



Frequently Asked Questions

HRSA 19-060 Notice of Funding Opportunity

Transforming Health Care for Children and Youth with Epilepsy

Technical Assistance Webinar Recording: <https://hrsa.connectsolutions.com/pvnn3gqmtfxv/>

Where can I find the Notice of Funding Opportunity (NOFO) for the Transforming Health Care for Children and Youth with Epilepsy?

To access and apply for the Transforming Health Care for Children and Youth with Epilepsy, please visit www.grants.gov and search for the funding opportunity number, HRSA-19-060. Additionally, the NOFO is accessible on the Maternal and Child Health Bureau's Funding Announcement website at: <https://mchb.hrsa.gov/fundingopportunities/Default.aspx?id=75459513-3284-4283-9a24-fb86743204c3>.

To apply for HRSA 19-060, should the project address at least one or all of the content areas?

All projects must address all four content areas as written in HRSA-19-060 NOFO. These are:

1. Increasing access to specialists through telehealth and telemedicine strategies;
2. Increasing family engagement at various levels across the health care system;
3. Improving the transition from pediatric to adult health care; and
4. Increasing communication, collaboration, and co-management between primary care providers and epilepsy specialty providers.

Who is eligible to apply for this notice of funding opportunity (NOFO)?

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. Foreign entities and/or programs to support foreign populations are not eligible for this funding opportunity.

Is it a requirement to be a former grant award recipient of the HRSA-16-055 program to apply for this funding opportunity?

It is not a requirement to be a former HRSA grant award recipient. 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.

Are the applicants submitting competitive continuation applications (current grantees) given preference for this funding opportunity?

No, current grantees do not receive preference for this funding opportunity.

Who are the recipients of the last grant cycle?

The list of previous HRSA Epilepsy program grant recipients may be found [here](#).

This funding opportunity serves children and families in medically underserved areas and populations. How is a medically underserved area or population defined for this NOFO? How can I identify medically underserved areas or populations in my state?

For the purposes of this NOFO, medically underserved areas (MUAs) and medically underserved populations (MUPs) can be identified as geographic areas and populations with a lack of access to primary care services. These groups may face economic, cultural, or linguistic barriers to health care. More information can be found at: <https://bhw.hrsa.gov/shortage-designation/muap>. Populations that are deemed as a Governor’s Exception Population are also eligible to apply. MUAs/MUAPs can be identified by the HRSA Data Portal: <https://data.hrsa.gov/hdw/Tools/DataPortal.aspx>.

Are you looking for applicants to include rural patients?

The purpose of this program is to increase access to coordinated, quality health care in a patient/family-centered medical home for CYE residing in rural and/or medically underserved areas. Part of the review criterion is the extent to which applicants demonstrate the needs of the community, organizations, populations, and clinical sites served, including the target population (children and youth with epilepsy in rural and/or medically underserved areas), and their unmet health and social needs.

In describing participating clinical sites, the guidance indicates these sites must be “telehealth/telemedicine ready.” What is meant by telehealth/telemedicine ready?

Grant funds cannot be used to purchase telehealth/telemedicine equipment. You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all the requirements and restrictions applicable to the receipt of federal funding.

How will “telehealth strategies” be counted?

Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. It refers to a broader scope of remote health care services, including non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

Are we expected to use a specific tool or framework for our approach to transition?

We expect applicants to use a framework for health care transition in their application. At the time of implementation, we will work to ensure consistency across grantee approaches to transition.

Can grantees exceed 25% of funding to support clinic participation?

Up to 25 percent of funding can be used to support clinical site participation (e.g., providing financial incentives to clinical sites or families, payment of continuing medical education credits, staffing support for data collection, etc.). Allocating more than 25 percent of funding may impact the review of your application.

Are current grantees expected to recruit new sites or can they continue with current clinic sites?

All applicants must have memoranda of understanding (MOUs) with at least seven clinical sites to participate in a QI network and increase geographic reach. There is no language in the NOFO that addresses whether these are new or continuing relationships. Grant recipients are expected to achieve program objectives by 2023 with their clinical sites.

Our proposed service area has a dispersed population and many rural clinics may not serve the minimum of 25 children and youth with epilepsy. Are there other ways to meet that requirement?

Recognizing that some medically underserved communities may be very dispersed, if you are unable to meet the minimum of 25 children and youth with epilepsy (CYE) at every pediatric primary care site, you may provide a justification of how you will otherwise serve at least 100 CYE. Please note, this could impact the review of your application.

Is the 100 CYE to be served a total number or just for the pediatric sites?

Recipients will be expected to serve a minimum of 100 CYE through the pediatric primary care sites.

For the adult health care site that should be included among the clinical sites, does it need to be a primary care practice or an epilepsy specialist?

Recipients must have a memorandum of understanding (MOU) with at least one adult health care site. The NOFO does not specify whether the site should be a primary care practice or an epilepsy specialist. Grant recipients are expected to achieve program objectives by 2023 with their clinical sites.

Can the other sites be affiliates of the applicant or do they have to be distinct from the applicant?

Recipients should have memoranda of understanding (MOUs) with at least seven clinical sites prior to submission of the application. Requirements regarding the sites are that they include:

- four pediatric primary care sites that each serve a minimum of 25 CYE;
- one pediatric epilepsy specialty care site; and
- one adult health care site.

Community-based primary care sites can include the following: rural health centers, federally qualified health centers, community-based primary care practices, and other sites providing community-based primary care to CYE. Specialty care sites can also include the following: neurology clinics and practices, practice or hospital based epileptologists, and other centers, clinics or practices providing specialty care for CYE. There is no other language in the NOFO for the sites.

Is this opportunity limited to one application per DUNS number? If we are a large, multi-campus organization with TWO unique DUNS numbers, can we submit an application from each DUNS?

HRSA-19-060 indicates multiple applications from an organization are not allowable. A DUNS number is a Unique Entity Identifier for an organization/agency, and different DUNS numbers are considered separate entities.

Do each one of the seven separate sites need to have their own DUNS number?

Applicants must obtain a valid DUNS number, also known as the Unique Entity Identifier, for their organization/agency and provide that number in the application. Only one DUNS number is required.

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

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved. The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

Our organization has federal negotiated rates for indirect costs for organized research and for other sponsored activity. Which should we use in an application for the HRSA-19-060 NOFO?

Please use the negotiated rate for other sponsored activity since this is a demonstration project.

In the NOFO, it says recipients are expected to “implement at least one Quality Improvement (QI) project in Year 1, and at least two QI projects in Year 2 and Year 3 to achieve the goals of the program by addressing all four content areas.” Can these be spread out differently over the four years of the grant?

Applicants may provide a justification of how quality improvement projects may be completed differently than the schedule written in HRSA-19-060 NOFO. Please note, this could impact the review of your application.

Will there be a cross-site evaluation amongst all of the recipients?

The recipient of the HRSA-19-059 NOFO will develop and implement a comprehensive evaluation of the HRSA-19-060 grant recipients’ QI networks. More information on those activities are included in the HRSA-19-059 NOFO which can be found here:

<https://mchb.hrsa.gov/fundingopportunities/?id=14b0b165-bc57-41ea-9036-d37ae3530d4a>.