 2014 CDC EHDI Hearing Screening & Follow-up Survey (HSFS).

2) To increase by 25 percent from baseline the number of newborns and infants who receive timely referral to EI per JCIH recommended practice guidelines by the end of the three (3) year project period. Baseline data will be based upon the 2014 CDC EHDI Hearing Screening & Follow-up Survey (HSFS).

3) To increase by 20 percent from baseline the number of newborns and infants identified to be deaf or hard of hearing enrolled in EI services within JCIH recommended practice guidelines by the end of the three (3) year project period. Baseline data will be based upon the 2014 CDC EHDI Hearing Screening & Follow-up Survey (HSFS).

4) All funded (100 percent) entities will develop partnerships supported by a memorandum of understanding with identified statewide, family-based organizations or programs that provide family support to families/parents/caregivers of newborns and infants who are deaf or hard of hearing by the end of the three (3) year project period.

Program Requirements:

Recipients will be expected to perform the following activities:

- Establish and implement a multidisciplinary program advisory group or committee to provide advice to the recipient on potential mechanisms to achieve project objectives and strategies. This program advisory committee should include stakeholders that reflect the comprehensive EHDI system, including health care professionals (e.g., clinicians who deliver pediatric primary care, pediatric specialists, nurses, EI providers, audiologists, etc.), parents/families of deaf or hard of hearing children, and deaf or hard of hearing individuals. The advisory committee should comprise a minimum of 25 percent parents/family members of infants/children who are deaf or hard of hearing and/or deaf or hard of hearing individuals. The program advisory committee, when applicable, should include representation from the following organizations within the state:
    - Birthing Facilities
    - State/territory offices/agencies responsible for the implementation of Part C of the Individuals with Disabilities Education Act (IDEA)
    - State/territory chapters of the American Academy of Pediatrics
    - State/territory Home Visiting Programs

---

[3] Joint Committee on Infant Hearing. Year 2007 Position Statement on Principles and Guidelines for Early Hearing Detection and Intervention Programs. *Pediatrics 2007; 120(4); 898*

    - State/territory Title V Programs (MCH and CYSHCN)
    - Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Programs
    - State/territory schools for the Deaf
    - State/territory offices of the Deaf and Hard of Hearing
    - An organization with expertise in addressing diversity, health equity and cultural competency
    - Family Organizations (e.g., Family-to-Family health information centers, Hands and Voices, Family Voices)
    - WIC
    - Early Head Start
    - State/Territory Medicaid agencies

- Develop a state-based learning community for pediatric health care professionals and families to increase knowledge and engagement within the EHDI system. The learning community will address the importance of early hearing detection and intervention and active family engagement within the EHDI system. For the purposes of this FOA, a learning community is defined as a select group of potential adopters and stakeholders who engage in a shared learning process to facilitate adaptation and implementation of innovations.[4]

  Pediatric health care professionals from various health care organizations (e.g., hospitals, federally qualified health centers, community health centers, private pediatric medical practices, etc.) will participate in the learning community. The learning community teams should include a clinician who delivers pediatric primary care, a practice or community based care coordinator, and a family member of a deaf or hard of hearing child.

  Recipients will be responsible for presenting and engaging participants in the learning community with information on how to effectively contribute to and participate in the EHDI system as well as understand the importance of active family engagement within the EHDI system. The participation in learning communities can be virtual in design. The learning community will address the following:
    - Training regarding the current JCIH 1-3-6 timeline recommendations[5] and the appropriate methods to address them;
    - Significant risk factors for late-onset early childhood hearing loss;
    - Peer to peer information sharing among participants and, where applicable, the American Academy of Pediatrics Chapter Champions;
    - Improving care coordination through the patient/family-centered medical home model,[6] including the surveillance of infants and children that need to be screened, followed-up or enrolled in EI programs;
    - Partnering with state/territory Title V CYSHCN programs on systems integration and family centered care coordination;
    - Providing family-centered care (an approach to care that assures the health and well-being of their families through a respectful family-

---

[4] https://innovations.ahrq.gov/learning-communities

[5] http://www.jcih.org/posstatemts.htm

[6] http://www.aafp.org/dam/AAFP/documents/practice_management/pcmh/initiatives/PCMHJoint.pdf

  professional partnership) that is culturally competent (reflecting a set of values, behaviors, attitudes, and practices within a system, organization, or program or among individuals which enables them to work effectively cross culturally);
  - Developing collaborative leadership skills for members of family organizations that support infants and children who are deaf or hard of hearing;
  - Engaging and including family partners and pediatric clinicians to ensure that the family and health professional perspective and experiences are integrated; and
  - Developing strategies to address barriers to linking or integrating their newborn hearing screening data to a core set of other newborn programs including, but not limited to, vital records, immunization, and blood spot screening.

- Report to HRSA progress of the learning communities six (6) months after the project begins on April 1, 2017 through a written report and each year, as a part of the annual non-competing continuation progress report. Recipients will also be responsible for assessing behavioral change among the learning community participants by collecting and reporting on the following measures in six (6) month intervals after baseline data has been collected upon the implementation and initial beginning of the learning community:
  - Number of participants that are aware of and follow the JCIH 1-3-6 recommended timeline guidelines;
  - Number of deaf or hard of hearing patients that have a care coordination plan;
  - Number of care coordination plans developed with the parent or family, caretakers;
  - Number of care coordination plans that are shared across providers (i.e. specialists, audiologists); and
  - Number of health care professionals that have developed partnerships with state Title V CYSHCN programs regarding systems integration and family centered care coordination.

- Coordinate and partner with federally funded EI programs such as the Program for Infants and Toddlers with Disabilities (Part C of IDEA) or other EI programs to ensure timely referral of newborn and infants into EI programs. EI programs that you coordinate and partner with should have a system of highly qualified EI service providers, who at a minimum are equipped with knowledge regarding the spectrum of communication modalities and will inform families of all available opportunities. These service providers should be professionals who have expertise in hearing loss, including educators of the deaf, speech-language pathologists, and audiologists.

- Collect, analyze, and report data on compliance with the requirement for timely access to an EI system.

- Coordinate with programs that provide services to newborns and infants including newborns and infants with special health care needs, (e.g., WIC, Home Visiting, local Maternal and Child Health agencies, and State Title V CYSHCN programs). These organizations can be instrumental in facilitating the message of the importance of follow-up screening, care coordination, and enrollment in EI services that may be necessary to a newborn or infant who is deaf or hard of hearing.

- Develop and maintain active family engagement and leadership efforts for families of children identified through newborn hearing screening who are deaf or hard of hearing. Recipients will be responsible for programmatic and fiscal support of family leadership and family engagement and for partnering with a minimum of one family support organization that supports families with deaf or hard of hearing infants/children. Recipients will be required to involve family partners in the development, implementation, and evaluation of the EHDI programs. Families should be consistently provided with the opportunity to collaborate with various leaders and policy makers in addressing the challenges to and providing solutions for the EHDI system. Additionally, programs will be required to partner with family-based agencies and organizations. Recipients will also be required to partner with HRSA's Family Leadership in Language and Learning Center after it begins operations on April 1, 2017.

- Recipients should integrate the newborn screening hearing program data with data from a core set of other newborn programs, including but not limited to vital records, immunization, and blood spot screening. Continued development of an integrated health information system and implementation of evidence-informed strategies for data sharing and linkage will allow for pertinent health information to be consolidated and shared among the necessary care providers, including primary health care physicians, nurses, and specialists. Improving data sharing and having an integrated information system will aid in ensuring that newborns and infants receive the pertinent screenings and follow-up services by providing complete, timely, and accurate information to the pediatric clinicians through a convenient single point of access. This will allow a determination to be made as to whether the appropriate screenings, referrals, and subsequent enrollment into EI programs have occurred in a timely manner.

- Embed quality improvement (QI) activities in the state EHDI programs. QI consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.[7] Recipients will be required to employ QI methodology as part of their strategies to address either: 1) improving access to quality EI services; or 2) active family engagement partnerships. QI methods should test and implement effective strategies to improve: a) access to quality EI services and/or b) continuous active family engagement and partnership.

- Conduct state-level outreach and comprehensive education to stakeholders (e.g., families including expecting parents; providers of obstetrical care; home visitors, audiologists, organizations that serve deaf or hard of hearing communities) on the importance of the EHDI system as it relates to timely screening diagnosis, referral,

---

[7] http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/

enrollment into EI services and the importance of the patient/family-centered medical home in the care of the child who's deaf or hard of hearing.

- Support implementation of health information technology within EHDI programs (e.g., tele-audiology; integrated data/information systems, mobile applications) to improve access to services and information sharing. Health information technology is defined for purposes of this funding opportunity as the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making.[8] Programs involving variations of health information technology have been utilized as innovative tools for care delivery, as well as linking patients and providers that are separated by geographic and socioeconomic barriers.

- Recipients are required to collaborate and, where possible, coordinate activities with the **L**eadership **E**ducation in **N**eurodevelopmental and Related **D**isabilities (LEND) programs and the MCHB-funded LEND pediatric audiology training programs, if there is one located within your state/territory.

- Implement and update an evaluation plan annually. The plan should address:
  - The extent to which the program-specific objectives have been met;
  - The evaluation of the project's goals and objectives;
  - The effectiveness of strategies implemented to address barriers/challenges; and
  - The data collection/monitoring/reporting pertaining to all project strategies.

- During the project period, recipients should implement a plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of the projects, e.g., strategies or services and interventions, which have been effective in implementing EHDI system reform by improving infrastructure support mechanisms and those that have led to improved outcomes for deaf and hard of hearing children.

Recipients will be expected to work with the National Technical Resource Center for Newborn Hearing Screening and Intervention to implement the various initiatives that are listed in this FOA. The National Technical Resource Center for Newborn Hearing Screening and Intervention will be responsible for continuing to provide technical assistance when a need is determined by the recipient or the MCHB project officer.

Budgetary Requirements:

In addition to the above program requirements, Recipients must allocate:

- No more than 5 percent of funding toward activities to support birthing facilities;
- A minimum of 15 percent of the funding towards evaluation and QI activities; and

---

[8] http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/Introduction/definehealthit.html

- A minimum of 25 percent of funding toward the support of family organizations, including deaf mentorship activities, which must be documented by a memorandum of understanding

Recipients will also be required to participate in the following:

- Annual Early Hearing Detection and Intervention (EHDI) Conference: budget for one (1) or two (2) staff and one (1) family member to attend the annual EHDI conference.

2. Background

This program is authorized by the Public Health Service Act, Title III, § 399M , as amended by the Early Hearing Detection and Intervention Act of 2010 (P.L. 111-337) (42 U.S.C. 280g-1). Based upon the legislative authority, funding is provided to the Health Resources and Services Administration (HRSA) for the development of statewide newborn hearing detection and intervention programs and systems, and to assist in the recruitment, retention, education, and training of qualified personnel and health care providers. This legislation also authorizes funding to establish and develop family-to-family support mechanisms for the families/parents/caregivers of children detected to be deaf or hard of hearing.

HRSA has carried out its legislative authority in alignment with the evidence-based JCIH's recommended best practices and guidelines for early hearing detection and intervention through its investments. The JCIH Year 2007 Position Statement recommends that all infants should have their hearing screened before one (1) month of age. For those infants who do not pass newborn hearing screening, audiologic diagnosis should be completed before three (3) months of age and infants with a confirmed hearing loss should be entered into a program of EI before six (6) months of age in order to facilitate age appropriate development of language and social skills.

Since Fiscal Year (FY) 2000, HRSA has invested in the EHDI system with its Universal Newborn Hearing Screening (UNHS) program that funds grants that strengthen state screening efforts and reducing loss to follow-up for diagnosis and enrollment in early intervention. HRSA also funds a National Technical Resource Center for Newborn Hearing Screening and Intervention through a cooperative agreement that provides as part of its responsibility, training and technical assistance to state and territory EHDI programs.

While efforts and initiatives of the HRSA-funded EHDI programs have resulted in substantial progress (i.e., the 2013 data for screening for hearing loss prior to hospital discharge is 97 percent; percent diagnosed before three (3) months of age is 69.1 percent) in addressing various aspects of the system, significant challenges remain. According to the most recent data available from the Centers for Disease Control and Prevention (CDC), in 2013 32.2 percent of newborns and infants were lost to follow-up (LTF) / lost to documentation (LTD) for additional audiological screening to confirm hearing status. Additionally, CDC indicated that 37.6 percent of infants and children identified to be deaf or hard of hearing did not have documentation of enrollment in EI services. Gaps in the EHDI system are evident by the high LTF/LTD rates and low documentation of enrollment in EI services. It should also be noted that the American Academy of Pediatrics recommends "regardless of previous hearing-screening outcomes, all infants with or without risk factors should receive ongoing surveillance of communicative development beginning at two (2) months of age during well-child visits in the medical home. EHDI systems should guarantee seamless transitions for infants and their families through this process."

For Fiscal Year 2017, HRSA will continue its investment in making improvements to the EHDI system by funding a three-year project period for recipients to focus efforts on initiatives that include increasing health professionals' knowledge and engagement; improving access to EI services and language acquisition; and improving family engagement, partnership, and leadership.

Increasing health professionals' knowledge and engagement:
Findings from a 2012-2013 survey of pediatric health care practitioners[9] indicated there remains a significant knowledge gap among physicians in the following areas related to newborn hearing screening:

- procedures for confirmation of hearing status;
- types of subspecialist referrals that should be made;
- risk factors for late-onset hearing changes;
- appropriate age for interventions;
- impact of different kinds of hearing changes on education and language development;
- methods for follow-up newborn hearing screening in the office; and
- requirements for reporting screening results to the state.

Additionally, newborns and infants who are identified as being deaf or hard of hearing receive services from various professionals, including audiologists and EI specialists.[10] Therefore, continued development of an integrated health information system and implementation of evidence-informed strategies for data sharing and linkage will allow for pertinent health information to be consolidated and shared among the necessary care providers, including primary health care physicians, nurses, and specialists.[11] This will allow for a determination to be made as to whether the appropriate screenings, referrals, and subsequent enrollment into EI programs have occurred in a timely manner.

---

[9] Survey conducted by Rachel St. John, MD, the Director of the Family-Focused Center for Deaf and Hard of Hearing Children, Children's Medical Center/University of Texas Southwestern Medical Center in Dallas

[10] Progress toward the Integration of Child Health Information Systems, Prepared by the Health Informatics Institute for the Health Resources and Services Administration, 2009

[11] Ibid

EI services:

The 2013 JCIH Supplement to the 2007 Position Statement states that "in the United States, there is evidence that earlier identification of children who are deaf or hard of hearing, accompanied by timely and appropriate interventions, can result in language, communication, cognitive, and social-emotional skills that are consistent with children's cognitive abilities and chronological age."[12] Birth to the age of two (2) is a critical time period for the acquisition of language and cognition for all children, and this period of time is often when deaf or hard of hearing children are deprived of processes that promote healthy language development.[13] During this period of early life, many deaf or hard of hearing children are, sometimes unintentionally and unknowingly, unable to access the language of their families or peers because this language is not in a visual form. In the absence of a visual language such as American Sign Language (ASL), the risk of harm from language deprivation is heightened and their cognitive capacities are reduced. Language deprivation is the harm that results when a child does not receive sufficient language input to acquire or learn any language or readily develop cognitive capabilities.[14]

The JCIH states that "a simplified, single point of entry into an intervention system that is appropriate for children with hearing loss is optimal."[15] Additionally, JCIH acknowledges the importance of ensuring that intervention programs should recognize and, when possible, incorporate the informed choices, traditions, and cultural beliefs of families. Members from the deaf and hard of hearing community who have direct professional and/or personal experience with ASL, spoken language, hearing-aid and cochlear implant usage as well as other communication strategies and technologies should, when applicable, also serve as an integral part of the EI programs.

The Individuals with Disabilities Education Act (IDEA), Part C, is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.[16] The Part C regulations, established in 2011, indicate that a newborn or infant should be referred as soon as possible, but in no instance any longer than seven days, after the identification of deafness/hearing loss.[17] An example of an intervention program is the Program for Infants and Toddlers with Disabilities, a federal grant program that assists states in operating a comprehensive statewide program of EI services for infants and toddlers with disabilities, from birth through two (2) years, and their families.[18]

Improving family engagement and partnerships:

The 2013 supplement to the 2007 JCIH Position Statement highlights that the success of EHDI programs depends on families working in partnership with professionals as a well-coordinated team. It is important for families to be empowered and utilized as partners in the development of systems that are being designed to address their needs and those of their newborns and infants.

---

[12] http://pediatrics.aappublications.org/content/pediatrics/131/4/e1324.full.pdf

[13] Humphries, et al: Language acquisition for deaf children: Reducing the harms of zero tolerance to the use of alternative approaches. Harm Reduction Journal 2012 9:16

[14] Ibid

[15] http://pediatrics.aappublications.org/content/pediatrics/131/4/e1324.full.pdf

[16] http://idea.ed.gov/part-c/search/new

[17] http://pediatrics.aappublications.org/content/pediatrics/131/4/e1324.full.pdf

[18] http://ectacenter.org/partc/partc.asp

Any modifications and/or improvements to the health care system should at a minimum be reflective and incorporate the needs of the families and their children, as they are the ones that are most closely affected by the system's performance. Families have a unique perspective on how the system currently affects them personally and can provide invaluable viewpoints on the steps that can be implemented to improve the system.[19] Since the system exists to meet the needs of the deaf or hard of hearing infants and children, it is critical that their parents and families' viewpoints are acknowledged and leveraged.[20]

The intention of this initiative is to continue to enhance the EHDI system so that newborns and infants diagnosed to be deaf or hard of hearing can have access to quality health care that is coordinated and comprehensive and that their parents/families are active participants throughout the continuum of care.

Maternal and Child Health Bureau

MCHB is a component of HRSA within the U.S. Department of Health and Human Services (HHS). Since its inception, Maternal and Child Health services awards have provided a foundation for ensuring the health of our nation's mothers and children. The mission of MCHB is to provide national leadership in partnership with key stakeholders, to reduce disparities, assure availability of quality care, and strengthen the nation's MCH/public health infrastructure in order to improve the physical and mental health, safety and well-being of the MCH population.

MCHB recently revised its national performance measure (NPM) framework that focuses on the establishment of a set of population-based measures. The 15 NPMs address key national MCH priority areas that represent the following six MCH population domains:
(1) Women/Maternal Health; (2) Perinatal/Infant Health; (3) Child Health; (4) CYSHCN; (5) Adolescent Health; and (6) Cross-cutting or Life Course. Learn more about the MCHB and the six (6) MCH population domains at http://mchb.hrsa.gov.

The Division of Services for Children with Special Health Needs

With the Omnibus Budget Reconciliation Act of 1989, Public Law 101-239 amended Title V of the Social Security Act to extend the authority and responsibility of MCHB to address the core elements of community-based systems of services for CYSHCN and their families. With this amendment, state Title V programs under the MCH Services Block Grant program were given the responsibility to provide and promote family-centered, community-based, coordinated care for CYSHCN and facilitate the development of community-based systems of services for such children and their families. CYSHCN are defined as "those children and youth who have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally."[21]

---

[19] http://www.nichq.org/about/expertise/patient-and-family-engagement
[20] Ibid
[21] McPherson et al. (1998)

According to the National Survey of Children with Special Health Care Needs (2009/2010), 15.1 percent of children under 18 years of age in the United States, approximately 11.2 million children, are estimated to have special health care needs. Overall, 23 percent of U.S. households with children have at least one child with special health care needs.

Through award initiatives, DSCSHN works to achieve the following six critical systems outcomes:

1) Family/professional partnership at all levels of decision making.
2) Access to coordinated ongoing comprehensive care within a medical home.
3) Access to adequate private and/or public insurance and financing to pay for needed services.
4) Early and continuous screening for special health needs.
5) Organization of community services for easy use.
6) Youth transition to adult health care, work, and independence.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation.

Funding will be provided in the form of a grant.

2. Summary of Funding

Approximately $14,750,000 is expected to be available annually to fund 59 recipients. You may apply for a ceiling amount of up to $250,000 per year. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is April 1, 2017 through March 31, 2020 (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for “Universal Newborn Hearing Screening and Intervention Program” in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance 2 CFR part 200 as codified by HHS at 45 CFR part 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

Any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b)). Faith-based and community-based organizations are eligible to apply.

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

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

No more than one award will be made to conduct activities in a state or territory.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the FOA to do otherwise.

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

Application Page Limit

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

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

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

Program-Specific Instructions

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

i. Project Abstract

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

ii. Project Narrative

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

Use the following section headers for the Narrative:

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

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 (Need)*
  Outlines the needs of the communities and populations to be served. The target population (newborns and infants identified as deaf or hard of hearing through UNHS and their families) and its unmet needs must be described and documented in this section. Disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions should be considered. You should also consider people with disabilities; non-English speaking populations; lesbian, gay, bisexual, and transgender populations; people with limited health literacy; or populations that may otherwise be overlooked when identifying your target population. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. Barriers may include any obstacles that prohibit the target audience from having access to the necessary services during any time that care is needed. This section will help reviewers understand the populations, the health care systems, and the communities that will be served by the proposed project.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion 2 (Response), 3 (Evaluative Measures), 4 (Impact), and 6 (Support Requested)*
  You must propose methods that will be used to address the stated needs (e.g. newborns/infants who receive a positive screening indicating possible hearing loss) and meet each of the previously described program goal, objectives, requirements and expectations listed in the Purpose section in this FOA which include 1) increasing health professionals' engagement within and knowledge of the EHDI system, 2) improving access to EI services and language acquisition, and 3) improving family engagement, partnership, and leadership within the EHDI programs and systems. Additionally, you must clearly describe how activities will incorporate the medical home concept when applicable, be replicated throughout the state and plans for dissemination of project results. You must also clearly describe program monitoring activities. The program monitoring activities must track the extent to which the activities are implemented as designed and determine areas for improvement on an annual basis. QI methodologies should be used to make improvements to the EI or family engagement initiatives of the project. Your methodologies in collecting and analyzing data should be clearly described.

Additionally, you must identify all members of the multidisciplinary program advisory committee which, when possible, should include representatives from the following state/territory organizations:

- Birthing Facilities
- State/territory offices/agencies responsible for the implementation of Part C of the Individuals with Disabilities Education Act (IDEA)
- State/territory chapters of the American Academy of Pediatrics
- Home Visiting Programs
- State/territory Title V Programs (MCH and CYSHCN)
- Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs
- State/territory schools for the Deaf
- State/territory offices of the Deaf and Hard of Hearing
- An organization with expertise in addressing diversity, health equity and cultural competency
- Family Organizations (e.g. Family-to-Family health information centers; Hands and Voices; Family Voices)
- WIC
- Early Head Start
- State/territory Medicaid agencies

The program advisory committee must comprise a minimum of 25 percent parents/family members of infants/children who are deaf or hard of hearing and/or deaf or hard of hearing individuals.

Applicants are expected to include a budget that will clearly describe how funding will be allocated for the proposed activities. Additionally, you must also propose a plan for project sustainability and diffusion of promising practices after the period of federal funding ends. You are expected to sustain key elements of the projects, e.g., strategies or services and interventions, which have been effective in implementing EHDI system reform by improving infrastructure support mechanisms and those that have led to improved outcomes for deaf and hard of hearing children.

- *WORK PLAN -- Corresponds to Section V's Review Criterion 2 (Response) and 4 (Impact)*

  Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. The proposed project's goals, objectives, and activities should be clearly aligned with the stated needs and meet the previously described program goal, objectives, and requirements outlined in the Purpose section, and review criteria outlined in Section V of this FOA. Use a time line that includes each activity and identifies responsible staff. Clearly describe an approach that is specific, measurable, attainable, realistic and time-bound (SMART). Use a time allocation table, graph, or chart that includes each activity and identifies responsible staff and partners, proposed outcome, intended impact, and how the activity's outcome and impact will be measured included in Attachment 1. The reviewers should clearly be able to link the overall program objectives with your specific project goals, objectives, and activities.

Additionally, you must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key staff, 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 or deliverables of program activities) and;
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

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

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 2 (Response), 3 (Evaluative Measures), 4 (Impact), 5 (Resources/Capabilities), and 6 (Support Requested)*

  The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, expected outcomes of the funded activities and plans to disseminate best practice models.

  Proposed Project Goals/Objectives

  The evaluation plan must measure the impact of the project as well as monitor the efficiency of the proposed project activities. Project-level evaluation should be specific and measure the extent to which you achieved the program-specific goal, objectives and requirements in the Purpose section of this FOA, as well as project specific goals and objectives.

  Data Collection/Outcomes

  Data collection strategies and outcomes for the proposed project should be outlined. Both process and outcome data should be monitored, including the use of qualitative and quantitative data collection strategies.

  You must describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery. You must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed. You must describe how data will be used for QI activities.

Additionally, data collection activities and procedures that are required by your evaluation should be accounted for and included within the scope of that budget (e.g., baseline and period data collection per program year). You will be required to collect and report on specific evaluation measures which are listed in the Review Criteria Section under Criterion 3: Evaluative Measures.

The Evaluative Measures that the applicant will have to address are the following:

- to what extent the program objectives have been met;
- to what extent these can be attributed to the project;
- the extent to which the applicant provides an evaluation plan that details the practices and procedures for successfully conducting the evaluation that includes measurable progress toward achieving the stated goals and objectives, and outcome/process measures;
- the extent to which the applicant describes how the data will be collected, analyzed, and tracked; and
- the extent to which the applicant describes the quality improvement QI methodologies that will be incorporated into the proposed project.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 2 (Response), 3 (Evaluative Measures), 4 (Impact), 5 (Resources/Capabilities), and 6 (Support Requested)*
  Provide information on your organization's current mission and structure, scope of current activities, and an organizational chart (Attachment 5), and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target population of the communities served are routinely assessed and improved. Describe the ability to perform QI projects. Provide a detailed description of ability to engage families and primary care providers.

You must include a description of the existing available resources (i.e. staff, funds, in-kind contributions) and supports available at the community, state, regional, and/or national levels to support the project. Provide a detailed description as to how all of these will contribute to the ability of the organization to conduct the program requirements, meet program expectations and the dissemination of the program's best practice models.

Describe current experience, skills and knowledge, including the individuals on staff, published materials, data collection capabilities and previous work that are similar in nature.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

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

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, *if applicable*, the additional budget instructions provided below.

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

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

iv. Budget Narrative

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

In addition, the Universal Newborn Hearing Screening Program requires the following:

- No more than 5 percent of funding toward activities to support birthing facilities;
- A minimum of 15 percent of the funding towards evaluation and quality improvement QI activities;
- A minimum of 25 percent of funding toward the support of family organizations, including any deaf mentorship activities, which must be documented by a memorandum of understanding and;
- You will be required to attend the annual EHDI conference. Budget for one (1) or two (2) staff and one (1) family member to attend the annual EHDI conference.

v. Program-Specific Forms

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation. Performance measures for other MCHB-funded grant/cooperative agreement programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) Performance Measures for the "Universal Newborn Hearing Screening and Intervention Program"

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found in Section "VI. Award Administration Information" of this FOA.

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application.

vi. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled**.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Also include the required logic model in this attachment.

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel

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

Attachment 4: Letters of Agreement / Description(s) of Proposed/Existing Contracts and/or Memorandum of Agreement(s) (project specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated as well as the memorandum of understanding with family organizations.

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

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

Attachment 7: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS

ONLY)

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, you are advised to include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.**

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

(1) The period covered (dates).

(2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.

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

Attachments 8-15: Other Relevant Documents

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

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

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

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

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

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is *October 14, 2016 at 11:59 P.M. Eastern Time*.

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

5. Intergovernmental Review

"Universal Newborn Hearing Screening and Intervention Program" is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a project period of up to three (3) years, at no more than $250,000 per year. 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, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2017, 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 the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which each application will be judged. Critical indicators have been developed 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. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The *Universal Newborn Hearing Screening and Intervention Program* has *six (6)* review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's "Introduction" and "Needs Assessment"
The extent to which the application demonstrates the problem and associated contributing factors to the issue and (10 points):

- uses relevant data to describe the health care needs of infants and newborns who are deaf or hard of hearing and their families as well as the problems, barriers and associated contributing factors (i.e. social determinants) of the problem ;
- addresses the barriers associated with infants/newborns who receive a positive screening but do not receive the diagnostic testing and/or EI services
- barriers that may impact the ability of infants and newborns who are deaf or hard of hearing to receive quality health care services ;
- demand for the proposed services to be provided by the project and;
- identifies weaknesses or/and gaps in the state's/geographic region's ability for providing the necessary medical and other pertinent services .

Criterion 2: RESPONSE (34 points) – Corresponds to Section IV's "Methodology," "Work Plan," "Resolution of Challenges," "Evaluation and Technical Support Capacity" and "Organizational Information"
The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives (3 points)

The extent to which the applicant addresses the following:

- Project activities are relevant and well defined with identified staff, consultants, and/or responsible partners-including families (3 points);
- The degree to which health professionals incorporate the medical home concept within their practices and are engaged within the EHDI system (3 points)
- Possible challenges and the strategies that will be used to address them (3 points);
- How the multidisciplinary program advisory committee of stakeholders with subject matter expertise in the project's focus areas will be convened (3 points). Representatives from the following organizations should, when possible, include:
    - Birthing Facilities
    - State/territory offices/agencies responsible for the implementation of Part C of the Individuals with Disabilities Education Act (IDEA)
    - State/territory chapters of the American Academy of Pediatrics
    - Home Visiting Programs
    - State/territory - Title V Programs (MCH and CYSHCN)
    - Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Programs
    - State/territory schools for the Deaf
    - State/territory offices of the Deaf and Hard of Hearing
    - An organization with expertise in addressing diversity, health equity and cultural competency
    - Family Organizations (Family-to-Family health information centers, Hands and Voices, Family Voices, etc.)
    - WIC
    - Early Head Start
    - State/Territory Medicaid agencies
- How the state-based learning community will be designed and implemented (3 points);
- Strategies that will be used to engage, coordinate and partner with EI program(s) (4 points);
- Strategies regarding the inclusion of active family engagement and leadership throughout the project, when appropriate; (includes Memorandum of Understanding with family organization) (4 points);
- QI methodologies that will be continuously utilized throughout the project with regards to EI services or family engagement, partnership, and leadership (3 points);
- How the applicant will support the implementation of health information technology within the project (e.g. tele-audiology, integrated data health

information systems, mobile applications etc.) to improve access to services and information sharing (2 points) and;

- The proposed plan to conduct state-level outreach comprehensive education to stakeholders regarding the EHDI system as it relates to the recommended current JCIH 1-3-6 timeline and the importance of the patient/family-centered medical home (3 points)

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's "Methodology," "Evaluation and Technical Support Capacity," and "Organizational Information"

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess:

- to what extent the program objectives have been met (4 points), and
- to what extent these can be attributed to the project (4 points).

In addition, the extent to which the applicant:

- Provides an evaluation plan that details the practices and procedures for successfully conducting the evaluation that includes measurable progress toward achieving the stated goals and objectives, and outcome/process measures (4 points);
- Describes how the data will be collected, analyzed, and tracked (4 points); and
- Describes the QI methodologies that will be incorporated into the proposed project (4 points).

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's "Methodology," "Work Plan," "Evaluation and Technical Support Capacity," and "Organizational Information"

- The degree to which the plans for dissemination of project results are feasible and effective (5 points),
- The extent to which project results may be national in scope (5 points),
- The degree to which the project activities are replicable (5 points), and
- The extent of the sustainability plans of the program beyond the federal funding (5 points).

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's "Evaluation and Technical Support Capacity," "Organizational Information," "Budget" and "Budget Narrative"

- The extent to which project personnel are qualified by training and/or experienced to implement and carry out the project (3 points);
- The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project (3 points);
  For competing continuations, past performance will also be considered (as submitted in Attachment 7's Summary Progress Report) and;
- Provides a description regarding the maintenance of up-to-date resources, tools, and models for sharing dissemination (4 points).

Criterion 6: SUPPORT REQUESTED (6 points) – Corresponds to Section IV's "Methodology," "Evaluation and Technical Support Capacity," "Budget," and "Budget Narrative"
The applicant must address the reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

- The extent to which costs, as outlined in the methodology, budget required resources sections, are reasonable given the scope of work and address the funding restrictions: no more than 5 percent of funding can be used towards activities to support birthing facilities; and a minimum of 15 percent of the funding must be allotted towards evaluation and QI activities (3 points);
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives (1 point);
- The extent to which adequate resources are devoted to family engagement, i.e. a minimum of 25 percent of funding must be allotted to the support of family organizations and any deaf mentorship activities which must be documented by a memorandum of understanding (2 points).

2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's *SF-424 Application Guide*.

Funding Priorities

This program includes a funding priority. Prior to final funding decisions, HRSA will assess all applications within the fundable range for eligibility to receive priority points. You do not need to request a funding priority. To minimize potential grant activity disruptions and maximize the effective use of federal dollars, HRSA will award priority points to competing continuation applicants according to the criteria below.

Program Compliance (5 points): HRSA will award 5 points if you are a competing continuation applicant applying to continue serving your current Region and if you have successfully achieved the previous grant goals and objectives based on progress reports submitted during the project period and a detailed accomplishment summary (submitted with this application) describing how the objectives were implemented and achieved.

3. Assessment of Risk and Other Pre-Award Activities

The Health Resources and Services Administration 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).

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants 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 an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

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

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of April 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of April 1, 2017. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

On June 10, 2016, the Office of Management and Budget approved MCHB to collect new performance measures from grantees as part of its Discretionary Grant Information System (DGIS). The new performance measures reflects MCHB's strategic and priority areas including financial and demographic information, health domain and program-specific measures, and program-specific measures that highlight the unique characteristics of discretionary grant projects that are not already captured. Collectively, these data communicate the MCHB "story" to a broad range of stakeholders on the role of the Bureau in addressing the needs of maternal and child health populations. These performance data will also serve several purposes, including recipient monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program.

These new performance measures will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered grant/cooperative agreement programs, while reducing the overall number of performance measures from what was previously used. The Project Officer will assign a subset of measures relevant to the program for which the grantees will report. In addition to reporting on the new performance measures, grantees will continue to provide financial and program data.

The new reporting package can be reviewed at: http://mchb.hrsa.gov/sites/default/files/mchb/Data/Discretionary_Grant_Information_System_Performance_Measure_Update.pdf.

New and continuing awards issued on or after October 1, 2016, will be required to report on the new measures. For successful competing continuation awards, recipients will report on their previous year activities (defined as those completed before October 1, 2016) using the forms and measures in DGIS as assigned in the previous FOA.

The release of the new DGIS Data Entry system to support this new performance data collection is planned for October 2017. Once the system has been developed and tested it will be available for grantees to submit performance reports. In order to ensure continuity in reporting, grantees will not report performance data until the system is available. However, grantees are expected to collect the information such that they may provide it through the system once it is available. Additional instructions will be provided on how to access and use the new DGIS once the new system opens for reporting.

The successful applicant under this FOA must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

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

3) **Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation.

a) Performance Measures and Program Data

After the NoA is released, the Project Officer will inform grantees of the administrative forms and performances measures they must report.

b) Performance Reporting Timeline

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

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

IMPORTANT NOTE: Look in on previous page for details on the release and data collection time for the new DGIS.

c) Project Period End Performance Reporting

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

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

VII. Agency Contacts

You may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Djuana Gibson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10W-54D
Rockville, MD 20857
Telephone: (301) 443-3243
Fax: (301) 443-4073
E-mail: dgibson@hrsa.gov

Mary Worrell
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10N194B
Rockville, MD 20857
Telephone: (301) 443-5181
E-mail: MWorrell@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Sadie Silcott, MBA, MPH
Public Health Analyst, Division of Services for Children with Special Health Needs
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18W57
Rockville, MD 20857
Telephone: (301) 443-0133
Fax: (301) 443-2960
E-mail: ssilcott@hrsa.gov

You may need assistance when working online to submit their application forms electronically. You should 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, seven days a week, excluding federal holidays at:

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

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

Technical Assistance:

A pre-submission technical assistance call for all prospective applicants will be held:

Day/Date: Tuesday, August 30, 2016
Time: 3:00 p.m. - 4:30 p.m. ET
Dial-in: (866) 702-4108
Passcode: 7658669
Weblink: https://hrsa.connectsolutions.com/dscshngeneral/
Call Playback Link: http://mchb.hrsa.goccv/

IX. Tips for Writing a Strong Application

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