Summary of Questions and Responses from 8/30/2016 Applicant TA Call for
HRSA-17-059: Universal Newborn Hearing Screening and Intervention Program

Is the salary cap only for the awardee or does it include all salaries in the contract too?

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

Salary limitation also applies to subawards/subcontracts under an HRSA grant or cooperative agreement.

What are the guidelines for separating fringe benefits and salary in contractual?

Personnel under contractual agreements should include the annual salaries and level of efforts and can include fringe benefits. Consultants are a fee for service and fringe is not an allowable cost. The cost for personnel and fringe benefits should not be co-mingled in the narrative. Clearly break out personnel from fringe benefits in the narrative.

Will awardees be required to submit a budget justification for each of the 3 years?

Grantee shall provide a budget narrative that explains the amounts requested for each line of the budget in Section B.6. Object Class Categories. For subsequent budget years, the narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period.

Please define a "care coordination plan" as listed on page 4 of the FOA and describe how state EHDI programs might collect this metric as part of the progress report.

A care plan, or a medical summary, assists with the implementation of successful care coordination within a pediatric medical home. A comprehensive care plan includes all historical, medical, and social aspects of a child and family's needs. It also includes the following: 1) Key interventions; 2) Roles and responsibilities of each care team member; 3) Contact information. In a pediatric medical home, a care plan should be created in partnership with the family and youth.

A care coordination plan, or a shared plan of care, should be understood in the context of a high-performing medical home focused on addressing family-centered needs. “Successful care coordination takes into consideration the continuum of health, education, early child care, early intervention, nutrition, mental/behavioral/emotional health/community partnerships, and social services (as well as payments for these services) needed to improve the quality of care for all CYSHCN.” (Pediatrics 2014; 133(5): e1451-1460)
Helpful links for further language/frameworks on care coordination/shared plan of care templates:
--National Center for Medical Home Implementation (ncmhi.org);
--Standards for Systems of Care for Children and Youth with Special Health Care Needs (amchp.org)

The care coordination plan only pertains to the learning community aspect of the FOA, as it relates to the measures that will be reported on.

As is indicated in the FOA on page 4, awardees will be required to report to HRSA on progress of the learning communities through a written report and each year, as a part of the annual non-competing continuation progress report. The first report will be due approximately October 1, 2017 and annually, thereafter.

Recipients will also be responsible for assessing behavioral change among the learning community participants by collecting and reporting on the following measures in six (6) month intervals after baseline data has been collected upon the implementation and initial beginning of the learning community:
- Number of participants that are aware of and follow the JCIH 1-3-6 recommended timeline guidelines;
- Number of deaf or hard of hearing patients that have a care coordination plan;
- Number of care coordination plans developed with the parent or family, caretakers;
- Number of care coordination plans that are shared across providers (i.e. specialists, audiologists); and
- Number of health care professionals that have developed partnerships with state Title V CYSHCN programs regarding systems integration and family centered care coordination.

Is the EHDI team in charge of creating and implementing this care coordination plan?

Once an assessment is made during the initial stages of the learning community, if coordination plans are not a part of the office’s standard operating procedures, then the EHDI team will be responsible for providing guidance on how to create and implement a care coordination plan for the patients who are deaf or hard of hearing.

Do you expect a care coordination plan for every child identified with a hearing loss in our state or develop a standard care coordination plan to be used for hearing impaired kids through their medical home?

The expectation is that every child identified as deaf or hard of hearing within the practice(s) that are participating in the learning community should have a care coordination plan.

Who will be the responsible party for facilitating the care coordination plan?

The physician or medical care team will be responsible for ensuring that the care coordination plan is implemented within their practices. The EHDI team will be responsible for the ensuring that the physician or/and medical team is aware of the importance of the care coordination plan. Specifically, please refer to page 4 of the FOA which references the topics that will be addressed which includes the following:
Improving care coordination through the patient/family-centered medical home model, including the surveillance of infants and children that need to be screened, followed-up or enrolled in EI programs.

Would the child's IFSP be considered the care coordination plan or do you expect children to have two plans?

A comprehensive care coordination plan must be developed for all children identified as deaf or hard of hearing in the practices participating in the learning community. If the child has an Individualized Family Service Plan that meets the elements that are listed in the care coordination plan, it can be considered as a care coordination plan.

Is the Care Coordination Plan viewed the same as the IEP?

No, the IEP is not the same as the care coordination plan. The Individualized Education Program (IEP) is a written document required for each child who is eligible to receive special education services. It is provided to a student who has been determined first to have a disability and, second, to need special education services because of that disability.

Does the 25% need to go all to one family support organization/program or can it be divided among one or more family support program/organization?

The 25% does not have to be allocated to one family support organization/program. It can be divided among one or more family support organizations/programs that are identified as statewide, family-based organizations or programs that provide family support to families/parents/caregivers of newborns and infants who are deaf or hard of hearing.

If there is a Family 2 Family program in another department in our agency, can Family Support funds go to that agency and its staff?

Yes, funds can be allocated towards a Family to Family program that is within another department in your agency once it is an identified statewide, family-based organization or program that provides family support to families/parents/caregivers of newborns and infants who are deaf or hard of hearing.

Is travel for the family member to the EHDI conference part of the 25%?

No, travel for a family member to the EHDI conference is not part of the 25% that has to be allocated towards a family organization or program. Once the funds have been dispersed to the family organization, they may use the funds to send a staff member of the organization that is working on the family aspect of the project to the conference. It is still the expectation for the funded EHDI program to allocate funding (outside of the funds allocated towards a family organization or program) to send at least one family member to the annual EHDI conference.

Can the funding be used for a family support organization that exists within the DOH, unrelated to the EHDI program?

Yes, the funding can be used for a family support organization that exists within the Department of Health, that is unrelated to the EHDI program, if it is an identified statewide, family-based
organization or program that provides family support to families/parents/caregivers of newborns and infants who are deaf or hard of hearing.

**Can the funds be used to fund a person whose job at the family support agency is to provide parent support (like GBYS)?**

Funding must be used to support the activities of a family support organization. Funds can be used to provide parent support by a person employed by an identified, statewide, family-based organization or program that provides family support to families/parents/caregivers of newborns and infants who are deaf or hard of hearing.

**Are you saying that the family support needs to be provided by a separate family organization? Can that family organization use the funds for staff?**

A minimum of 25% of the funding must be allocated towards a family organization or program. After receiving the funding, that family organization or program may use the funds for staff that will be responsible for providing the necessary family support services. Awardees may allocate more funding toward that family organization or program. The funding can be used for a family support organization that is any identified statewide, family-based organization or program that provides family support to families/parents/caregivers of newborns and infants who are deaf or hard of hearing.

As stated on page 5 of the FOA, awardees are also expected to develop and maintain active family engagement and leadership efforts for families of children identified through newborn hearing screening who are deaf or hard of hearing. Awardees will be required to involve family partners in the development, implementation, and evaluation of the EHDI programs. Families should be consistently provided with the opportunity to collaborate with various leaders and policy makers in addressing the challenges to and providing solutions for the EHDI system.

**My EHDI program currently contracts with parents who serve as consultants for families. Under this grant, I would no longer contract with them but would give funds to the state Hands & Voices chapter for them to do (as far as I can tell) some unspecified parent support activities. Am I supposed to provide any expectations or request they do anything in particular with these funds?**

In the memorandum of understanding, the expectations regarding the scope of work should be clearly outlined.

**Are we expected to give 25% of the budget to a family support organization or can the $ stay with the program to support the family organization's staff?**

It is the expectation that 25% percent of funding is allocated directly towards an identified statewide, family-based organization or program that provides family support to families/parents/caregivers of newborns and infants who are deaf or hard of hearing. If the family organization or program utilizes the funding after receipt to pay for a staff person to execute the activities for that part of the project, that is allowable.
The "family organization" referenced: is this specifically Hands & Voices or is it the OSEP funded Parent Training & Information Center in the state tasked with assisting families of children with disabilities?

The family organization or program can be an identified statewide, family-based organization or program that provides family support to families/parents/caregivers of newborns and infants who are deaf or hard of hearing.

**Are any expected evaluation metrics for the 25% of funding directed to supporting family organizations?**

The FOA did not indicate any specific evaluation metrics for the 25% of funding directed to supporting family organizations. However, it should be noted, that it is the expectation for the overall project to be evaluated as is indicated on pages 16 and 17 of the FOA.

**What is the HRSA Family Leadership in Language and Learning Center and what services or support will they offer?**

The purpose of the Family Leadership in Language and Learning Center is to support the development of statewide newborn and infant hearing screening, evaluation, diagnosis, and intervention programs and systems by promoting the inclusion of families, parents, and caregivers of deaf or hard of hearing infants/children identified through the Universal Newborn Hearing Screening Program as leaders in the statewide Early Hearing Detection and Intervention (EHDI) system.

This purpose will be achieved by focusing efforts on: 1) supporting state/territory organizations that provide support to families of deaf or hard of hearing children; 2) coordinating with the HRSA-supported National Technical Resource Center for Newborn Hearing Screening and Intervention and state/territory EHDI programs in improving family engagement, partnership, and leadership within the EHDI system, and 3) collaborating with established Deaf Mentor programs for families.

**Could this funding be used to create a Guide By Your Side Program?**

Yes, a portion of the funding can be used to create a Guide By Your Side Program.

**Please clarify the make-up of the learning community. It appears that the learning community is made up of teams that include a clinician and a family member. Is that correct?**

Pediatric health care professionals from various health care organizations (e.g., hospitals, federally qualified health centers, community health centers, private pediatric medical practices, etc.) will participate in the learning community. At a minimum, the learning community teams should include a clinician who delivers pediatric primary care, a practice or community based care coordinator, and a family member of a deaf or hard of hearing child.

**How many learning communities is each grantee expected to create?**

At a minimum each grantee should create one learning community.
Are state CYSHCN programs receiving any guidance or encouragement from MCHB to partner with EHDI programs to achieve efforts related to shared plans of care and specifically data collection for the 5th metric for learning communities?

Once the Notice of Awards have been issued to the grantees, technical assistance will be available to grantees on developing partnerships between state Title V CYSHCN programs and health care professionals

Please clarify the objective requirement "increase by 30 (25/20) percent." For a state with timely diagnosis of 50%, are you expecting them to reach 80% (a 30 percentage POINT increase) or 30% of 50 which is 15%.

The expectation is that the state would have a 15% increase (30% of 50 which is 15%).

If an applicant is not a state Department of Health (DOH), do they need to have a memorandum of understanding (MOU) or Bonafide Agent agreement with the DOH?

The requirement of having a MOU in place pertains to the following: All successful grantees will develop partnerships supported by a memorandum of understanding with identified statewide, family-based organizations or programs that provide family support to families/parents/caregivers of newborns and infants who are deaf or hard of hearing by the end of the three (3) year project period.

The grant requires a minimum of 25% of funding to be allocated toward the support of family organizations which must be documented by a memorandum of agreement. Can this be achieved through a sub-grant, contract, or another legally binding document?

Yes, this can be achieved through a sub-grant, contract or another legally binding document.

Do MOU's need to be in place at the time of the application or can they be developed during the grant period?

Memorandum of Understanding (MOUs) are expected to be submitted with the application based on review criterion 2 (p.24) and 6 (p. 26). Letters of Agreement and existing contracts are also acceptable forms of documentation. Please note that this response reflects slightly different information than what was shared on the August 30, 2016 webinar.

If a contract is in place with a family organization, does this meet the requirement of a MOU?

If a contract is in place that details the requirements/responsibilities of all entities that are affiliated with the project, yes, this will meet the requirement of a MOU.

Please clarify Obj. #2, increase of timely Referral to EI. The HSFS does not include a measure of “referral,” only a measure of “enrollment” (Referral is an optional field on HSFS). So, was the intent an increase in timely enrollment?)
The intent of objective number two is to collect data that pertains to timely referral to early intervention per the recommended guideline by the Joint Committee on Infant Hearing.

**Does "referred to Part C EI before 6 months of age" include infants referred for something other than hearing loss?**

Referred to Part C EI before 6 months of age only pertains to newborns and infants who have been identified as deaf or hard of hearing.

**With regard to objective #2, from which specific item on the CDC survey do we obtain our baseline number?**

The specific item on the CDC survey is the following: Percent referred to Part C EI which is under the Documented Referral to Early Intervention (EI) heading.

**My state has a MCHB funded LEND program, but that program does not include pediatric audiology. Is the requirement to partner with LEND only for those states that have pediatric audiology LEND programs?**

No, the partnership with LEND does not only pertain to those states that have pediatric audiology LEND programs.

**Given how extensive this application is, time for organizations to process applications prior to submission and the potential for RFP process for sub contracts with family organizations would HRSA consider extending the due date to November 14th?**

At this time, HRSA is not able to provide an extension of the application’s due date.

**Can database enhancements that directly benefit the family organization be included for the funding?**

Yes, database enhancements that directly benefit the family organization can be included in the overall funding for the state/territory EHDI program. There is still a requirement that 25% of funding be directly allocated towards family organizations or programs.