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

Advancing Systems of Services for Children and Youth with Special Health Care Needs

Funding Opportunity Number: HRSA-18-069
Funding Opportunity Type: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Letter of Intent Due Date: December 18, 2017

Application Due Date: January 16, 2018

Ensure your 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 1 month to complete.

Issuance Date: November 7, 2017

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Services for Children with Special Health Needs is accepting applications for fiscal year (FY) 2018, Advancing Systems of Services for Children and Youth with Special Health Care Needs. The purpose of this program is to improve health and well-being for children and youth with special health care needs (CYSHCN) and their families by addressing three core systems focus areas for CYSHCN—access to patient/family-centered medical home, transition of youth into the adult health care system, and adoption of health care financing models that improve care and outcomes while achieving cost savings. This program will establish a national collaborative network of resource centers supporting state Title V programs, families of CYSHCN, child health professionals, and other stakeholders through the provision of technical assistance, training, education, partnership building, policy analysis, and research.

Funding Opportunity Title:	Advancing Systems of Services for Children and Youth with Special Health Care Needs
Funding Opportunity Number:	HRSA-18-069
Due Date for Applications:	January 16, 2018
Anticipated Total Annual Available FY18 Funding:	$1,820,000
Estimated Number and Type of Award(s):	Up to three cooperative agreements, one award for each focus area
Estimated Award Amount:	1. Medical Home Focus, up to $820,000 per year/ one award 2. Health Care Transition Focus, up to $500,000 per year/ one award 3. Health Care Financing Focus, up to $500,000 per year/ one award
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	July 1, 2018 through June 30, 2023 (5 years)
Eligible Applicants:	As cited in 42 CFR § 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b) is eligible to apply. See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), 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. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

The following technical assistance webinar has been scheduled:

Webinar

Day and Date: Thursday, December 7, 2017
Time: 1 – 2 p.m. ET
Call-In Number: 1-888-324-8527
Participant Code: 3517106
Weblink: https://hrsa.connectsolutions.com/nofo_technical_assistance_webinar/

To access the archived webinar recording, please visit the HRSA MCHB Funding Opportunities Webpage: https://mchb.hrsa.gov/fundingopportunities/Default.aspx.

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for Advancing Systems of Services for Children and Youth with Special Health Care Needs. The purpose of this program is to improve health and well-being for children and youth with special health care needs (CYSHCN) and their families by addressing three core systems focus areas for CYSHCN—access to patient/family-centered medical home, transition of youth into the adult health care system, and adoption of health care financing models that improve care and outcomes while achieving cost savings. This program will establish a national collaborative network of resource centers supporting state Title V programs, families of CYSHCN, child health professionals, and other stakeholders through the provision of technical assistance, training, education, partnership building, policy analysis, and research.

Program Goal: The overall goal of this program is to strengthen the system of services for CYSHCN and their families by awarding three separate and distinct cooperative agreements. Cooperative agreements will be awarded to three recipients, who will collaborate to establish a national network of resource centers, with one center awarded for each of the following three focus areas:

(1) Patient/family-centered medical home;
(2) Transition of youth into the adult health care system; and
(3) Health care financing models that improve care and outcomes while achieving cost savings.

The three recipients will coordinate efforts to achieve quality care, decrease health care costs, and improve experience of care for CYSHCN and their families. **An applicant can apply and be awarded only one focus area.** For specific information about applying for one focus area, see Section IV. Application and Submission Information, Project Abstract.

Program Objectives

Individual Focus Area Objective:
Applications should propose a baseline and collect data to reach the following objective:
- By 2023, increase by 50 percent from baseline, the number of states and stakeholders engaged in technical assistance, training, educational, and partnership building with the network that adopt best practices in:
    - o Patient/family-centered medical home;
    - o Youth health care transition; or
    - o Health care financing models that improve care and outcomes while achieving cost savings.

Network Objective:
- By 2023, 90 percent of state Title V programs engaged in technical assistance, training, education, and partnership building activities with the network demonstrate improvement in one or more of the following Title V Block Grant National Performance Measures (NPM):
  - CYSHCN receive coordinated, ongoing, comprehensive care within a medical home (NPM 11)
  - Youth with special health care needs receive the services necessary to make transitions to adult health care (NPM 12)
  - Families of CYSHCN have adequate private and/or public insurance to pay for needed services (NPM 15)

Program Description

Each applicant will identify and apply to one of the three focus areas: access to patient/family-centered medical home, transition of youth into the adult health care system, or adoption of health care financing models that improve care and outcomes while achieving cost savings. The three recipients will collaborate to establish a national network of resource centers that coordinates efforts to achieve quality care, decrease health care costs, and improve experience of care for CYSHCN and their families. The Advancing Systems of Services recipients will provide technical assistance, training, education, partnership building, policy analysis, and research to a national audience representing state Title V programs, CYSHCN and their families, clinicians, payers, health systems, communities, and other key stakeholders that serve CYSHCN. There will be three recipients, one in each focus area. An applicant can only apply to one focus area.

Applicants must clearly demonstrate experience and expertise in working with state Title V programs, including providing technical assistance, training (TA/T), and education on a national scale in the identified focus area. Additionally, applicants must describe relationships with national partner organizations supporting CYSHCN and their families, and how these relationships will be fostered and strengthened throughout the project period.

Establishing the Network
To ensure a strong foundation for the network and to operationalize program priorities, recipients will:
- Actively collaborate with the other focus area award recipients for HRSA-18-069 to establish the Advancing the System of Services for CYSHCN Network;
- Enter into a memorandum of understanding (MOU) (*Attachment 4)* with the other recipients under this NOFO within 3 months of the Notice of Award, which may include, but is not limited to, describing methods of communication and consensus building, decisions for data sharing, and mechanisms to ensure network accountability;
- Participate in a network kick-off meeting, held in Washington, D.C., within 3 months of the Notice of Award;
- Convene an advisory group in each focus area, comprised of at least 25 percent of members who represent families of CYSHCN, CYSHCN/parent/family

organizations, youth/young adults with special health care needs, and/or a member of the community;

- Develop and disseminate a comprehensive report summarizing results, lessons learned, promising/best practices, and recommendations by the end of the project period. The report will summarize achievements of the network and describe tools and strategies used to support, sustain, and strengthen the system of services for CYSHCN;
- Collaborate with the other focus area award recipients for HRSA-18-069 and other federally funded resource centers and research networks, leverage resources, and avoid duplicative efforts to improve and enhance state and health system capacity for CYSHCN;
- Facilitate network information sharing and learning opportunities to support quality improvement and innovation in evidence-based/–informed practices, health care delivery, and population health to address the focus areas and other related emerging trends;
- Convene learning and practice communities to address the three focus areas either individually or with other members of the network;
- Identify on an annual basis one cross-cutting topic of interest/emerging issue (e.g., care coordination, financing family/youth peer support) that all three recipients can address and provide TA/T collaboratively;
- Develop an overarching, conceptual model that visually represents how the network will coordinate across the focus areas to achieve project goals and objectives;
- Identify a shared set of measures/variables to assess overall network outcomes and impact of all focus area recipients;
- Develop a comprehensive plan for communication, coordination, and data sharing across the three focus areas; and
- Convene an annual strategic planning network meeting, including key stakeholders and federal staff.

Core Functions: Each Advancing Systems of Services for CYSHCN applicant will address the five core functions listed below. Applicants must outline activities specific to the focus area in which they are applying. Additionally, each applicant must address how these activities align with and support the network objectives.

Core Function 1: Technical Assistance, Training, and Education
- Provide TA/T and education to state Title V programs, families, clinicians, payers, health systems, communities, and other stakeholders to maximize access to services for CYSHCN and their families.
  o At a minimum, Advancing Systems of Services recipients must provide support, TA/T, and education to 45 states/territories over the course of the project period, either collectively via the network or individually.
- Increase outreach and TA/T efforts to all states, particularly states measuring below the national average in the three focus areas.
  o National averages listed below:

- - - *43.2 percent of CYSHCN have a medical home[1]*
  - *16.5 percent of YSHCN receive services necessary to make transitions to adult health care[2]*
  - *66.1 percent of CYSHCN have adequate insurance[3]*
- Provide TA/T individually, or with one or more members of the network, depending on the needs of the state or entity requesting assistance;
- Develop TA initiatives, training activities, and education materials, including targeted efforts to disseminate evidence-based/-informed practices;
- Design tools, toolkits, and other products to assist state Title V programs and stakeholders in reaching goals and priorities in the focus area (e.g., tools to assess state baseline activity), and;
- Develop topical resources for state Title V programs, stakeholders, and the broader maternal and child health (MCH) community (e.g., issue briefs, tools, toolkits, fact sheets, webinars, and publications).

Core Function 2: Partnership Building
- Facilitate collaborative efforts between state Title V and partners (youth, families, private and public payers, child health professionals, health systems, hospitals, communities, etc.) who share goals to improve capacity and strengthen systems of services for CYSHCN; 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 CYSCHN from the underserved populations.

Core Function 3: Policy Analysis and Research
- Identify and examine policy and program initiatives at the state and federal level;
- Identify and analyze promising and evidence-based/–informed practices, innovations, validated measures, and cost analysis studies;
- Monitor, analyze, and report emerging state and federal trends, legislation, regulations, and other relevant policies; and
- Monitor and track progress in achieving the following Title V Block Grant National Performance Measures (NPM):
  - CYSHCN receive coordinated, ongoing, comprehensive care within a medical home (NPM 11);
  - Youth with special health care needs receive the services necessary to make transitions to adult health care (NPM 12); and
  - Families of CYSHCN have adequate private and/or public insurance to pay for needed services (NPM 15).

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[1] 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 10/2/2017 from www.childhealthdata.org. CAHMI: http://www.cahmi.org.
[2] Ibid.
[3] Ibid.

Core Function 4: Communication and Dissemination
- Develop and maintain a public-facing, focus area website with relevant materials that are culturally and linguistically competent, links to the other network sites to ensure information exchange is seamless between the three sites;
- Develop a plan for dissemination of successful innovations, trainings, and reports to states and stakeholders;
- Disseminate activities and trainings to existing online, accessible platforms to share promising/best practices discovered by the network;
- Interface with external partners to ensure developed resources, tools, and trainings are disseminated through multiple and diverse platforms; and
- Design messaging to partners and the public about the network and collaborative recipient activities.

Core Function 5: Evaluation
- Develop and implement a plan to monitor and evaluate the select focus area and the network;
- Identify a core set of measures that may be used across the network;
- Disseminate evaluation results to stakeholder groups, and;
- Use evaluation results to inform program and stakeholder decisions, policies, procedures, and processes.

ADDITIONAL REQUIRED ACTIVITIES: Medical Home Focus Area
In addition to implementing the core functions articulated above, the Patient/Family-Centered Medical Home focus area will also support two other activity areas: A) maintaining the Healthy Tomorrows Partnership for Children Program (HTPCP) through the Healthy Tomorrows (HT) Resource Center, and B) linking patients with rare disorders to medical home models of care.

A. HTPCP strives to promote access to health care for MCH populations through innovative, community-based programs. This recipient will offer consultation to HTPCP recipients for successful implementation and sustainability of community-based initiatives by completing the following activities:
- Provide TA to HTPCP recipients and stakeholders, and other disease-specific MCHB-funded programs;
- Disseminate information on community-based initiatives to HTPCP grant recipient network and other national organizations;
- Design and develop webinars, prospective topical communities of practice, program web site, and other web-based and printed educational materials to share community-based strategies and lessons learned by HTPCP recipients, and;
- Participate in HT Resource Center national outcome evaluation of HTPCP projects to assess factors contributing to sustainability, effectiveness, and impact.

B. Support TA/T and education to other HRSA grant programs, such as condition specific and/or early/newborn screening programs to improve provider engagement and increase awareness of and access to the patient/family-centered medical home. These activities include:

- Connecting condition specific and/or early/newborn screening HRSA grant programs with child health providers to increase awareness of and improve access to patient/family-centered medical home, and;
- Proposing a mechanism to improve access to care coordination for condition specific and/or early/newborn screening HRSA grant programs, including surveillance, screening, follow-up, and enrollment in early intervention services.

2. Background

This program is authorized by Social Security Act, Title V, Section 501(a)(2)(42 U.S.C. 701(a)(2)). This legislation authorizes federal efforts to support states to provide and to promote patient/family-centered, community-based, coordinated care (including care coordination services) for children with special heath care needs, and to facilitate the development of community-based systems of services for such children and their families.[4]

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."[5] The National Survey of Children's Health (2016) estimates that 14.2 million children under 18 years of age (19 percent) in the United States have special health care needs. Overall, 28 percent of U.S. households with children have at least one child with special health care needs. Children and youth meeting this definition typically need enhanced access to high quality, comprehensive health care in a well-integrated, community-based system due to the complex nature of their health conditions.[6,7] Even if these services are available, they are not well coordinated across multiple care systems and individuals.[8] Currently, only 13.9 percent of CYSHCN report receiving care in a comprehensive system of services.[9] Achieving comprehensive care requires the following six essential system elements, as developed by experts in HRSA's Division of Services for Children with Special Health Needs:[10]

1. CYSHCN and their families will partner in decision-making at all levels and will be satisfied with the services they receive.
2. CYSHCN will receive coordinated, ongoing, comprehensive care within a medical home.

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[4] Social Security Act, Title V, Section 501(a)(2)(42 U.S.C. 701(a)(2))
[5] McPherson, M., Arango, P., Fox, H., et al. A new definition of children with special health care needs. Pediatrics. 1998; 102(1, pt 1): 117-123.
[6] Perrin, J., Romm, D., Bloom, S., et al. A family-centered, community-based system of services for children and youth with special health care needs. Archives of Pediatrics and Adolescent Medicine. 2007;161(10):933-935.
[7] Strickland, B., va Dyck, P., Kogan, M., et al. Assessing and ensuring a comprehensive system of services for children with special health care needs: a public health approach. American Journal of Public Health. 2011;101(2): 224-231.
[8] Ibid.
[9] 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 10/2/2017 from http://www.childhealthdata.org. CAHMI: http://www.cahmi.org.
[10] National Agenda for Children with Special Health Care needs: Achieving the goals 2000. Washington, DC: Health Resources Services Administration; 1999.

3. Children and youth will be screened early and continuously for special health care needs.
4. Families of CYSHCN will have access to adequate private and/or public insurance and financing to pay for the services they need.
5. Community-based service systems will be organized so families can use them easily.
6. Youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life, including health care, work, and independence.

MCHB previously funded three separate national resource and technical assistance centers to establish, support, and ensure state Title V programs and partners were equipped to serve CYSHCN and their families. These previous efforts:
- Strengthened the system of services and addressed the needs of this population by increasing the evidence base of health care transition;
- Assisted states and systems in efforts to support care coordination;
- Promoted patient and family-centered care; and
- Linked families with resources to understand health care financing.

However, an integrated, comprehensive system has not yet been fully realized and requires continued focus and heightened coordination across multiple systems and stakeholders. State Title V priorities and recent data suggest a continued need to identify and provide TA/T and education on medical home, health care transition, and health care financing strategies to strengthen the system of care for CYSHCN and families.

In the 2016 Title V Block Grant Annual Application, twenty-nine state Title V programs describe their primary need as *strengthening the system of care for CYSHCN*. To achieve this goal and track their progress, states selected the following National Performance Measures: improving access to medical home (47 states); improving access to health care transition services (37 states); and increasing access to adequate insurance (15 states).

FOCUS AREA 1: MEDICAL HOME

The Patient/Family-Centered Medical Home has evolved from a visionary concept in pediatrics to the standard of care—acute, preventive, and chronic—for all children and adults in the United States. An important element of the medical home articulated by the American Academy of Pediatrics (AAP) is the "interaction with early intervention programs, schools, early childhood education and child care programs, and other public and private community agencies to be certain that the special needs of the child and family are addressed."[11] State Title V programs, health professionals, families, and other community members continue to partner in developing creative approaches to reach the full potential of the medical home model, and improve overall health and development of children, youth and families, including those with complex needs. One key component of the medical home model is care coordination. Care coordination is

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[11] American Academy of Pediatrics, Medical Home Initiatives for Children with Special Needs Project Advisory Committee. The medical home. Pediatrics. 2002; 110: 184-186.

transforming health care delivery across systems by optimizing quality and reducing cost, and most importantly, centering care around the family.[12] Additionally, care coordination offers an integrated approach to service delivery, built on the concept of a "collaborative care agreement" that effectively links primary care with community-based services and medical subspecialists, often referred to as a medical neighborhood.[13] Currently, it is estimated that less than half (43 percent) of CYSHCN nationwide have a medical home, and 47.6 percent report needing care coordination services.[14] Significant efforts are needed to address difficulties in identifying patient and family needs, connecting patients and families to state health, community-based, condition-specific resources, and collaborating with community-based service providers. The medical home focus area in the Advancing Systems of Services for CYSHCN program is designed to support state Title V programs and partners to improve access to the patient/family-centered medical home, while exploring innovative methods and evidence-based/–informed practices to improve this model of care for CYSHCN.

Healthy Tomorrows Partnership for Children
Recognizing the need to support community-based programs, HRSA initiated the Healthy Tomorrows Partnership for Children Program (HTPCP) with the American Academy of Pediatrics (AAP). The HTPCP strives to promote access to health care for infants, children, and youth, including those with special health care needs, and their families, and to employ preventive health strategies through innovative, community-based programs. To ensure implementation of the community-based efforts, HRSA also funded a national resource center, Healthy Tomorrows (HT) Resource Center, to support the activities of the HTPCP. As part of this program, the recipient addressing the medical home focus area will provide expertise to the HT Resource Center to increase the capacity and efficiency of HTPCP grant recipients to advance pediatric medical home implementation in vulnerable and underserved communities.

FOCUS AREA 2: HEALTH CARE TRANSITION

For youth with special health care needs (YSHCN), the transition from pediatric to adult oriented health care is particularly critical to assure age and developmentally appropriate care, healthy lifestyles, and inclusive community living. Health care transition (HCT) should be a standard part of providing care for all youth and young adults to optimize their functioning. Every patient should have support to transition from pediatric to adult health care, regardless of his or her condition.

Eighty-four percent of YSHCN (12-17 years) do not receive the services necessary to make the appropriate transition to adult health care, work, and independence.[15] Studies identify multiple challenges and barriers to achieve successful transition. The actual

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[12] American Academy of Pediatrics, Council on Children with Disabilities and Medical Home Implementation Project Advisory Committee. Patient- and family-centered care coordination: a framework for integrating care for children and youth across multiple systems. Pediatrics. 2014; 133: e1451-1460.
[13] Kuo, D., Houtrow, A., Council on Children with Disabilities. Recognition and management of medical complexity. Pediatrics. 2016; 138(6): e1-13.
[14] 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 10/2/2017 from http://www.childhealthdata.org. CAHMI: http://www.cahmi.org.
[15]Ibid.

transfer of care, as well as the discussions in anticipation of the transfer, may incite feelings of abandonment, loss, and distress for the youth and their families. Another challenge is the readiness of the adult health care system to receive YSHCN. Adult health care providers have expressed concerns, including their inexperience caring for YSHCN, the psychosocial needs of the youth and young adults and their families, the transition process itself, and the inadequacy of the health care system to support transition efforts.[16] Although many challenges exist in engaging adult providers in HCT, their collaboration and support is critical to achieve continuity of care for YSHCN.

As articulated in the 2011 Clinical Report, *Supporting the Health Care Transition (HCT) from Adolescence to Adulthood in the Medical Home*, published by the AAP, the American Academy of Family Physicians, and the American College of Physicians, youth health care transition should include four specific activities: discussing the medical home transition policy, initiating a transition plan, reviewing/updating the transition plan, and implementing an adult care model. Current quality improvement and implementation efforts demonstrate that while HCT planning is important, engaging families and YSHCN is an essential element to achieve successful HCT.[17] Additionally, HCT connects with many areas touching the life of a youth/young adult, including behavioral/mental health systems, education, employment, and other services.

Advancing Systems of Services for CYSHCN is designed to bring together stakeholders to promote the implementation of HCT best practices; educate youth and young adults, particularly YSHCN, families, health professionals, payers, and policy makers on the importance of successful health care transition; disseminate cost-effective strategies that aid pediatric and adult clinicians in the implementation of HCT and ultimately, create a health care system that supports the HCT process.

FOCUS AREA 3: HEALTH CARE FINANCING

Promoting evidence-based/–informed strategies to achieve high quality, cost effective care is a key component to achieve a comprehensive, integrated, accessible system of services for CYSHCN.[18] This is an essential element for health systems serving CYSHCN, as this population often requires more health care services, including long term and complex care, which can financially burden families.[19] These services consume a disproportionately larger share of health care dollars compared to those without special health care needs.[20] This focus area will address several components related to health care financing, with particular attention given to increasing access to adequate insurance coverage for CYSHCN, and building capacity to promote cost effective health care delivery models serving CYSHCN.

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[16] Cooley, W., Sagerman, P. American Academy of Pediatrics; American Academy of Family Physicians; American College of Physicians; Transitions Clinical Report Authoring Group. Supporting the health care transition from adolescence to adulthood in the medical home. Pediatrics. 2011; 128(1): 182-200.
[17] McManus, M., Pollack, L., Cooley, C., et al. Current status of transition preparation among youth with special needs in the United States. 2013; 131: 1090-1097.
[18] Perrin, J., Romm, D., Bloom, S., et al. A family-centered, community-based system of services for children and youth with special health care needs. Archives of Pediatrics and Adolescent Medicine. 2007;161(10):933-935.
[19] Ibid.
[20] Ibid.

To ensure access to needed services, state Title V programs dedicate resources and collaborate with partners to increase availability of adequate insurance coverage for CYSHCN. State Title V programs measure this outcome by analyzing the percent of CYSHCN who have adequate insurance. Disparities in insurance coverage for CYSHCN still exist, including functional and socioeconomic status, geographic location, and race.[21] Currently, thirty-four percent of CYSHCN and their families report inadequate health insurance coverage.[22]

This third focus area within the Advancing Systems of Services for CYSHCN network is designed to ensure innovative payment strategies, models, policies, and other such efforts will continue to make progress; help states reach this core outcome; and achieve cost savings across health care delivery systems.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

HRSA Program involvement will include:
- Making available the services of HRSA personnel as participants in the planning and development during the period of the cooperative agreement;
- Reviewing the activities, data, measures, and tools designed and implemented to accomplish this initiative;
- Participating, when appropriate, in meetings, conference calls, and learning sessions conducted during the project period;
- Participating in network learning communities and select topic areas for targeted outreach and improvement;
- Reviewing, as appropriate, written documents and publications developed by the recipient, funded in part, or in whole under the cooperative agreement;
- Participating with the recipients in the dissemination of project findings, promising/best practices, and lessons learned from states and stakeholders, and in producing and jointly reviewing reports, articles, and/or presentations developed during the project period; and
- Assisting in the establishment of federal and state interagency partnerships, collaboration, and cooperation that may be necessary for carrying out the project.

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[21] Ghandour, R., Hirai, A., Blumberg, S., et al. Financial and nonfinancial burden among families of CSHCN: changes between 2001 and 2009-2010. Academic Pediatrics. 2014; 14(1): 92-100.
[22] 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 10/2/2017 from http://www.childhealthdata.org. CAHMI: http://www.cahmi.org

The cooperative agreement recipient's responsibilities will include:
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**).
- Completing activities proposed in response to the program priorities and scope of work;
- Collaborating with all focus area recipients to leverage TA/T, and information exchange opportunities;
- Providing leadership, in collaboration with HRSA, in data collection;
- Analyzing evidence-based/-informed data and strategies, impact, and any relevant data trends;
- Collaborating with HRSA on ongoing review of activities, budget items, procedures, information/publications prior to dissemination, contracts and interagency agreements through conference calls and/or face-to-face meetings;
- Convening and leading a minimum of one, annual face-to-face meeting with all three recipients during the project period;
- Participating in appropriate stakeholder meetings, e.g., state, national, committees, etc.)
- Participating in face-to-face meetings and conference calls with MCHB during the cooperative agreement.

2. Summary of Funding

Approximately $1,820,000 is expected to be available annually to fund three (3) cooperative agreement recipients. Applicants for the Health Care Transition and Health Care Financing focus areas may apply for a ceiling amount of up to $500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. Applicants for the Medical Home focus area may apply for a ceiling amount of up to $820,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. The project period is July 1, 2018 through June 30, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for Advancing Systems of Services for CYSHCN 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 public or private entities. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.

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

Applicants must be national in scope and have expertise in working with state Title V programs, including providing TA/T and education on a national scale in the identified focus area. Additionally, applicants must have past and ongoing partnerships with national organizations supporting CYSHCN and their families.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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 notice.

NOTE: Multiple applications from an organization are not allowable. An applicant can only apply to one focus area. Your application will **only** be evaluated and considered for the focus area designated in the Project Abstract statement.

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 through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

Effective December 31, 2017 - You **must** use the Grants.gov Workspace to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished 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 Find Grant Opportunities 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. Applications must be submitted in the English language and must be 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 application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under 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 Attachments 9-15: Other Relevant Documents.

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

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

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

Please use the Project Abstract to indicate which focus area you are applying. Include a statement expressing interest in only one (1) focus area. Please note an applicant can only apply to one (1) focus area. MCHB highly recommends that you include this language: "**Your organization's name** is submitting an application for **XXX** focus area." **Please place this statement on the top of the page as the first statement.**

Your application will **only** be evaluated and considered for the focus area designated in this statement. Your application will **not** be considered for more than one focus area.

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.

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion (1) Need*
    - Describe the purpose of the proposed project, including discussions of CYSHCN and their needs, the focus area to which the applicant is applying, the system that serves this population, and the overall network vision;
    - Describe state Title V program, CYSHCN and their families, child health professionals, and other stakeholder responsibilities in serving this population, and;

- Discuss Title V's need for TA/T and education, and the applicant's proposed response to this need.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need Data should be used and cited whenever possible to support the information provided. This section should help the reviewers understand the population and health care delivery system serving CYSHCN the project proposes to impact.*
    - Describe the current status, issues, and barriers related to achieving a system of services for CYSHCN, particularly in the identified focus area, include disparities that exist among underserved populations;
    - Identify and describe major health care delivery system conditions that could influence care and impact CYSHCN and their families;
    - Demonstrate knowledge of current strategies and investments at the federal and state level to improve the identified focus area, the system of services for CYSHCN, and relevant and available data sets;
    - Identify and describe short-term TA/T needs (within Year 1-2), and longer-term TA/T needs (Years 3-5) of state Title V programs and stakeholders;
    - Identify a baseline of states currently adopting and implementing best practices in the applicant's selected focus area;
    - Identify and describe any major TA/T gaps and how they will be addressed through the proposed project, and;
    - Describe the role of partners and stakeholders, including but not limited to Title V programs, family organizations, providers, payers, and professional associations.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria (2) Response and (4) Impact*
    - Propose methods that will be used to address the stated needs described in the program priorities, including establishing the network and the five core functions: (1) technical assistance, training, and education; (2) partnership building; (3) policy analysis and research; (4) dissemination; and (5) evaluation;
    - Describe how the methodology extends across all 5 years of the project period;
    - Discuss why the methodology chosen is appropriate for this project;
    - Discuss development of effective tools and strategies for ongoing training, outreach, collaborations, communications, information sharing/dissemination with CYSHCN, youth and young adults, families, health professionals, communities, and state Title V programs, with specific attention paid to those from medically underserved populations;
    - Describe the development of effective tools and strategies for collaboration across the network, modalities and levels of TA/T, and how the use and adoption of developed tools and strategies will meet the goals and objectives of the recipients, and;
    - Propose a plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of their projects that have proven effective in improving the system of services

for CYSHCN and their families. Please include a comprehensive sustainability plan as *Attachment 8*.

- *WORK PLAN -- Corresponds to Section V's Review Criteria (2) Response and (4) Impact*
    - Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible network focus areas and staff.
    - Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. This section provides a format for applicants to demonstrate clarity, feasibility, and scope of addressing the program's purpose, core functions, and program priorities. The work plan's activities should be aligned with the needs assessment, proposed budget, and organizational capacity.
    - This section requires two separate components: (1) the project work plan, which depicts the relationship between program expectations and core function activities, responsible network centers and staff, timelines, and measures of success; and (2) the project work plan narrative, which further outlines the project work plan, providing specific work plan implementation details.

        - Project Work Plan (*Attachment 1*)
          Applicants must submit a 5-year project work plan for the project period that identifies the program priorities addressed by the establishment of a national network and each core function. The plan should be structured as follows:
            - Program Priorities
            - Establishment of a National Network
            - Core Functions of Identified Focus Areas
            - Activities
            - Identification of Achievements and Performance Measures from Planned Activities
            - Responsible Focus Area/Staff
            - Due Date(s)
        - Project Work Plan Narrative (*Attachment 1*)
          This section should further describe the project work plan. Specifically, this section should include the following:
            - Description of the network implementation;
            - Evidence demonstrating how the work plan addresses the priorities identified in the Needs section;
            - Description of how all core functions address identified needs;
            - Description of how each focus area will collaborate and partner with other HRSA-funded technical assistance providers in an effort to maximize effort and impact;
            - Discussion of how recipients will provide opportunities for information exchange and collaboration with targeted

stakeholders in national forums, conferences, and training meetings.
- o Logic Model (*Attachment 1*)
  Each applicant must submit one overarching framework that depicts the proposed project. Applicants must develop a logic model representing the select focus area to which the applicant is applying, describing the design and management of the project, and how the focus area interfaces with the network. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement, the logic model should summarize the connections between the:
    - Goals of the project (e.g., objectives, reasons for proposing the intervention, etc.);
    - 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 and/or groups to be served);
    - Activities (e.g., approach, listing key intervention, if applicable);
    - Outputs (i.e., the direct products or deliverables of program activities);
    - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion (2) Response*
  - Discuss challenges likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
  - Discuss challenges likely to encounter in providing TA/T and educational activities to state Title V programs and stakeholders.
  - Discuss challenges likely to encounter in implementing a network of three recipients, evaluating processes and impacts, and reaching expected program objectives.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion (3) Evaluative Measures*
  - Describe the plan for the program evaluation that monitors and tracks progress towards the select focus area outcomes and overall impact. The program evaluation should monitor ongoing processes and progress towards the goals and objectives of the project, specifically, the following program objectives:

- o By 2023, increase by 50 percent from baseline the number of states and stakeholders engaged in TA/T, educational, and partnership building with the network that adopt best practices in:
  - Patient/family-centered medical home;
  - Youth health care transition; and
  - Health care financing models that improve care and outcomes while achieving cost savings.
- o By 2023, 90 percent of state Title V programs engaged in technical assistance, training, education, and partnership building activities with the network demonstrate improvement in the following Title V Block Grant National Performance Measures (NPM):
  - CYSHCN receive coordinated, ongoing, comprehensive care within a medical home (NPM 11);
  - Youth with special health care needs receive the services necessary to make transitions to adult health care (NPM 12), and;
  - Families of CYSHCN have adequate private and/or public insurance to pay for needed services (NPM 15).
- 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 the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes;
- Describe the process of identifying a shared set of measures/variables to assess overall network outcomes and impact of all recipients;
- Describe how collected data will be shared across recipients;
- Describe the data collection strategy to collect, analyze and track data to measure process and outcomes, and explain how the data will be used to inform program development, continuous quality improvement, and network implementation, and;
- Describe any potential obstacles for implementing the program performance evaluation and plans to address those obstacles.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities*
  - Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart (*Attachment 5*), and describe how these contribute to the ability of the organization to conduct the program priorities and meet program expectations;
  - Provide information regarding past participation and/or leadership directing or collaborating on programs and/or national organizations/centers related to CYSHCN and health systems;

- Describe the qualifications and expertise of the applicant in selected focus area at the national level across all five core network functions, particularly the applicant's ability to collaborate and establish a national network;
- Describe experience, collaborations, successes and impact upon the knowledge/evidence base and implementation of strategies related to one of the three focus areas;
- Provide information on project personnel who are qualified by training and/or experience to implement and conduct the project;
- Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature;
- Describe experience managing collaborative federal awards at the national level, including examples of the extent to which accomplishments were completed in full and on time;
- Describe meaningful support and collaboration with key stakeholders and partners, including national patient/family organizations, in the planning, designing and implementation of all activities, including the development of the application, and;
- Provide information on time allocation for all key staff on proposed project activities.

NARRATIVE GUIDANCE

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

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

iii. Budget
See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please 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 the application is selected 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 Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 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." 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 2018, as required by law.

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

In the budget narrative, please include a description of anticipated travel, including the annual network meeting.

In addition, the Advancing Systems of Services for CYSHCN program requires the following:
- **Health Care Transition and Health Care Financing Focus Areas**: <u>At least 10 percent of base funding ($50,000/year) must be allocated to activities that establish, build, and support the network.</u> Such funds can include, but are not limited to funding for shared website development, data collection platforms, network meeting expenses, etc.
- **Medical Home Focus Area**: <u>At least $50,000/year must be allocated to activities that establish, build, and support the network.</u> Such funds can include, but are not limited to funding for shared website development, data collection platforms, network meeting expenses, etc. <u>An additional $166,000 must be allocated to activities that support the Healthy Tomorrows Resource Center, and $154,000 towards providing TA/T and education to other HRSA MCH grant programs</u>, such as condition specific and/or early/newborn screening programs to improve provider engagement and increase awareness of and access to the patient/family-centered medical home.

v.   Program-Specific Forms
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/U1T_1.HTML.

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 and narrative for the project that includes all information detailed in Section IV. ii. Project Narrative. Also, include the required conceptual framework and logic model in this attachment. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

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 time keeping 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 who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

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

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

Include, as appropriate, to give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 7: For Multi-Year Budgets--5th Year Budget (NOT counted in page limit)

After using columns (1) through (4) of the SF-424A Section B for a 5-year project period, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachment 8: Sustainability Plan
> Propose a comprehensive plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of their projects that have proven effective in improving the system of services for CYSHCN and their families.

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

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

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

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

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

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

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

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 *January 16, 2018 at 11:59 p.m. Eastern Time*.

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

5. Intergovernmental Review

Advancing Systems of Services for CYSHCN is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a project period of up 5 years, at no more than $500,000 for Health Care Transition and Health Care Financing focus areas, and $820,000 for Medical Home focus area 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.
Funds under this announcement may not be used for the following purposes:
1. Provide payments for clinical services
2. Purchase service delivery equipment
3. International travel
4. Entertainment, fundraising and/or support for lobbying/advocacy efforts

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) 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 2018, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on 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(s) applied to the award(s) under the program will be addition. Post-award requirements for program income can be found at 45 CFR § 75.307.

7. Other Submission Requirements

Notification of Intent to Apply

The letter should identify your organization and its intent to apply, and briefly describe the proposal. HRSA will *not* acknowledge receipt of Letters of Intent.

This letter should be sent via email by *December 18, 2017*

> HRSA Digital Services Operation (DSO)
> Please use HRSA opportunity number as email subject (HRSA-18-069)
> HRSADSO@hrsa.gov

Although letters of intent to apply are encouraged, they are not required. You are eligible to apply even if you do not submit a letter of intent.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Please note, your application will **only** be evaluated and considered for the focus area designated in the Project Abstract statement. Your application will **not** be considered for more than one focus area.

Review criteria are used to review and rank applications. Sections with review points 10 and over are further broken down in the corresponding section. Advancing Systems of Services for CYSHCN has six review criteria:

*Criterion 1: NEED (**5 points**) – Corresponds to Section IV's Introduction and Needs Assessment*

The extent to which the applicant:
- Describes the purpose of the proposed project, including discussions of CYSHCN and their needs, the focus area to which the applicant is applying, the system that serves this population, and the overall vision of the network. Describes the state Title V program and partner responsibilities in serving this population. Discusses Title V's need for TA/T and education, and the applicant's proposed response to this need.

- Describes the current status, issues, and barriers related to achieving a system of services for CYSHCN, particularly in the identified focus area, including disparities that exist among underserved populations. Identifies and describes major health care delivery system conditions that could influence care and impact CYSHCN and their families.
- Demonstrates knowledge of current strategies and investments at the federal, state, and foundation level to improve the identified focus area, the system of services for CYSHCN, and relevant and available data sets.
- Identifies and describes short-term TA/T needs (within Year 1-2), and longer-term TA/T needs (Years 3-5) of state Title V programs and stakeholders. Identifies and describes any major TA/T gaps and how they will be addressed through the proposed project.
- Identifies a baseline of states currently adopting and implementing best practices in the applicant's selected focus area.
- Describes the role of partners and stakeholders, including but not limited to Title V programs, family organizations, providers, payers, and professional associations.
- Uses and cites data whenever possible to support the information provided.

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

*Methodology—**15 points***
The extent to which the applicant:
- Proposes methods that will be used to address the stated needs described in the program priorities, including establishing the network and the five core functions: (1) technical assistance, training, and education; (2) partnership building; (3) policy analysis and research; (4) dissemination; and (5) evaluation. Describes how the methodology extends across all 5 years of the project period. Discusses why the methodology chosen is appropriate for this project. *(5 points)*
- Discusses development of effective tools and strategies for ongoing training, outreach, collaborations, communications, information sharing/dissemination with CYSHCN, youth and young adults, families, health professionals, communities, and state Title V programs, with specific attention paid to those from medically underserved populations. Describes the development of effective tools and strategies for collaboration across the network, modalities and levels of TA/T, and how the use and adoption of developed tools and strategies will meet the goals and objectives of the recipients. *(5 points)*
- Describes the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use of a timeline that includes each activity and identifies responsible network focus areas and staff. Identifies meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. *(5 points)*

*Work Plan—**5 points***
The extent to which the applicant:
- Provides (1) Project Work Plan and (2) Project Work Plan Narrative;

*Resolution of Challenges—**10 points***
The extent to which the applicant:
- Discusses challenges likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
- Discusses challenges likely to encounter in providing TA/T and educational activities to state Title V programs and stakeholders.
- Discusses challenges likely to encounter in implementing a network of three recipients, evaluating processes and impacts, and reaching expected program objectives.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

*Evaluation Plan—**5 points***
The extent to which the applicant:
- Describes the plan for the program evaluation that monitors and tracks progress towards the select focus area outcomes and overall impact. The program evaluation should monitor ongoing processes and progress towards the goals and objectives of the project.

*Data Infrastructure, Collection, and Challenges—**10 points***
The extent to which the applicant:
- Includes 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. Describes 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.

The extent to which the applicant:
- Describes how collected data will be shared across recipients. Describes the data collection strategy to collect, analyze and track data to measure process and outcomes, and explain how the data will be used to inform program development, continuous quality improvement, and network implementation.

The extent to which the applicant:
- Describes any potential obstacles for implementing the program performance evaluation and plans to address those obstacles.

*Criterion 4: IMPACT (**15 points**) – Corresponds to Section IV's Methodology, Work Plan, and Attachment 8, Sustainability Plan*

The extent to which the applicant:
- Provides Focus Area-Specific Logic Model; ***(4 points)***
- Describes the process of identifying a shared set of measures/variables to assess overall network outcomes and impact of all recipients. ***(4 points)***
- Describes how proposed activities will accomplish project goals, objectives, and demonstrate measurable impact across the project period; ***(4 points)***
- Proposes a plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of their projects that have proven effective in improving the system of services for CYSHCN and their families; ***(3 points)***

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's Organizational Information, Attachment 2 and 3

*Organization's Mission—**5 points***
The extent to which the applicant:
- Provides information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these contribute to the ability of the organization to conduct the program priorities and meet program expectations.

*Focus Area Expertise—**15 points***
The extent to which the applicant:
- Provides information regarding experience and/or leadership directing or collaborating on programs and/or national organizations/centers related to CYSHCN and health systems. ***(4 points)***
- Describes the qualifications and expertise of the applicant in selected focus area at the national level across all five core functions, particularly the applicant's ability to collaborate and establish a national network. ***(4 points)***
- Describes experience, collaborations, successes and impact upon the knowledge/evidence base and implementation of strategies related to one of the three focus areas. ***(4 points)***
- Describes experience managing collaborative federal awards at the national level, including examples of the extent to which accomplishments were completed in full and on time. ***(3 points)***

*Project Personnel—**5 points***
The extent to which the applicant:
- Provides information on project personnel who are qualified by training and/or experience to implement and conduct the project. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature
- Provides information on time allocation for all key staff on proposed project activities.

*Collaboration—**5 points***
The extent to which the applicant:

- Describes meaningful support and collaboration with key stakeholders and partners, including national patient/family organizations, in the planning, designing and implementation of all activities, including the development of the application.

*Criterion 6: SUPPORT REQUESTED (**5 points**) – Corresponds to Section IV's Budget and Budget Narrative*
The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

The extent to which the applicant:
- Outlines cost in the budget and required resources sections, and ensures they are reasonable given the scope of work;
- Describes the amount of time key personnel have to devote to the project to achieve project objectives;
- Allocates at least 10 percent of base funding ($50,000/year) to activities that establish, build, and support the network.

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. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

Applications receiving a favorable objective review are reviewed 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. You may be asked 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 an award will be made. Following review of all applicable information, HRSA's approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about 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.

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of July 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2018. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's *SF-424 Application Guide*.

3. Reporting

The new Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHBs). HRSA is enhancing the DGIS and will have these improvements available for recipient reporting on October 1, 2017. Once the new DGIS has been developed, tested, and deployed, MCHB 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.

Recipients with active awards should be able to access the new DGIS between October 1, 2017 and February 28, 2018 to report their performance objectives for the remaining years of the grant/cooperative agreement. Once all recipients have reported their performance objectives, they will then return to the normal reporting schedule for reporting final 2017 performance data.

The updated and final reporting package can be reviewed at:

https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection.

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. 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 Special Projects of Regional and National Significance (SPRANS) projects, Community Integrated Service Systems (CISS) projects, and other grant/cooperative agreement programs administered by HRSA 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 MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U1T_1.HTML.

Administrative Forms			
Form 1: Project Budget Details			
Form 2: Project Funding Profile			
Form 4: Project Budget and Expenditures			
Form 6: Maternal & Child Health Discretionary Grant			
Form 7: Discretionary Grant Project			
Updated DGIS Performance Measures, Numbering by Domain *(All Performance Measures are revised from the previous OMB package)*			
Performance Measure	**New/Revised Measure**	**Prior PM Number (if applicable)**	**Topic**
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building (CB)			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 2	New	N/A	Technical Assistance
CB 3	New	N/A	Impact Measurement
CB 4	Revised	5	Sustainability
CB 5	Revised	3, 4	Scientific Publications
CB 6	New	N/A	Products
Children and Youth with Special Health Care Needs			
CSHCN 1	Revised	7	Family Engagement
CSHCN 2*	Revised	40, 41	Access to and Use of Medical Home
CSHCN 3*	New	N/A	Transition to Adult Health Care
Life Course/ Cross Cutting			
LC 1*	New	N/A	Adequate Health Insurance Coverage

*Focus-area specific measures.

DIVISION OF MCH WORKFORCE DEVELOPMENT:

Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Training 01	New	N/A	MCH Training Program and Healthy Tomorrows Family Member/Youth/Community Member participation
Training 02	New	N/A	MCH Training Program and Healthy Tomorrows Cultural Competence
Training 04	Revised	59	Title V Collaboration

b) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the NOA, 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 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. 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.

VII. Agency Contacts

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

Hazel N. Booker
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10W-57D
Rockville, MD 20857
Telephone: (301) 443-4236
Fax: (301) 443-6686
Email: NBooker@hrsa.gov

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

Sarah Beth McLellan, MPH
Public Health Analyst, Division of Services for Youth with Special Health Needs
Attn: Advancing Systems of Services for Children and Youth with Special Health Care Needs
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N34
Rockville, MD 20857
Telephone: (301) 443-3272
Fax: (301) 594-0878
Email: smclellan@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

Additional information on developing logic models can be found 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. 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 following technical assistance webinar has been scheduled:

Webinar

Day and Date: Thursday, December 7, 2017
Time: 1 – 2 p.m. ET
Call-In Number: 1-888-324-8527
Participant Code: 3517106
Weblink: https://hrsa.connectsolutions.com/nofo_technical_assistance_webinar/

To access the archived webinar recording, please visit the HRSA MCHB Funding Opportunities Webpage: https://mchb.hrsa.gov/fundingopportunities/Default.aspx.

IX. Tips for Writing a Strong Application

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