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

Innovation in Care Integration for Children and Youth with Autism Spectrum Disorders and Other Developmental Disabilities Program

Announcement Type: New
Funding Opportunity Number: HRSA-16-048

Catalog of Federal Domestic Assistance (CFDA) No. 93.877

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: May 10, 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.

Release Date: March 8, 2016

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Authority: Public Health Service Act, § 399BB(b)(6), (42 U.S.C. 280i-1(b)(6)), as amended by the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2014 (Pub.L. 113-157).

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) 2016 Innovation in Care Integration for Children and Youth with Autism Spectrum Disorders (ASD) and Other Developmental Disabilities (DD) Program. The purpose of this program is to support the implementation of strategies to integrate care at a state system level for children and youth with autism spectrum disorders and other developmental disabilities. This program will have a special emphasis on improving care for children and youth with ASD and other DD in medically underserved populations.

Funding Opportunity Title:	Innovation in Care Integration for Children and Youth with Autism Spectrum Disorders and Other Developmental Disabilities Program
Funding Opportunity Number:	HRSA-16-048
Due Date for Applications:	May 10, 2016
Anticipated Total Annual Available Funding:	$2,520,000
Estimated Number and Type of Award(s):	Up to six (6) grant(s)
Estimated Award Amount:	Up to $420,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 31, 2019 (three (3) years)
Eligible Applicants:	Public or nonprofit agencies, including institutions of higher education, Indian tribes or tribal organizations, faith-based and community-based organizations (as those terms are defined at 25 U.S.C. 450b), are eligible to apply for federal funding. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

All applicants 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 for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

The MCHB will host a pre-submission technical assistance conference call for all prospective applicants on **Tuesday, March 22, 2016**. Call details are as follows:

Time: 2:00 p.m. – 4:00 p.m. EST
Dial-in: 1-866-662-1955 / Passcode: 9336249
Web link: https://hrsa.connectsolutions.com/dscshngeneral/
Call Playback link: http://www.mchb.hrsa.gov/programs/autism/index.html

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Innovation in Care Integration for Children and Youth with Autism Spectrum Disorders and Other Developmental Disabilities (ASD/DD) Program. This program supports the implementation of innovative, evidence-informed strategies to integrate care at a system-level within a state for children and youth with autism spectrum disorders (ASD) and other developmental disabilities (DD), with a special emphasis on medically underserved populations (based on poverty, rural geographic location, and/or populations that experience health disparities).[1] The target population for this program is all children and youth within a state identified as at risk for or diagnosed with ASD/DD.

Using the care integration framework recommended by the American Academy of Pediatrics (AAP), the care for children and youth with ASD/DD within the state will be integrated across systems to improve access to appropriate screening, referral, diagnosis, care coordination, and services.[2] Recipients/awardees will implement innovative, evidence-informed models of 1) family support and navigation, 2) shared resources, and 3) telehealth and/or telemedicine (including mobile health) health information technologies.

Program Goals

Improve access to a coordinated, comprehensive state system of services that leads to early diagnosis and entry into services for children with ASD/DD within the state and their families, emphasizing medically underserved and rural populations.[3]

Program Objectives

- Objective 1: By August 31, 2019, increase the proportion of children within the state identified as at-risk for ASD diagnosis and referred for diagnosis and ASD/DD services by 25 percent over baseline.
- Objective 2: By August 31, 2019, increase the percentage of children with ASD and other DD within the state enrolled in services before 37 months of age by 10 percent over baseline.
- Objective 3: By August 31, 2019, increase the percentage of children with ASD/DD residing in medically underserved communities within the state (based on poverty, rural, and/or populations that experience health disparities) enrolled in services before 37 months of age by 10 percent over baseline.
- Objective 4: By August 31, 2019, increase the proportion of children and youth with ASD and other DD within the state and their families by 25 percent over baseline who report increased knowledge, skill, ability and self-efficacy in family-centered care;

[1] The medically underserved population can be defined as a population with one or more of these attributes:
a. A part of a Health Professional Shortage Area (HPSA); it may be a whole county or group of county or group of contiguous counties, a group of civil divisions or a group of urban census tracts to which residents have a shortage of primary care clinicians and/or mental health professionals; and
b. An area that includes groups of persons who face economic, cultural or linguistic barriers to health care.
[2] American Academy of Pediatrics (2014)
[3] Definition of "coordinated care" is provided in *Section VIII. Other Information* of this FOA.

specifically related to referrals, diagnosis and access to services for ASD/DD (with a special emphasis on medically underserved populations).

- Objective 5: By August, 31, 2019, increase the number of referrals of at-risk children for ASD/DD within the state to early intervention programs and/or specialists for comprehensive evaluation by 25 percent above baseline.

The intention of this funding opportunity is to support the use of innovative, evidence-informed methodologies to achieve the goal of improving state system-level care integration for children and youth with ASD/DD and their families. All grantees of this funding opportunity will participate in a community of learners and implement quality improvement activities. This grant opportunity will allow grantees to collectively problem solve and share strategies through brainstorming sessions, workshops, and skills training sessions. Participants in the community of learners will share their successes and failures and rapidly make modifications and adaptations to support achieving objectives and allow for replicability of strategies. The learning community will consist of the following:

- Sharing of diverse perspectives and experiences from grantees;
- Collaborative problem-solving among participants; and
- Application of rapid cycles of improvement to support the testing and replicability of innovative strategies.

Program Requirements

Applicants must:

1) Establish a multidisciplinary project advisory group made up of stakeholders, including families and experts who have specialty background and experience in ASD/DD. The advisory group should consist of representatives of the following organizations: State Title V Program, State Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program, state Part B and C of the Individuals with Disabilities Education Act (IDEA), family leaders/family organizations (i.e. autism support groups and state family-to-family health information centers) and relevant state chapters of their professional organizations (i.e. the AAP). Other entities to consider including are: pediatric primary care clinicians, pediatric specialists, universities, community agencies, state legislatures, Medicaid, Children's Health Insurance Program (CHIP), private payers, early childhood education and school systems, Federal Qualified Health Centers, Community Health Centers and Rural Health Clinics. The applicant must demonstrate the capacity to develop effective partnerships with ASD/DD stakeholders in their state through letters of support, formal agreements and/or memorandum of understandings (MOU/MOA).

2) Use innovative, evidence-informed strategies to improve access to a coordinated, comprehensive system of services for children and youth with ASD/DD. Each evidence-informed strategy must include family engagement activities to ensure partnership between ASD/DD families and providers. The innovative, evidence-informed strategies are as follows:

- A *Shared resource* can support care coordination and case management. For the purposes of this funding opportunity, the shared resource can improve management of care for children with ASD/DD and improve communication and coordination between providers, specialists and community resources.[4] Resources that can be shared are as follows:
    a. Community networks;
    b. Community health teams;
    c. Regional Extension Centers;
    d. Area Health Education Centers; and
    e. Care teams.

- *Telemedicine* is the use of electronic communications and information technologies to provide clinical services when participants are at different locations. *Telehealth* is a broader application of technologies to distance education, consumer outreach, and other applications utilizing electronic communications and information technologies to support healthcare services.[5] *Mobile Health (mHealth)* is a form of telemedicine using wireless devices and cell phone technologies.[6] For the purposes of this grant opportunity, the telehealth/telemedicine activities should do the following:
    a. Facilitate ASD/DD diagnosis by observing behavior;
    b. Facilitate ASD/DD treatment through behavioral therapy;
    c. Increase access to medical and non-medical ASD/DD providers in medically-underserved communities; and
    d. Facilitate cross-system coordination, integration, and data sharing between and among providers and families.

- *Family Navigators*[7] guide families through and around barriers in the healthcare system to assist them in overcoming obstacles faced in accessing or receiving care.[8,9] For the purposes of this grant opportunity, the selected navigator model should assist children, youth, and families of ASD/DD in:
    a. Reducing delays in accessing the continuum of care services with an emphasis on timeliness of diagnosis and treatment of ASD/DD;
    b. Choosing, understanding, and using health coverage;
    c. Choosing, understanding, and using health providers and services;
    d. Making decisions about treatment;
    e. Providing care management by and through multiple providers; and
    f.Receiving care that is culturally[10] and linguistically[11] competent.

[4] Stanek. (2014)
[5] The American Telemedicine Association (2006)
[6] http://www.americantelemed.org/about-telemedicine/faqs#.VniUL_5dPIU
[7] (Also known as Patient Navigators)
[8] Ferrante et al . (2010).
[9] Wells et al. (2008)
[10] MCHB definition of "culturally competent" is provided in *Section VIII. Other Information* of this FOA

3) Include quality improvement activities in the implementation of the innovative, evidence-informed strategies. The quality improvement methodology should be used to achieve the project goals and objectives including: identifying needs, implementing small tests of change, using data to inform decisions, spreading successful change strategies, engaging stakeholders, and measuring improvement.

4) Include components of family engagement activities. Family engagement activities should address the continuum of needs and work at multiple levels in order to ensure children, youth and families of ASD/DD receive the level of participation that is best for them. The levels of engagement can be in direct care, organizational design and/or governance and policymaking. The continuum of engagement can be in consultation, involvement and/or partnership, and shared leadership. Each applicant should incorporate the appropriate family engagement activity that supports the chosen strategy.

5) Designate the target population that includes a minimum of twenty percent medically underserved (e.g. poverty, rural, and/or populations that experience health disparities). The medically underserved population can be defined as a population with one or more of these attributes:
    a. A part of a Health Professional Shortage Area (HPSA); with a shortage of primary care clinicians and/or mental health professionals; and/or
    b. An area that includes groups of persons who face economic, cultural or linguistic barriers to health care.

6) Use a minimum of twenty percent of the project budget for performance monitoring and to develop a comprehensive evaluation plan incorporating national, state, and community data. The evaluation plan should contain methodologies to measure the achievement of the program purpose, aim, and objectives and to track the status of the applicant's individual project goals and objectives. In addition, the grantee will be required to design and track an evaluative measure that shows improvement of the system of care for the ASD/DD population in the state.

7) Develop a plan that will sustain key project activities beyond federal funding.

Grantee Requirements:

In addition to the above program requirements, successful applicants will also be required to participate in the following:

1) Collaborate with other MCHB-Funded Grants: Funded applicants will be expected to collaborate and where possible coordinate activities with other MCHB grants including the LEND Training Programs, the Intervention Research Program, the State Public Health Coordinating Center, Family-to-Family Health Information Centers, Early Childhood Comprehensive Systems (ECCS) and the Systems Integration Grants for Children and Youth with Special Health Care Needs (CYSHCN). More information and links to resources for these programs can be found in Section VIII of this FOA. It is also

[11] MCHB definition of "linguistically competent" is provided in *Section VIII. Other Information* of this FOA

an expectation that successful applicants will collaborate with other MCHB-funded programs listed below in the Background section of this FOA.

2) Annual MCHB Collaboration, Accountability, Research, Education, and Support (CARES) Grantee Meeting: Funded applicants will be required to attend an annual MCHB CARES grantee meeting which will include all grantees funded under MCHB CARES. This meeting occurs in the Washington, D.C. area every other year and virtually in the consecutive year. The meeting will be held in the greater Washington, D.C. area in 2017. Applicants should budget for two (2) staff to attend the in-person meeting.

3) Annual Autism State Program Grantee Meeting: Funded applicants will be required to attend the annual state autism program meeting, which will include all State Autism Implementation Grantees. Applicants should budget for two (2) staff to attend the annual meeting.

4) Innovation Community of Learners: Grantees will be required to participate in the innovation community activities via a virtual format. These activities include conference calls, brainstorming sessions, workshops, webinars and skills training to support the implementation of selected innovative strategies.

5) Evaluation: Successful applicants will be required to work with MCHB's evaluation contractor who will be collecting quantitative and qualitative data for the evaluation of the MCHB Autism CARES Act Initiative.

2. Background

This funding opportunity announcement is authorized by the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2014 (Public Health Service Act, § 399BB(b)(6), (42 U.S.C. 280i-1(b)(6)), as amended by the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2014 (Pub.L. 113-157)).

The prevalence of ASD and other DD continue to increase in the United States. Recent data from the Centers for Disease Control and Prevention (CDC) surveillance study showed an autism prevalence rate of one in 68 children.[12] Early diagnosis is important for children with ASD and their families in order to initiate earlier intervention, family support services, and appropriate education planning. In 2006, the AAP released a policy statement urging developmental surveillance as part of every preventive health visit throughout childhood. In addition, pediatric primary care providers should screen all children with a standardized developmental tool at the 9-, 18-, and 24- or 30-month well-child visits for identification of developmental, behavioral, and/or social delays. The AAP also recommended administering a standardized autism-specific screening tool on all children at the 18-month well-child visit with a repeat screening to be performed at 24 months of age. If a child has a positive screening result for ASD, the AAP recommends giving the family peer-reviewed and consensus-driven information, referring the child for a comprehensive evaluation and early identification/early childhood education

[12] Centers for Disease Control and Prevention. (2014).

services.[13] In addition, the AAP created the Bright Futures Implementation Goals to support primary care practices in providing well-child and adolescent care according to *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.*[14]

Although the AAP recommendations are in place, and research supports that earlier identification of ASD can significantly improve developmental outcomes, the median age of first diagnosis of ASD was older than four years according to a CDC surveillance study.[15] According to the 2007 National Survey of Children's Health (NSCH), nationally, 19.5 percent of children aged 10-71 months received a standardized developmental screen in the previous 12 months.[16] Additional analysis of the 2007 NSCH and evidence from other cross-sectional studies indicate that lower socioeconomic status, residing in resource-poor communities, and racial/ethnic minority status are associated with delayed screening, diagnosis, and entry into early intervention services.[17,18,19]

Potential reasons for delayed diagnosis include insufficient training of providers, limited knowledge or availability of referral options, and delay in follow-through by the family after a referral is made. The MCHB Autism Screening and Referral, Diagnosis, and Services Workgroup, comprised of families, pediatric health practitioners, autism researchers, and state and federal policy makers, highlighted additional challenges and issues with the referral process subsequent to identification of children at risk for developmental delays by their primary care provider (PCP).[20] Many PCPs are unsure of where to refer at-risk children; this contributes to untimely referrals and delayed diagnosis of ASD/DD. In addition, many PCPs do not receive subsequent communication from the evaluation center. Oftentimes, there is a lack of coordination between the various agencies and providers during the referral and diagnosis process for ASD/DD. The services required to address children's developmental needs are segmented across different systems, and oftentimes care from medical and non-medical providers occurs in silos. [21]

Cross-system care coordination and integration can improve the referral of children at risk for developmental delays, thereby reducing the median age of ASD/DD diagnosis, and reducing the age of entry into quality, coordinated services provided to children with ASD/DD.

The AAP recommends a framework for integrating care for children and youth across multiple systems. These recommendations include:

- Create mechanisms for families to learn skills to support shared decision-making;
- Ensure information sharing across people, systems and functions;
- Continually involve the patient/family; particular in transitioning across settings;
- Use and develop accredited health information systems and information technology to support transfer of patient information between systems;
- Use care coordination across transitions between entities of the health care system;

[13] American Academy of Pediatrics, council on children with Disabilities. (2006).
[14] https://brightfutures.aap.org/Pages/default.aspx
[15] Centers for Disease Control and Prevention . (2014).
[16] Bethell et al. (2011).
[17] Daniels et al. (2014)
[18] Rice . et al. (2014)
[19] Durkin et al. (2010).
[20] MCHB Screening, Referral, Diagnosis, and Services (SARDS) Expert Workgroup Call; September 1, 2015
[21] Plaza et al. (2013).

- Ensure co-management and communication among specialists and primary care providers; and
- Collaborate with grant recipients of the Title V Maternal and Child Health Block Grant Program (Title V) agencies and Maternal Child Health Block Grant applicants to guarantee that best practices of care coordination models are utilized.[22]

Family engagement is an essential component for meaningful improvements in the quality of health care delivery and the health of the population. A multidimensional framework for family engagement includes three critical aspects: continuum of engagement; levels of engagement; and factors influencing engagement. [23] Family engagement is necessary at all levels of the health and health care system – direct care, organizational design and governance, and policymaking. Implementing the appropriate level of family engagement for children and families of ASD/DD can result in improved health outcomes (e.g. physical and emotional function, transition from pediatric to adult health care system, cost, etc.) and improved care coordination across systems.

This program will employ innovative, evidence-informed strategies, guided by elements of the AAP-recommended framework for integrating care across systems to improve referral, timely diagnosis, feedback and entry into quality, coordinated care across systems for children with ASD/DD. The proposed application will employ the following evidence-informed models with family engagement activities to improve cross-system care coordination: telehealth, family navigator, shared resource and health information technology (HIT).

Maternal and Child Health Bureau

MCHB is a component of the HRSA within the U.S. Department of Health and Human Services (HHS). Since its inception, maternal and child health (MCH) services grants 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.

The 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 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

[22] AAP (2014)
[23] Carman et al. (2013)

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."[24] 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, or 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 grant 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.

DSCSHN currently supports a variety of programs and activities related to improving systems of services for CYSHCN including the following:

- *National Centers:* To support the programs in each of the six core outcomes, DSCSHN funds several national centers. These national centers include the following: the National Center for Family/Professional Partnerships, the Catalyst Center for Financing Care for CYSHCN, the National Center for Medical Home Implementation, the National Center for Hearing Assessment and Management, and Got Transition/Center for Health Care Transition Improvement.
- *Medical Home:* The medical home has been recognized as a model of care that benefits CYSHCN and all children, youth, and adults. In March 2007, the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, and the American Osteopathic Association released the "Joint Principles of the Patient-Centered Medical Home" to describe the approach to providing comprehensive primary care for children, youth, and adults in a health care setting.[25] Because of the emergence of the medical home as a strategy to improve quality care, and the success of prior state implementation award recipients in using medical home as a foundation for system change, recipients are strongly encouraged to be knowledgeable about existing medical/health home activities for both children and adults. This knowledge can be as a result of experience partnering with the State Medicaid agency, other professional groups, private foundations, employers and insurers in their state, and other organizations that promote the medical/health home approach to care in their state. Additional information regarding medical home activities can be found at the website for the National Center for Medical Home Implementation, http://www.medicalhomeinfo.org.

[24] McPherson et al. (1998).
[25] See also: http://www.aafp.org/dam/AAFP/documents/practice_management/pcmh/initiatives/PCMHJoint.pdf.

- *Evidence Based Practices:* A priority of DSCSHN is to apply evidence based practices to implementing the six core outcomes for a system of services for CYSHCN. The Division encourages all applicants to use evidence based or evidence-informed practices, particularly promising practices and field lessons. Recipients should incorporate appropriate strategies in their work plan.
- *Continuous Quality Improvement:* Over the past several years, DSCSHN has been using the learning collaborative model to systematically improve access to care and the system of services for CYSHCN. To achieve this, DSCSHN has worked with the National Initiative for Child Health Quality as well as John Snow, Inc. using the Breakthrough Series methodology developed by the Institute for Healthcare Improvement to guide continuous quality improvement.
- *Coordination with Other Division Funded Recipients:* DSCSHN also funds a number of grants to states to support infrastructure needs related to autism, epilepsy, traumatic brain injury, and system integration. Recipients should connect with these funding initiatives wherever possible.

Autism Programs at the Maternal and Child Health Bureau

MCHB supports programs to address autism and related developmental disabilities through education, early detection, and intervention. Specifically, these activities are designed to:

- Increase awareness of ASD and other developmental disabilities;
- Reduce barriers to screening and diagnosis;
- Support research on evidence-based interventions for individuals with ASD and other developmental disabilities;
- Promote guideline development for interventions; and
- Train professionals to utilize valid screening tools, to diagnose and to provide evidence-based interventions through an interdisciplinary approach (as defined in programs developed under section 501(a)(2) of the Social Security Act) that will also focus on specific issues for children who are not receiving an early diagnosis and subsequent interventions.

The MCHB Autism CARES Initiative, implements activities in four areas:

1) Training for Professionals:

    - Leadership Education in Neurodevelopmental Disabilities (LEND) training programs;
    - Developmental Behavioral Pediatrics (DBP) training programs; and
    - An Interdisciplinary Training Autism Resource Center.

2) Autism Research Programs:

    - Autism research networks that focus on intervention research, research to improve care and services, guideline development and information dissemination; and
    - Maternal and Child Health (MCH) Autism Intervention Research and Secondary Data Analysis Studies grants.

3) State Public Health Autism Resource Center (SPHARC):

- SPHARC is a comprehensive resource center for State Title V programs and others (including grantees awarded through this FOA) interested in improving systems of care for children, youth and families with autism spectrum disorders and other developmental disabilities.
- This resource center will implement a strategy for defining, supporting, and monitoring the role of State Public Health in assuring that children and youth with ASD receive early and timely identification, diagnosis, and intervention.

4) Evaluation:

- There is an evaluation of the programs funded under MCHB's Autism CARES Initiative and a final evaluation report. Information from this data collection effort will contribute to HRSA's response to a request for information on young adults and transitioning youth and the United States Department of Health and Human Services Secretary's Report to Congress, as required under the Autism CARES Act of 2014.
- The final evaluation report will assess grantees' progress in meeting the goals of the Autism CARES Act and provide valuable feedback that will be used to improve program design.
- Awardees will participate in this evaluation initiative, providing both qualitative and quantitative data.

II. Award Information

1. Type of Application and Award

Type of applications sought: New.

Funding will be provided in the form of a grant.

2. Summary of Funding

This program expects to provide funding during federal fiscal years 2016 – 2018. Approximately $2,520,000 is expected to be available annually to fund six (6) recipients. Applicants may apply for a ceiling amount of up to $420,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for "Innovation in Care Integration for Children and Youth with Autism Spectrum Disorders and other Developmental Disabilities 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 200 as codified by HHS at 45 CFR 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

Public or nonprofit agencies, including institutions of higher education, Indian tribes or tribal organizations, faith-based and community-based organizations (as those terms are defined at 25 U.S.C. 450b), are eligible to apply for federal funding.

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 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 the applicant's **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*** applicants for this FOA to apply electronically through Grants.gov. Applicants 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 justification, 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. All applicants 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 applicants to take appropriate measures to ensure the 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 justification, 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*
  This section briefly describes the purpose of the proposed project. The applicant should briefly describe the components of the state health system that present challenges and barriers for children and youth with ASD and other related DD; identify the targeted underserved population; introduce the proposed plan to improve the state's system of services utilizing the previously described innovative strategies of: 1) family support and

navigation, 2) shared resources, and 3) telehealth and/or telemedicine (including mobile health); and describe the anticipated benefit of the project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1*
  This section outlines the specific needs of the state system to improve care integration for children and youth with ASD and related DD. The target population and its unmet health needs must be described and documented in this section. Demographic and epidemiological data that includes ethnic, cultural, racial, socioeconomic and geographic factors and disparities should be used and cited whenever possible to support the information provided. The applicant should explicitly describe the following:
    a. The targeted medically underserved population for ASD/DD and the unmet health needs and health disparities;
    b. Prevalence of ASD/DD in the state and prevalence in ASD/DD in the medically underserved areas of the state;
    c. Prevalence of ASD/DD enrolled in early intervention services before 37 months of age;
    d. Other pertinent data to related to ASD/DD (i.e. number of referrals of at risk children for ASD/DD to early intervention services and specialists for comprehensive evaluation, average time to diagnosis, average age of children and youth at diagnosis, average age of children and youth at first intervention visit, etc.);
    e. Existing strengths and resources of the system; and
    f. Gaps and weaknesses of the system and relevant barriers to accessing care for children and youth with ASD/DD that the project plans to overcome.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2, 3, and 4*
  Propose methods, including the innovative, evidence informed strategies, that will be used to address the stated needs and accomplish the previously described program goals and objectives described in Section I.1 of the FOA. In addition, the proposed methods should meet the requirements and review criteria outlined in Section V of this FOA.
    a. Clearly describe the project goals and objectives using an approach that is specific, time-oriented, measurable, and responds to the identified challenges facing the proposed project.
    b. Describe the activities used to achieve each project goal and objective.
    c. Describe how activities will be replicated throughout the state and plans for dissemination of project results. The dissemination plan should include timeframes and methods.
    d. Clearly describe program monitoring activities. The program monitoring activities must track the extent to which applicant activities are implemented as designed and determine areas for improvement on an annual basis. Quality improvement methodologies should be used to make improvements to ineffective program components on a continuous basis. Describe plans to sustain key project activities beyond the federal funding.

  Identify all partners/members of the multidisciplinary project advisory panel (Attachment 7). The advisory panel group should consist of representatives of the following organizations: State Title V Program, State Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program, state Part B and C of the Individuals with Disabilities Education Act (IDEA), family leaders/family organizations (i.e. autism

support groups and state family to family health information centers) and relevant state chapters of their professional organizations (i.e. American Academy of Pediatrics). Other entities to consider including are: pediatric primary care clinicians, pediatric specialists, universities, community agencies, state legislatures, Medicaid, CHIP, private payers, early childhood education and school systems, Federal Qualified Health Centers, Community Health Centers and Rural Health Clinics.

Provide evidence of substantial partner involvement in the project planning, implementation, and evaluation of the proposed project in the form of letters of support or memorandum of understanding/agreement (MOU/MOA) in **Attachment 4**. Applicants must coordinate with State Early Intervention agency and include a MOU/MOA between the applicant and Part B and Part C of IDEA detailing the partnership, including data sharing. Interagency agreements should include protocols for complying with laws that protect privacy, including methods for obtaining parent's or guardian's permission to transfer information. List all advisory partners in a chart with the name of the representative and the affiliated agency/organization in **Attachment 7**.

Applicants must indicate how they meet the requirement that twenty percent of the target population are medically underserved (e.g. poverty, rural, and/or populations that experience health disparities).

Note and reference all other autism related efforts in the state related to the target population and activities as appropriate and describe their plan to coordinate and not duplicate services/activities in the state.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 4*
  Describe the activities or steps that will be used to achieve each of the project objectives proposed 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 goals and objectives outlined in Section I.1, and requirements, 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 the applicant's specific project goals, objectives, and activities.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2*
  Discuss challenges that are likely to be encountered 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 Criteria 3 and 5*
  Applicants must describe a plan for an evaluation. At a minimum, 20 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. When appropriate, the

sustainability plan should address the transformation of health care delivery and emerging payment models.

Overall Program Purpose/Objectives
The evaluation plan must demonstrate the extent to which the project activities contribute to accomplishing the overall program goals, aim and objectives previously described in Section I.1 of this FOA.

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 the applicant achieved their proposed stated goals and objectives in Section I.1, and be aligned with the review criteria noted in Section V of this FOA.

Data Collection/Outcomes
Outline data collection strategies and outcomes for the proposed project. Both process and outcome data should be monitored, including the use qualitative and quantitative data collection strategies. Applicants should track data elements to support the program goal and objectives previously described in Section I.1 of this FOA.

Evaluation Staff Capacity
Describe experience, skills, and knowledge, including that of proposed individuals on staff and/or contractors related to evaluation. Demonstrate evidence of organizational experience and capability to coordinate, collect data, and support planning and implementation of a comprehensive evaluation plan to meet the objectives of this program.

Program Logic Model
A well-developed project logic model reflecting the program objectives listed previously in this FOA, proposed project goals, objectives, and outcomes should be included in Attachment 1. See Section VIII. Other Information in this FOA for more information on logic models.

The evaluation plan should be developed and refined with key state stakeholders. Plans for Internal Review Board (IRB) approval should be discussed as appropriate.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5*
  Provide information on the applicant organization's current mission and management 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. Describe plans for fiscal control of the grant. 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 populations of the communities served are routinely assessed and improved.

  Applicants must include a description of the existing available resources (i.e. staff, funds, in-kind contributions and family involvement of children and youth with ASD/DD) 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 and meet program expectations.

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 and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Justification Narrative	(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 budget should include the following items:

- **Annual Autism State Program Meeting:** Funded applicants will be required to attend the annual state autism program meeting, which will include all State Autism Implementation Grantees. Applicants should budget for two (2) staff to attend the annual meeting.

- **Access Accommodations:** Applicants are highly encouraged to include the cost of access accommodations as part of their project's budget. This includes sign language interpreters; plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

- **Comprehensive Evaluation Plan:** Use a minimum of twenty percent of the project budget for performance monitoring and to develop a comprehensive evaluation plan incorporating national, state, and community data. The evaluation plan should contain methodologies to measure the achievement of the program purpose, aim, and objectives and to track the status of the applicant's individual project goals and objectives.

- **MCHB CARES Grantee Meeting:** Funded applicants will be required to attend an annual grantee meeting which will include all grantees funded under MCHB CARES. The meeting will be held in the greater Washington, D.C. area in 2017. Applicants should budget for two (2) staff to attend the biannual meeting. This meeting occurs in the Washington, D.C. area every other year and virtually in the consecutive year.

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 2016, as required by law.

iv. Budget Justification Narrative

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

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 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 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 Innovation in Care Integration for Children and Youth with Autism Spectrum Disorders and Other Developmental Disabilities Program*

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H6M_2.HTML.

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. However, this information will be due to HRSA within 120 days after the Notice of Award.

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. 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 described in Attachment 2, not to exceed two pages in length each. 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: Description(s) of Proposed/Existing Contracts (project specific), Letters of Agreement and/or Memorandums of Understanding

Provide any documents that describe working relationships between the applicant 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 and Memorandums of Understanding must be 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, etc.).

Attachment 7: Project Advisory Chart

Provide a list of all advisory partners in a chart with the name of the representative and the affiliated agency/organization.

Attachments 8– 11: 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

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant 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 it has 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 an applicant/recipient organization has 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 *May 10, 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

Innovation in Care Integration for Children and Youth with Autism Spectrum Disorders and Other Developmental Disabilities is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than $420,000 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.

Funds under this announcement may not be used for the following purposes:

Shared Staffing: Applicants proposing to utilize the same director or contractual staff across multiple grants/programs (e.g., CISS, SPRANS, HS, State Title V block grant, WIC) should assure that the combined funding for each position does not exceed 100 percent FTE. If such an irregularity is found, funding will be reduced accordingly.

Shared Equipment: Applicants proposing to purchase equipment which will be used across multiple grants/programs (e.g., CISS, SPRANS, HS, State Title V block grant, WIC) should pro-rate the costs of the equipment across programs and show the calculation of this pro-ration in their justification. If an irregularity is found where equipment is being used by other programs without reimbursement, funding will be reduced accordingly.

Cash Stipends/Incentives: Funds cannot be utilized for cash stipends/monetary incentives given to clients to enroll in project services (e.g., Families/youth who receive medical or intervention services). However, funds can be used to facilitate family/youth participation in project activities (e.g., tokens to attend coalition meetings, provision of day care, and stipends to be family peer mentors).

Purchase of Vehicles: Projects should not allocate funds to buy vehicles for the transportation of clients, but rather lease vehicles or contract for these services.

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 2016, as required by law.

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 the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant 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 *Innovation in Care Integration for Children and Youth with Autism Spectrum Disorders and Other Developmental Disabilities Program* has *six (6)* review criteria:

Criterion 1: NEED (5 points) – Corresponds to Section IV's "Introduction" and "Needs Assessment"
The extent to which the application demonstrates the problem, associated contributing factors to the problem, includes whenever possible demographic and epidemiological data such as ethnic, cultural, racial, socioeconomic, and geographic factors and disparities to support the information provided and:

- Describes prevalence of ASD/DD enrolled in early intervention services before 37 months of age and other indicators that illustrate the status of the state's health system for children and youth with ASD/DD;
- Discusses the relevant challenges and barriers to accessing care for children and youth with ASD/DD that the project plans to overcome; and
- Documents medically underserved populations for ASD/DD, gaps and weakness of the health system, unmet health needs and health disparities for children and youth with ASD/DD including cultural and other issues specific to the targeted communities/population.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's "Methodology," "Work Plan" and "Resolution of Challenges"
The extent to which the proposed project responds to the "Purpose" included in the program description and:

- Project objectives, goals and activities are specific, measurable, attainable, realistic and time-bound (SMART) and respond to the previously described program purpose, aim, objectives, and requirements included in this FOA; (3 points)
- Describes how the selected innovative strategies and activities in the application are capable of addressing the unmet needs and improving the system of care for children and families with ASD/DD within the state (14 points)
    - Proposed innovative strategies include appropriate family engagement activities for the target population;
    - Describes how activities can be replicated and project results disseminated throughout the state;
    - Feasibility of plan to sustain key project activities beyond federal funding;

- Identifies challenges facing the proposed project and the practicality of the solutions to the challenges;
- Explains how the project will be statewide in scope (12 points)
  - Demonstrates how the project will reach and serve populations that are medically underserved (e.g. poverty, rural, and/or populations that experience health disparities);
  - Explains how the project will meet the requirement of including a minimum of twenty percent of medically underserved children and youth (e.g. poverty, rural, and/or populations that experience health disparities) in the target population;
  - Demonstrates an understanding of other autism related efforts in the state related to the target population; proposes a reasonable plan to coordinate and not duplicate services/activities in the state;
  - Exhibits preliminary linkages and ongoing partnership to effectively maintain public-private partnerships, including the development of an advisory panel that will guide the improvement of the state's system of care;
- Explains an effective method for program monitoring activities and quality improvement; and (3 points)
- Exhibits linkage, ongoing partnership and coordination with MCHB-funded grants. (3 points)

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's "Methodology" and "Evaluation and Technical Support Capacity"
The appropriateness of the method(s) proposed to monitor and evaluate effectiveness of the project activities in achieving project goals and objectives. The extent to which the proposed evaluation plan achieves the following:

- Aligns with the overall program purpose, aim, and requirements listed in this FOA; (3 points)
- Presents appropriate evaluative measures to assess: (8 points)
  1) to what extent the program purpose, aim, and objectives have been met,
  2) to what extent these can be attributed to the project,
  3) to what extent the project objectives and activities have been accomplished and contribute to the improved care integration for children and families with ASD/DD, and
- the effectiveness of the innovative strategy to improve care integration; Provides an appropriate data collection strategy to addresses how to collect, analyze and track data to measure both process and impact outcomes and project objectives described in Section I.1 of this FOA; (3 points)
- Provides assurances that the evaluation will be developed in collaboration with the State Title V Program for Children with Special Health Care Needs, State Early Intervention Services, family leaders, and other key stakeholders in the state; (3 points)
- Offers a well-developed project logic model reflecting the program objectives listed previously in this FOA, proposed project goals, objectives and outcomes. (3 points)

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's "Methodology," "Work Plan" and "Evaluation and Technical Support Capacity"
The feasibility and effectiveness of plans for dissemination of project results including timeframes and methods. The extent to which project results are:

- Statewide in scope and replicable; (4 points)
- Shared with stakeholders in the state and other MCHB grantees; and (3 points)

- Sustainable beyond federal funding. (3 points)

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's "Evaluation and Technical Support Capacity" and "Organizational Information"
The extent to which the application documents the following:

- Project personnel are qualified by training and/or experience to implement and carry out the project
    - Experience and appropriateness of the listed personnel and clearly indicates where such personnel are utilized in the work plan and their specific tasks
    - Management structure and staff positions and plans for fiscal control; (10 Points)
- Capabilities and past accomplishments of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project; (5 points)
- Close working relationships or plans to develop relationships with key stakeholders including the State Title V Program for Children with Special Health Care Needs, State Early Intervention Services, community agencies, primary care and specialty care providers, child care providers, family and youth leaders, local autism support groups, payers, and schools; and (5 points)
- Partnerships or plans to develop partnerships that will help sustain key project activities beyond federal funding. (5 points)

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's "Budget" and "Budget Justification Narrative"
The reasonableness of the proposed three-year budget in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project activities.
- The extent to which the application addresses support for youth, family, and provider involvement, collaboration with key partners, requisite travel, and the organizational structures and processes necessary for the applicant to achieve the program purpose, aim, and objectives listed in the Purpose section of this FOA.
- The extent to which the application allots adequate funding for required MCHB funded meetings.

2. Review and Selection Process

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

This program does not have any funding priorities, preferences or special considerations.

3. Assessment of Risk

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).

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 Federal 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).

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2016. 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

MCHB intends to update the Discretionary Grant Information System with new Discretionary Grant Performance Measures. As announced in the Federal Register on November 6, 2015 (https://www.gpo.gov/fdsys/pkg/FR-2015-11-06/pdf/2015-28264.pdf), the DRAFT Performance measures introduce a new performance measure framework and structure that will better measure the various models of MCHB grant programs and the services each funded program provides. The performance data will serve several purposes, including grantee monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program. This revision will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered grant programs, while reducing the overall number of performance measures from what is currently used. The proposed performance measures can be reviewed at: http://mchb.hrsa.gov/dgis.pdf. In addition to the reporting on the new performance measures, grantees will continue to provide financial and program data, if assigned.

Pending approval from the Office of Management and Budget (OMB), the new package will apply to all MCHB discretionary grantees. New and existing grants awarded on or after October 1, 2016, will be required to report on measures assigned by their Project Officer. Additional instructions will be provided on how to access the new DGIS once it becomes available for grantee reporting. For grant activities funded with 2015 dollars, grantees will continue to report on their currently assigned measures in DGIS.

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 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 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.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H6M_2.HTML.

b) Performance Reporting

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 appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H6M_2.HTML. 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.

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 at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H6M_2.HTML. 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 75 Appendix XII.

VII. Agency Contacts

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

Ms. Ernsley P. Charles
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10W57A
Rockville, MD 20857
Telephone: (301) 443-8329
Fax: (301) 443-9320
E-mail: ECharles@hrsa.gov

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

LT Leticia Manning, MPH
Project Officer, Division of Services for Children with Special Health Needs
Attn: State Autism Spectrum Disorders and Other Developmental Disabilities Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 13-103
Rockville, MD 20857
Telephone: (301) 443-8335
Fax: (301) 443-2960
E-mail: LManning@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants 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:

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:

The MCHB will host a pre-submission technical assistance conference call for all prospective applicants on **Tuesday, March 22, 2016**. Call details are as follows:

Time: 2:00 p.m. – 4:00 p.m. EST
Dial-in: (866) 662-1955 / Passcode: 9336249
Web link: https://hrsa.connectsolutions.com/dscshngeneral/
Call Playback link: http://www.mchb.hrsa.gov/programs/autism/index.html

Definitions:

Autism Spectrum Disorder/Developmental Disabilities: Autism Spectrum Disorder (ASD) represents a broad group of developmental disorders characterized by impaired social interactions, problems with verbal and nonverbal communication, repetitive behaviors, or severely limited activities and interests.

Many of the following terms have been used to describe autism. However, because of a change in the way ASD is classified, health care providers and scientists no longer use these terms. Nevertheless, many people may still use the terms:

- Asperger syndrome
- Autistic disorder ("classic" autism)
- Childhood disintegrative disorder
- Pervasive Developmental Disorder (PDD)
- Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)

Coordinated Care: 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 their physical and mental health needs met.

Cultural Competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, or program or among individuals and which enables them to work effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. At a systems, organizational, or program level, cultural competence requires a comprehensive and coordinated plan that includes interventions at all the levels from policy-making to the individual, and is a dynamic, ongoing, process that requires a long-term commitment. A component of cultural competence is linguistic competence, the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who are not literate or have low literacy skills, and individuals with disabilities.

An organization should:

- Value diversity in families, staff, providers and communities;
- Have the capacity for cultural self-assessment;
- Be conscious of the dynamics inherent when cultures interact (e.g., roles of families versus providers);
- Institutionalize culture knowledge; and
- Develop adaptations to service delivery and partnership building reflecting an understanding of cultural diversity.

An individual should:

- Examine one's own attitude and values;
- Acquire the values, knowledge, and skills for working in cross cultural situations; and
- Remember that everyone has a culture.

Family Engagement is defined as "patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care."[26] This definition is not intended to negate the various levels or degree to which the interaction between families and professionals can take place.

Linguistic Competence is the capacity of an organization and its personnel to communicate effectively with persons of limited English proficiency, those who are illiterate or have low literacy skills, and individuals with disabilities. This may include, but is not limited to, bilingual/bicultural staff and other organizational capacity such as telecommunication systems, sign or foreign language interpretation services, alternative formats, and translation of legally binding documents (e.g., consent forms, confidentiality and patient rights statements, release of information), signage and health education materials. The organization must have policy, structures, practices, procedures and dedicated resources to support this capacity.

List of MCHB-Funded Grants for Collaboration/Coordination:

LEND Training Programs: http://mchb.hrsa.gov/training/funded_projects_search.asp

Intervention Research Program:
http://mchb.hrsa.gov/programs/autism/interventionresearch.html

State Public Health Autism Resource Center:
http://www.amchp.org/programsandtopics/CYSHCN/projects/spharc/Pages/default.aspx

Family-to-Family Health Information Center:
http://www.fv-ncfpp.org/f2fhic/find-a-f2f-hic/

Early Childhood Comprehensive Systems Grant Program
http://mchb.hrsa.gov/programs/earlychildhood/comprehensivesystems/grantees/index.html

Systems Integration Grants for Children and Youth with Special Health Care Needs (CYSHCN) (Grant Activity Code: D70)
http://mchb.hrsa.gov/programs/stateimplementation/

[26] Carman et al. (2013).

Helpful Government Websites:

http://www.mchb.hrsa.gov/autism/
Maternal and Child Health Bureau's Combating Autism Act Initiative Website.

http://www.hrsa.gov and http://www.mchb.hrsa.gov
Health Resources and Services Administration's Maternal and Child Health Bureau is the federal agency responsible for assuring the availability of quality health care to low-income, uninsured, vulnerable and special needs populations. Its web site contains fact sheets and links to all HRSA programs, including the Maternal and Child Health Bureau, which administers the Title V Block Grant. For additional resources to share around cultural competence, see http://www.hrsa.gov/culturalcompetence/. At http://www.mchb.hrsa.gov, click on Programs to find contacts for the State Title V Block Grant to States, as well as narratives describing the Title V program in your state.

http://www.semch.org/index.html
Strengthen the Evidence: Advancing the Application of MCH Science
This collaboration is funded through the Maternal and Child Health Bureau to provide support and resources to assist State Title V Maternal and Child Health (MCH) programs in developing evidence-based or evidence-informed State Action Plans and in responding to the National Outcomes Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures.

http://www.cdc.gov/actearly
Provides resources and information on CDC's Learn the Signs: Act Early Campaign.

http://www.surgeongeneral.gov/library/
Surgeon General's Health Reports
Many of the U.S. Surgeon General's Reports discuss persistent and emerging public health problems of interest to the Maternal and Child Health Bureau.

Citations/Resources:

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IX. Tips for Writing a Strong Application

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