

CDC-RFA-CE16-1608: Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality Funding Opportunity Announcement (FOA)

Frequently Asked Questions (FAQs)

This frequently asked questions (FAQs) document includes questions that were posed to CDC through Monday, May 16, 2016, including all questions posed during the **Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality FOA Informational Call** conducted by CDC on May 11, 2016.

Eligibility

1. **The synopsis of the FOA mentions “states/jurisdictions.” Does this imply that local jurisdictions (i.e., local health departments) are eligible to apply?**
 - a. No, only state health departments or their bona fide agents are eligible to apply. Local health departments would need to collaborate with the state health department.
 - b. The reference to “jurisdiction” refers to the District of Columbia (D.C.).
2. **Our local jurisdiction disproportionately contributes to the total morbidity and mortality seen within our state, which allows us to meet the burden criteria of the FOA. Does this make us (i.e., a local health department) eligible to apply?**
 - a. Although a few high burden counties in your state meet some qualifications related to drug overdose burden in the FOA, the state health department or their bona fide agent must submit the application.
3. **May an applicant submit more than one proposal to this funding opportunity so long as they are distinct?**
 - a. The FOA does not explicitly prohibit a state from submitting more than one application; however, the FOA requires that all applicants collect medical examiner or coroner reports on counties that account for a minimum of 75% of drug overdose deaths in their state in 2014, or counties whose residents account for 1500 more drug overdose deaths. In the case of a state which experienced less than 3000 deaths, the 2 applications would be automatically duplicative, and only one could be funded.

Basic Award Information

1. **How many years of funding are available for awardees?**
 - a. This FOA has a 3-year project period.
2. **Is the \$775,000 cap for the total award OR per year?**
 - a. The \$775,000 ceiling amount (cap) is per year; however, please know there are maximum ceiling amounts for each state. Please see *Appendix 2: Maximum Budgets for Applicants*. All appendices referenced in the FOA are housed on the FOA webpage: <http://www.cdc.gov/drugoverdose/foa/state-opioid-mm.html>.
3. **Regarding *Appendix 2: Maximum Budgets for Applicants (Table 1)*: I don’t understand what the first 4 columns (i.e., # of UUDO deaths in 2014, etc.) mean?**

- a. These 4 columns provide information on how CDC calculated the maximum budget. Applicants should refer to the last 2 columns to determine the maximum allowable budget for their state. Applicants must not exceed the maximum budget, but there are no other restrictions related to the first 4 columns.
4. **In Appendix 2, the heading reads, "Budget Guidance for Applicants Collecting Data on All Fatal Opioid Overdoses as Part of Strategy 2". However, the table discusses a maximum budget for strategy 1, non-fatal overdoses. Do the maximum budgets listed correspond to strategy 1, non-fatal overdoses, or strategy 2, fatal overdoses?**
 - a. The maximum budgets listed in the last two columns are the maximum allowable total budgets for each state, depending on whether the state shares only aggregate-level nonfatal opioid overdose data *as part of Strategy 1* (2nd to last column) or the state shares both aggregate and case-level nonfatal opioid overdose data *as part of Strategy 1* (last column).
 5. **Does the Letter of Intent (LOI) require information or data, or just intent?**
 - a. Intent only. The purpose of the LOI is to provide CDC with an estimated number of applications that will need to be reviewed so CDC may plan accordingly. A LOI is not required to apply to this FOA.

Use of Funds

1. **For states already collecting these data, can funding be used to enhance these efforts?**
 - a. Yes. Applications should make clear how enhancements will directly support the goals of the FOA re: improving the timeliness and quality of collection, analysis and dissemination of non-fatal and fatal opioid-related overdoses. Applicants are also encouraged to briefly describe their current efforts.
2. **Two related questions are answered together.**
 - a. **Are there any limits to using funds for staff or infrastructure? We have many systems in place to meet the requirements of the grant, and envision using the funds mainly for staff positions. Is this reasonable or will CDC "ding" us as they are looking for the budget to be spent on other, non-staffing, expenses?**
 - b. **Can we use funds to purchase equipment, for example, a gas chromatography-mass spectrometry (GC/MS) instrument, as a one-time purchase?**
 - i. Although funds are generally not used to purchase equipment or furniture, there are no explicit restrictions on how funds are spent, as long as they support the goals of the FOA and applicants do not exceed their budget ceilings. Similarly, there are no explicit restrictions on what percentage of funding must or can be spent on staff. Budgets will be reviewed and approved by CDC. Please refer to the Funding Restrictions on page 36 of the FOA for more details.

Funding Opportunity Announcement (FOA) Activities

1. **Does the data that's required to be submitted for emergency department (ED)/emergency medical services (EMS), need to be at least 50% of all cases?**
 - a. Yes, the applicant must be able to submit required information in the required timeline on 50% or more of their ED and/or EMS cases in their state (See page 9 of the FOA).

2. **Do we calculate 50% of all emergency department (ED) “visits”, 50% of all submissions by “facilities”, or 50% of all “facilities”?**
 - a. Per page 9, the FOA explicitly uses the word *visits* and provides an example.
 - b. Applicants have the option of excluding Veterans Affairs (VA) hospitals because these data are sometimes aggregated separately.

3. **Per page 14, is the expectation to get letters from agencies, such as prison and drug treatment, to show access to institutional information, since much of it will not be on the medical examiner or coroner (ME/C) reports?**
 - a. The information collected by ME/C varies across states and jurisdictions. Applicants are responsible for abstracting all data collected by the ME/C, but information on some data elements may not be available. When not available, the applicant should indicate this to CDC and when feasible, work with the ME/C to collect more complete data over time. Applicants will not be expected to link or review data sources beyond the death certificate and medical examiner report to successfully implement Strategy 2.

4. **The FOA indicates that states should distinguish fatal drug overdoses involving opioid pain relievers (OPRs) and heroin; does CDC also want states to track fentanyl-involved drug overdose deaths?**
 - a. CDC is very interested in collecting information on morbidity and mortality on fentanyl and fentanyl analogs, and better distinguishing pharmaceutical fentanyl from illicitly made fentanyl. As part of Strategy 2, applicants are required to collect toxicology information on opioid overdose deaths which will allow breaking down the information by different types of opioids (e.g., heroin, fentanyl, morphine, methadone, oxycodone, hydromorphone).

5. **Will CDC provide the National Violent Death Reporting System (NVDRS) codebook for the overdose module?**
 - a. Yes. A codebook for the overdose module will be supplied at the time of the award or when all federal requirements for this data collection are met.

6. **What is expected for abstractions? Are we expected to do the same kind of coding as suicides and homicides in the National Violent Death Reporting System (NVDRS)?**
 - a. The current FOA builds off the experience and coding guidance of NVDRS. Working with awardees national coding guidance may be modified to maximize the data quality and the utility of the data for describing, preventing and responding to opioid overdose deaths.

7. **Our state doesn’t have the National Violent Death Reporting System (NVDRS). Can it upload batch data or individual?**
 - a. The current NVDRS web system can batch import most death certificate information and has the capacity to import some medical examiner and coroner (ME/C) information.

8. **There are requirements to report and fully abstract information on drug overdose in 8 months of death. We know some can’t be done within that timeframe for special circumstances. Has CDC set a criteria for what constitutes satisfactory or complete data collection?**

- a. Yes. Please see page 21 of the FOA. An example of a timeliness measure is over 80% of fatal opioid-involved deaths have complete death certificate and medical examiner or coroner data within 8 months of the overdose death.
 - b. With feedback from awardees, specific evaluation measures will be developed in the first 6 months of the program and will be continually updated throughout the program.
9. **Regarding the evaluation and performance measurement plan: Does this FOA have specific evaluation questions as stated?**
 - a. No, an applicant comes up with their own evaluation questions.
10. **Would you have any guidance on whether to use the chief complaint (primary diagnosis) or an array of all diagnosis codes to identify potential drug overdoses in emergency departments? Our patient records include up to 23 diagnosis codes, but EMS records only reference the chief complaint. We didn't see a specific recommendation in the documentation.**
 - a. No recommendations are provided in the FOA because the content and quality of ED and EMS data vary substantially across jurisdictions. We encourage applicants to consider the percent of ED and EMS data for which data are available (e.g., if only 10% of ED visits have detailed diagnosis codes, but EMS has chief complaint on all transports then EMS is preferred), the ability of the information to measure two of the three required indicators (suspected drug overdoses, opioid overdoses, and heroin overdose), and the ability to collect 50% of the data within the required timeline. Awardees will be provided the flexibility to revise their indicators over time as they learn from experience.
11. **In the FOA, page 15, it states *"To obtain information outlined above, applicants will need to establish data sharing agreements with vital statistics and local, regional and/or state medical examiner/coroner (ME/C) agencies."* Does this mean the state is required to have a formal sharing agreement (e.g. MOU) or just a documented plan for sharing data with each reporting entity? The reporting of ME/C data to the Violent Death reporting system is required by state law; so we do document the data sharing plan for each ME/C but because it is required we can't enter into an MOU (legal contact) to obtain the data that they are required by law to report.**
 - a. A documented plan is sufficient. For example, a copy of the relevant law would be sufficient to meet the data sharing agreement requirement.
12. **In the FOA, page 37, number 20, it states *"Data Release Plan Applications involving release and sharing of data must include a copy of the applicants Data Release Plan. The Data Release Plan is the Grantee's assurance that the dissemination of any and all data collected under the CDC data sharing agreement will be released in a timely manner, completely, and as accurately as possible, to facilitate the broader community, and developed in accordance with CDC policy on Releasing and Sharing Data."* Do we need to include a "Data Release Plan" considering the data is owned by the state? However, because we are sharing with CDC I was not sure if it was required. If it is, can you provide more information about the requirement?**
 - a. The FOA requires that the applicant share data with CDC as part of Strategy 1 and Strategy 2. When the applicant specifies the data that will be shared with CDC in their application, the applicant satisfies the Data Release Plan requirements. No additional information is needed.

- 13. Page 12 of the FOA states that applicants must collect and abstract data on all opioid-involved overdose deaths within 8 months of the date of death, but on page 14 the FOA states that all death certificate and medical examiner report abstraction needs to be completed within 8 months of the following calendar year, if the death occurred between July and December (e.g., August 31, 2017 for deaths occurring from July to December 2016), and by February 28th of the following calendar year if the death occurred between January to June (e.g., February 28, 2018 for deaths occurring from January to June 2017). Which is it?**
- a. Applicants must plan to complete data abstraction within 8 months of the following calendar year, if the death occurred between July and December (e.g., August 31, 2017 for deaths occurring from July to December 2016), and by February 28th of the following calendar year if the death occurred between January to June (e.g., February 28, 2018 for deaths occurring from January to June 2017). Applicants are encouraged to review the table on page 14-15 that outlines when date entry on opioid-involved overdose deaths should be initiated and completed.

Miscellaneous

- 1. I was unable to join the informational call on May 11th. Was it recorded?**
 - a. No, however, CDC will post the FAQs for all questions received through this Monday, May 16th (which includes questions on the call) as an amendment to the FOA and to the FOA webpage: <http://www.cdc.gov/drugoverdose/foa/state-opioid-mm.html>.

- 2. I am having trouble accessing the full grant announcement for the application.**
 - a. If you are interested in applying, please work with grants.gov to access the information through their system as you will be required to apply through grants.gov. In addition, per the FOA, the appendices may be accessed at the following webpage: <http://www.cdc.gov/drugoverdose/foa/state-opioid-mm.html>.
 - b. We encourage all applicants to begin the required registration process for the 3 systems (DUNS, SAM, Grants.gov; see page 28-29 of FOA) early on to prevent any delays in successful application submission.

- 3. The instructions are confusing and appear inconsistent regarding page limit, fonts and line spacing requirements, as well as what sections are included in the Project Narrative. Please clarify expectations, particularly given there is an instruction that content beyond 20 pages will not be considered. Also related to this, the instructions on page 48 state, “Following is a list of acceptable attachments applicants can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.” “Work Plan” and “Evaluation Plan” are not included in this list even though other sections of the FOA explicitly state that the application must include a “Work Plan” and “Evaluation Plan”. Should the “Work Plan” and “Evaluation Plan” be incorporated into the Project Narrative?**

Please submit one file entitled “Program Narrative,” single-spaced, Calibri 12 point, with a maximum of 20 pages. The Program Narrative should include the following key sections:

- Background

- Approach (Purpose, Outcomes, Strategies and Activities, Collaborations, Target Populations)
- Evaluation and Performance Measurement
- Organizational Capacity
- Work Plan