

Informational Call

CDC-RFA-DP23-0007

Building Capacity for Implementing Evidence-based Epilepsy Self-management Supports in Health Care Settings

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

March 8, 2023

1:30 – 3:00pm Eastern

ZoomGov Meeting:

<https://cdc.zoomgov.com/j/16056381670?pwd=M1FGOU5ueDNYbzZHcWxITDFxVDILdz09>

Agenda

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Maggie Moore, Introductions & Welcome

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Good afternoon. Thank you for joining our Informational Call today. Please put yourself on mute while we get started. You do not need to keep your cameras on. If you've called in, please do not place your phone on hold at any time during the call. If necessary, hang up and call back in so that we can avoid any interruptions. Thank you.

Welcome to the informational call to discuss a new funding opportunity, CDC-RFA-DP23-0007, *Building capacity for implementing evidence-based epilepsy self-management supports in health care settings*, from CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.

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Today's call will cover general information about the NOFO and its purpose. You will be hearing from the following individuals:

- Me, Maggie Moore, Public Health Advisor and Project Officer for this NOFO in the CDC Epilepsy Program;
- Rosemarie Kobau, Acting Team Lead for the CDC Epilepsy Program; and
- Keisha Thompson, Grants Management Specialist within CDC's Office of Grants Services.

We will end today's call with plenty of time for questions and answers. If you have questions during the presentations, please write them down so that you can ask them at the end. You also may ask your question in the chat box, but we will not address them until we get to the Q and A portion of the call.

I am now going to turn it over to Rosemarie who will give a brief overview of the NOFO. Please note these will be highlights, and you can find all requirements in the published NOFO.

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Rosemarie Kobau, General Overview

Thank you, Maggie. Welcome again. I will provide a general overview and describe the primary purpose of the NOFO.

Epilepsy self-management programs have been shown to be effective in improving select health and quality of life outcomes, including reduced seizure frequency. But these programs remain underutilized in community and clinical settings. This NOFO aims to develop health care system capacity to deliver evidence-based epilepsy self-management supports through health care settings.

The NOFO includes an additional element for the delivery of expert technical assistance and training in health care system change, chronic care collaboratives, and/or clinical quality improvement to enhance outcomes. This technical expertise will ensure that consideration to clinical workflows, patient confidentiality, provider scope of practice, liability concerns, and other organizational concerns and/or requirements are considered in intervention implementation.

This work will be achieved through 2 NOFO components:

The purpose of Component 1 is to build capacity to implement evidence-based epilepsy self-management supports within health care settings.

The purpose of Component 2 is to deliver expert technical assistance and training on health care system change strategies to the Component 1 recipients while they are implementing their projects.

You can find the definition of “health care system” at the end of the NOFO Glossary.

This NOFO builds upon work previously supported by CDC funding opportunity announcements DP16-1602 and DP21-2101, which delivered self-management supports through community-based organizations.

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The total period of performance length for both Component 1 and Component 2 will be five years.

Letters of intent are optional, but we request them for planning purposes. They are due by email to epilepsy@cdc.gov by March 21, 2023.

Applications are due via Grants.gov on April 17, 2023, by 11:59 PM, U.S. Eastern Standard Time.

The estimated award date for year one is August 30, 2023.

Now I’ll talk about Eligibility.

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This NOFO has full and open competition. Eligible applicants include governmental and non-governmental organizations. Applicants that are funded by another source must consider their capacity to implement another funded program, relative to staff time and the need to avoid duplication of effort. Please carefully read the Duplication of Effort section on page 23/50 of the NOFO. It provides definitions of what we mean by programmatic, budgetary, and commitment overlaps. Any current CDC funding recipients, or those who receive other funding that may overlap, must upload a report in Grants.gov under “Other Attachment Forms,” labeled: “Report on Programmatic, Budgetary, and Commitment Overlap.” There is no specific format required for this report.

As I mentioned, this NOFO contains two components: Component 1 and Component 2. Applicants may only apply for one component. Applicants must name the component they are applying for in the project abstract. If the applicant does not name the component in the project abstract, the application will be deemed non-responsive.

If an applicant applies for more than one component, both applications will be considered non-responsive and will not receive further review.

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I'd like to take a moment to talk about the Review and Selection Process. Please carefully read the Review Criteria published in the NOFO. This will help you understand how your application will be scored by CDC's Objective Review Panel. Use this information to check your application for completeness and alignment with NOFO requirements.

Please also note the Phase III Review Criteria, which explains what factors may affect the rank order for funding decisions. Specifically,

For Component 1, CDC may justify decisions to fund out of rank order based on 3 factors:

- Geographic diversity.
- Target population diversity.
- Health care system diversity.

You can read more about these factors in the NOFO.

For Component 2, the highest ranked application, as determined by the Objective Review Panel, will be funded.

Now I will turn it back over to Maggie to discuss the specific sections of the NOFO.

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Maggie Moore, NOFO Sections

Thank you, Rosemarie. I will now highlight the major sections of the NOFO. Please refer to the full published NOFO for all requirements.

A. Approach

In the Approach section of the NOFO, there is a logic model that outlines the activities and expected outcomes of this effort. The logic model is broken down by Components 1 and 2. I'll describe the strategies and activities for each of these briefly.

Component 1 applicants should address all the strategies and activities listed in the logic model under Component 1. These include:

1. Develop partnerships with health care organizations and other interested and affected groups for intervention implementation.
2. Coordinate and implement evidence-based epilepsy self-management supports (such as self-management programs) in at least 2 health care settings using best practice strategies for health care system change.
3. Participate in project learning collaborative.

The short-term outcomes listed in the logic model for Component 1 are:

- Increased implementation of epilepsy self-management supports in health care settings.
- Improved awareness of self-management supports among patients and providers.
- Increased use of quality improvement strategies or tools to ensure effective program implementation.

The intermediate outcomes listed in the logic model for Component 1 are:

- Increased monitoring and tracking of clinical data to improve the identification of patients who can benefit from evidence-based epilepsy self-management supports.
- **Increased patient referrals for evidence-based epilepsy self-management supports.**
- **Improved completion of evidence-based self-management supports among patients with epilepsy.**
- **Improved self-management behaviors among patients with epilepsy.**

The outcomes that are bolded in the logic model are the ones required during the period of performance.

The work conducted under this component is expected to contribute to the long-term goals of improvements in health and quality of life among people with epilepsy and decreased health care utilization.

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The organization funded to complete Component 2 is required to address both of the strategies and activities listed in the logic model under Component 2. These include:

1. Identify evidence-informed quality improvement strategies or tools (such as electronic health record prompts, navigation, Plan-Do-Study-Act cycles) to guide effective implementation.

2. Coordinate a learning collaborative and other technical assistance for Component 1 recipients.

The short-term outcome listed in the logic model for Component 2 is:

- **Increase recipients' knowledge of quality improvement strategies or tools to guide program implementation.**

The intermediate outcome for Component 2 is:

- Increased use of quality improvement strategies or tools among Component 1 recipients to guide effective program implementation.

The work conducted under Component 2 is expected to contribute to the long-term outcomes of increased numbers of health care settings implementing self-management supports, and increased referral of epilepsy patients to self-management supports.

Once again, the outcomes that are bolded in the logic model are the ones required during the period of performance.

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B. Collaborations

CDC expects applicants to work with other CDC-funded research or non-research recipients in order to expand the availability of proven interventions and tested epilepsy education materials. For example, the recipient may use evidence-based programs and materials from the CDC Prevention Research Centers Managing Epilepsy Well Network (MEW Network).

Component 1 applicants should show intention to collaborate with interested and affected groups, which may include:

- People with epilepsy and their caregivers.
- Health care organizations.
- Mental or behavioral health agencies and organizations.
- National- and state-based professional organizations (such as those reaching primary care providers, neurologists, etc.)
- State- and local-based organizations with expertise in/access to specific populations (such as older adults, students, racially and ethnically diverse groups)
- Professional or community-based organizations who serve people with epilepsy.

Component 1 applicants must provide an MOU, MOA, or letter of support from the partner health care organization. This MOU must indicate institutional support for the project.

Component 1 applicants must also provide an MOU, MOA, or letter of support from relevant program investigators (for example, from a MEW Network principle investigator) as evidence of intended collaboration around program implementation and evaluation.

Component 2 applicants should show intent to collaborate with Component 1 recipients and organizations with expertise in quality improvement strategies and tools.

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C. Target Populations

The target populations of this NOFO will vary based on the different strategies and activities being addressed and the Component. CDC expects applicants to distinguish between institutional-level and patient target populations. CDC also expects applicants to identify priority high-risk patient groups based on the scientific literature, local population health data and mapping tools such as CDC's Social Vulnerability Index, HRSA's Rural Data Explorer, the Univ. of Wisconsin's Neighborhood Atlas, or other evidence-based criteria.

Component 1 applicants should show intent to work with:

- Health care systems.
- People with epilepsy, especially those with uncontrolled seizures, mental health comorbidities, and/or impaired health-related quality of life.
- Community and social service agencies serving people with epilepsy.

Component 2 applicants should show intent to work with Component 1 recipients.

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D. Health Disparities

People with epilepsy experience more health and social disparities compared to people without the disorder. Applicants should consider the spectrum of people who have epilepsy, the places where they live, and focus on those who are at greatest risk, and experience the most significant disparities, when developing their programmatic activities. The applicant should describe how they will incorporate a focus on health disparities in the Approach/Target Populations and Health Disparities section of their application narrative.

Applicants should refer to CDC's [Health Equity Guiding Principles for Inclusive Communication](#) to better understand how to use a health equity lens to approach this work.

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E. Evaluation and Performance Management

Applicants must provide an initial evaluation and performance measurement plan in their application that describes how they will show progress in implementing program strategies and activities, and in achieving program outcomes. During the first six months of the project period, CDC and the recipient will finalize the Evaluation and Performance Plan together. In the NOFO, CDC outlines required performance measures for each Component, and provides examples of process measures that applicants might consider when formulating their evaluation plan.

Component 1 applicants should submit a Data Management Plan. A link to the template for this plan is in the NOFO on page 10 of 50. Component 2 applicants do not have to submit a Data Management Plan.

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F. Organizational Capacity:

My next comments focus on the expectations related to the organizational capacity of applicants. I'm not going to read all of the organizational capacity requirements from the NOFO, as this is a lengthy section. However, it is critical that applicants review and respond to all of the requested information. Organizational capacity ensures that applicants demonstrate their ability to successfully execute the NOFO strategies and meet project outcomes. Applicants should demonstrate adequate infrastructure to complete this work.

As Rosemarie mentioned earlier, applicants that are also funded under other CDC-funded cooperative agreements should describe their capacity to implement another funded program, relative to staff time and the need to avoid duplication of effort. Current CDC funding recipients must ensure that their proposal is completely independent of any currently funded project.

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G. Work Plan

Applicants must provide a detailed work plan that covers the first year of the period of performance, and a high-level plan in narrative form for Years two through five. Minimally, the work plan must demonstrate how the strategies, activities, staffing, and partnerships work together to achieve program outcomes and NOFO requirements. The NOFO includes an example work plan template for you to use in your applications.

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H. CDC Monitoring and Accountability Approach

In a cooperative agreement such as this, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring, tracking progress, monthly calls, and site visits.

CDC will provide guidance to improve the quality and effectiveness of work plans, evaluation strategies, products, and services, and collaborative activities with other organizations.

As CDC Project Officer, I will host monthly calls with recipient staff to ensure regular monitoring and to provide needed technical assistance.

I will now turn it over to our Grants Management Specialist, Keisha Thompson, to talk about the budget and necessary registrations.

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Keisha Thompson, Budget and Registrations

Thank you. The Budget Period or Budget Year refers to the duration of each individual funding period within the five-year project period. Budget periods are 12 months long with this NOFO.

CDC anticipates funding 1 to 3 awards for Component 1, up to \$450,000 each.

CDC anticipates funding 1 award for Component 2, up to \$150,000.

The approximate total fiscal year funding is \$1,500,000 per budget period.

Applicants are encouraged to carefully consider the language in the “Funding Strategy” and the “Approximate Average Award” sections of the NOFO when crafting their budgets.

Throughout the period of performance, CDC will continue to award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (period of performance) will be shown in the “Notice of Award” document.

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategies outlined in the project narrative. The budget must include salaries, fringe benefits, consultant costs, equipment, supplies, travel, other categories, contractual costs, total direct costs, and total indirect costs.

For guidance on completing a detailed budget, see Budget Preparation Guidelines on the CDC website at: <https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf>.

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Please remember that an organization must be registered at three locations before you can apply for funding at www.grants.gov.

The first is the **Unique Entity Identifier (UEI)**. In April 2022, the unique entity identifier used across the federal government changed from the DUNS number to the Unique Entity ID. This is a 12-character ID assigned to an entity by SAM.gov. The DUNS number is no longer used and has been removed from SAM.gov. The UEI is generated as part of the SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must also provide their UEI numbers before accepting any funds. Instructions on how to obtain this new ID are on the SAM.gov website.

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The second is the **System for Award Management, or SAM**: The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM and will be assigned a SAM number and a Unique Entity Identifier (UEI). All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires 10 or

more business days and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

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The last is Grants.gov: Once you have an active SAM account, you are ready to register your organization at www.grants.gov, the official HHS E-grant website. The first step in applying online is having access to Grants.gov. Registration information is located at the “Register” link on Grants.gov website. All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

The websites I mentioned can be found on pages 20 and 21 of the NOFO. You will want to register soon to ensure you have everything in place to apply by the April 17, 2023, deadline. If the application is not submitted by the deadline published in the NOFO, it will not be processed.

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Unsuccessful applicants will receive notification by email. Successful applicants will receive a notice of award by August 30, 2023.

In summary:

1. We anticipate funding one to three Component 1 recipients up to \$450,000 each. We anticipate funding one Component 2 organization up to \$150,000.
2. The total award ceiling is \$1,500,000 per budget period.
3. Applications are due April 17th and should be submitted through grants.gov. If the application is not submitted by the deadline date it will not be processed.
4. If you have questions, email Maggie Moore at epilepsy@cdc.gov.

I'll turn it back over to Maggie to answer your questions.

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Maggie Moore, Questions

Thank you, Keisha. Now, we would like to open it up to questions. Please raise your hand in the Zoom menu, and I'll call on you. But first, I'm going to start with the questions that are in the Chat Box.

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Maggie Moore, Closing Reminders

Please follow Keisha's guidance to complete your registrations as soon as possible, as there are often delays. For technical assistance with grants.gov or any of the registration websites, please refer to the help desks listed on each of those sites.

If you're considering applying, please submit your letter of intent to me by email at epilepsy@cdc.gov by March 21. Applications will be due April 17.

In the event you have questions after today's call, you may submit them to me by email at epilepsy@cdc.gov. Answers to the questions received today, to future questions, and to those we received prior to this call will be posted and updated as necessary on our web site so that everyone has access to the same information.

The call script, slides, and questions and answers from today will be posted at the website listed here:

https://www.cdc.gov/epilepsy/about/nofo/nofo_2.htm.

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Thank you for joining us today.