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

Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy

Announcement Type: New and Competing Continuation
Funding Opportunity Number: HRSA-16-055

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: May 12, 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: February 26, 2016

Issuance Date: February 26, 2016

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Services for Children with Special Health Needs (DSCSHN) is accepting applications for the fiscal year (FY) 2016 Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy Program. The purpose of this program is to improve access to coordinated and comprehensive quality care for children and youth with epilepsy (CYE) with an emphasis on populations experiencing health disparities and children and youth with epilepsy residing in underserved and/or rural communities.

Funding Opportunity Title:	Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy
Funding Opportunity Number:	HRSA-16-055
Due Date for Applications:	May 12, 2016
Anticipated Total Annual Available Funding:	$3,250,000
Estimated Number and Type of Award(s):	Up to eight (8) grants
Estimated Award Amount:	Up to $406,250 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 31, 2019 (three (3) 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). Faith-based and community-based organizations are also eligible to apply. (45 CFR § 75.218). [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

A pre-submission technical assistance call for all prospective applicants will be held:
Day/Date: Friday, March 25, 2016
Time: 3:00 pm ET – 4:30 pm ET
Dial-in: 866-702-4108

Passcode: 7658669
Weblink: https://hrsa.connectsolutions.com/dscshngeneral/
Call Playback Link: http://mchb.hrsa.gov/programs/familypropartnerships/index.html

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I. Program Funding Opportunity Description

1. Purpose

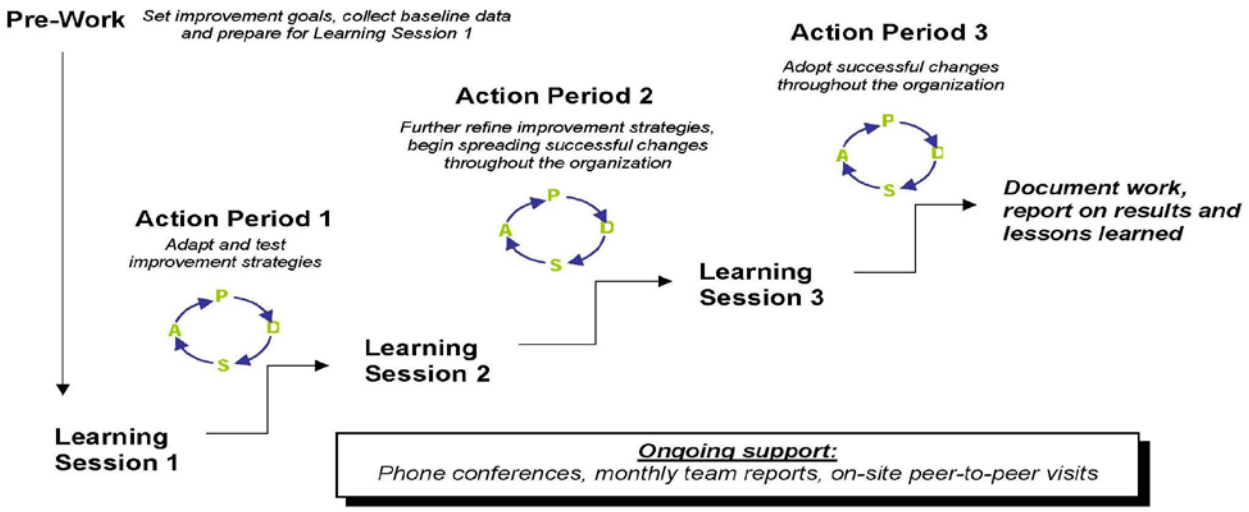
This announcement solicits applications for the Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy Program. The purpose of this program is to facilitate the delivery of quality health care for children and youth with epilepsy (CYE) by: 1) implementing evidence-based and innovative models of telehealth[1] and/or telemedicine[2] (including mobile health or mhealth[3]) using health information technologies[4]; 2) implementing the Got Transition Six Core Elements Framework[5] to help youth successfully transition[6] from the pediatric to adult system of health care; and (3) facilitating outreach and education regarding epilepsy among pertinent stakeholders.

The goal of this initiative is to utilize quality improvement methods and measure outcomes to improve access to coordinated and comprehensive quality care for CYE, with an emphasis on populations experiencing health disparities[7] and CYE residing in underserved and/or rural communities.[8] [9] A minimum of 20 percent of the target population to be served through this funding opportunity must include populations experiencing health disparities[7] and must be medically underserved. The target population can be within a state or a broad geographic region. Each applicant's project must reach a minimum of 1,000 CYE. All awardees will be responsible for convening quality improvement learning collaboratives focused on implementing technology and addressing youth transition by implementing the Got Transition Six Core Elements Framework. These collaboratives should test and implement effective strategies to improve access to specialty care and the quality of care received by the target population. Awardees will be expected to partner with CYE and their families, hospitals, federally qualified health centers, primary care physician's offices, rural health clinics, community health centers, specialty centers, epilepsy support and advocacy groups, and/or state provider organizations (e.g., American Academy of Pediatrics, American Academy of Family Physicians, National Association of Pediatric Nurse Practitioners, and Primary Care Organizations, state Title V Children with Special Health Care Needs and Medicaid/CHIP agencies.)

A learning collaborative consists of a series of learning opportunities aimed at building accountable capacity for team-based testing and transformation.[10] Collaborative improvement

[1] The Health Resources and Services Administration (HRSA) defines telehealth as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.
[2] According to the American Telemedicine Association, telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology. (http://www.americantelemed.org/about-telemedicine/what-is-telemedicine#.VsrcU_7VzIU)
[3] According to the Foundation for the National Institutes of Health (FNIH), mHealth is the delivery of healthcare services via mobile communication devices. (http://www.himss.org/ResourceLibrary/GenResourceDetail.aspx?ItemNumber=20221)
[4] Health Information Technology (HIT) can be defined as the use of certified Electronic Health Records technology in a meaningful manner; ensuring that the certified EHR technology is connected in a manner, that provides for the electronic exchange of health information to improve the quality of care. Centers for Disease Control and Prevention. (http://www.cdc.gov/ehrmeaningfuluse/introduction.html).
[5] http://www.gottransition.org/providers/index.cfm
[6] www.gottransition.org .
[7] HRSA defines health disparities as the differences in length and quality of life, and rates and severity of disease and disability because of social position, race, ethnicity, gender, sexual orientation, education, or other factors. (http://www.hrsa.gov/publichealth/)
[8] 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. (http://www.hrsa.gov/shortage/)
[9] 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. (https://pcmh.ahrq.gov/)
[10] The Harvard Medical School Academic Innovations Collaborative: Transforming Primary Care Practice and Education: Bitton, Asaf MD, MPH; Ellner, Andrew MD, MSc, et al.

networks use standardized quality improvement methods to translate evidence into practice, and support teams to test and implement changes in a reliable, sequenced way.[11] As an example that applicants may follow, the graphic below is an example of a learning collaborative framework from the Institute for Healthcare Improvement.



Each awardee will be expected to recruit a minimum of seven clinical sites (e.g., hospitals, primary care practices, federally qualified health centers, rural health clinics, and community health centers) to participate in learning collaboratives focused on technology and youth transition. Specifically, the awardee will coordinate and facilitate structured activities that will support the patient/family-centered medical home[12] for CYE and the value of incorporating technologies and youth transition infrastructure within the clinical sites. The clinical sites will be responsible for the following: 1) participating in the learning collaboratives; and 2) implementing telehealth and/or telemedicine (including mobile health, or mhealth) and youth transition activities using quality improvement methods.

Awardees will be expected to share the progress of the learning collaboratives monthly through conference telephone calls with the Epilepsy Coordinating Center (ECC) and the MCHB Project Officer. Additionally, awardees must convene a quality improvement leadership team (a physician, program coordinator, and a CYE or/and a family member of a CYE must be included on the team) that will have the responsibility of planning, implementing, and facilitating the learning collaboratives' activities, which will include at a minimum one in-person session for the clinical sites.

[11] Clancy CM, Margolis PA, Miller M. Collaborative networks for both improvement and research. Pediatrics. 2013;131 (suppl 4): S210–S214

[12] As defined by the American College of Physicians, the Patient Centered Medical Home is a care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand (https://www.acponline.org/node/293847).

Other responsibilities of the awardees include the following:

- Provide guidance to the clinical sites regarding quality improvement methods.
- Provide evidence-based guidance[13] to learning collaborative participants on the implementation and use of health information technology. Ensure learning collaborative participants have information on current pediatric epilepsy clinical guidelines and best practices, e.g., Got Transition Six Core Elements Framework, patient/family-centered medical home.
- Implement and update an evaluation plan annually. The plan should address: the extent to which the program-specific objectives have been met; evaluation of the project's goals and objectives; effectiveness of strategies implemented to address barriers/challenges; and data collection/monitoring/reporting pertaining to all project strategies.
- Create a change package[14] describing best practices for implementing telehealth/telemedicine/mhealth and youth transition.
- Include components of family engagement activities. Family engagement activities should be on a continuum when appropriate. The levels of engagement can be in direct care, organizational design and/or governance and policy making. 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.

Clinical sites participating in learning collaboratives will be responsible for conducting the following activities:

- Participate in an epilepsy quality improvement learning collaborative on telehealth, telemedicine, and/or mobile health and pediatric to adult transition.
- Implement telehealth, telemedicine and/or mhealth technologies within the health care delivery system (e.g., hospitals, primary care practices federally qualified health centers, rural health clinics, or/and community health centers) to assist in providing access to quality epilepsy care for CYE, particularly those experiencing health disparities and residing in rural and/or underserved communities.
- Implement and maintain an epilepsy pediatric to adult transition model based upon the Got Transition Six Core Elements Framework.

All awardees must report on the following program-specific objectives:

Outcome Objectives:

- By August 2019, increase by 25 percent the number of CYE in the target population who receive care through a patient/family-centered medical home. Baseline data will be collected in the first quarter of year two.

- By August 2019, increase by 50 percent the number of CYE served by the clinical sites who have a youth transition plan in place (20 percent of this number will be from populations experiencing health disparities and/or CYE residing in medically

[13] http://www.americantelemed.org/resources/telemedicine-practice-guidelines/telemedicine-practice-guidelines/practice-guidelines-for-live-on-demand-primary-and-urgent-care#

[14] A change package is an evidence-based set of changes that are critical to the improvement of an identified care process. www.improvingchroniccare.org .

underserved and/or rural areas). Baseline data will be collected in the first quarter of year two.

- By August 2019, increase by 25 percent the number of CYE in the target population who are from populations experiencing health disparities and/or residing in medically underserved and/or rural areas that have access to specialized epilepsy care (i.e., at a minimum having a seizure action plan in place for CYE; providing comprehensive epilepsy education for CYE and their caregivers). Baseline data will be collected in the first quarter of year two.

- By August 2019, increase by 25 percent the number of CYE in the target population reporting use of comprehensive and coordinated treatment and care plans. Baseline data will be collected in the first quarter of year two.

Process Objectives:

- By August 2019, increase by 25 percent the proportion of CYE served by the clinical sites receiving coordinated and comprehensive health care through telemedicine visits. Baseline data will be collected in the first quarter of year two.

- By August 2019 increase by 20 percent the number of CYE in the target population who are from populations experiencing health disparities and/or residing in medically underserved and/or rural areas receiving coordinated and comprehensive health care through telemedicine visits. Baseline data will be collected in the first quarter of year two.

- By August 2019, all participating clinical sites in the learning collaboratives must have a pediatric to adult epilepsy transition infrastructure in place using the Got Transition Six Core Elements Framework. Baseline data will be collected in the first quarter of year two.

- By August 2019, increase by 50 percent the number of clinical sites with a plan in place to use telehealth, telemedicine and/or mhealth to coordinate care for CYE from populations experiencing health disparities and/or CYE residing in underserved and/or rural areas. Baseline data will be collected in the first quarter of year two.

2. Background

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

Epilepsy, the fourth most common neurological disorder in the United States, is a disorder of the brain that results in a person experiencing seizures (Hirtz et al., 2007). The effects of these seizures can and often times do vary in their occurrence. Some seizures can appear as staring spells, while other seizures can cause an individual to collapse, shake, and become unaware of their environment and what is occurring. According to the latest estimates, about 0.6 percent of

children aged zero to 17 years have active epilepsy.[15] When applied to the 2013 population, this is about 460,000 children and youth with epilepsy aged zero to 17 years.[16]

Children and youth with epilepsy living in medically underserved and rural areas as well as racial and ethnic minority populations are less likely to have access to coordinated and comprehensive quality health care.[17] Limited access to comprehensive and coordinated systems of care is associated with poorer quality of life for CYE.[18] As a result, the lack of access to primary care physicians, specialists, and subsequent appropriate treatments has a dramatic impact on the overall health, family, and employment situation for CYE and their caregivers. Furthermore, data from the 2009-2010 National Survey of Children with Special Health Care Needs indicated that CYE were less likely to receive the services necessary to make transitions from pediatric to adult life. Transition is an important part of the health care that CYE receive, and pediatricians are not always equipped to address medical issues of adults.[19]

HRSA will fund up to eight awardees to develop and implement targeted strategies to increase access to pertinent specialty services as well as increase the quality of care for CYE. As noted previously, strategies will include the use of telehealth, telemedicine, and/or mhealth to achieve the goal of increasing access to specialty care for CYE, particularly those who reside in rural areas as well as underserved populations. In this new funding initiative, all awardees will be responsible for convening quality improvement learning collaboratives composed of clinical sites to enhance access to specialty care and quality of care for CYE.

Due to the advancement of health information technology application in telehealth, telemedicine, and mhealth over the last forty years, medical services, especially those that are needed from specialists, are now more accessible. The typical wait time for a CYE to see an epilepsy specialist can range from six to nine months; the driving time to see the specialist can take at least two hours. In addition to reduced wait time to be seen by a specialist as well as reduced driving time, CYE and their families and/or their caregivers now have the ability to communicate jointly with their primary care clinician and epilepsy or other specialist during the medical appointment. Hence, technology serves as an important tool in supporting the patient/family-centered medical home model. In most instances, CYE's primary care provider is the medical home and is usually responsible for coordinating the CYE's care by connecting the primary care office to the specialist office.

Transition assistance for CYE from pediatric to adult health care is important to optimize health and maximize potential during transition to adulthood. All awardees will be required to focus on pediatric to adult transition of CYE. According to the transition measure in the 2009-2010 National Survey of Children with Special Health Care Needs, only 40 percent of youth with special health care needs ages 12-17 received the services necessary to make appropriate transitions to adult health care, work, and independence. In 2011 the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Physicians (ACP) coauthored a consensus statement: "Transition planning should be a standard part of providing care for all youth and young adults, and every patient should have a

[15] Russ SA, Larson K, Halfon N. A national profile of childhood epilepsy and seizure disorder. Pediatrics 2012;129:256–64. DOI: 10.1542/peds. 2010-1371.
[16] US Census Bureau, Population Division [database online]. Annual estimates of the resident population by sex, age, race, and Hispanic origin for the United States, States, and Counties: April 1, 2010, to July 1, 2013. Release Date: June 2014.
[17] J.M. Buelow, A. McNelis, C.P. Shore, and J.K. Austin, "Stressors of parents of children with epilepsy and intellectual disability, "The Journal of Neuroscience Nursing, vol. 38, pp. 147-146, 2006
[18] Ibid.
[19] Kenney MK, Mann MY. "Assessing Systems of Care for US Children with Epilepsy/Seizure Disorder", Epilepsy Research and Treatment. Volume 2013, p. 1-11

transition plan regardless of his or her specific health care needs. Successful transition involves the engagement and participation of the medical home team (physicians, nurse practitioners, physician assistants, nurses, and care coordinators), the family and other caregivers, and the individual youth collaborating in a positive and mutually respectful relationship."

Outreach and education on epilepsy among pertinent stakeholders is also a key component of this project. In its 2012 report, *Epilepsy across the Spectrum: Promoting Health and Understanding,* the Institute of Medicine (IOM) recommended coordinating public awareness efforts by:

- Developing and sharing messages that emphasize the common and complex nature of the epilepsies and the availability of successful seizure therapies and treatments.

  Exploring the feasibility and development of an ongoing, coordinated, large-scale, multimedia, multiplatform, sustainable public awareness campaign that would start by targeting key audience segments to improve information and beliefs about the epilepsies and reduce stigma.

Access to information about topics such as diagnosis, prognosis, treatment, strategies for injury prevention and healthy living, employment rights and protections, and self-management skills can increase the individuals' and their families' sense of empowerment, promote adaptation to the disorder, and enhance overall quality of life (Couldridge et al., 2001).

Additionally, 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.[20] 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 CYE and their families 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 funding opportunity announcement is designed to address, through evidence-based and innovative approaches, the lack of access to quality epilepsy care that affects CYE, particularly those populations facing health disparities and those who reside in underserved and/or rural communities. This initiative will also be a platform for the awardees to provide leadership and education with the intention of increasing knowledge among pertinent stakeholders.

Maternal and Child Health Bureau

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

[20] Carman et al. (2013)

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) Children and Youth with Special Health Care Needs (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 children and their families. CYSHCN are defined as "those children and youth who have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally."[21]

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

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

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

II. Award Information

1. Type of Application and Award

Types of applications sought: New and Competing Continuation.

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 $3,250,000 is expected to be available annually to fund up to eight (8) awardees.

[21] McPherson et al. (1998)

Applicants may apply for a ceiling amount of up to $406,250 per year. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy 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

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)). Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply. A full listing of eligibility types is listed on the CFDA website: https://www.cfda.gov.

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept 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 (Need)*
  This section should briefly describe the purpose of the proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 (Need)*
  This section outlines the needs of the communities and populations to be served. The target population (children and youth with epilepsy in a state or broad geographic region) and its unmet health needs must be described and documented in this section. Disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions must be considered. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section should help reviewers understand the communities and populations that will be served by the proposed project.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 (Response), 3 (Evaluative Measures), and 4 (Impact)*
  Propose methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations listed in the Purpose section in this FOA. As appropriate, applicants should identify and include effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable. Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

  Applicants will be required to name the clinical sites and provide a detailed description of the populations that they serve.

  Applicants must outline and describe a detailed plan as to how the learning collaboratives will be designed and implemented. In this section, the key partners/collaborators that will be involved in the planning, designing, and implementing the project's activities must be well described. This section must also address how applicants will ensure that the participating clinical sites at a minimum implement a seizure action plan for CYE and also provide comprehensive epilepsy education for CYE and their caregivers as a part of specialized epilepsy care.

Applicants must indicate how they will meet the requirement of having a minimum of 20 percent of the target population that includes populations experiencing health disparities as well as those that are medically underserved, and how they will meet the requirement of the project reaching a minimum of 1,000 CYE.

Applicants will have autonomy in proposing the evidence-based/evidence-informed tools and subsequent strategies that will be used in achieving the outreach and education aspect of the initiative with the goal of enhancing the knowledge of CYE regarding the disorder and available resources (i.e. access to social services; and community-based organizations such as the Epilepsy Foundation, Family Voices, and local chapters of the American Academy of Pediatrics). Stakeholders include but are not limited to CYE and their families, caregivers, school personnel, community health centers, first responders, as well as health care providers. As needed, technical assistance will be provided by the Epilepsy Coordinating Center. At a minimum, information that is provided should be appropriate for various health literacy levels and must also be culturally and linguistically appropriate.

Applicants must provide a detailed plan regarding how the proposed strategies will incorporate aspects of family engagement through various levels of the project.

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

All applicants must have networking (memoranda of agreement between applicants and participating clinical sites must be submitted with the application (Attachment 4)) ability.

It is expected that 80 percent of the awardees' work will be geared towards participating in the learning collaboratives and implementing telehealth and/or telemedicine (including mobile health or mhealth) and youth transition activities using quality improvement methods. The remaining 20 percent of the awardees' efforts and strategies will be geared towards outreach and family engagement.

- *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 timeline that includes each activity and identifies responsible staff. The proposal also should acknowledge participation in a learning collaborative to be convened by the ECC and the regular contact with the ECC and the MCHB project officer. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

  Applicants must submit a logic model for designing and managing their project (Attachment 1). A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While

there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

- goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- assumptions (e.g., beliefs about how the program will work and is supporting resources; assumptions should be based on research, best practices, and experience.);
- inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- target population (e.g., the individuals to be served);
- activities (e.g., approach, listing key intervention, if applicable);
- outputs (e.g., the direct products or deliverables of program activities); and
- outcomes (e.g., the results of a program, typically describing a change in people or systems).

See Section VIII. Other Information of this FOA for more details on logic models.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion # 2 (Response)*
  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 (Evaluative Measures), 4 (Impact), 5 (Resources/Capabilities), and 6 (Support Requested)*
  Applicants must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities. Applicants can allocate up to 10 percent of award funding toward the purchase of telemedicine equipment.

  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 goal and objectives and the program-specific objectives in Section I.1. Purpose.

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

  Applicants must describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate

and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

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, applicant's sustainability plan should address the transformation of health care delivery and emerging payment models.

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

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria 2 (Response), 3 (Evaluative Measures), 4 (Impact), 5 (Resources/Capabilities), and 6 (Support Requested)*
  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 all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target 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 supports available at the community, state, regional, and/or national levels to support the project. Staff should include well qualified coaches with knowledge of quality improvement methodologies. 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, (4) Impact (5) Resources/Capabilities and (6) Support Requested
Organizational Information	(2) Response (3) Evaluative Measures (4) Impact (5) Resources/Capabilities and (6) Support Requested
Budget and Budget 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 the Application Guide and, *if applicable*, the additional budget instructions provided below.

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

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

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*. In addition, the Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy Program requires the following:

- Award-Related Meetings: sufficient funding to support a minimum of one (1) staff to attend a yearly awardee meeting and participation in monthly/quarterly calls.

- Evaluation/Sustainability Activities: data collection activities and procedures that are required by the recipient regarding evaluation should be accounted for and included within the scope of the budget (i.e., baseline and periodic data collection annually). Recipients must allocate twenty (20 percent) of the awarded budged to evaluation and sustainability activities annually.

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 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 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 Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy

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/H98_3.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: Logic Model, Work Plan, Tables, Charts

Attach the Work Plan for the project that includes all information detailed in *Section IV.2.ii. Project Narrative*. Include the project's logic model, tables or/and charts that will provide further details about the proposed project 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: Resumes/Curriculum Vitas (CVs) and/or Biographical Sketches of Key Personnel

Include resumes/CVs and/or biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages each in length. 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: Memoranda of Agreement and/or Description(s) of Proposed/Existing Contracts (project-specific)

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. All memoranda of agreement must be dated.

Attachment 5: Project Organizational Chart

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

Attachment 6: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

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

(1) The period covered (dates).

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

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

Attachments 7 – 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

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 12, 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

The Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy Program 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 number three (3) years, at no more than $406,250 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:

- Telemedicine Equipment: as noted earlier in this announcement, a maximum of 10 percent of funds can be allocated for the purchasing of telemedicine equipment.

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 may apply in FY 2017, 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 *Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy Program* has *six (6)* review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV.2.ii. "Introduction" and "Needs Assessment"

The extent to which the application demonstrates the problem, the associated contributing factors, describes the target population (2 points) and:

- uses relevant data to describe the health care needs of CYE as well as the problems, barriers and associated contributing factors (i.e. social determinants) of the problem (2 points).
- barriers that may impact the ability of CYE to receive quality health care services (2 points).
- demand for the proposed services to be provided by the project (2 points).
- identifies weaknesses or/and gaps in the state's/geographic region's ability for providing the necessary medical and other pertinent services (2 points).

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV.2.ii. "Methodology," "Work Plan," "Resolution of Challenges," Evaluation and Technical Support Capacity and "Organizational Information.

The extent to which the proposed project responds to the "Purpose" included in the program description, the strength of the proposed goals and objectives and their relationship to the identified project, the extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives and:

- the applicant must include a detailed description of family/health professionals/public health/community/involvement in identifying the problems and needs to be addressed (2 points);
- the proposed project must adequately describe the partnerships with relevant entities/stakeholders and how the collaborations will be incorporated into achieving the activities. Evidence of these proposed partnerships must be demonstrated by providing letters of support, letters of agreement, memoranda of understanding or contracts with submission of the application (2 points);
- provides a clear description of how the patient/family-centered medical home model will be incorporated into the project activities while also describing how the project will address culturally and linguistically effective practices, materials responding to the health literacy needs of families and youth, care coordination between primary care and subspecialty care and non-medical services (2 points);
- provides a detailed description of possible challenges and the strategies that will be used to address them (2 points);
- how well the applicants describes how they will implement telehealth, telemedicine, and/or mhealth (4 points);
- how well the applicant describes the quality improvement activities (4 points);
- how well the applicant describes how the participating clinical sites at a minimum will implement a seizure action plan for CYE and also provide comprehensive epilepsy education for CYE and their caregivers to address specialized epilepsy care (3 points);
- how well the applicant explains how they will meet the requirement of having a minimum of 20 percent of the target population that includes populations experiencing health disparities as well as those that are medically underserved (3 points);
- how well the applicant explains how they will meet the requirement of the project reaching a minimum of 1,000 CYE (4 points);

- how well the applicant describes the strategies regarding the inclusion of family engagement throughout the proposal when appropriate (3 points);
- the applicant must have networking (memoranda of agreement between awardees and participating clinical sites must be submitted with the application) ability (3 points); and,
- it is expected that 80 percent of the awardees' work will be geared towards participating in the learning collaboratives and implementing telehealth and/or telemedicine (including mobile health or mhealth) and youth transition activities using quality improvement methods. The remaining 20 percent of the awardees efforts and strategies will be geared towards outreach and family engagement (3 points).

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV.2.ii. Methodology," "Evaluation and Technical Support Capacity," and "Organizational Information"
The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met (4 points), and 2) to what extent these can be attributed to the project (4 points). In addition, the extent to which the applicant:

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

Criterion 4: IMPACT (20 points) – Corresponds to Section IV.2.ii. "Work Plan," "Methodology," "Evaluation and Technical Support Capacity," and "Organizational Information"
The feasibility and effectiveness of plans for dissemination of project results (5 points), the extent to which project results may be national in scope (5 points), the degree to which the project activities are replicable (5 points), and the sustainability of the program beyond the federal funding (5 points). For applicants that are competing continuations, past performance will also be considered.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV.2.ii. "Evaluation and Technical Support Capacity," "Organizational Information," and "Budget"
The extent to which project personnel are qualified by training and/or experience to implement and carry out the project (4 points). The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project (4 points). Additionally, the extent to which the applicants:

- provides a description regarding the maintenance of up-to-date resources, tools, and models for sharing dissemination (2 points).

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV.2.ii. "Methodology," "Evaluation and Technical Support Capacity," and "Budget"
The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

- the extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work (2 points).
- the extent to which key personnel have adequate time/resources devoted to the project to achieve project objectives (2 points).
- the applicant can only allocate up to 10 percent of funding toward the purchase of telemedicine equipment (1 point).

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 programs and the services each funded program provides. The performance data will serve several purposes, including recipient monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program. This revision will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered 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, awardees 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 awardees. New and existing programs 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 awardee reporting. For award activities funded with 2015 dollars, awardees 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) **Quarterly Report**(s). Written progress reports including data analysis and collection will also be required and will be submitted to the ECC via a shared online website that will be created and managed by the ECC.

3) **Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other award 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 award 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/H98_3.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/H98_3.HTML. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other award 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 award 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/H98_3.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:

Denise Boyer
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 11A-03
Rockville, MD 20857
Telephone: (301) 594-4256
Fax: (301) 594-4073
E-mail: dboyer@hrsa.gov

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

Sadie Silcott, MBA, MPH
Public Health Analyst, Division of Services for Children with Special Health Needs
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 13-103
Rockville, MD 20857
Telephone: (301) 443-0133
Fax: (301) 443-2960
E-mail: ssilcott@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:

A pre-submission technical assistance call for all prospective applicants will be held:
Day/Date: Friday, March 25, 2016
Time: 3:00 pm ET – 4:30 pm ET
Dial-in: 866-702-4108

Passcode: 7658669
Weblink: https://hrsa.connectsolutions.com/dscshngeneral/
Call Playback Link: http://mchb.hrsa.gov/programs/familypropartnerships/index.html

IX. Tips for Writing a Strong Application

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