U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

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

Innovations in Care Coordination for Children and Youth with Autism Spectrum Disorders and Other Developmental Disabilities Program

Funding Opportunity Number: HRSA-19-061
Funding Opportunity Type(s): Initial: Competing Continuation, New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.877

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: March 8, 2019

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

Issuance Date: January 4, 2019

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

EXECUTIVE SUMMARY

This notice announces the opportunity to apply for funding under the Innovations in Care Coordination for Children and Youth with Autism Spectrum Disorders (ASD) and Other Developmental Disabilities (DD) Program. The purpose of this program is to build on past HRSA programs (HRSA-16-048 and HRSA-13-207) to improve access to coordinated and integrated care for children with, or at risk for, ASD/DD and their families in medically underserved areas and populations by implementing the following two strategies:

1) Family Navigation - Increasing family navigation services to improve communication between families and primary and specialty providers; link children with/at risk for ASD/DD to diagnostic evaluations, ASD/DD services, and community resources; and provide education to families of children with/at risk for ASD/DD to improve self-efficacy in navigating the system of care for children with/at risk for ASD/DD; and

2) Provider Training - Providing education, training, and technical assistance to providers, and community based-organizations providing services to ASD/DD on improving care for children with/at risk for ASD/DD through a learning community.

Funding Opportunity Title:	Innovations in Care Coordination for Children and Youth with Autism Spectrum Disorders and Other Developmental Disabilities Program
Funding Opportunity Number:	HRSA-19-061
Due Date for Applications:	March 8, 2019
Anticipated Total Annual Available FY 2019 Funding:	$1,860,000
Estimated Number and Type of Award(s):	Up to five grants
Estimated Award Amount:	Up to $372,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2019 through August 31, 2023 (4 years)
Eligible Applicants:	Eligible entities include any domestic public or private entity. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, January 17, 2019
Time: 3 p.m. ET
Call-In Number: 1-888-995-9168
Participant Code: 4538514
Weblink: https://hrsa.connectsolutions.com/hrsa-19-061_innovations_in_care_coordination/

Playback Number: 1-866-448-7647
Passcode: 52844

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Innovations in Care Coordination for Children and Youth with Autism Spectrum Disorders (ASD) and Other Developmental Disabilities (DD) Program. The purpose of this program is to build on past HRSA programs ([HRSA-16-048](#) and [HRSA-13-207](#)) to improve access to coordinated and integrated care for children with, or at risk for, ASD/DD and their families in medically underserved areas and populations.[1,2] The purpose and objectives of this program will be accomplished by implementing the following two strategies:

1) Family Navigation - Increasing family navigation services to improve communication between families and primary and specialty providers; link children with/at risk for ASD/DD to diagnostic evaluations, ASD/DD services, and community resources; and provide education to families of children with/at risk for ASD/DD to improve self-efficacy in navigating the system of care for children with/at risk for ASD/DD; and
2) Provider Education - Providing education, training, and technical assistance to providers, and community based-organizations providing services to ASD/DD on improving care for children with/at risk for ASD/DD through a learning community.

Program Objectives

You should propose baseline measures and data collection strategies in your application to reach the following program objectives.

- By 2023, increase by 25 percent from the baseline (minimum 500) the number of children with/at risk for ASD/DD residing in targeted medically underserved areas and populations receiving family navigator services.
- By 2023, increase by 25 percent from the baseline the proportion of families of children with/at risk for ASD/DD in medically underserved areas and populations that report self-efficacy in navigating the system of care and services for ASD/DD.
- By 2023, increase by 25 percent from the baseline the percentage of children with/at risk for ASD/DD in targeted medically underserved areas and populations receiving simultaneous provider referrals to both comprehensive developmental screenings and early intervention services before 3 years of age.
- By 2023, increase by 25 percent from the baseline the percentage of children with/at risk for ASD/DD in targeted medically underserved areas and populations enrolled in community-based services and supports before 3 years of age.
- By 2023, increase by 25 percent from baseline the percent of primary care, specialty, and community-based providers implementing care coordination for

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[1] At risk for ASD/DD can be defined as children who have been identified through primary care developmental surveillance as needing further screening or evaluation for ASD/DD.

[2] HRSA definition for Medically Underserved Areas: https://datawarehouse.hrsa.gov/topics/shortageareas.aspx.

children with/at risk for ASD/DD in targeted medically underserved areas and populations.

For a detailed description of the program, please see Program Description in Section IV.

2. Background

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

The prevalence of ASD continues to rise in the United States. Recent data from the 2014 Centers for Disease Control and Prevention (CDC) surveillance study showed an increase in prevalence of ASD ranging from 1.3 percent to 3 percent, depending on the site. Combined data from the 11 sites in the study indicated that 1 in 59 children aged 8 years have a diagnosis of autism.[3]

Timely diagnosis and initiation of intervention, family support services, and appropriate education planning are critical to optimizing developmental outcomes for children with ASD/DD. In 2006, the American Academy of Pediatrics (AAP) released a policy statement urging developmental surveillance as part of every preventive health visit throughout childhood. The AAP also recommended administering a standardized autism-specific screening tool on all children at the 18-month well-child visit with a repeat screening to be performed at 24 months of age. If a child has a positive screening result for ASD, the AAP recommends providing the family with peer-reviewed and consensus-driven information and referring the child for a comprehensive evaluation and early identification/early childhood education services.[4]

Studies indicate that a significant number of families whose children screen positive for ASD/DD do not complete follow-up referral evaluations. The 2014 CDC surveillance study showed only 42 percent of children diagnosed with ASD had a comprehensive evaluation by age 36 months. Another 39 percent did not have a comprehensive evaluation on record until after age 48 months.[5]

Children with/at risk for ASD/DD require access to and navigation between multiple care systems and service providers, including medical, social and behavioral systems and professionals; the educational system; payers; home care agencies; support therapies/services; and the families in order to achieve optimal outcomes. Due to the fragmented system of care for children with ASD/DD and the range of conditions associated with ASD/DD, parents often encounter challenges in navigating the healthcare system.

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[3] Baio J, Wiggins L, Christensen DL, et al. (2018). Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014. *MMWR Surveill Summ*, 67 (No. SS-6): 1-23.
[4] American Academy of Pediatrics, council on children with Disabilities, Section on Developmental and Behavioral Pediatrics, Bright futures Steering committee, Medical Home Initiatives for Children with Special Health Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening *Pediatrics,* 118:405-420.
[5] Centers for Disease Control and Prevention. (2018).

Disparities in Medically Underserved Areas and Populations

For children with/at risk for ASD/DD and living in medically underserved areas and populations, navigating the health care system and accessing needed services can be particularly challenging. Families and children with/at risk for ASD/DD in medically underserved areas and populations have been shown to experience higher levels of disparity in accessing needed healthcare and educational services. Thus, novel systems of care and approaches to ASD screening, diagnosis, and evaluation are needed to advance early diagnosis and intervention for these children.

Additionally, in rural and typically underserved areas, stakeholders (individuals with ASD, parents of children with ASD, providers, etc.) identified the following as barriers to early diagnosis and treatment of ASD: lack of professional and parent education about ASD; families not receiving timely access to available resources related to ASD; ineffective means of connecting families of children with ASD to available resources; limited access to care (professional shortages, inadequate insurance coverage, etc.); lack of parent credibility; and parental fear of diagnosis.[6]

This NOFO will build on previous HRSA programs by focusing on two strategies to improve access to coordinated and integrated care for children with/at risk for ASD/DD in medically underserved areas and populations by implementing family navigation services and creating learning communities.

Family Navigation

Family navigation is an innovative mechanism to improve care coordination and care integration for children with/at risk for ASD/DD. Specifically, it aims to perform time-limited case management that focuses on overcoming patient-specific barriers to care in a complex system, including medical system, community, and educational barriers. [7] Family navigators also coordinate services and appointments, and facilitate communication among families and providers.[8] Effective implementation of family navigation in medically underserved areas and populations may reduce many of the barriers to early diagnosis and treatment of ASD/DD.

Provider Education

Professionals, including health care providers, who come into regular contact with young children may require education and training to improve screening, referral, care coordination and linkages to services for children with ASD/DD. According to the 2016 National Survey for Children's Health, approximately 30 percent of parents report completing a standardized developmental screening tool for children aged 9 – 35 months.[9] Providers report low self-efficacy in meeting the medical needs of children with ASD and cite poor reimbursement, difficulty with care coordination, and insufficient

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[6] Elder, J., Brasher, S., Alexander, B. (2016). Identifying the Barriers to Early Diagnosis and Treatment in Underserved Individuals with Autism Spectrum Disorders (ASD) and Their Families: A Qualitative Study. *Issues in Mental Health Nursing*, 37:6: 412-420.

[7] Feinberg, E., Abufhele, M., Sandler, J. et al. (2016). Reducing Disparities in Timely Autism Diagnosis Through Family Navigation: Results From a Randomized Pilot Trial. *Psychiatric Services*, 67:8, 912-915.

[8] Association of Maternal Child Health Programs. (2018), Family Navigation Implementation Strategies: Improving Systems of Care. Retrieved from
http://www.amchp.org/programsandtopics/CYSHCN/projects/spharc/LearningModule/Documents/Final%20issue%20brief_3.12.pdf.

[9] Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. 2016 National Survey of Children's Health (NSCH) data query. Retrieved [09/10/18] from http://www.childhealthdata.org. CAHMI: http://www.cahmi.org.

training as barriers to providing care for children with ASD.[10] The 2017 Interagency Autism Coordinating Committee Strategic Plan for Autism Spectrum Disorder recommends providing education and training to primary care providers on identifying, diagnosing, and managing children with/at risk for ASD/DD.[11] Learning communities are a mechanism to provide education to primary care, specialty and community-based providers to improve self-efficacy, skills and knowledge related to identifying, diagnosing, and managing ASD/DD.

HRSA MCHB Autism CARES Act Programs[12]
HRSA supports a number of programs to address ASD/DD through education, early detection, and intervention. For additional information about existing HRSA programs to address autism, please visit https://mchb.hrsa.gov/maternal-child-health-initiatives/autism.

II. Award Information

1. Type of Application and Award

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

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $1,860,000 to be available annually to fund five recipients. You may apply for a ceiling amount of up to $372,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2019 through August 31, 2023 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the Innovations in Care Coordination for Children and Youth with ASD/DD Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

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[10] Carbone, P., Norlin, C., Young, P. (2016). Improving Early Identification and Ongoing Care of Children with Autism Spectrum Disorder. *Pediatrics,* 137:6.

[11] Interagency Autism Coordinating Committee (IACC). (2016-2017). Interagency Autism Coordinating Committee Strategic Plan For Autism Spectrum Disorder. October 2017. Retrieved from the U.S. Department of Health and Human Services Interagency Autism Coordinating Committee website: https://iacc.hhs.gov/publications/strategic-plan/2017/.

[12] HRSA MCHB CARES Act Programs receive funding under the Public Health Service Act, §399BB (42 U.S.C. 280i-1), as amended by the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2014 (P.L. 113-157) authority.

III. Eligibility Information

1. Eligible Applicants

Eligible entities include any domestic public or private entity. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

NOTE: In order to ensure geographic distribution, only one award per state will be made (see 45 CFR part 75, Appendix 1 (E)(2)).

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

IV. Application and Submission Information

1. Address to Request Application Package

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

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

ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.

2. Content and Form of Application Submission

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

See Section 8.5 of the *[SF-424 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 HRSA's *[SF-424 Application Guide](#)* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachment 7**: Other Relevant Documents.

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

Program Description

The intent of this funding opportunity is to address the lack of access to coordinated and community-based services and interventions for children with/at risk for ASD/DD in

medically underserved areas and populations. This funding opportunity expands upon previously successful initiatives to improve access to coordinated and integrated care for children with, or at risk for, ASD/DD and their families in medically underserved areas and populations.

A successful Innovations in Care Coordination for Children and Youth with ASD/DD application will address the following:

1. **Identify Target Population(s) and Primary Care Sites**
   - The target populations receiving family navigation services through this funding opportunity will include children with/at risk for ASD/DD and their families in medically underserved areas and populations.

   - Applicants will recruit a minimum of five primary care sites[13], as evidenced by memoranda of understanding or agreements (MOUs/MOAs), to partner with the recipient to implement family navigation. Applicants will identify a combined minimum of 500 families that can potentially receive family navigation services in the targeted medically underserved areas and populations.

2. **Implement Family Navigation Services**
   Recipients will provide family navigation services in partnership with the identified primary care sites in the targeted medically underserved areas and populations. The family navigators should work with families of children with/at risk for ASD/DD to address the continuum of their needs including:

   - Strengthening the family-professional partnership between the families and the clinicians providing care to their children;
   - Improving families' awareness of resources and services for their children;
   - Reducing delays in accessing specialty and sub-specialty services (e.g., developmental behavioral pediatricians, child neurologists, child psychologists, occupational therapists, speech language therapists, etc.);
   - Helping to minimize barriers to accessing community-based services (e.g., transportation, financial, etc.);
   - Coordinating care between multiple providers;
   - Promoting care that is culturally and linguistically competent; and
   - Helping to facilitate transition across settings and providers, and from pediatric to adult systems of care.

3. **Create and Implement a Learning Community**
   A learning community is a collaborative environment that can facilitate innovation adoption to advance patient and family centered care.[14]

   - Each recipient will convene a learning community consisting of primary care, specialty and community-based providers and families serving children with/at risk for ASD/DD in the targeted medically underserved areas and populations in

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[13] Primary care sites may include: private practices, federally qualified health centers (FQHCs), rural health clinics (RHCs), Indian health service (IHS) facilities and community health centers (CHCs)
[14] Carpenter et al (2018). Using learning communities to support adoption of health care innovations. *The Joint Commission Journal on Quality and Patient Safety,* S1553-7250.

order to identify and implement strategies to improve the care and care coordination of children with/at risk for ASD/DD.

The learning community will provide participants an opportunity to collaborate, learn about new approaches, and share informational resources on topics including but not exclusive to the following:
- o Innovative strategies to improve developmental screening and developmental surveillance in primary care settings;
- o Referral and follow-up practices for children with/at risk for ASD/DD;
- o Ongoing care for children with/at risk for ASD/DD in a family/patient-centered medical home;
- o Family navigator roles, models, and processes for implementing family navigation into primary care settings;
- o Care coordination and communication between providers and services for children with/at risk for ASD/DD; and
- o Availability of community and social supports for the children and their families.

- Each recipient should propose indicators to measure learning community participants' understanding of topics described above and implementation of strategies to improve care coordination for children with/at risk for ASD/DD.

4. **Develop and Expand Partnerships**
Recipients will establish, facilitate and maintain cross-sector collaboration and partnership with diverse stakeholders, reaching beyond the Learning Community, that serve the target population to improve coordinated care for children with/at risk for ASD/DD. Examples of stakeholders include: state Primary Care Associations (PCAs); state chapters of medical professional organizations, such as the American Academy of Pediatrics, American Academy of Family Physicians, and National Association of Pediatric Nurse Practitioners; state Title V programs; state Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs; state Part B and C of the Individuals with Disabilities Education Act (IDEA); payers including state Medicaid Programs and Managed Care Organizations; family support organizations; community-based health and/or education organizations, and human service provider organizations.

5. **Collaborate with HRSA MCHB Autism CARES Recipients[15]**
- Each recipient will participate in a community of learners which will be convened by the State Public Health Coordinating Center for Autism (http://www.amchp.org/programsandtopics/CYSHCN/projects/spharc/Pages/default.aspx). Recipient participation in the community of learners will enhance recipient effectiveness in implementing program activities by providing recipients an opportunity to collectively problem-solve and share strategies through brainstorming sessions, workshops, peer-to-peer training and skills training sessions.

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[15] HRSA MCHB CARES Act Programs receive funding under the Public Health Service Act, §399BB (42 U.S.C. 280i-1), as amended by the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2014 (P.L. 113-157) authority.

- Recipients will be required to attend an annual meeting of all Innovations in Care Coordination for Children and Youth with ASD/DD recipients. You should budget for two staff to attend the annual meeting.

- In addition, recipients will be required to attend the Annual MCHB Autism Collaboration, Accountability, Research, Education, and Support (CARES) Meeting that includes all HRSA recipients funded under the Autism CARES Act legislation. This meeting will provide an opportunity for HRSA Autism CARES recipients to collaborate and share best practices related to ASD/DD. The meeting occurs in the Washington, D.C. area every other year and virtually in the alternating year. This meeting will be held in the greater Washington, D.C. area in 2021 and 2023. You should budget for two staff to attend the in-person meeting.

6. Develop a Monitoring and Evaluation Plan

- Develop and implement a plan and timeline to monitor and evaluate program objectives and process measures.

- Collect data on program objectives and process measures on an annual basis.

- Implement a comprehensive program evaluation that incorporates national, state, and community data. Recipients will be required to work with HRSA's evaluation contractor who will be collecting quantitative and qualitative data for the evaluation of the MCHB Autism CARES Act Initiative.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), 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, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1*
  This section briefly describes the purpose of the proposed project, the methods to be used, and the projected outcomes.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1*

This section should help the reviewers understand the needs of the population of children with /at risk for ASD/DD in the targeted medically underserved areas and populations, and the components of the health system, including the primary care sites, in the medically underserved areas and populations that present challenges and barriers to children receiving timely diagnosis and services and access to coordinated and integrated care. Demographic and epidemiological data that includes ethnic, cultural, racial, socioeconomic, and geographic factors and disparities should be used and cited whenever possible to support the information provided.

- Describe the targeted medically underserved areas and populations for children with/at risk for ASD/DD and the unmet health needs and health disparities, including the prevalence of ASD/DD in the state and medically underserved areas and populations (if data available) and the prevalence of ASD/DD enrolled in early intervention services before 37 months of age in the state and medically underserved areas and populations (if data available).

- Provide other pertinent data related to ASD/DD (i.e., number of referrals of at risk children for ASD/DD to early intervention services and specialists for comprehensive evaluation, average time to diagnosis, average age of children and youth at diagnosis, average age of children and youth at first intervention visit, etc.).

- Provide the program objectives baseline measures as outlined in Section I's Purpose section.

- Describe the identified primary care sites that will partner with you. Include information on the type of site, location, population served and other relevant data. You should provide memoranda of understanding/agreement (MOUs/MOAs) in **Attachment 3** to describe how the identified primary care sites will partner with you in the implementation of family navigator services. Refer to Section I and the Program Description above for more information.

- Describe the anticipated number of children (minimum 500) with/at risk for ASD/DD that will receive family navigation services in the medically underserved areas and populations in each primary care site.

- Present relevant primary care site and community-based provider data in the medically underserved areas and populations. Data may include results from provider needs assessments, number and type of providers that will receive interventions, use of care coordination strategies (patient centered medical home implementation), etc.).

- Describe existing strengths and resources of the ASD/DD system in the targeted medically underserved areas and populations, as well as gaps and weaknesses in the ASD/DD system and relevant barriers to accessing care for children and youth with ASD/DD that the project plans to overcome.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion 2*
  Propose methods that will be used to address the stated needs and accomplish the previously described program purpose, objectives, and program description described in Sections I and IV of the NOFO. In addition, the proposed methods should meet the review criteria outlined in Section V of this NOFO. The approach should be specific, time-oriented, measurable, and respond to the identified challenges facing the proposed project. Note and reference all other autism related efforts in the targeted community as appropriate and describe the plan to coordinate and not duplicate services/activities in the target community and State.

  - Describe how the family navigation services will be implemented in the primary care sites. The proposed methodology for the family navigation services should include the following:

    - Components of the family navigation model to be used with sites;
    - Qualifications of the family navigators;
    - Types of training that will be provided to the family navigators; and
    - Description of the family navigation services including, but not limited to, how families who need services will be identified; how family navigation services will be provided; estimated case load capacity of family navigators; etc.

  - Describe how the learning community will be structured. The proposed methodology for the learning community should include the following:
    - Methodology for implementing the learning community (include frequency of meetings, use of technology, etc.);
    - Types of education and training that will be provided; and
    - Mechanisms to determine effectiveness of learning community.

  - Describe how the education and training to families with/at risk for ASD/DD to improve self-efficacy will be provided and evaluated.

  - Describe how cross-sector partnerships and collaborations will be identified and leveraged to implement family navigation services and the learning community. Describe how these partnerships and collaborations will be supported during the period of performance and beyond. Provide evidence of existing relationships and partnerships, and identify and list programs where there may be a need to increase partnerships and collaboration.

  - Describe how key project activities will be sustained beyond the federal funding period. HRSA expects recipients 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. Describe plans to sustain family navigation activities in the selected primary care sites. When appropriate, the sustainability plan should address the transformation of health care delivery and emerging payment models.

- Describe how activities will be replicated in other communities and information will be shared/disseminated, and how such efforts will involve patients, families and communities.

- Describe how you will routinely assess and address the unique needs of the target populations of the communities served.

▪ *WORK PLAN -- Corresponds to Section V's Review [Criteria 2](#) and [4](#)*

Describe the activities or steps that will be used to achieve each of the project objectives proposed in the methodology section. The proposed project's goals, objectives, and activities should be clearly aligned with the stated needs and meet the previously described program purpose, objectives, and program description as outlined in [Sections I](#) and [IV](#), and review criteria outlined in [Section V](#) of this NOFO. Use a timeline that includes each activity and identifies responsible staff. Clearly describe an approach that is specific, measurable, attainable, realistic and time-bound (SMART). Use a time allocation table, graph, or chart that includes each activity and identifies responsible staff and partners, proposed outcome, intended impact, and how the activity's outcome and impact will be measured included in **Attachment 1**. The reviewers should clearly be able to link the overall program objectives with your specific project goals, objectives, and activities.

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria [3](#) and [5](#)*

You must provide an evaluation plan. The evaluation plan describes the details of a program evaluation.

- Describe how the evaluation plan will 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 you would achieve the proposed purpose and objectives in [Section I](#), and be aligned with the review criteria noted in [Section V](#) of this NOFO.

- Outline data collection strategies and outcomes for the proposed project. Both process and outcome data should be monitored, including the use of qualitative and quantitative data collection strategies. Recipients should track data elements to support the program purpose and objectives previously described in [Section I.1](#) of this NOFO.

- Describe experience, skills, and knowledge, including that of proposed individuals on staff and/or contractors related to evaluation. Demonstrate

evidence of organizational experience and capability to coordinate, collect data, and support planning and implementation of a comprehensive evaluation plan to meet the objectives of this program.

- Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data on the use of family navigators and the learning community will be used to inform program development and service delivery. Describe how baseline data will be captured in the first year and how data will be collected on each program objective each year.

- Include a well-developed project logic model reflecting the program objectives listed previously in this NOFO, proposed project goals, objectives, and outcomes should be included in **Attachment 1**. See Section VIII. Other Information in this NOFO for more information on logic models.

- Describe how the evaluation plan was developed and refined with key state stakeholders (e.g., State Title V Program for Children with Special Health Care Needs, participating Primary Care Providers, State Early Intervention Services, family leaders, and other key stakeholders). Plans for Internal Review Board (IRB) approval should be discussed as appropriate.

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

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

- Clearly describe program monitoring activities. The program monitoring activities must track the extent to which recipient activities are implemented as designed and determine areas for improvement on an annual basis. Quality improvement methodologies should be used to make improvements to ineffective program components on a continuous basis.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5*
  Succinctly describe your organization's current mission and structure, scope of current activities and how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Include an organizational chart.

  - Discuss how the organization will follow the approved work plan, as outlined in the application, properly account for the federal funds, and document all costs

to avoid audit findings.

- Include the staffing plan and job descriptions for key faculty/staff in **Attachment 2** (Staffing Plan and Job Descriptions).

NARRATIVE GUIDANCE

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

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

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iii. *Budget*

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

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

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of

HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

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

v. *Program-Specific Forms*
Program-specific forms are not required for application.

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

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

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

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 4: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project.

Attachment 5: Tables, Charts, etc.
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 6: Progress Report
(FOR COMPETING CONTINUATIONS ONLY)

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

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

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

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

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

Attachments 7-13: Other Relevant Documents
Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

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

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *March 8, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

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

5. Intergovernmental Review

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

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

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $372,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1

of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Innovations in Care Coordination for Children and Youth with Autism Spectrum Disorders and Other Developmental Disabilities Program has six review criteria:

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

The extent to which the application describes the problem, presents associated contributing factors to the problem, and effectively demonstrates gaps and barriers in access to care for children with/at risk for ASD/DD that the proposed project will address, including demographic and epidemiological data such as ethnic, cultural, racial, socioeconomic, and geographic factors and disparities whenever possible to support the information provided.

The extent to which the applicant:
- Describes the targeted medically underserved areas and populations for children with/at risk for ASD/DD and demonstrates the unmet health needs and health

disparities in this population, including the prevalence of ASD/DD in the state and medically underserved areas and populations (if data available) and the prevalence of ASD/DD enrolled in early intervention services before 37 months of age in the state and medically underserved areas and populations (if data available);

- Provides other pertinent data related to ASD/DD and describes how they demonstrate the needs of the target population (i.e., number of referrals of at risk children for ASD/DD to early intervention services and specialists for comprehensive evaluation, average time to diagnosis, average age of children and youth at diagnosis, average age of children and youth at first intervention visit, etc.);

- Provides the program objectives baseline measures and data collection strategies as outlined in Section I's Purpose section;

  Demonstrates the strength and value of the five identified primary care sites that will partner with the applicant in executing the proposed project. Includes information on type of site, location, population served and other relevant data. The applicant should refer to the memoranda of understanding/agreement (MOUs/As) in **Attachment 3** to describe how the primary care sites will partner in the implementation of family navigator services;

- Describes the anticipated number of children (500 or more) with/at risk for ASD/DD that will receive family navigation services in the medically underserved areas and populations in each primary care site;

- Presents relevant primary care site and community based provider data in the medically underserved areas and populations. Data may include results from provider needs assessments, number and type of providers that will receive interventions, use of care coordination strategies (patient-centered medical home implementation, etc.); and

- Effectively demonstrates the existing strengths and resources of the ASD/DD system in the targeted medically underserved areas and populations, as well as gaps and weaknesses in the ASD/DD system and relevant barriers to accessing care for children and youth with ASD/DD that the project plans to overcome.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges

Methodology (20 points)
The strength, completeness, and feasibility of the applicant's:
- Proposed methods to address the stated needs and accomplish the previously described program purpose, objectives, and program description described in Sections I and IV of the NOFO;

- Proposed methodology to implement the family navigation services in the primary care sites;

- Proposed learning community structure and methodology;

- Proposal for how the education and training to families with/at risk for ASD/DD to improve self-efficacy will be provided and evaluated;

- Proposed plan to replicate activities in other communities and share/disseminate information, and how such efforts will involve patients, families and communities;

- Proposal for how cross-sector partnerships and collaborations will be identified and used to implement family navigation services and the learning community and how these partnerships and collaborations will be supported during the period of performance and beyond. Provides evidence of existing relationships and partnerships, and identifies and lists programs where there may be a need to increase partnerships and collaboration;

- Proposal for how key project activities will be sustained beyond the federal funding period, including plans to sustain family navigation activities in the selected primary care sites. Effectively addresses the transformation of health care delivery and emerging payment models, when appropriate; and

- Proposal for how they will routinely assess and address the unique needs of target populations of the communities served.

Work Plan (10 points)
The strength, completeness, and feasibility of the applicant's:

- Proposal for project goals and objectives that are clearly described and use an approach that is specific, time-oriented, measurable, and responds to the identified challenges facing the proposed project;

- Timeline that includes each activity and identifies responsible staff. Clearly describe an approach that is specific, measurable, attainable, realistic and time-bound (SMART); and

- Plan to coordinate and not duplicate services/activities in the target community and state related to all ASD/DD efforts in the targeted community as appropriate.

Resolution of Challenges (5 points)
The extent to which the applicant:
- Discusses 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.

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

Evaluation (10 points)
Evidence that the evaluative measures will be able to assess the extent to which the evaluation plan describes the following:

- The overall program goals and objectives have been met and can be attributed to the project;

- The appropriateness of the method(s) proposed to collect data, monitor and evaluate effectiveness of the project activities and the SMART objectives outlined in Section I.1 of the NOFO;

- The applicant provides assurances that the evaluation will be developed in collaboration with key stakeholders; and

- The program monitoring activities will be implemented to ensure quality improvement methodologies are used to make improvements to the program.

Logic Model (5 points)
The extent to which:

- The applicant offers a well-developed project logic model reflecting the program objectives listed previously in this NOFO, proposed project goals, objectives and outcomes. (5 points)

Technical Support Capacity (5 points)
The extent to which:

- The evaluation staff have the experience, skills and knowledge necessary to conduct the program evaluation.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Work Plan

The extent to which the proposed project:

- Describes a public health impact and whether the project will be effective, if funded. This may include: the effectiveness of plans for dissemination of project results and the impact results may have on the community or target population;

- Describes results that may be national in scope, the degree to which the project activities are replicable, the sustainability of the program beyond the federal funding;

- Describes how the family navigation program can be sustained in the participating primary care sites;

- Describes how the proposed project's goals, objectives, and activities should be clearly aligned with the stated needs and meet the previously described program purpose and objectives outlined in Section I.1 and requirements; and

- Uses a time allocation table, graph, or chart that includes each activity and identifies responsible staff and partners, proposed outcome, intended impact, and how the activity's outcome and impact will be measured included in **Attachment 1**. The reviewers should clearly be able to link the overall program objectives with the applicant's specific project goals, objectives, and activities.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

The extent to which the applicant:

- Describes the qualification by training and/or experience of project personnel to implement and carry out the project including: 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. Documents the management structure and staff positions and plans for fiscal control;

- Describes how the organization will follow the approved work plan, as outlined in the application;

- Describes 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; and

- Describes close working relationships or plans to develop relationships with key stakeholders.

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

The reasonableness of the proposed budget for each year of the period of performance 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; and

- Key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may take into consideration the geographic distribution of applicants in making final award decisions (see 45 CFR part

75, Appendix 1 (E)(2)). Specifically, an applicant will not be funded if there is another application from within the state that receive a higher score. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

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

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

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

3. Reporting

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

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

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

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

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

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

3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other

grant/cooperative agreement programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H6M_4.HTML and below.

Forms
Form 1, Project Budget Details **Form 2, Project Funding Profile** **Form 3, Budget Details by Types of Individuals Served** **Form 4, Project Budget and Expenditures** **Form 5, Number of Individuals Served (Unduplicated)** **Form 6, Maternal & Child Health Discretionary Grant** **Form 7, Discretionary Grant Project** **Form 9, Tracking Project Performance Measures** **Form 10, Project Performance/Outcome Measure Detail Sheet** **Products, Publications and Submissions Data Collection Form**
Updated DGIS Performance Measures, Numbering by Domain *(All Performance Measures are revised from the previous OMB package)*

Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 4	Revised	5	Sustainability
Child Health			
CH 3	New	N/A	Developmental Screening

Children and Youth with Special Health Care Needs			
CSHCN 1	Revised	7	Family Engagement
CSHCN 2	Revised	40, 41	Access to and Use of Medical Home

b) Performance Reporting Timeline

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

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

c) Period of Performance End Performance Reporting

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

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

VII. Agency Contacts

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

Hazel Natosha Booker
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4236
Email: NBooker@hrsa.gov

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

LCDR Leticia Manning, MPH
Project Officer and Senior Public Health Analyst, Division of Services for Children with Special Health Needs
Attn: Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, 18W09B
Rockville, MD 20857
Telephone: (301) 443-8335
Email: LManning@hrsa.gov

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

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

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

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

VIII. Other Information

Logic Models

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

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, January 17, 2019
Time: 3 p.m. ET
Call-In Number: 1-888-995-9168
Participant Code: 4538514
Weblink: https://hrsa.connectsolutions.com/hrsa-19-061_innovations_in_care_coordination/

Playback Number: 1-866-448-7647
Passcode: 52844

Tips for Writing a Strong Application

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