

HRSA-21-037
The National Maternal and Child Consortium on
Oral Health Systems Integration and Improvement

Frequently Asked Questions

As of December 18, 2020

Q.1. I was wondering if "academic dental institutions" are eligible to apply for this grant or not?

A.1. Yes. Please note on page 11 of the NOFO the eligibility for application.

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.

Q.2. Can you clarify the second outcome objective that seeks to measure system improvements. Is the percent improvement measured against all participants in the LC?

A.2. No. As noted in the disclaimer that follows this objective, "among those who report annually on all common metrics," this measure will reflect those who have achieved the first Program Outcome objective (which seeks to find at a minimum 75% of the LC participants report annually). To be clear those projects that achieve the first outcome objective (whether it is < or > 75%), will be the denominator for the second objective.

Q.3. Is MCHB interested in multiple cohorts throughout the project period, such as one per project year.

A.3. It is up to the applicant to justify the potential for planning the implementation of multiple cohorts. However, it is of interest to MCHB that at the conclusion of the project period for each cohort, that the cohort achieve a 75% success rate in system improvement.

Q.4. On page five (5) of the NOFO it states that the Framework is to be adapted if needed. Can you clarify?

A.4. Please see an explanation of this consideration on page 13. The terms "adapt" and "modify" are interchangeable.

- 1) Conduct a literature search that highlights gaps in systems of care processes that deter preventive oral health care integration within MCH systems of care.

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- 2) Modify the Framework, as needed, to specify elements that can and should be measured and monitored to ensure a systematic process for oral health integration. The Consortium should also consider other conceptual models for closing gaps in health care disparities.

Q.5. On page 20 of the NOFO it states that the performance evaluation plan should describe how project personnel are to be qualified by training and experience to provide quality technical support for performing data collection, analysis, and interpretation. Is the technical support for evaluating the Consortium expected also to include technical assistance for the LC cohort participants?

A.5. It is up to the applicant to decide who will assist the LC participants in their need for improving data analysis. The term “technical support,” as used in this section of the Project Narrative, *Evaluation and Technical Support Capacity*, is referring only to the personnel selected to complete the Consortium’s performance evaluation.

Q.6. On page 22 of the NOFO it states the Budget should include funding to host an annual in-person, multi-day learning forum. Does MCHB have a preference as to when these gatherings are to be held?

A.6. No. The time of year with the project period for the annual meetings is at the discretion of the applicant.

Q.7. On page 12 of the NOFO, the considerations for planning a national advisory collective includes the annual gathering of council members. I assume the members selected to participate in the “collective” are the “council members” spoken of in the NOFO. Is this correct? Does MCHB have a preference as to what this “collective” are the “council” is called?

A.7. Yes, this is correct. The term collective and council can be used interchangeably. No, MCHB does not have a preference as to what the “collective” are the “council” is to called.

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Q.8. For the OH3C activity, we will have two partners and have obtained letters of agreement from them. My understanding from the NOFO is that all content related to the OH3C should appear in attachment 8. However since there isn't enough space to include two letters of agreement along with the work plan, budget, and budget narrative in this attachment, I inserted the sentence, "Letter of agreement from XX and XX on file." in the budget narrative. Is this method acceptable?

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A.8. Yes. Given the NOFO did not indicate a specific need/request for letters of agreement in regards to fulfilling the OH3C activity, it is best not to assume expectations. As you imply in your request for guidance, the NOFO instructs:

- Letters of agreement are to be submitted in Attachment 6. While the NOFO does not specify these letters are to reflect only agreements in response to the Consortium proposal, the NOFO does indicate the proposal for the OH3C funding is to be submitted as Attachment 8.
- A work plan, line-item budget and budget justification is requested, as Attachment 8, in your request for OH3C funding. Letters of agreement are not specifically requested.
- The page limits for an applicant's submission includes no more than 75 pages for the Consortium proposal and no more than 5 pages for the OH3C proposal.

Given these instructions, it cannot be surmised that letters of agreement are requested for the OH3C project nor should they be submitted as part of the Consortium proposal. If the applicant wishes to submit letters of agreement (though not requested), they should be included with documentation submitted as Attachment 8. Given the page limitation, the applicant may wish to inform HRSA that there are agreements. One option, in addition to your suggestion, is to extract a sentence or two from the letters to include in the budget justification given these organizations will be recognized in the line-item budget.

Please note, the lack of letters of agreement in attachment 8 will not be held against the applicant. Also, to assure the applicant of this awareness, the FAQs will be a resource document shared with the independent reviewers in advance/preparation of their review of HRSA-21-037.