State Implementation Grants for Enhancing the System of Services for Children and Youth with Special Health Care Needs through Systems Integration

Announcement Type: New
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FUNDING OPPORTUNITY ANNOUNCEMENT
Fiscal Year 2014

Application Due Date: June 13, 2014

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.

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

The Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Services for Children and Youth with Special Health Care Needs is accepting applications for fiscal year (FY) 2014 State Implementation Grants for Enhancing the System of Services for Children and Youth with Special Health Care Needs through Systems Integration. The purpose of this initiative is to enhance states’ ability to coordinate policy, program development/analysis and collaborative partnerships across agencies, organizations and programs at the state and local levels to increase the number of children and youth with special health care needs (CYSHCN) who receive a patient/family-centered medical/health home approach to comprehensive services and supports.

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<tr>
<th>Funding Opportunity Title:</th>
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<tr>
<td>Due Date for Applications:</td>
<td>June 13, 2014</td>
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<tr>
<td>Anticipated Total Annual Available Funding:</td>
<td>$3,600,000</td>
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<tr>
<td>Estimated Number and Type of Award(s):</td>
<td>12 grants</td>
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<td>Estimated Award Amount:</td>
<td>Up to $300,000 per year</td>
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<td>Cost Sharing/Match Required:</td>
<td>None</td>
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<td>Length of Project Period:</td>
<td>Three (3) years</td>
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<td>Project Start Date:</td>
<td>September 1, 2014</td>
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<tr>
<td>Eligible Applicants:</td>
<td>Eligibility for this funding is limited to state governmental agencies. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</td>
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</table>


Technical Assistance Calls:

MCHB will host two pre-submission technical assistance calls for all prospective applicants. The calls will be on Thursday, April 24, 2014 at 9:00 am and 4:00 pm EST (duration: one hour for each).
Webinar link: https://hrsa.connectsolutions.com/D70
Call-in number: 1-866-631-4890
Passcode: 41508066
Contact: Kathy Watters.
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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the 2014 State Implementation Grants for Enhancing the System of Services for Children and Youth with Special Health Care Needs through Systems Integration. The purpose of this initiative is to increase the number of children and youth with special health care needs (CYSHCN) who receive a patient/family-centered medical/health home approach to comprehensive, coordinated services and supports. Through a national technical assistance center and a cross-state learning community, states will increase their capacity to coordinate policy, program development/analysis, and collaborative partnerships across agencies, organizations and programs at the state and local levels.

Program Goal: Achieve a comprehensive, coordinated and integrated state and community system of services and supports for CYSHCN.

Program Objective: By 2017, increase the proportion of CYSHCN who receive integrated care through a patient/family-centered medical/health home approach by 20% over 2009/2010 levels.

Medical/Health Home Indicators as measured by the National Survey of Children with Special Health Care Needs\(^1\) are:

- Usual Source of Sick and Well Care
- Personal Doctor or Nurse
- Effective Cross-System Care Coordination
- Family-Centered Care
- Getting Needed Referrals

To accomplish the program goal and objective, it is expected the grantee will:

1) **Develop or refine a state plan with state and community partners**, who represent the components of the comprehensive system for CYSHCN. Key partners should include: State (Title V) maternal and child health CSHCN Directors, Medicaid Directors, families of CYSHCN, health professionals, state health officers, and others integral to the development of an integrated system. The plan should build on current systems integration initiatives at the state and local level and should include:
   a. Measurable state-specific strategies, goals and objectives developed through stakeholder engagement.
   b. A mechanism for effective coordination, collaboration, data sharing, and integration among stakeholders for activity priorities under the state plan.
   c. Development of a “shared resource”.
   d. Integration of project activities with the Title V Block grant as well as existing state activities focused on systems improvement.
   e. Capacity to gather and report on systems integration for CYSHCN.
   f. Use of health information technology advances and social media where appropriate.
   g. A comprehensive evaluation plan with national, state, and community data.

\(^1\) [http://www.childhealthdata.org](http://www.childhealthdata.org)
h. A plan for sustainability that integrates systems improvement into the Title V Block Program and other state initiatives.

2) **Participate in quality improvement and collaborative innovation through a cross-state learning community.** The learning community will be organized and facilitated by the National Organizations of State and Local Officials (NOSLO). Expert technical assistance will be provided throughout the grant period to refine state plans; identify common evidence-informed implementation strategies for state and local systems integration; and provide Quality Improvement (QI) and data support. The cross-state learning community will support collaboration on the implementation of three (3) common cross-state strategies:

   a. Development or expansion of a “shared resource”
   
   b. One or more activities specifically aligned with implementation of Maternal and Child Health 3.0 (MCH 3.0), and
   
   c. A strategy to improve cross-system care coordination

The cross-state learning community will also facilitate grantee implementation and monitoring of up to three (3) additional state-specific evidence-informed strategies through a new or existing state level interagency committee, members of which will include State (Title V) maternal and child health CSHCN Directors, Medicaid, families, health providers, state health officers, and other partners integral to the development of an integrated system of services for CYSHCN.

3) **Develop or expand the capacity of a statewide “shared resource,”** with key partners who should include: State (Title V) maternal and child health CSHCN Directors, Medicaid Directors, families of CYSHCN, health professionals, state health officers, and others integral to the development of an integrated system that can support the program goal and objective of this funding opportunity. A shared resource can be technologically-based or be generally accessible to all families, state and local partners, to provide resources and/or information needed to carry out systems integration. Examples of a shared resource include: a universally accessible phone resource, a website that includes state and community resources, or expanded access to an existing resource currently provided by an agency, program or service. A shared resource plan should be completed by month 12 of the grant and contain the following goals:

   a. Be mutually beneficial to key state agencies to serve a shared goal and purpose.
   
   b. Provision for a "one stop shop" for information, resources, and referrals to service providers or care coordinators serving the CYSHCN population.
   
   c. Integration of best practices and innovative solutions to ensure access and high quality resources for the state and CYSHCN and their families, as appropriate.
   
   d. Be responsive to cultural, ethnic, language, and accessibility needs in accordance with Federal guidelines.
**Benchmarks:**

**Year 1**
1. Strategic partnerships for systems integration/collaboration are formalized through appropriate written agreements.
2. Needs assessment activities are completed.
3. State plans are in place and include up to three (3) evidence-informed state-specific strategies for systems integration.
4. A cross-state learning community is established and grantees have participated in the development of three (3) common cross-state systems integration strategies (shared resource, MCH 3.0 alignment, and cross-system care coordination/integration strategies).
5. An appropriate quality improvement methodology is identified and implemented.
6. A detailed evaluation plan is in place.

**Year 2**
1. Data reporting/monitoring requirements are operational and baseline data and benchmarks established.
2. State-specific strategies are launched.
3. Common strategies (shared resource, MCH 3.0 alignment, and cross-system care coordination/integration strategies) are launched.
4. The learning community meets regularly to discuss implementation strategies and issues encountered as state-specific and common strategies are implemented.
5. Initial data points are reported, analyzed, and strategies are adjusted accordingly.

**Year 3**
1. Final data are analyzed and reported for state-specific and common strategies.
2. Impact of grant is measured by the National Survey of Children’s Health; state specific quantitative data sources, and qualitative data.
3. Appropriate State/organizational policies and procedures are in place to sustain improvement.

**2. Background**

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

With the Omnibus Budget Reconciliation Act (OBRA) 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 children and youth with special health care needs (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. According to the National Survey of Children with Special Health Care Needs (2009-2010), 15.1 percent of children under 18 years of age in the United States, or approximately 11.2 million children, are estimated to have special health care needs. Overall, 23.0 percent of U.S. households with children have at least one child with special health care needs.
Research and dialogue with families, health care providers, Maternal and Child Health (MCH) partners and grantees indicate CYSHCN; particularly those with complex conditions, often require a variety of medical, behavioral, social and educational services delivered by multiple providers in various settings that usually are not coordinated across systems. This often results in duplication, fragmentation, lack of services, and increased health care utilization and/or costs. This grant opportunity intends to utilize connections, coordination, and integration of services at the state and community levels to achieve a well-integrated system of services for CYSHCN and their families.

A well-integrated system of services will support the components of a patient/family centered medical/health home approach. The patient/family-centered medical/health home approach to care has been shown to improve the quality of care, reduce service fragmentation, and improve the patient/family’s care experience. Medical/Health Home Indicators are:

- Usual Source of Sick and Well Care
- Personal Doctor or Nurse
- Effective Cross-System Care Coordination
- Family-Centered Care
- Getting Needed Referrals

Successful cross-system care coordination takes into consideration the continuum of health, education, early childcare, and social services needed to improve the quality of care for CYSHCN. It is to be distinguished from disease or case management that primarily focuses on health needs of the patients. It is expected a medical/health home approach to care will address the issue of disparity in access to services with improved receipt of services for CYSHCN, particularly those from underserved populations.

The Title V Block Grant to States has, for many years, supported four levels of service including: direct services (gap filling), enabling services, population-based services, and infrastructure services. In the currently changing health care environment Title V seeks to maintain its historic public health role, and at the same time, articulate and transform its mission and vision as the public health system for all mothers and children, including CYSHCN. As part of this transformation, Title V recognizes the need to provide and evaluate the public health system of services represented by the Core Public Health Functions and infrastructure services\(^2\). The MCH 3.0 Block Grant transformation is a process to emphasize and evaluate our public health contribution to the health of all mothers and children including CYSHCN.

**The Division of Services for Children with Special Health Care Needs**

The Division works to achieve the following six critical elements of a well-functioning system of services for CYSHCN:

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; and

\(^2\) [http://www.apha.org/programs/standards/performancestandardsprogram/resexxentialservices.htm](http://www.apha.org/programs/standards/performancestandardsprogram/resexxentialservices.htm)
6) Youth transition to adult health care, work, and independence.

The State Implementation Grants for Systems of Services for Children and Youth with Special Health Care Needs program, initiated in 2004 provided assistance to states to facilitate implementation of a well-functioning system of services for CYSHCN and their families using this six element framework. Over the past decade, this grant program has been a significant resource for state CYSHCN programs. Grantees developed and demonstrated promising tools and strategies related to these six elements, facilitated their translation into policy and practice at the state and community level, and in many states, sustained the work through the State Title V Block Grant program.

The current grant opportunity, State Implementation Grants for Enhancing the System of Services for Children and Youth with Special Health Care Needs through Systems Integration, will build upon the successes of the previous grant program to create formal and mutually beneficial relationships across multiple service sectors at the policy and practice level to achieve definitive progress toward a more integrated, well-functioning system of service for CYSHCN. Technical assistance will be provided to assist grantees as they analyze current status and capacity, formalize meaningful partnerships with key stakeholders, address state specific and common strategies across grantees, including development of policies and procedures to effect measureable system change, and build local infrastructure that results in quality, comprehensive, coordinated, family-centered services.

To enhance the capacity of the Title V Block Grant to achieve its mission to facilitate a well-functioning system of services for CYSHCN and their families, the Division supports a variety of programs and activities including the following:

1) **Family to Family Healthcare Information Centers for Families of Children with Special Health Care Needs (F2F HIC):** MCHB funds F2F HICs in every state and the District of Columbia. The purpose of the F2F HIC program is to provide information to parents of children with disabilities and special health needs through family-led centers. These centers assist families to make informed decisions about health care in order to promote good treatment decisions, cost-effectiveness, and improved health outcomes on behalf of their children. Applicants for this funding opportunity are strongly encouraged to include the F2F HIC in their state as a key partner. A list of F2F HICs can be found at [http://www.familyvoices.org](http://www.familyvoices.org).

3) **National Resource Centers:** To support states and other state and national stakeholders as they implement the six systems elements the Division funds the following national resource centers: The National Center on Family Professional Partnerships ([http://www.familyvoices.org](http://www.familyvoices.org)); The Catalyst Center for Financing Care for CYSHCN ([http://hdwg.org/catalyst]); The National Center for Medical Home Implementation ([http://www.medicalhomeinfo.org](http://www.medicalhomeinfo.org)); Center for Health Care Transition Improvement ([http://www.gottransition.org](http://www.gottransition.org)) and the National Center for Hearing Assessment and Management. ([http://www.infanthearing.org/](http://www.infanthearing.org/)). In addition, the Champions for Inclusive Communities National Center developed resources for states to develop systems of care. These resources can be found at [http://www.eiri.usu.edu](http://www.eiri.usu.edu).

4) **Medical Home:** The medical home has been recognized as a model of care that not only benefits CYSHCN but all children, youth, and adults. In March 2007, the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the
American College of Physicians (ACP), and the American Osteopathic Association (AOA) released the “Joint Principles of the Patient-Centered Medical Home” to describe the approach to providing comprehensive primary care for children, youth, and adults in a health care setting (American Academy of Pediatrics, March 2007). Because medical home has emerged as a strategy to improve quality of care, applicants are strongly encouraged to research and align grant activities, where appropriate, with other activities in the state related the medical/health home (including those of Medicaid, professional groups, private foundations, employers and insurers). Additional information regarding medical home activities can be found at the website for the National Center for Medical Home Implementation, http://www.medicalhomeinfo.org.

5) **Evidence-Informed Practices:** A priority of the Division is to utilize evidence-informed practices to facilitate achievement of a well-functioning system of services for CYSHCN. As such, this grant program is intended to address various relationships among systems, agencies, providers and most importantly, CYSHCN and their families who receive services in multiple sectors of the system. Through the learning community which is a part of this grant program, grantees will identify and utilize evidence-informed practices to achieve this objective. Evidenced-informed strategies may include: structured quality improvement methodology; transformative leadership models; local interagency collaborative teams; implementation resource teams that engage stakeholders at all levels; integration with public and private quality improvement initiatives; HIT and other methodologies to coordinate care across settings and systems; professional development models that result in appropriately trained staff; and payment structures that support activities to enable integration across systems. The Division strongly encourages all applicants to identify and utilize evidence-informed strategies in the planning, development and conduct of this project.

6) **Continuous Quality Improvement:** Over the past several years, the Division has utilized the learning collaborative model to systematically improve access to care and the system of services for CYSHCN. To achieve this, the Division has worked with the National Initiative for Child Health Quality (NICHQ) as well as John Snow, Inc. using the Breakthrough Series methodology developed by the Institute for Health Improvement to guide continuous quality improvement.

The Division works closely with other partners to develop and disseminate resources to facilitate implementation of a well-functioning system of services. One recent resource is The National Consensus Framework for Systems of Care for Children and Youth with Special Health Care Needs developed by a national workgroup and funded by the Lucille Packard Foundation to provide core standards for a system of care for CYSHCN. The standards address core components of the structure and process of an effective system and are grounded in research, review of the literature, and experience of states.

Applicants are strongly encouraged to identify and utilize existing evidence-informed resources in the development of the application for this funding opportunity.
II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014-2016. Approximately $3,600,000 is expected to be available annually to fund twelve (12) grantees. Applicants may apply for a ceiling amount of up to $300,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for State Implementation Grants for Enhancing the System of Services for Children and Youth with Special Health Care Needs through Systems Integration in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligibility for this funding is limited to state governmental agencies.

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.3 will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA requires applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 Research and Related (R&R) application package associated with this funding opportunity following the directions provided at Grants.gov.
2. Content and Form of Application Submission

Section 4 of HRSA’s *SF-424 R&R 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 R&R Application Guide* except where instructed in the funding opportunity announcement to do otherwise.

**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 are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under the announcement.

**Program-specific Instructions**

In addition to application requirements and instructions in Section 4 of HRSA’s *SF-424 R&R 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 R&R Application Guide*.

ii. **Project Narrative**

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

Use the following section headers for the Narrative:

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

- **NEEDS ASSESSMENT -- Corresponds to Section V’s Review Criterion #1**
  This section outlines the needs of your state and community to improve systems integration for CYSHCN and their families. The information provided should help reviewers understand the target population, the strengths and weaknesses within the state, and areas of focus for systems integration activities to support an increase in the number of CYSHCN who receive a patient/family-centered medical/health home approach to comprehensive care.
(1) Describe a systematic process for assessing population and system needs. Utilize demographic and other data whenever possible to support information provided. The described systematic process should include data on:

- Gaps and duplication within the existing system.
- The CYSHCN population and the extent to which they have access to a well-functioning system of services, that supports a patient/family-centered medical/health home approach for all CYSHCN.
- Existing or new data from the Title V Block Grant Needs Assessment, including information on any currently available “shared resource.”
- Strengths of the existing system including state initiatives, promising state practices and models, and activities involving state commissions, consortium, coalitions, and payers that impact or potentially could impact the system of services for CYSHCN.
- Social, political and economic factors impacting CYSHCN and systems integration within the state.

(2) Discuss involvement in the needs assessment process by families, health care providers, and other key stakeholders.

(3) Synthesize the strengths, areas of growth, and opportunities and challenges in implementing an integrated system of services for CYSHCN in the state that supports an increase in the number of CYSHCN who receive a patient/family-centered medical/health home approach to comprehensive care.

- METHODOLOGY — Corresponds to Section V’s Review Criteria #2, 4
  This section describes the overall framework and design for conducting the proposed project activities and, if applicable, describes how expenditures and costs will be measured.

(1) Describe the process/strategy for identifying, engaging, and facilitating coordination and communication among key stakeholders (State Title V maternal and child health CSHCN Directors, Medicaid Directors, families of CYSHCN, health professionals, state health officers, and others integral to the development of an integrated system) in the development and implementation of a state plan to improve systems integration to increase the number of CYSHCN and their families who receive a patient/family-centered medical/health home approach to care.

(2) Demonstrate evidence of meaningful family involvement in the design, implementation and evaluation of the project and engagement of contributors who reflect the cultural, racial, linguistic, and geographic diversity of the populations to be served.

(3) Describe a strategy for how the state plan, as described in the purpose section of this funding announcement, will be developed with state and community partners including State (Title V) maternal and child health CSHCN Directors, Medicaid Directors,
families of CYSHCN, health professionals, state health officers, and other partners integral to the development of an integrated system.

(4) Describe the strategy for how the state plan builds on current systems integration initiatives at the state and local level and includes key activities such as determining measurable state-specific strategies, goals and objectives; integrating activities with the Title V Block Grant program, maintaining a mechanism for effective coordination and collaboration among stakeholders; and identifying a “shared resource” to improve systems integration for increased number of CYSHCN who have access to a patient/family-centered medical/health home approach to care.

(5) Describe the process for identifying and evaluating the potential of specific evidence-informed strategies to improve systems integration that will affect increased numbers of CYSHCN who receive a medical/health home approach to care.

(6) Discuss how the project will leverage the activities/resources of the cross-state learning community to share project goals and objectives, evidence-informed activities, strategies, data, and resources.

(7) Describe how a “shared resource” will be built or expanded upon existing resources and planned with stakeholders, including State (Title V) maternal and child health CSHCN Directors, Medicaid Directors, families of CYSHCN, health professionals, state health officers, and other partners integral to the development of an integrated system. Discuss how utilization of the shared resource will be evaluated. Such a resource will serve as a "one stop shop", accessible to all families, for getting all the information, resources, referrals necessary to carry out systems integration and effect coordinated care.

(8) Describe an evaluation plan that includes a structured strategy for continuous quality improvement and collaborative innovation for systems integration to support an increase in the number of CYSHCN who receive a patient/family medical/health home approach to care. Information regarding the evaluation plan should be included in Attachment 6.

- Describe data sources; evaluation methods (e.g. review of documents, interviews with project staff and participants, survey of participants, etc.) and how the evaluation findings will be shared throughout the project. Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes on different populations, including those traditionally underserved.

- Explain how the data will be used for quality improvement, inform program development and service delivery and influence policy changes.

- Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

- Explain the plan for discussing the three (3) common cross-state strategies: (a) development or expansion of a “shared resource”; (b) one or more activities
specifically aligned with implementation of Maternal and Child Health 3.0 (MCH 3.0), and (c) a strategy to improve cross-system care coordination/integration.

(9) Demonstrate the capacity and process by which systems integration will be gathered and reported.

(10) Describe the process for sustaining, and continuing to expand the impact of the project within three (3) years, including a strategy to integrate successful strategies within the Title V Block Grant Program and other state initiatives to sustain efforts.

- WORK PLAN -- Corresponds to Section V’s Review Criteria #2, 4 Attachment 1: Work Plan

This section describes the activities or steps that will be used to achieve each of the activities proposed during the entire project period. The applicant should utilize a time line that includes each activity and identifies responsible staff.

(1) Describe the goals and objectives of the project. Objectives should be specific, tangible and measureable and must address the stated purpose and activities of this funding opportunity and reflect the needs assessment and the project methodology.

(2) Describe potential state-specific strategies to facilitate systems integration within the state (i.e. health information systems, information technology advances, and social media for ongoing staff training, outreach, collaborations, clear communication, partnership building, and information gathering/sharing/transfer/dissemination.

(3) Describe a time line for the project that includes each activity and identifies responsible staff.

(4) Provide a plan for monitoring all aspects of project implementation including state plan development and implementation of (3) common state-specific strategies for systems integration to increase the number of CYSHCN who receive a comprehensive, coordinated medical/health home approach to care. The common strategies include one identified strategy specifically aligned with implementation of Maternal and Child Health 3.0 (MCH 3.0), creation or expansion of a “shared resource” and a plan for cross systems care coordination.

(5) Provide a logic model as a part of Attachment 1 for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements:

- Describes an evaluation protocol that: (1) includes the process and outcome measures of the project’s goals and objectives; (2) demonstrates the capacity to gather data and report on the process and outcome measures; and (3) monitors the efficiency of the proposed project activities;

- Describes how sharing of data across systems, within learning collaboratives and within the learning community will occur to determine project impact;
• Provides evidence that data and evaluation will be developed directly with the State Title V Program for CSHCN and used for system improvement; and

• Describes how the project plans to demonstrate measurable progress toward a significant increase in the % of CYSHCN who have integrated care through a medical home.

Please refer to Section VIII of this FOA for more guidance on logic models.

- **RESOLUTION OF CHALLENGES -- Corresponds to Section V’s Review Criterion #2**
  Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V’s Review Criteria #3,4,5 and Attachment 2**
  This section describes current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

  (1) Provide a description of the inputs (e.g., organizational profile, collaborative partners, key staff, budget and other resources), key processes, and expected outcomes of the funded activities, including the following:

  - Participation in a cross-system learning community led by a NOSLO awardee, to identify strategies and best practices, to share challenges and to receive the necessary technical assistance.

  - A state plan, developed by key stakeholders, that includes evidence-informed strategies and measures.

  - A plan for a “shared resource “building upon existing resources in the state.

  (2) Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V’s Review Criterion #5 and Attachment 4**
  This section provides information on the applicant organization’s current structure, scope of current activities, and an organizational chart.

  (1) Describe how the organization contributes to the ability of the organization to conduct the program requirements and meet program expectations.

  (2) Applicants must demonstrate joint working relationships with the State Title V Program for Children with Special Health Care Needs (if applicant is not Title V); describe working partnerships with families and family organizations and other key stakeholders, including but not limited to providers, insurers, state medical leadership including the AAP and AAFP, other state agencies including education, mental health, and other community organizations; demonstrates an ability to identify a team which
will participate in the quality improvement activities, and; demonstrates commitment from partnerships that will help sustain the project beyond Federal funding.

iii. **Budget and Budget Justification Narrative**

**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 grant-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.

See Section 4.1.iv and v. of HRSA’s *SF-424 R&R Application Guide*. In addition, the State Implementation Grants for Enhancing the System of Services for Children and Youth with Special Health Care Needs through Systems Integration program requires the following:

- Sufficient funding to support a team of 3-5 people to participate in a statewide Learning Collaborative.
- Sufficient funding to support 1-2 staff to attend a yearly grantee meeting and participation in monthly conference calls.

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

- **Evaluation Activities:** It is recommended, twenty (20) percent of the annual awarded budget be devoted to evaluation. Accordingly, data collection activities and procedures that are required by the grantee evaluation, including all cross-site evaluation activities, should be accounted for and included within the scope of that budget (e.g., baseline and period data collection per grant year).

For FY 2014, the Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) 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 R&R Application Guide* for additional information.

iv. **Program-Specific Forms**

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

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (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, the MCHB’s authorizing legislation. Performance measures
for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) **Performance Measures for the State Implementation Grants for Enhancing the System of Services for Children and Youth with Special Health Care Needs through Systems Integration and Submission of Administrative Data.** The performance measures are:

- Performance Measure 7
- Performance Measure 10
- Performance Measure 16
- Performance Measure 24
- Performance Measure 26
- Performance Measure 31
- Performance Measure 33
- Performance Measure 40
- Performance Measure 41

To prepare 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/D70_3.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/D70_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 would be due to HRSA within 120 days after the Notice of Award.

v. **Attachments**

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

**Attachment 1: Work Plan and Logic Model**

Attach the Work Plan for the project that includes all information detailed in Section IV. i. Project Narrative. **Also include the required logic model in this attachment.**

**Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA’s SF-424 R&R 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: Letters 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. Letters of agreement must be dated.

Attachment 4: Project Organizational Chart

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

Attachment 5: Tables, Charts, etc.

Provide any tables, charts, etc. (e.g., Gant or PERT charts, flow charts, etc.) that provide further details to support the information described in the “Project Narrative”.

Attachment 6: Evaluation Plan

The required evaluation plan should address both process and outcome measures. It should include: evaluation questions; data sources; evaluation methods (e.g. review of documents, interviews with project staff and participants, surveys of participants etc.); and how the evaluation findings will be shared throughout the project.

Attachments 7-14: Other Related Documents

Provide summary of any policy, Interagency Agreements and legislation related to systems integration.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is June 13, 2014 at 11:59 P.M. Eastern Time.

4. Intergovernmental Review

The State Implementation Grants for Enhancing the System of Services for Children and Youth with Special Health Care Needs through Systems Integration is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three years (3) years, at no more than $300,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes: direct health care services and/or purchase of medications and medical equipment.
The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA’s SF-424 R&R Application Guide for additional information.

All program income generated as a result of awarded grant 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.

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application.

Review Criteria are used to review and rank applications. State Implementation Grants for Enhancing the System of Services for Children and Youth with Special Health Care Needs through Systems Integration has six (6) review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV’s Narrative Sections, “Introduction” and “Needs Assessment”

This includes networking with and integrating project activities into existing state activities focused on system improvement for populations with special needs; developing a plan to sustain integrated system improvements into the Title V Block Grant program and other state activities; defining a comprehensive evaluation plan using national, state, and community data; and demonstrating the capacity to gather and report on care coordination/integration outcomes for CYSHCN.

The extent to which the application:

(1) Describes the strengths and weaknesses within the state and the relationship to the areas of focus for systems integration activities.

(2) Utilizes data to describe the needs of the state’s CYSHCN population (including access to a well-functioning system of services); identifies system duplication and gaps; and identifies potential evidence-informed strategies for improvement as described in the Needs Assessment section of this guidance.

(3) Employs existing or new data from the Title V Block Grant Needs Assessment to support the area of focus for the systems integration activities.
(4) Clearly describes the strengths, areas of growth, and opportunities and challenges in implementing systems integration in the state plan.

(5) Describes other state initiatives, promising state practices and models, and activities involving state commissions, consortium and coalitions that impact or potentially could impact the integrated system of services for CYSHCN.

(6) Describes the social, political and economic factors impacting the population, the impact of health disparities on the target population or community and urban, suburban, rural or frontier settings.

(7) Displays an appropriate level of involvement in the needs assessment process by families, health care providers and other key stakeholders.

(8) Describes the need for a state plan in their state and how the state can benefit from this activity.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s Narrative Sections, “Methodology”, “Work Plan”, “Resolution of Challenges”

The extent to which the application:

(1) Responds to the “Purpose” included in the program narrative and provides a clear and coherent work plan aligned with the proposed activities in the application. Describes the appropriateness of the work plan in the following areas:
   o Identifying responsible individual(s) and organization(s) and a timeline for each activity.
   o Identifying associated process outcome measures for each activity and respective goal.
   o Displaying an adequate timeline to accomplish set program deliverables and proposed grant-funded activities.

(2) Identifies a plan for monitoring all aspects of project implementation including state plan development, implementation of state-specific strategies for systems integration, and creation or expansion of a “shared resource” to support systems integration.

(3) Describes the process.strategy for identifying, engaging, and facilitating coordination and communication among key stakeholders, such as State (Title V) maternal and child health CSHCN Directors, Medicaid Directors, families of CYSHCN, health professionals, state health officers, and other partners integral to the development of an integrated system. Utilizes the state’s current needs assessment and National Survey of Child Health data in the development and implementation of a state plan to improve systems integration for increasing the number of CYSHCN who receive a patient/family-centered medical/health home approach to comprehensive care.

(4) Describes the three (3) common cross-state strategies: (a) development or expansion of a “shared resource”; (b) one or more activities specifically aligned with implementation of Maternal and Child Health 3.0 (MCH 3.0), and (c) a strategy to improve cross-system care coordination/integration will be prioritized in quality improvement projects.
(5) Describes a strategy for how the state plan will be developed and implemented, including the process for determining measurable state-specific strategies, goals and objectives achieved through meaningful stakeholder engagement; maintaining a mechanism for effective coordination, collaboration, data sharing, and integration among stakeholders; creating or expanding a “shared resource” to improve systems integration within the state; integrating activities with the Title V Block Grant program and other state programs, as appropriate; demonstrating the capacity to gather and report on systems integration; developing a comprehensive evaluation plan; and a plan to sustain integrated systems improvement that supports a patient/family-centered medical/health approach for CYSHCN.

(6) Describes how a shared resource will be built upon existing resources and planned with stakeholders, including families, health and service providers and agency partners and how such a resource will be evaluated, supported and sustained.

(7) Identifies and evaluates the use of specific evidence-informed strategies to improve systems integration.

(8) Demonstrates evidence of meaningful family involvement in the design, implementation and evaluation of the project and engagement of contributors who reflect the cultural, racial, linguistic, and geographic diversity of the populations to be served.

(9) Demonstrates a clear understanding of the solutions for the identified challenges and barriers, including the need for meaningful partnerships and collaborations with key stakeholders, including State (Title V) maternal and child health CSHCN Directors, Medicaid Directors, families of CYSHCN, health professionals, state health officers, and other partners integral to the development of an integrated system. Uses health information technology advances and social media, in achieving a statewide system of services and integrates some of the findings into their program plan. Meaningful partnerships will be exhibited by formal agreements, policy development and/or sharing of funding and co-development of the grant award budget.

(10) Reflects an implementation plan that capitalizes on existing programs, activities, and initiatives within the state, and aims to achieve the Triple Aim: enhanced patient experience of care, improved health of the population, and reduced or controlled per capita cost of health care.

(11) Describes a systematic process for assessing population and system needs, how expenditures and costs will be measured, how reports, data, products, and/or grant project outputs will be disseminated so project information is provided to key target audiences.

(12) Explains how project activities will be integrated into the Title V Block Grant and other state initiatives during the project period and sustained over the long term.

(13) Discuss how the project will leverage the activities/resources of the cross-state learning community to share project goals and objectives, evidence-informed activities, strategies, data, and resources.
Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s Narrative Sections, “Methodology” and “Evaluation and Technical Assistance Support Capacity”

The extent to which the application:

1. Describes an effective method for monitoring and evaluating the project results, including the ability to (1) assess the extent to which the program objectives have been met and (2) the extent to which these can be attributed to the project.

2. Describes data sources; evaluation methods (e.g. review of documents, interviews with project staff and participants, survey of participants, etc.) and how the evaluation findings will be shared throughout the project.

3. Describes the data collection strategy to collect, analyze and track data to measure process and impact/outcomes on different populations, including those traditionally underserved.

4. Describes an evaluation plan in Attachment 6, which includes a strategy for continuous quality improvement for systems integration with the three (3) common cross-state strategies: (a) development or expansion of a “shared resource”; (b) one or more activities specifically aligned with implementation of Maternal and Child Health 3.0 (MCH 3.0), and (c) a strategy to improve cross-system care coordination/integration.

5. Explains how the data will be used to inform program development and service delivery and influence policy changes.

6. Describes any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

7. Provides a logic model that achieves the following:
   - Describes an evaluation protocol that: (1) includes the process and outcome measures of the project’s goals and objectives; (2) demonstrates the capacity to gather data and report on the process and outcome measures; and (3) monitors the efficiency of the proposed project activities;
   - Describes how sharing of data across systems, within learning collaboratives and within the learning community will occur to determine project impact;
   - Provides evidence that data and evaluation will be developed directly with the State Title V Program for CSHCN and used for system improvement; and
   - Describes how the project plans to demonstrate measurable progress toward a significant increase in the % of CYSHCN who have integrated care through a medical home.
Criterion 4: IMPACT (15 points) – Corresponds to Section IV’s Narrative Sections, “Work Plan”, Methodology” and “Evaluation and Technical Support Capacity”

The extent to which the application:

(1) Reflects the effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable, and/or the sustainability of the program beyond Federal funding.

(2) Discusses how the results of the evaluation will be used to spread successful project activities and sustain them beyond the project period.

(3) Demonstrates the capacity and process by which systems integration for CYSHCN will be gathered and reported.

(4) Describes the process for sustaining, and continuing to expand the impact of the project within three (3) years, including a strategy to integrate successful strategies within the Title V Block Grant Program and other state initiatives to sustain efforts.

(5) Discusses methodologies to spread successful project results throughout the state.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Narrative Sections, “Evaluation and Technical Support Capacity” and “Organizational Information”

The extent to which the application:

(1) Demonstrates that project personnel are qualified by training and/or experience to implement and carry out the project; the capabilities of the applicant organization; and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

(2) Demonstrates direct working relationships with the State Title V Program for Children with Special Health Care Needs (if applicant is not Title V).

(3) Documents experience working closely with families and family organizations.

(4) Describes experience directly working with other stakeholders, including but not limited to providers, insurers, state medical leadership including the AAP and AAFP, state agencies including Medicaid and education; and other community organizations.

(5) Demonstrates how the project will work directly with other state initiatives and activities including expert workgroups, consortium and commissions.

(6) Demonstrates an ability to identify, recruit and lead a multidisciplinary team that includes family representation to participate in learning collaborative.

(7) Demonstrates commitment from partnerships that will help sustain the project beyond Federal funding.
Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s “Budget” sections

The extent to which the application:

(1) Is reasonable in relation to the objectives, the complexity of the activities, and the anticipated results.

(2) Includes appropriate costs to support family partnerships (e.g. contracts, stipends, and salaries).

(3) Includes appropriate costs for ADA requirements if needed, sign language interpreters, and cultural and linguistic competence modifications such as interpretation services, cultural brokers, and modifications due to health literacy levels.

(4) Dedicates, at a minimum, 20 percent of budget toward evaluation activities.

(5) Includes sufficient funding to support a team of 3-5 people to participate in the learning collaborative statewide collaborative.

(6) Includes sufficient funding to support 1-2 staff to attend a yearly grantee meeting and participate in monthly conference calls.

2. Review and Selection Process

Please see Section 5.3 of HRSA’s SF-424 R&R Application Guide.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2014. See Section 5.4 of HRSA’s SF-424 R&R Application Guide for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA’s SF-424 R&R Application Guide.
3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA’s *SF-424 R&R Application Guide* and the following reporting and review activities:

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

2) **Final Project Period Narrative Report.** A final report is due within 90 days after the project period ends. The final report will collect information such as program-specific goals and progress on strategies; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee’s overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at [https://grants.hrsa.gov/webexternal/home.asp](https://grants.hrsa.gov/webexternal/home.asp). Further information will be provided upon receipt of reward.

3) **State plan.**
   A state plan developed by month 12 of the first year of the grant period including State (Title V) maternal and child health CSHCN Directors, Medicaid Directors, families of CYSHCN, health professionals, state health officers, and other partners integral to the development of an integrated system, who represent the components of a system of services for CYSHCN, and that includes implementation strategies and measures.

4) **Report of a state interagency implementation team.**
   A report of a state interagency implementation team by month 6 of the first year of the grant period. The state interagency implementation team should represent the key stakeholders, including State (Title V) maternal and child health CSHCN Directors, Medicaid Directors, families of CYSHCN, health professionals, state health officers, and other partners integral to the development of an integrated system, who represent components of the system of Services for CYSHCN.

5) **Shared Resource Plan.**
   A shared resource plan will be developed by month 12 of the first year of the grant period. A shared resource can be technologically-based or be generally accessible to all families, state and local partners, to provide resources and/or information needed to carry out systems integration. Examples of a shared resource include: a universally accessible phone resource, a website that includes state and community resources, or expanded access to an existing resource currently provided by an agency, program or service. A shared resource plan should be completed by month 12 of the grant and contain the following goals:
   a. Be mutually beneficial to key state agencies to serve a shared goal and purpose.
   b. Provision for a "one stop shop" for information, resources, and referrals to service providers or care coordinators serving the CYSHCN population.
   c. Integration of best practices and innovative solutions to ensure access and high quality resources for the state and CYSHCN and their families, as appropriate.
A response to cultural, ethnic, language, and accessibility needs in accordance with Federal guidelines.

6) Performance Report(s).

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (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, the MCHB’s authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/D70_3.html

b) Performance Reporting

Successful applicants receiving grant 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/D70_3.html This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each grant year of the project period. Grantees 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 summary data as well as finalizing indicators/scores for the performance measures.

c) Project Period End Performance Reporting

Successful applicants receiving grant 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/D70_3.html. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.
VII. Agency Contacts

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

Sarah Morgan
Grants Management Specialist, HRSA
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 15-19
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-4584
Fax: (301) 443-7942
Email: smorgan1@hrsa.gov

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

Kathy Watters, MA
Public Health Analyst Bureau, HRSA
Parklawn Building, Room 13-61
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0272
Fax: (301) 443-2960
Email: kwatters@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

Successful applicants/awardees 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 Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV
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 Calls:

MCHB will host two pre-submission technical assistance calls for all prospective applicants. The calls will be on Thursday, April 24, 2014 at 9:00 am and 4:00 pm EST (duration: one hour for each).
Webinar link: https://hrsa.connectsolutions.com/D70
Call-in number: 1-866-631-4890
Passcode: 41508066
Contact: Kathy Watters

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA’s SF-424 R&R Application Guide.