U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

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

Transforming Health Care for Children and Youth with Epilepsy

Funding Opportunity Number: HRSA-19-060
Funding Opportunity Type(s): Competing Continuation and New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: April 11, 2019

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

Issuance Date: January 11, 2019

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 for the Transforming Health Care for Children and Youth with Epilepsy (CYE) Program. The purpose of this program is to increase access to coordinated, quality health care in a patient/family-centered medical home for CYE residing in rural and/or medically underserved areas. This will be accomplished by supporting quality improvement (QI) networks to address four content areas:
(1) increasing access to specialists through telehealth and telemedicine strategies;
(2) increasing family engagement at various levels across the health care system;
(3) improving the transition from pediatric to adult health care; and (4) increasing communication, collaboration, and co-management between primary care providers and epilepsy specialty providers.

Funding Opportunity Title:	Transforming Health Care for Children and Youth with Epilepsy
Funding Opportunity Number:	HRSA-19-060
Due Date for Applications:	April 11, 2019
Anticipated Total Annual Available FY 2019 Funding:	$2,912,000
Estimated Number and Type of Award(s):	Up to seven grants
Estimated Award Amount:	Up to $416,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2019 through August 31, 2023 (4 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b)) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply. (45 CFR § 75.218). See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, January 24, 2019
Time: 2–3 p.m. ET
Call-In Number: 1-888-889-6555
Participant Code: 9032218
Weblink: https://hrsa.connectsolutions.com/hrsa-19-060_thcfc_ywe/

The audio recording will be available until April 24, 2019, 11:59 p.m. CT.

Playback Number: 1-800-462-2082

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Transforming Health Care for Children and Youth with Epilepsy (CYE) Program. The purpose of this program is to increase access to coordinated, quality health care in a patient/family-centered medical home for CYE residing in rural and/or medically underserved areas. This will be accomplished by supporting quality improvement (QI) networks to address four content areas: (1) increasing access to specialists through telehealth[1] and telemedicine[2] strategies; (2) increasing family engagement at various levels across the health care system; (3) improving the transition from pediatric to adult health care; and (4) increasing communication, collaboration, and co-management between primary care providers and epilepsy specialty providers.

Program Objectives

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

This initiative will enable recipients to use QI methods to implement innovative and evidence-based/evidence-informed strategies to improve health outcomes for CYE, addressing the four content areas mentioned above (refer to page 7 for further detail regarding program description).

2. Background

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

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[1] As defined by Health Resources Services Administration Office for the Advancement of Telehealth, telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

[2] "Telehealth is different from telemedicine because it refers to a broader scope of remote health care services than telemedicine. While telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services." Office of Health Policy, Office of Assistant Secretary for Planning and Evaluation. Report to Congress: E-health and Telemedicine. August 12, 2016.

Epilepsy, the fourth most common neurological disorder in the United States, is a disorder of the brain that results in a person experiencing seizures.[3] The effects of these seizures can and often vary in occurrence. Some seizures can appear as staring spells, while other seizures can cause an individual to collapse, shake, and become unaware of their environment. People living with epilepsy also experience common comorbidities, including physical, neurological, and mental health conditions.[4] Such conditions can lead to poorer overall health status and quality of life.[5] According to the latest estimates, 470,000 children and youth aged 0 to 17 years have active epilepsy. The number of CYE is growing as the population increases, from 2.3 million in 2010, to 2.5 million in 2015.[6]

The complexity of epilepsy requires a comprehensive, coordinated system to reduce fragmentation across many entities, including health, education, and community services. A systems approach is required to meet the social, physical, cognitive, and emotional needs of CYE, families, and their communities. Additionally, a patient and family-centered approach to care is essential to improve the quality of life for CYE and their families, particularly for CYE living in medically underserved and rural areas, and racial and ethnic minority populations.[7]

Telehealth and Telemedicine
The advancement of health information technology over the last 40 years has made medical services more accessible through the use of telehealth and telemedicine, particularly for those individuals with special needs. The Health Resources and Services Administration defines telehealth as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Additionally, telemedicine is defined as the delivery of remote clinical services to diagnose and treat patients.[8] For further information regarding telehealth funding and resources, please visit the Federal Office of Rural Health Policy's Office for the Advancement of Telehealth or the National Consortium of Telehealth Resource Centers.

Through telehealth and telemedicine modalities, CYE, their families and/or caregivers have the ability to communicate jointly with their primary care physician and a neurologist or other specialist during a medical appointment. A number of barriers, including reimbursement, lack of awareness, security and privacy concerns, quality of

[3] Hirtz, D., Thurman, D.J., Gwinn-Hardy, K., Mohamed, M., Chaudhuri, A.R., Zalutsky, R. (2007). How common are the "common" neurologic disorders? *Neurology*, 68, 326-37.
[4] IOM (Institute of Medicine). (2012). Epilepsy Across the Spectrum Promoting Health and Understanding. Washington, D. C. *The National Academies Press*. 122-128.
[5] Idib.
[6] Zack, M.M., Kobau, R. (2017). National and State Estimates of the Numbers of Adults and Children with Active Epilepsy — United States (2015). *MMWR Morbidity Mortality Weekly*, 66, 821–825.
[7]Buelow, J.M., McNelis, A., Shore, C.P., Austin, J.K. (2006). Stressors of parents of children with epilepsy and intellectual disability. *The Journal of Neuroscience Nursing*, 38, 147-146.
[8] World Health Organization. (2009). Telemedicine: Opportunities and Developments in Member States. *World Health Organization eHealth Report*, 2.

care and the need for sophisticated equipment impact access to telemedicine services.[9]
A policy statement by the American Academy of Pediatrics recommends that
telemedicine services be delivered within the medical home, which can increase
communication among clinicians and result in a more efficient and higher quality care.[10]

Health Care Transition

Health care transition (HCT) planning is particularly critical for CYE as they move from
caregiver-oriented management to self-initiated management of epilepsy.[11] Leadership
and guidance among health care, education, and community service providers in
appropriately planning a youth's transition and care coordination is critical to decrease
gaps in care and delayed entry into the adult health care system.[12] Data from the 2016
National Survey of Children's Health indicate that 16.5 percent of youth with special
health care needs were likely to receive the services necessary to transition from
pediatric to adult health care.[13] CYE and their families who do not successfully
transition from a child primary care or specialty physician to an adult primary care or
specialty physician show a reported decline in their overall health.[14] CYE living in
medically underserved and rural areas are less likely to have access to coordinated and
comprehensive quality health care, including referrals to qualified subspecialists (e.g.,
pediatric and adult neurologists) compared to CYE in non-rural areas.[15]

Family and Patient Engagement

Family and patient engagement is an essential component for measurable
improvements in the quality of health care delivery, particularly for CYE and their
families.[16] For the purposes of this funding opportunity, family engagement includes
patients, families, their representatives, and health professionals working in active
partnership at various levels across the health care system. Family engagement leads
to better quality of care, decreases parent/caregiver anxieties, reduces health care cost,
increases patient and family satisfaction, and improves families' communication and
relationships with health care providers.[17] Although engaging families in health care
decisions improves a variety of health-related factors, families, parents, and caregivers
of CYE lack knowledge about epilepsy care, comorbities, and how to collaborate
effectively with their child's health care provider.[18] Engaging with CYE and their families
to access relevant data and knowledge about their health care allows them to actively

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

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

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

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

[13] Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. 2016 National Survey of Children's Health (NSCH) data query. Retrieved 06/26/18] from http://www.childhealthdata.org. CAHMI: http://www.cahmi.org.

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

[15] Pletcher, B.A., Rimmsza, M.E., Cull, W.L., Shipman, S.A., et al. (2010). Primary care pediatrician's satisfaction with subspecialty care, perceived supply, and barriers to care. *The Journal of Pediatrics*, 156-1011-5.

[16] Guide to Patient and Family Engagement in Hospital Quality and Safety. (2017). Agency for Healthcare Research and Quality, Rockville, MD.

[17] Marbell, P. (2017). Engaging families in improving the health care system for children with special health care needs. *Lucile Packard Foundation for Children's Health*.

[18] IOM (Institute of Medicine). (2012). Epilepsy Across the Spectrum Promoting Health and Understanding. Washington, D. C. *The National Academies Press,* 330.

and fully participate in their medical home, co-manage their epilepsy, and achieve their health and life goals.[19] For example, seizure action plans are designed to help parents define a consistent plan with their doctor to use when their child has a seizure. This tool can be used by individuals in the CYE's community, including teachers and other family members.[20] Engaging with CYE and their families to educate them about epilepsy increases self-confidence, competency in self-management, and increases their ability to partner in their own health care.[21]

Primary and Specialty Care Communication, Collaboration, and Co-Management
Quality care for CYE requires access to specialty providers and specialized epilepsy centers.[22] The shortage of pediatric and adult neurologists limits access to specialty care providers who treat CYE.[23] In 2012, 39 percent of children's hospitals reported vacancies of 12 months or longer for child neurologists. Child neurology ranked as one of the most shorthanded specialties, with average wait times of 45 business days.[24] The "treatment gap," or the difference between the number of people who need treatment for epilepsy and the number who receive it, is wider in rural communities than more urban ones.[25] One example, in South Carolina, has data indicating that 40.7 percent of people with epilepsy reside in rural counties requiring at least a day's trip to see a neurologist.[26] Limited access to specialty care providers burdens primary care physicians, who may lack the knowledge and confidence to treat CYE.[27] Additionally, the majority of day-to-day care and treatment for people with epilepsy, particularly uninsured or publicly insured CYE, is delivered by a primary care physician.[28] Multiple studies note that primary care providers' skill, knowledge, and comfort to treat people with epilepsy is limited and should be improved.[29] High quality primary care provided through a primary care setting can improve seizure control and reduce hospitalizations for those with epilepsy.[30]

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[19] IOM (Institute of Medicine). (2012). Epilepsy Across the Spectrum Promoting Health and Understanding. Washington, D. C. *The National Academies Press,* 329

[20] IOM (Institute of Medicine). (2012). Epilepsy Across the Spectrum Promoting Health and Understanding. Washington, D. C. *The National Academies Press,* 230.

[21] IOM (Institute of Medicine). (2012). Epilepsy Across the Spectrum Promoting Health and Understanding. Washington, D. C. *The National Academies Press,* 329

[22] IOM (Institute of Medicine). (2012). Epilepsy Across the Spectrum Promoting Health and Understanding. Washington, D. C. *The National Academies Press,* 7-8.

[23] Ibid.

[24] Dall, T.M., Storm, M.V., Chakrabarti, R., et al. (2013). Supply and demand analysis of the current and future US neurology workforce. *Neurology,* 81(5), 470-478.

[25] IOM (Institute of Medicine). (2012). Epilepsy Across the Spectrum Promoting Health and Understanding. Washington, D. C. *The National Academies Press,* 27-29.

[26] IOM (Institute of Medicine). (2012). Epilepsy Across the Spectrum Promoting Health and Understanding. Washington, D. C. *The National Academies Press,* 499.

[27] IOM (Institute of Medicine). (2012). Epilepsy Across the Spectrum Promoting Health and Understanding. Washington, D. C. *The National Academies Press,* 236-237.

[28] Ibid.

[29] Ibid.

[30] Ibid.

II. Award Information

1. Type of Application and Award

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

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $2,912,000 to be available annually to fund seven recipients. You may apply for a ceiling amount of up to $416,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2019 through August 31, 2023 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for Transforming Health Care for CYE in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any domestic public or private entity, including an Indian tribe or tribal organization. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

NOTE: In order to ensure geographic distribution, only one award per state will be made.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

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

2. Content and Form of Application Submission

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

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

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

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 8 -15: Other Relevant Documents.

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

Program Description

Each recipient will identify a network of clinical sites that include participating teams of primary and specialty health care providers, CYE and their families, and community-based organizations serving CYE in medically underserved areas.[31] They will use QI methods to implement strategies and adopt best practices to achieve the program goals.

Successful recipients will be expected to address the following activities:

1. Identify Target Population(s) and Participating Clinical Sites

- The recipient will serve medically underserved areas, including populations experiencing health disparities.[32]

- Prior to submission of the application, recipients will recruit at least seven clinical sites, as evidenced by memoranda of understanding (MOUs), to participate in a QI network and increase geographic reach. The clinical sites should include at a minimum:
    - four pediatric primary care sites[33] that each serve a minimum of 25 CYE;
    - one pediatric epilepsy specialty care site;[34] and
    - one adult health care site.

- Each clinical site should identify at least one site team lead to ensure project accountability, one health care professional, one family member or youth with

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[31] HRSA definition for Medically Underserved Areas: https://bhw.hrsa.gov/shortage-designation/muap-process
[32] HRSA defines health disparities as the differences in length and quality of life, and rates and severity of disease and disability because of social position, race, ethnicity, gender, sexual orientation, education, or other factors (http://www.hrsa.gov/publichealth/)
[33] Community-based primary care sites can include the following: rural health centers, federally qualified health centers, community-based primary care practices, other sites providing community-based primary care to CYE.
[34] Specialty care sites can also include the following: neurology clinics and practices, practice or hospital based epileptologists, and other centers, clinics or practices providing specialty care for CYE.

epilepsy as part of the team, and be telehealth/telemedicine ready, as grant funds cannot be used to purchase telehealth/telemedicine equipment.

- To encourage participation in the QI networks and ensure adequate access to care for CYE in the target area, up to 25 percent of funding can be used to support clinical site participation (e.g., providing financial incentives to clinical sites or families, payment of continuing medical education credits, staffing support for data collection, etc.).

2. Establish and Convene QI Networks

- Each recipient will convene a QI network. The network should include the seven participating clinical sites, including key staff from each clinical site listed above. Additionally, pediatric and adult primary health care providers, neurologists, family members, youth with epilepsy, and other stakeholders, such as community-based organizations serving CYE in the underserved area, should be included in the QI network.

  Recipients will provide training, support, and technical assistance (TA) to the network on improving care for CYE and implement at least one QI project in Year 1, and at least two QI projects in Year 2 and Year 3 to achieve the goals of the program by addressing all four content areas.

- Within 6 months of HRSA issuing the Notice of Award (NOA), all recipients, with support of the *Innovations in Access to Care for Children and Youth with Epilepsy* (HRSA 19-059) program recipient described below, will collectively select and prioritize the content areas for each yearly QI project.

- Recipients should support regular meetings, either in-person or virtually, of network participants; and convene at least one annual in-person meeting with network participants to establish team-building, partnerships, and testing of QI tools within each of the four content areas.

3. Facilitate Partnerships in the Network

Each recipient will:

- Identify and facilitate collaborative efforts between clinical sites and additional stakeholder groups that serve CYE in the target area that share the goal of improving access to care for CYE and their families, e.g., community-based primary care and specialty care sites, pediatric and adult clinical sites, and community-based organizations, and;

- Collaborate with individuals and organizations that support medically underserved populations, which include those in rural communities, racial-ethnic minority and low, socio-economic populations, and those with complex health needs and limited functional status to address disparities experienced by CYE from underserved populations.

4. **Establish a Monitoring and Evaluation Plan**

   Each recipient will:

   - Develop and implement a plan and timeline to monitor and evaluate program objectives/process measures within the clinical sites and to disseminate evaluation results to stakeholder organizations.

   - Propose indicators to measure primary care provider communication, collaboration, and co-management with specialty providers, e.g., National Quality Forum's Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination.

   - Establish data sharing agreements with the clinical sites in the network to ensure standardized data collection and accountability.

5. **Collaboration with *Innovations in Access to Care for Children and Youth with Epilepsy* program recipient**

   - Each recipient will work with the *Innovations in Access to Care for Children and Youth with Epilepsy* (HRSA 19-059) program recipient and other recipients. The HRSA 19-059 program recipient will assist recipients in improving access to coordinated, comprehensive, quality care for CYE by providing technical assistance, training, education, partnership building, and policy analysis and research.

   - Recipients will work with the HRSA 19-059 program recipient to identify a core set of measures that will be used to measure objectives across all networks.

   - Successful recipients will share progress of the network sites, including all QI project data, with the HRSA 19-059 program recipient and the HRSA Maternal Child Health Bureau (MCHB) Project Officer. Additionally, the HRSA 19-059 program recipient will provide recipients guidance and leadership in QI methodology.

   - The HRSA 19-059 program recipient will support recipients within the first 6 months of HRSA issuing the NOA to select and prioritize the four content areas for each yearly QI project.

   - Recipients will attend one in-person recipient meeting planned and convened by the HRSA 19-059 program recipient. The recipient's Project Director, program manager, and one CYE or family member are required to attend.

Grant funds cannot be used to purchase telehealth/telemedicine equipment.

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

Program-Specific Instructions

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

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

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1*
    - This section should briefly describe the purpose of the proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1*
  Data should be used and cited whenever possible to support the information provided. This section is to help the reviewers understand the needs of the population and clinical sites and barriers to receiving comprehensive, coordinated care for CYE and their families.
    - Describe the needs of the community, organizations, populations, and clinical sites served. The target population (CYE in rural and/or medically underserved areas) and their unmet health and social needs must be described and documented in this section.

    - Describe disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions. Include socio-cultural determinants of health and health disparities impacting the population or communities served.

    - Discuss relevant barriers and gaps in the evidence base of the four content areas the program will address and that the project hopes to overcome.

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

    - Propose all methods, including quality improvement methods, that will be used to address the stated needs to meet each of the previously described program requirements and expectations listed in the Purpose section in this NOFO. Discuss why the methodology chosen is appropriate for this project. Outline and describe detailed methodology

and plans for the development of tools and implementation of strategies for each of the four content areas.

- Describe process of identifying, incentivizing and maintaining participation of identified primary care clinical sites.

- Describe the clinical sites, team members, and provide a detailed description of the populations they serve, including but not limited to the following: number and demographics of CYE served, contracts/MOUs with other clinics/health systems, etc.

- Describe the telehealth-readiness of the sites including established telehealth services, essential equipment and availability of trained personnel.

- Identify best practices and strategies in each of the four content areas.

- Identify one individual within the network to act as the team's QI specialist.

- Describe how the methodology extends across all 4 years of the grant period.

- Describe the process of identifying, packaging, and disseminating evidence-based/evidence-informed tools and subsequent strategies that will be used in achieving the four content areas identified.

- Describe a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences. At a minimum, information that is provided should be appropriate for various health literacy levels and must also be culturally and linguistically appropriate.

- Describe a detailed data collection and analysis plan for clinical site data.

- List and describe attributes of key partners/collaborators that will be involved in planning, designing, and implementing the project's activities, including but not limited to the following: network team members, community-based organizations, state Title V Maternal and Child Health Programs, state and/or national Epilepsy Foundations, state Family-to-Family Health Information Centers, local American Academy of Pediatrics chapters, school-based health clinics and centers, other state and federal organizations and agencies.

- Describe how the proposed strategies will incorporate aspects of family engagement in care through all project levels.

- Propose a plan for project sustainability and diffusion of promising practices after the period of federal funding ends. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions that have been effective in improving practices and those that have led to improved outcomes for the target population.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 4*
  - Describe activities or steps used to achieve each of the objectives proposed during the entire period of performance in the Methodology section.

  - Develop and use a timeline that includes each activity and identifies responsible staff for all quality improvement activities.

  - As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

  - Acknowledge participation in technical assistance, training, and educational activities with the HRSA 19-059 program recipient, and regular contact with the HRSA 19-059 program recipient and MCHB Project Officer.

  You must submit a logic model for designing and managing the project as part of Attachment 1. 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., objectives, 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 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*
  - Discuss challenges likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

  - Describe challenges likely to encounter in implementing telehealth strategies in rural and/or medically underserved areas.

  - Discuss challenges likely to encounter in convening and facilitating a quality improvement project with diverse members in the four content areas.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 and 4*
  - Describe the plan for the program performance evaluation that will contribute to continuous quality improvement across all clinical sites.

  - Describe use of evaluation results to inform program and stakeholder decisions, policies, procedures, and processes.

  - Develop a program performance evaluation that monitors ongoing processes and the progress towards the goals and objectives of the project, including all clinical site data. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

  - Describe the systems and processes that will support your 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.

  - Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes and explain how the data will be used to inform program development and service delivery.

  - Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

  - At a minimum, 10 percent of the annual awarded budget must be allocated to evaluation activities and development of a plan to sustain the project's activities beyond federal funding.

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

  - Describe your organization's current mission and structure, scope of current activities.

  - Describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.

  - Include a project organizational chart as Attachment 5.

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

  - Describe how the organization will routinely assess and improve the unique needs of target populations of the communities served, including all clinical site needs.

  - Describes the organization's experience working with primary clinical practices sites, epilepsy care practitioners and clinical sites, families, and other stakeholders serving CYE.

  - Describes the organization's experience in providing QI.

  - Describes the organization's experience in the four content areas.

NARRATIVE GUIDANCE

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

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

iii. Budget

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

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

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

iv. Budget Narrative

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

In addition, the Transforming Health Care for CYE program requires the following:

- Recipient-Related Meetings: Funding to support a minimum of three staff to attend the annual recipient meeting and participate in monthly/quarterly calls.

- Evaluation/Sustainability Activities: Required data collection activities and procedures regarding evaluation should be accounted for and included within the scope of the budget (i.e., baseline and periodic data collection annually).

- Recipients must allocate a minimum of 10 percent of the awarded budged to evaluation and sustainability activities annually.

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

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

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

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))
> Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel
> Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts
> Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal, particularly MOUs with recruited clinical sites that includes language around data collection and data sharing. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart
> Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.
> To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: Progress Report
> **(FOR COMPETING CONTINUATIONS ONLY)**

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

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

(1) <u>The period covered (dates).</u>

(2) <u>Specific objectives</u> - Briefly summarize the specific objectives of the project.

(3) <u>Results</u> - Describe the program activities conducted for each objective and impact of those activities. 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://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

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

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

4. Submission Dates and Times

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

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

5. Intergovernmental Review

Transforming Health Care for CYE is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $416,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

You cannot use funds under this notice for the following purpose:
 • Purchase or service telehealth equipment, as indicated earlier in this NOFO.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on

use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

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

V. Application Review Information

1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, except for the competing continuations' progress report, which will be reviewed by HRSA program staff after the objective review process.

Review criteria are used to review and rank applications. The Transforming Health Care for CYE has six review criteria:

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

The strength, completeness, and feasibility of the applicant's:
- Proposed project and its alignment with the purpose of this NOFO.
- Use of data whenever possible to support the information provided.

The extent to which the applicant:
- Demonstrates the needs of the population and clinical sites and barriers to receiving comprehensive, coordinated care for CYE and their families.
- Demonstrates the needs of the community, organizations, populations, and clinical sites served, including the target population (children and youth with epilepsy in rural and/or medically underserved areas) and their unmet health and social needs.
- Describes disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions.
- Discusses relevant barriers and gaps in the evidence-base of the four content areas.

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

Methodology (30 points)
The strength, completeness, and feasibility of the applicant's:

Proposed Methodology (20 *points*)
- Proposed methods, including QI methods, to address the stated needs to meet each of the previously described program requirements and expectations listed in the Purpose and Program Description section in this NOFO. This also should include how the methodology will be implemented throughout all 4 years of the grant period.
- Proposed process of identifying, incentivizing and maintaining participation of identified primary care clinical sites, including the identification of clinical site team members, and population served; and a description of the telehealth-readiness of the sites including established telehealth services, essential equipment and availability of trained personnel.
- Proposed methodology and plans to conduct quality improvement projects including methods, tools, and implementation of strategies for each of the four content areas. This should also include data collection and analysis plan for clinical site data.
- Proposed best practices and strategies in each of the four content areas and the proposed process of identifying, packaging, and disseminating evidence-based/evidence-informed tools and subsequent strategies that will be used in achieving the four content areas identified.

Proposed Partners and Collaborators (*10 points*)
- Proposed key partners/collaborators involved in planning, designing, and implementing the project's activities, including but not limited to the following: network team members, community-based organizations, state Title V Maternal and Child Health Programs, state and/or national Epilepsy Foundations, state Family-to-Family Health Information Centers, local American Academy of Pediatrics chapters, school-based health clinics and centers, other state and federal organizations and agencies.
- Proposed strategies to incorporate aspects of family engagement in care through all project levels.
- Proposed strategy to disseminate reports, products, and/or project outputs so project information is provided to key target audiences. At a minimum, information that is provided should be appropriate for various health literacy levels and must also be culturally and linguistically appropriate.

Work Plan (5 points)
The strength, completeness, and feasibility of the applicant's:
- Proposed activities or steps used to achieve each of the objectives proposed during the entire period of performance in the Methodology section.
- Proposed timeline that includes each activity and identifies responsible staff.
- Proposed support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

The extent to which the applicant:
- Describes participation with the HRSA 19-059 program recipient, and regular contact with the HRSA 19-059 program recipient and MCHB Project Officer.

Resolution of Challenges (5 points)
The extent to which the applicant:
- Discusses challenges likely encountered in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
- Describes challenges likely encountered in implementing telehealth strategies in rural and/or medically underserved areas.
- Discusses challenges likely encountered in convening and facilitating a quality improvement project with diverse members in the four content areas.

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

The strength, completeness, and feasibility of the applicant's: (*15 points*)
- Proposed plan for the program performance evaluation, which will contribute to continuous QI across all clinical sites.
- Proposed use of evaluation results to inform program and stakeholder decisions, policies, procedures, and processes.
- Proposed program performance evaluation that monitors ongoing processes and the progress towards the goals and objectives of the project, including all clinical site data. The plan should include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.
- Proposed systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
- Proposed strategy to collect, analyze and track data to measure process and impact/outcomes, and how the data will be used to inform program development and service delivery.
- Proposed plan to address any potential obstacles for implementing the program performance evaluation.

The extent to which the applicant: (*5 points*)
- Describes current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
- Allocates at a minimum, 10 percent of the annual awarded budget to evaluation activities and development of a plan to sustain the project's activities beyond federal funding.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology, Work Plan, Evaluation and Technical Support Capacity, and Attachment 1

The strength, completeness, and feasibility of the applicant's:
- Proposed project logic model.
- Proposed plan will lead to increased access to coordinated, quality health care in a patient/family-centered medical home for CYE residing in rural and/or medically underserved areas by supporting QI networks in the four content areas.
- Proposed plan for project sustainability and diffusion of promising practices after the period of federal funding ends.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information, Attachment 2, and Attachment 3

The extent to which the applicant:
- Describes the organization's current mission and structure, scope of current activities, and how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.
- Includes an organizational chart.
- Discusses how the organization will follow the methodology and plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
- Describes how the recipient will routinely assess and improve the unique needs of target populations of the communities served, including all clinical site needs.
- Describes the organization's experience working with primary clinical practices sites, epilepsy care practitioners and clinical sites, families, and other stakeholders serving CYE.
- Describes the organization's experience in providing QI.
- Describes the organization's experience in the four content areas.

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

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

The extent to which the applicant:
- Outlines in the budget and required resources sections, reasonable requests given the scope of work.
- Identifies key personnel with adequate time devoted to the project to achieve project objectives.
- Describes funding to support a minimum of three staff to attend annual recipient meeting and participate in monthly/quarterly calls.
- Allocates 10 percent of the awarded budgeted to evaluation and sustainability activities annually.
- Describes provisions/incentives for clinical sites.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials may take into consideration the geographic distribution of recipients in making final award decisions, per 45 CFR part 75, Appendix 1 (E)(2). Specifically, a recipient will not be funded if there is another application from within the state that receives a higher score.

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

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

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

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

Human Subjects Protection
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

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

3. Reporting

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

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

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

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

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

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

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

   a) **Performance Measures and Program Data**

   To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H98_5.HTML and below.

Administrative Forms
Form 1: Project Budget Details   **Form 2: Project Funding Profile**   **Form 3: Budget Details by Types of Individuals Served**   **Form 4: Project Budget and Expenditures**   **Form 5: Number of Individuals Served (Unduplicated)**   **Form 6: Maternal & Child Health Discretionary Grant**   **Form 7: Discretionary Grant Project**

Updated DGIS Performance Measures, Numbering by Domain
(All Performance Measures are revised from the previous OMB package)

Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact

Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 3	New	N/A	Impact Measurement
CB 4	Revised	5	Sustainability
Children and Youth with Special Health Care Needs			
CSHCN 1	Revised	7	Family Engagement
CSHCN 2	Revised	40, 41	Access to and Use of Medical Home
CSHCN 3	New	N/A	Transition to Adult Health Care

b) Performance Reporting Timeline

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

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

c) Period of Performance End Performance Reporting

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

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

VII. Agency Contacts

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

Denise Boyer
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10N146B
Rockville, MD 20857
Telephone: (301) 594-4256
Email: DBoyer@hrsa.gov

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

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

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

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

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

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

VIII. Other Information

Logic Models

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

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

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, January 24, 2019
Time: 2–3 p.m. ET
Call-In Number: 1-888-889-6555
Participant Code: 9032218
Weblink: https://hrsa.connectsolutions.com/hrsa-19-060_thcfc_ywe/

The audio recording will be available until April 24, 2019, 11:59 p.m. CT.

Playback Number: 1-800-462-2082

Tips for Writing a Strong Application

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