Centers for Disease Control and PreventionNational Center for Chronic Disease Prevention and Health Promotion



Informational Call CDC-RFA-DP23-0007:

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

AGENDA

- Introductions and Welcome
- General NOFO Overview
- NOFO Sections
- Budget and Registrations
- Questions and Answers
- Closing Reminders

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NOFO Purpose

 Component 1: To build capacity to implement evidence-based epilepsy self-management supports within health care settings.

Component 2: To deliver expert technical assistance and training on health care system change strategies to Component 1 recipients during intervention implementation.

Important Dates

Period of performance: 5 years

Letters of Intent Due: March 21, 2023 (optional, but requested)

Applications due: April 17, 2023

Estimated Award Date: August 30, 2023

Eligibility

Full and open competition.

- Open to current CDC funding recipients.
 - Review Duplication of Effort section of NOFO for details.

- Applicants may apply for one component only.
 - Name the component in the project abstract, or application is nonresponsive.
 - Applicants that apply for both components will be considered nonresponsive and will not be reviewed.

Review Process

 Use the NOFO Review Criteria to check your application for completeness and alignment with requirements.

- Review Phase III criteria to understand funding decision factors:
 - Component 1 applications may be funded out of rank order based on:
 - Geographic diversity
 - Target Population diversity
 - Health care system diversity
 - Component 2 application with highest ranked score will be funded.

NOFO Section: Component 1 Approach

Strategies and Activities		Short-Term Outcomes	termediate Outcomes Long	Long-Term Outcomes	
1.	Develop partnerships with health care organizations and other interested and affected groups for intervention implementation.	 Increased implementation of epilepsy self-management supports in health care settings. Improved awareness of 	of clinical data to improve the identification of patients who can benefit from evidence-based epilepsy self-management supports.	mprovements in ealth and quality of fe among people with epilepsy. Decreases in health are utilization.	
2.	Coordinate and implement evidence-based epilepsy self-management supports (e.g., self-management	self-management supports among patients and providers.	Increased patient referrals for evidence-based epilepsy self-management supports.		
	programs) in at least 2 health care settings using best practice strategies for health care system change.	 Increased use of quality improvement strategies or tools to ensure effective program 	Improved completion of evidence-based self-management supports among patients with epilepsy.		
3.	Participate in project learning collaborative.	implementation.	Improved self-management behaviors among patients with epilepsy.		

NOFO Section: Component 2 Approach

Str	ategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes	
1.	Identify evidence-informed quality improvement strategies or tools (e.g., electronic health record prompts, navigation, Plan-Do-Study-Act cycles) to guide effective implementation.	 Increase recipients' knowledge of quality improvement strategies or tools to guide program implementation. 	 Increased use of quality improvement strategies or tools among Component 1 recipients to guide effective program implementation. 	 Increased number of health care settings effectively implementing selfmanagement supports. Increased referral of epilepsy patients for epilepsy self- 	
2.	Coordinate a learning collaborative and other technical assistance for Component 1 recipients.			management supports.	

NOFO Section: Collaborations

Component 1 applicants:

- Show intention to collaborate with interested and affected groups.
- Provide an MOU, MOA, or letter of support from:
 - The partner health care organization, indicating institutional support.
 - Relevant program investigators, indicating intended collaboration around program implementation and evaluation.

Component 2 applicants:

- Show intention to collaborate with Component 1 recipients.
- Show collaboration with organizations with expertise in quality improvement strategies and tools.

NOFO Section: Target Populations

Component 1 applicants:

- Health care systems
- People with epilepsy
- Community and social service agencies serving people with epilepsy

Component 2 applicants:

Component 1 recipients

NOFO Section: Health Disparities

- Applicants should consider the spectrum of people who have epilepsy.
 - Focus on those who are at greatest risk and experience the most significant disparities.

- Refer to CDC's Health Equity Guiding Principles for Inclusive Communication:
 - https://www.cdc.gov/healthcommunication/Health_Equity.html

NOFO Section: Evaluation and Performance Measurement

Both Components:

- Provide initial evaluation plan in application.
- Address CDC-required performance measures listed in NOFO.
- Final evaluation plan due 6 months after award.

Component 1:

- Submit a Data Management Plan:
 - https://www.cdc.gov/chronicdisease/programsimpact/nofo/index.htm

NOFO Section: Organizational Capacity

Review this NOFO section carefully and respond to each criteria listed.

Current awardees must address the Duplication of Effort section.

NOFO Section: Work Plan

Period of Performance Outcome: (from Logic Model)				Outcome Measure: (from Performance Measurement)			
<u>Objective</u>	<u>Activities</u>	Process Measures	Person Responsible	Partners (if applicable)	Baseline (if applicable)	Target (if applicable)	Completion Date

- Detailed work plan for Year 1.
- High-level plan for Years 2 5.

CDC Monitoring and Accountability Approach

- CDC substantially involved in cooperative agreements:
 - Grant monitoring
 - Tracking progress
 - Monthly calls
 - Site visits
 - Technical assistance on work plans and evaluations
 - Collaboration support

Budget Information

- Budget Period is 12 months
- Component 1: 1-3 awards, up to \$450,000 each
- Component 2: 1 award, up to \$150,000
- Total fiscal year funding: \$1,500,000
- CDC Budget Preparation Guidelines:
 - https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf

Unique Entity Identifier (UEI)

- The Unique Entity ID is a 12-character ID assigned by www.SAM.gov.
- The DUNS number is no longer used.
- The UEI is generated as part of the SAM.gov registration.
- Current SAM.gov registrants have already been assigned a UEI.
- If funds are awarded to an applicant organization that includes subrecipients, those sub-recipients must provide their UEI numbers before accepting any funds.

System for Award Management (SAM) Registration

- SAM is the primary registrant database for the federal government: www.SAM.gov.
- All applicants must register with SAM and receive a SAM number and UEI.
- SAM number must be maintained until the final financial report is submitted or final payment is received (whichever is later).
- SAM takes 10+ business days to process.

Registration must be <u>renewed annually</u>.

Grants.gov Registration

- After SAM registration is complete, register at <u>www.grants.gov</u>.
 - See "Register" link at top right-hand corner of web page.

Takes up to 5 days to process.

Start this process as early as possible.

Notifications

Unsuccessful applicants will receive notification by email.

 Successful applicants will receive a Notice of Award by August 30, 2023.

Questions

Raise hand using Zoom reaction button.

Add questions to chat.

Closing Reminders

Start registration processes now.

Letter of intent due to epilepsy@cdc.gov by March 21, 2023.

Applications due via <u>www.grants.gov</u> by April 17, 2023.

Email <u>epilepsy@cdc.gov</u> with additional questions.

The call script and the Q&A document will be posted on our website at https://www.cdc.gov/epilepsy/about/nofo/nofo 2.htm.

For More Information

CDC Epilepsy Program epilepsy@cdc.gov

https://www.cdc.gov/epilepsy/about/nofo/nofo 2.htm

For more information, contact CDC 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

