Frequently Asked Questions
HRSA-17-100: Health Care Delivery System Innovations for Children with Medical Complexity

Where can I find the full announcement?
On Grants.gov http://www.grants.gov/web/grants/search-grants.html?keywords=hrsa-17-100, click on the opportunity number link to HRSA-17-100, then on the “Package” tab, and click “Select Package”. Enter your email to receive future updates about the funding opportunity announcement (FOA) and click “Submit”. You will be taken to a page where you can either begin the application process, or download the full Funding Opportunity Announcement and the Application Package.

Can individuals apply for funding?
No. This project is not intended to provide direct services to an individual.

Can individual entities apply, or do you have to apply as a consortium?
Individual entities are eligible to apply, OR organizations can come together and apply as a consortium.

The letter of intent (LOI) is encouraged but not required, correct? What level of detail are you looking for as far as data and CoIIN team identification in that LOI?
Correct, a letter of intent is encouraged, but not required. You are eligible to apply even if no letter of intent is submitted. The letter should identify your organization and its intent to apply, and briefly describe the proposal to be submitted. If an applicant is able to identify the teams they want to work with on the project, please go ahead and list them on the letter.

Are there milestones to meet prior to submission of the award application?
An applicant’s SAM.gov and Grants.gov registrations and passwords must be current in order to submit an application to HRSA. Registrations in all systems may take up to one month to complete, so do not wait to activate or update accounts in these two systems.

Will the awardee recruit participating states directly? Or would there be a subsequent FOA/RFP for states to apply for cohort designation?
The applicant will recruit the participating states directly. The applicant will decide what method they will use to recruit the teams. HRSA will not be releasing a subsequent FOA for cohort designation.

Is there a process for becoming a CoIIN team?
In the application, the applicant will identify 10-12 teams that will be part of the project. It will be up to the applicant to decide how they will recruit the teams.

Is there a geographic distribution desired for CoIIN teams?
Yes, the cohort of teams should reflect diversity in population, health care system structures and geographic representation, as much as feasible.

Is there a definition of Children with Medical Complexity (CMC)?
There has not yet been a consensus on the definition of children with medical complexity; however, when describing children with medical complexity, the following components should be included: substantial family-identified needs, one or more significant chronic conditions, social or functional limitations, and the high need for or utilization of health care resources (Cohen et al, Pediatrics 2011; Kuo DZ, Houtrow AJ, AAP Council on Children with Disabilities, Pediatrics 2016).

**Is the Centers for Medicare and Medicaid Services (CMS) going to send any descriptive information to State Medicaid directors about this FOA?**
HRSA is working with CMS regarding dissemination of the FOA to state Medicaid directors. In the interim, HRSA has distributed the FOA to a number of partners to share with stakeholders, including Medicaid programs.

**Can you describe your general expectations for the role of the State CYSHCN (Children and Youth with Special Health Care Needs) program?**
As listed in the FOA, state Title V CYSHCN leaders should be members of the CoIIN teams, along with families of CMC, pediatric primary and specialty care clinicians, leaders of integrated health care delivery systems and/or freestanding children’s hospitals, state Medicaid leaders, and other relevant stakeholders, to demonstrate commitment to implement the activities outlined within the FOA. As members of the CoIIN teams, state Title V CYSHCN leaders will participate in learning collaboratives on quality improvement and innovation, and attend learning sessions, among other activities listed in the FOA. In some cases, the Title V CYSHCN leader could be identified as the team lead for the state.

**How will baseline be determined for the CMC experience?**
The baseline number is the total number of CMC in the cohort.

**Is it correct that only 25% of teams need to implement an alternative payment method? Is it not necessary for all 10-12 sites to do so?**
At a minimum, 25% of participating teams need to pilot an innovative payment model by the end of the project. We would like to have as many teams as possible pilot an innovative payment model, but at least 25% of the teams are required.

The FOA specifies an increase of 50% of families reporting a single locus of care in a patient/family-centered medical home. **Is there a specific model of medical home we should be using in our guidance to the state (i.e. primary care) or should we use family report of achievement of the objective?** For example, if a family reports they have a medical home for their child and it is a complex care clinic located in a children’s hospital rather than a community-based primary care practice, would that be seen as a positive outcome for this objective?
The measure should be based on family reporting the child receiving a medical home model of care that is “accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally effective” (American Academy of Pediatrics). The care can be delivered in a primary care setting or complex care clinic. However, it needs to be comprehensive and
coordinated and address not just the primary, acute, and chronic care needs of the child but other needs, including oral, behavioral/mental health, early intervention, social services, etc.

The FOA calls for a 25% decrease in unscheduled hospitalizations. Because this patient population is physiologically dynamic, and unscheduled hospitalizations for clinically appropriate reasons are routine, can we interpret that objective to mean avoidable hospitalizations or shorter lengths of stay due to improved inpatient management, using validated measures?
Yes.

Regarding the objective to decrease by 25% the number of families reporting unmet needs, should those unmet needs be validated in the National Survey of Children’s Health or National Survey of Children with Special Health Care Needs? Or should state teams identify their own, with the input of family members?
The applicant, with input from their partners, including families, should identify a validated measure to be used by all the teams.

Is the baseline all 150-300 children enrolled in each individual state project, or the entire cohort of children across all 10-12 teams?
150-300 children for each individual team.

Are the specific details of the team projects required as part of the application, or is that work intended to happen amongst the stakeholders in the first year of the program in consultation and coordination with the awardee and its consultants? Additionally, are states permitted to choose different areas of project focus, or do they all need to be the same?
The applicant will identify the teams as part of the application, but the details of their project can be determined after the project begins. It is expected the awardee will work with the teams and external advisory group to determine the topic areas of focus. In the application, the applicant will describe the topic selection process and methods that will best meet the intended goal and objectives of the project. Regardless of the method chosen, the awardee will need to be able to successfully evaluate the progress made by the teams throughout the project period.

On page 25 of the FOA under Criterion 2, #6, it states “Develops a plan for conducting in-person learning sessions with participating teams, including at least one annual in-person meeting with participating teams and other relevant stakeholders, and annual on-site in-person meetings with teams.” Does this mean that the awardee would need to meet in-person with each team annually?
The statement does not mean that the awardee would need to go out and meet in-person with each individual team annually. In-person meetings and in-person learning sessions would be conducted with all of the teams together.