

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Maternal and Child Health Bureau
Division of Healthy Start and Perinatal Services

FAQs

HRSA-20-111 – Supporting Fetal Alcohol Spectrum Disorders Screening & Intervention Program

Posted 4/10/2020

Due Date for Applications: June 9, 2020

Period of Performance: September 1, 2020 through August 31, 2023 (3 years)

Eligible Applicants: Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply.

Budget / Fiscal / Sub-recipients

1. **The NOFO is listed as a cooperative agreement on Grants.gov; however, the summary of funding text (page 7) indicated an 8% indirect cost rate for training grants. Is this a training grant?**

Answer: No, this is not considered a training grant, however, the indirect cost rate is 8%.

2. **Regarding the indirect cost rate: since our normal agreement is not permitted and a smaller amount is approved, can we charge some costs directly that would normally be considered indirect? For instance: utilities, administrative staff, supplies. In addition, how does the indirect cost rate apply to a sub-recipient?**

Answer: You are encouraged to allocate awarded funds to the appropriate budget categories to support successful completion of the program. Please be sure your budget narrative is clear and concise and justifies your costs. Direct cost amounts for equipment, tuition and fees, and sub-grants and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

3. **What is the indirect rate for this program?**

Answer: The indirect cost rate is 8%.

4. **Is there a competitive bid requirement and process in regards to evaluation?**

Answer: There is no official competitive bid requirement for evaluation, or any other sub-contract.

5. If you use a sub-recipient within the grant, can you use their larger practice as a participant?

Answer: Yes, it is allowable to use a sub-recipient's larger practice as a program participant, but all contractual agreements will be reviewed to ensure that they clearly uphold HRSA's policies and procedures.

6. Is it acceptable to pay practices for evaluation activities and data collection

Answer: Yes, you are encouraged to propose innovative recruitment and retention strategies that may include, but are not limited to, providing maintenance of certification, continuing education credits, certificates of completion, or incentives for participation, as noted in the program's first Key Activity on p. 8 of the NOFO.

Programmatic/Implementation

Recruitment and Scope

7. Is HRSA primarily interested in national initiatives or will state-level initiatives be considered?

Answer: In accordance with the NOFO, you should propose to recruit practices that are located, ideally, in *multiple* states, U.S. territories, tribes/tribal organizations, or communities that have high rates of binge drinking among pregnant women (noted p. 9, 12, and 23 of the NOFO). HRSA's intent for the program is to have multi-state reach. Applications will be reviewed against the program expectations in the NOFO using the review criteria included.

8. Can you apply for only one state with multiple counties where the work will be done and offices will be recruited?

Answer: As noted above, In accordance with the NOFO, you should propose to recruit practices that are located, ideally, in *multiple* states, U.S. territories, tribes/tribal organizations, or communities that have high rates of binge drinking among pregnant women (noted p. 9, 12, and 23 of the NOFO). HRSA's intent for the program is to have multi-state reach. Applications will be reviewed against the program expectations in the NOFO using the review criteria included.

9. Does HRSA have a recommended number of states to include in the project?

Answer: No, HRSA has indicated no recommended number of states to include in the project, in its NOFO. You should propose to recruit practices that are located, ideally, in *multiple* states, U.S. territories, tribes/tribal organizations, or communities that have high rates of binge drinking among pregnant women (noted on p. 9, 12, and 23 of the NOFO). Your target settings, populations, and provider types should be based on the needs you identify in the Needs Assessment section of the Project Narrative (p. 12 of the NOFO).

10. Is there a limited number of states required?

Answer: No, HRSA has indicated no number of states required in the NOFO. You should propose to recruit practices that are located, ideally, in multiple states, U.S. territories, tribes/tribal organizations, or communities that have high rates of binge drinking among pregnant women (p. 9, 12, and 23 of the NOFO).

11. **What exactly needs to be completed in the first 6 months? a) It says half the practices should be recruited, but does recruitment mean they've been identified? Do they have to have contracts in place, or should they have started implementation? b) In addition, is there a proportion of these practices recruited in the first 6 months that need to be rural?**

Answer: It is expected that, within the first 6 months of the 3-year period of performance, you will have recruited at least 10 practices serving pregnant women and at least 10 practices serving children and adolescents (p. 12 of the NOFO). a) You should demonstrate commitment of practices willing to participate in education and TA, by providing copies of letters of agreement or memoranda of understanding to the HRSA Project Officer by the 6th month of the period of performance (March 2021). You should propose a timeline in your work plan that includes each activity, including practice recruitment and training and TA implementation. b) Per the expectation in the first Key Activity (p. 9 of the NOFO), at least 50 percent of the PCPs educated by this program should be practicing in rural and safety net settings. You have flexibility in designing your program and should follow the guidance in the NOFO. Applications will be reviewed against the program expectations in the NOFO using the review criteria included.

12. **We are considering partnering with an organization in another state and wondering if it would be allowable to have 2 organizations apply together and have co-Principal Investigators?**

Answer: In accordance with the NOFO, to achieve program objectives, you are encouraged to propose innovative strategies through key partnerships and collaborations (p. 9 and 12 of the NOFO). It would be acceptable to propose co-Principal Investigators. However, keep in mind, one organization must apply as the primary applicant, and the other noted as a partner, or sub-recipient. You should describe relationships with any organizations or sub-recipients, with which you intend to partner, collaborate, coordinate efforts, or receive assistance from, while conducting project activities (p. 17 of the NOFO). You have flexibility in designing your program and should follow the guidance in the NOFO. Applications will be reviewed against the program expectations in the NOFO using the review criteria included.

13. **Does HRSA prefer that the obstetric and pediatric serving providers be recruited from the same region(s) or can recruitment of OB and Pediatricians be in different region(s)?**

Answer: As noted above, you should propose to recruit practices that are located, ideally, in multiple states, U.S. territories, tribes/tribal organizations, or communities that have high rates of binge drinking among pregnant women (noted on p. 9, 12, and 23 of the NOFO). Your target settings, populations, and provider types should be based on the needs you identify in the Needs Assessment section of the Project Narrative (p. 12 of the NOFO).

14. **What's the definition of practice?**

Answer: For the purposes of this NOFO, a practice is defined on p. 9 of the NOFO (footnote 29), broadly as an ambulatory clinical setting in which one, two, or more clinicians provide health care in a single-specialty (e.g., primary care) or multispecialty practice (e.g., offering various types of medical specialty care within one organization).

15. **Do residency clinics meet the criteria for participating practices?**

Answer: Yes, residency clinics, particularly those that provide a comprehensive continuity of care experience for first and second year residents, meet the criteria for participating practices. For purposes of this NOFO, a practice is defined on p. 9 of the NOFO (footnote 29), broadly as an ambulatory clinical setting in which one, two, or more clinicians provide health care in a single-specialty (e.g., primary care) or multispecialty practice (e.g., offering various types of medical specialty care within one organization).

16. **If a multispecialty practice has both OB and Pediatrics, will that count as one of each, or will it be counted as one practice?**

Answer: If you include a practice that serves both women and children, as long as you have a program that provides education and TA to both maternity care and pediatric providers within that practice, then you can count that multispecialty practice as 2 practices. In other words, it will be counted as one of each, meeting the obligation of serving providers of perinatal women and children.

17. **The NOFO indicates that education and training developed under the program should not duplicate existing content. Is the translation of existing content for cultural and language proficiency an allowable expense?**

Answer: Yes, the translation of existing content for cultural and language proficiency is an allowable expense, as this would build on existing evidence-based education and training materials, tools, clinical guidelines and resources, as noted in the program's sixth Key Activity on p. 9 of the NOFO.

18. **You mentioned reduction of alcohol use during pregnancy. Could funds from this grant be used to implement such an effort in the population cared for by the practices enrolled? I was not describing services. I was speaking of new, not things currently or otherwise funded. I was speaking about experimental new programs to reduce use.**

Answer: Your application should propose a detailed plan to meet the program objectives on p. 1 and address the Key Activities on p. 9-10 of the NOFO. You have flexibility in designing your program and should follow the guidance in the NOFO. Applications will be reviewed against the program expectations in the NOFO using the review criteria included.

19. **Does HRSA have a preference for QI initiatives?**

Answer: No, HRSA has indicated no requirement or preference for any particular quality improvement initiatives in its NOFO, other than to say that you should propose models that have the best evidence base for sustaining practice change in primary care settings. You have flexibility in designing your program and should follow the guidance in the NOFO. Applications will be reviewed against the program expectations in the NOFO using the review criteria included.

Funding

20. **How likely is it that the program will be funded for all 3 years?**

Answer: While federal funding is dependent on the availability of appropriated funds, HRSA anticipates 3 years of funding.

21. **Will only one [cooperative agreement] be awarded?**

Answer: Yes, only one cooperative agreement will be awarded for this NOFO.