

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

Maternal and Child Health Bureau
Oral Health

**Perinatal & Infant Oral Health
Quality Improvement (PIOHQI) Pilot
Grant Program**

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: August 19, 2013

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Authority: Title V, § 501(a)(2) of the Social Security Act as amended (42 U.S.C. 701(a)(2)).

EXECUTIVE SUMMARY

Maternal and Child Health Bureau Oral Health Program

Thank you for your interest in the **Perinatal & Infant Oral Health Quality Improvement (PIOHQI) Pilot** funding opportunity. Funding, in the form of a grant, is available from the Division of Child, Adolescent, and Family Health, part of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS).

We are aware that preparation of this application will involve a considerable commitment of time and energy. **Please read this funding opportunity announcement carefully before completing the application.**

While evidence-based oral health practice guidelines do exist, an efficient and effective statewide system of health care that provides comprehensive oral health care to both pregnant women and infants remains elusive. This grant program, a four-year pilot, will assist up to four states and/or state organizations which have already demonstrated success in developing community-based oral health programs for pregnant women and infants. The purpose of the pilot is to integrate a successful approach into a health care system with statewide reach that succeeds at improving the oral health status of pregnant women and infants most at risk. Long-term success of this pilot, beyond this Federal funding, will result from the integration of a sustainable approach into the selected health care system(s). Documentation of successful outcomes and lessons learned will be applied to the development of a national strategic framework for the purpose of replicating effective and efficient approaches to serving the oral health care needs of this targeted MCH population.

Applicants must clearly demonstrate success in developing a community-based oral health program that serves the oral health needs of pregnant women and infants. In so doing, the applicant will demonstrate that it is an early-adopter¹ that: (1) has successfully integrated evidence-based oral health practices for pregnant women and infants into some portion of the state's health care system at the local level and (2) is capable of taking this innovation to scale statewide, documenting successful outcomes and lessons learned.

The recipient of these funds will:

1. Engage in collaborative learning methodology² to support the individual pilot projects as they adapt and adopt innovative approaches across multiple settings statewide, achieving systems change to deliver effective intervention and treatment services;
2. Work collectively alongside key state public and private partners and national stakeholder organizations through the participation in a state-national learning network; and

¹ Break through Collaborative term. In the improvement process, the leader (the early adopter) within the organization who is willing to try new ideas (introduced by innovators) and whose positive results attract others in the organization to adopt the successful changes. [Rogers E. Diffusion of Innovations. 4th ed. New York, N.Y.: The Free Press; 1995].

² Texas Collaborative for Teaching Excellence: Professional Development Module on Collaborative Learning. [Internet] [Available at: http://www.texascollaborative.org/Collaborative_Learning_Module.htm]

3. Identify successful outcomes and lessons learned for the development of a national strategic framework that will translate new knowledge into successful replication and expansion of these efforts.

The overarching goals of this pilot grant program will be to develop, put into practice, and continually assess:

1. A statewide approach that responds to the comprehensive oral health needs of pregnant women and infants most at risk;
2. A statewide data system that drives quality improvement; and
3. A fiscal leveraging strategy that sustains this improved delivery of care.

Eligible Applicants -

As cited in 42 CFR Part 51a.3(a), any 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 for this Federal funding opportunity. If otherwise eligible, faith based and community organizations are eligible to apply for this Federal funding opportunity.

Applicants must clearly demonstrate success in developing an approach that serves the oral health needs of pregnant women and infants (see Section I.1. Purpose, [Criteria for Success](#)). Applications that fail to clearly demonstrate these characteristics will not be considered.

Number of Awards and Funds Available Per Year -

- Up to four (4) pilot project grants will be awarded, each for a four (4) year project period.
- Maximum annual funding support for each grant will not exceed:
 - \$200,000 for Year 1 and
 - \$175,000 per year for Years 2, 3, and 4.
- Cost sharing does not apply to this grant competition.

Project Period -

This program will provide funding for a four-year project period, September 30, 2013 through September 29, 2017. Funding beyond the first year is dependent on the availability of appropriated funds, satisfactory performance by the grantee, and a decision that continued funding is in the best interest of the Federal Government.

Application Due Date: August 19, 2013

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I. Funding Opportunity Description

1. Purpose

The Maternal and Child Health Bureau (MCHB) is accepting applications for a four-year pilot grant program, the **Perinatal & Infant Oral Health Quality Improvement (PIOHQP) Pilot**. The purpose of the project is to integrate a successful community-based approach into a health care system with statewide reach, accomplishing statewide availability and increased utilization of quality preventive dental care and restorative services for pregnant women and infants most at risk. The long-term goal of this effort is to achieve sustainable improvement in the oral health care status of this MCH population. Documentation of successful outcomes and lessons learned will be applied to the development of a national strategic framework for the purpose of replicating effective and efficient approaches to serving the oral health care needs of this targeted MCH population. The PIOHQP Pilot grant program is authorized by Title V, § 501(a)(2) of the Social Security Act as amended (42 U.S.C. 701(a)(2)).

An evidence-based, oral health care approach that serves pregnant women is the ideal for improving the oral health disparity among this MCH population. Yet, while evidence-based practice guidelines do exist, such as those recognized in the *Oral Health Care During Pregnancy – A National Consensus Statement*,³ a statewide approach that is integrated into a comprehensive system of care, providing for oral health care needs of both pregnant women and infants, remains elusive.

The Health Resources and Services Administration (HRSA) recently identified perinatal oral health as one of four strategic oral health priorities.⁴ The PIOHQP Pilot funding directly contributes to the Healthy People 2020 Leading Health Oral Health Indicator (OH-7): Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year. It also advances several HRSA strategic goals, including: (1.b) Expand oral health and behavioral health services and integrate into primary care settings, (1.d) Strengthen health systems to support the delivery of quality health services, and (4.b) Monitor, identify and advance evidence-based and promising practices to achieve health equity.

Perinatal and Infant Oral Health National Initiative

The PIOHQP Pilot grant program is the first phase, of the three-phase MCHB *Perinatal and Infant Oral Health National Initiative* (see [Appendix C](#)). This three-phase initiative will be supported through three separate, consecutive grant funding opportunities which will result in:

- (1) Statewide implementation of an oral health program that demonstrated success at the community level (the Implementation Phase...the PIOHQP Pilot);
- (2) Successful targeted demonstrations for replication and expansion of statewide implementation (the Expansion Phase); and
- (3) An evidence-based national strategic framework for statewide implementation, based on the findings and lessons learned from the first two phases (the National Outreach Phase).

³ Oral Health Care During Pregnancy Expert Workgroup. 2012. *Oral Health Care During Pregnancy: A National Consensus Statement - Summary of an Expert Workgroup Meeting*. Washington, DC: National Maternal and Child Oral Health Resource Center. [Available at: http://www.mchoralhealth.org/materials/consensus_statement.html]

⁴ Joskow, R. (2013, April) *HRSA Oral Health – A View from the Horizon*. Panel presentation at the National Oral Health Conference, Huntsville, AL.

Project Description –

PIOHQI Pilot grant program

This grant program, a four-year pilot, will assist up to four states and/or state organizations which have already demonstrated success in developing community-based oral health programs for pregnant women and infants. The purpose of the pilot is to integrate a successful approach into a health care system with statewide reach that succeeds at improving the oral health status of pregnant women and infants most at risk. The overarching goals of this pilot grant program will be to develop, put into practice, and continuously assess:

- (1) A statewide approach that responds to the comprehensive oral health needs of pregnant women and infants most at risk;
- (2) A state data system that drives quality improvement; and
- (3) A fiscal leveraging strategy that achieves program sustainability.

Collaborative learning methodology² will be used to support the grantees as they adapt and adopt innovative approaches across multiple settings statewide, achieving systems change to deliver effective prevention and treatment services. All grantees are required to participate in both intra- and interstate collaborations:

- (1) Individually through a team specifically selected for the purpose of implementing a strategic plan with statewide reach and
- (2) Collectively through a [state-national learning network](#) that includes the project leaders of this pilot program, key state private and public partners and national stakeholder organizations.

Successful outcomes and lessons learned by these early adopters, as they implement their approach statewide, will contribute to the development of a national strategic framework that will translate new knowledge into successful replication and expansion of these efforts.

State-National Collaboration – An overarching link between these three phases of MCHB’s *Perinatal & Infant Oral Health National Initiative* (see [Appendix C](#)), is the participation of the four (4) grantees of the pilot grant program in a state-national learning network. This collaboration and partnership between the grantees funded under this initiative, key state private and public partners, and national stakeholder organizations will collectively act on a common mission to achieve quality improvement in the health care system(s), with statewide reach, that serve pregnant women and infants. While recognizing common goals and standards are necessary to champion change across a nation, it is accepted that real improvement needs to take place in local settings where the state’s various stakeholders know and work with one another. Through inter- and intrastate collaboration, the goals of the learning network partnership will achieve an understanding and documentation of: (1) the vital elements of implementation fidelity as they relate to the individual approaches selected by the successful applicants and (2) how implementation improves the impact of these approaches on the oral health status of targeted pregnant women and infants. Goals will be realized through lessons learned as successful applicants plan and administer the selected approach.

During the PIOHQI Pilot project period collaborative learning methodology will be used to support individual pilot project efforts as they adapt and adopt innovative approaches across multiple settings, achieving systems change to deliver effective prevention and treatment services. The collaborative learning will continue throughout the second phase, supporting the expansion efforts of this initiative. In support of this Expansion Phase, the PIOHQI Pilot grantees, in collaboration with the state-national learning network partners, are required to serve

as mentors to no more than three mentees during years three and four of this project period. Mentoring the Expansion Phase grantees will include guidance for replication of promising approaches that implement the principles and key steps for effective and efficient statewide systems change.

All applicants must agree to and plan for the participation in a MCHB-supported [state-national learning network](#) that will commence the second year of the pilot project. **To support an effective learning network experience, applicants must allocate an appropriate level of funds for this purpose in years two (2) through four (4) of the grant project period. It is expected that the applicant will budget for this effort no less than \$25,000 in year 2 and \$50,000 in years 3 and 4. Effective use of these funds will be determined by the applicant's ability to justify the support of the collaborative learning effort with the use of the funds (i.e., adequate personnel cost for time and effort in support of the state-national collaboration, including the mentoring responsibilities).**

National Strategic Framework - Changing a state health care delivery system that assures quality oral health care for pregnant women and infants requires a strategic process that state and community stakeholders must undertake in partnership. A strategic framework, thorough in its design to deliver long-term and sustainable benefits, can identify a series of implementation principles that are fundamental in the integration of successful approaches into a statewide system of care that reduces disparity at the state and community level.

Documentation of effort throughout the three-phase national initiative, beginning with this pilot program, will be used to construct this national strategic framework that translates new knowledge into successful replication and expansion of effective approaches. At the conclusion of the Expansion Phase, these findings will be used to finalize the *Strategic Framework for Improved Perinatal and Infant Oral Health*.

The PIOHQI Pilot grantees, in collaboration with the state-national learning network partners, will begin to formulate such a framework as the PIOHQI Pilot grantees develop, put into practice, and continuously assess their pilot project proposal. The experiences of these pilot projects, including outcomes and lessons learned, will provide the knowledge base for MCHB's *National Strategic Framework for Improved Perinatal and Infant Oral Health*. The development of this framework will begin with the PIOHQI Pilot applicant's response to a preliminary strategic framework, proposed below. It is required that the applicant incorporate all five steps into their proposal.

The following outline lays out five (5) steps of a *Preliminary Strategic Framework* from which this project will begin. Throughout the course of the first and second phase of this national initiative, it is expected that the successful applicants awarded funds during both the Implementation and Expansion Phase will contribute to refining this preliminary strategic framework, resulting in a final strategic framework that will allow for successful statewide replication on a national scale (what begins the National Outreach Phase).

1) Profile population needs, resources, and readiness to address the problems and gaps in service delivery.

- Address this step in the *INTRODUCTION* and *NEEDS ASSESSMENT* sections of the proposed Project Narrative.
- Responds to [ASTDD's Best Practice criteria](#): Objectives/Rationale

2) Mobilize and/or build capacity to address needs.

- Address this step in the *METHODOLGOY* section of the proposed Project Narrative.
- Responds to [*ASTDD's Best Practice criteria*](#): Objectives/Rationale and Collaboration/Integration

3) Develop/Finalize a comprehensive State Strategic Plan.

- Address this step in the *WORK PLAN* section, specifically the strategic implementation of the *PIOHQI Plan*, and *RESOLUTION OF CHALLENGES* sections of the proposed Project Narrative.
- Responds to [*ASTDD's Best Practice criteria*](#): Objectives/Rationale, Collaboration/Integration, Efficiency, and Sustainability

4) Implement evidence-based prevention policies, programs and practices and infrastructure development activities.

- Address this step in the *WORK PLAN* section, specifically the *Administration Plan*, and *RESOLUTION OF CHALLENGES* sections of the proposed Project Narrative.
- Responds to [*ASTDD's Best Practice criteria*](#): Collaboration/Integration, Efficiency, and Sustainability

5) Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.

- Address this step in the *EVALUATION AND TECHNICAL SUPPORT CAPACITY* section of the proposed Project Narrative.
- Responds to [*ASTDD's Best Practice criteria*](#): Impact/Effectiveness and Sustainability

Criteria for Success –

A. Early Adopters¹

Applicants, as early-adopters, must clearly demonstrate: (1) they have successfully integrated effective oral health practices for pregnant women and infants into some portion of the state's health care system at a community level and (2) a capability of taking this innovation to scale statewide, documenting successful outcomes and lessons learned..

Applicants will prove they are early adopters in this effort by providing documentation that supports **ALL** of the following applicant characteristics for demonstrating success:

1. Participation in the development or implementation of a comprehensive State Oral Health Plan (SOHP) or similar documentation (e.g., practice guidelines and/or policy briefs) which address the state's effort to improve perinatal and infant oral health status.
2. Participation in other systems building efforts that substantiates a commitment to improving the availability of quality perinatal and infant oral health services at a community or state level.
3. Evidence that challenges and lessons learned (as a result of developing or implementing the SOHP and other efforts) have contributed to improvement in the oral health care delivery in the state.
4. Evidence of collaborative partnerships with other state programs funded by MCHB (e.g., Healthy Start), HRSA (e.g., Community Health Centers), DHHS (e.g., Medicaid/CHIP Programs, Early Head Start) or other Federal-supported programs (e.g., Indian Health Service, Tribal Programs) whose purpose is to improve the health and health care services

for pregnant women and infants across the state. [See section VIII. [Tips for Writing a Strong Application](#)]

5. Participation in and/or demonstrates access to state-based, public and/or private collaborative efforts that use quality improvement and a systems approach to change healthcare infrastructure and practice. [See section VIII. [Tips for Writing a Strong Application](#)]
6. Evidence of robust efforts in support of evaluating the state's oral health delivery system; efforts to evaluate the status of the pregnant women and infants served by this system of care are an added strength. [See section VIII. [Tips for Writing a Strong Application](#)]
7. Evidence of sustainability efforts intended to improve the viability of oral health care delivery at the local/community level, including but not limited to Federal, private-public partnership, and/or philanthropic support. [See section VIII. [Tips for Writing a Strong Application](#)]

Documentation of these characteristics will be acknowledged in the Program Narrative section *Organizational Information*. If unable to document ALL characteristics at the time of submission, the applicant will provide persuasive rationale that the lack of this experience will not impair their effort(s) to achieve the goals set forth in this grant program (e.g., Lack of collaborative partnerships with other state programs funded by MCHB is balanced by a commitment to enter into a well-defined partnership with documentation of this planned partnership submitted with the application).

A [PIOHQI Pilot Project Application Checklist](#) and [Glossary of Terms](#) are available in [Appendix A](#) and [Appendix B](#), respectively, to support an applicant's effort to provide a complete application. **An application that does not contain the [Required Application Content](#) will NOT be reviewed for funding.**

B. Evidence-Based Approach

It is preferred that the successful applicants will plan for statewide implementation of an evidence-based, community-level approach that has proven to increase the use of preventive and restorative dental services by pregnant women and infants most at risk. To be considered *evidence-based*, the proposed approach will be substantiated with at least one peer-reviewed impact study that statistically proves improved oral health status among pregnant women in some portion of their state, at the community level. These results must include some if not all of the select indicators described under the section [Data Indicators](#).

If the selected approach cannot be substantiated as *evidence-based*, the applicant must propose a promising approach. The *promising approach* is an approach that is well-founded given the best available evidence — the approach is emerging or promising in its design, allowing for innovation while still incorporating lessons learned, such as those found in the ASTDD's Promising Best Practice Approaches.³ It is understood limited evidence exists that identifies evidence-based approaches for systems change in support of oral health care. Though an evidence-based approach is preferred, if not evidence-based, the applicant must provide persuasive rationale that substantiates the selection of a promising approach, presenting results that compare favorably with the select indicators described under the section [Data Indicators](#).

In describing this approach, the applicant must clearly justify how the selected approach will meet the needs of the targeted population and can be implemented statewide. Whether

evidenced-based or a promising approach, the applicant must also account for how the selected approach does or does not align with the [five \(5\) best practices approach criteria](#) established by the Association of State and Territorial Dental Directors (ASTDD).⁵

C. Program Implementation

Program implementation and evaluation are inextricably linked and should be conceptualized together when developing a sustainable statewide approach to improve access and utilization of quality oral health care for pregnant women and infants. Implementation of the pilot project will be directed by two distinct plans: (1) a [strategic plan](#) for the successful integration of the selected approach statewide and (2) an [administration plan](#) for operationalizing and managing the selected approach in the targeted communities. The success of a statewide approach will be dependent on a plan that clearly identifies the strategies for implementation across the state; inclusive in this strategic plan is the effort to sustain the systems change. A well-defined plan for administrating the selected approach at the community level will prove to operationalize the statewide strategic plan as well as manage and maintain the systems change beyond Federal funding. Inclusive in an administration plan is the need to continuously monitor for quality improvement. To accomplish these tasks will require the gathering, monitoring and analyzing of data which, in turn, will inform decision making and resource allocation. Impact will be demonstrated when actual outcomes of these efforts are congruent with stated goals and objectives.

The Strategic Plan - Grantees will present a strategic plan for statewide implementation of the selected approach for this pilot project. MCHB recommends the use of proven methods when developing a strategic plan. The *Driver Diagram* (see [Appendix E](#)) and the *Model for Improvement* (see [Appendix A](#), a Glossary of Terms) are such methods that can be used as guides for developing a strategy that successfully achieves the goals and objectives.⁶

The strategic plan for implementing the selected community-level approach statewide will hereafter be referred to as the applicant's [PIOHQI Plan](#). All pilot projects will identify an [Implementation Team](#) that will finalize and put into action the PIOHQI Plan. This team will ultimately be responsible for [all reporting requirements](#) dictated by this funding opportunity.

A strategy for [sustainability](#) is integral to the long term success of a pilot project beyond Federal funding. The capacity to achieve program sustainability, however, often eludes project personnel despite their best intention to provide a needed service. Sustainability can be achieved in various ways, including both Federal and/or state funding support, private-public partnerships, and self-generating revenue. For this reason, a distinct plan for sustainability will be clearly defined in the proposed PIOHQI Plan.

All applicants must submit a [PIOHQI Logic Model](#) that clearly visualizes the strategy for implementation and adoption of an approach that improves perinatal and infant oral health (see section IV.2.xi., Attachment 2).

⁵ Association of State and Territorial Dental Directors Best Practice Approaches: Proven and Promising Best Practice Approaches for State and Community Oral Health Programs [Internet]. [Available at: <http://www.astdd.org/best-practices/>]

⁶Improving Systems: Changing Futures. MCHB funded project conducted by the National Initiative for Children's Healthcare Quality (NICHQ). Contract No. HSH240200735007C. [Available at: http://www.nichq.org/resources/NICHQ-MCHB_ISC-Monograph_Final.pdf]

The Administration Plan - Grantees will articulate a clear plan to operationalize and manage the selected approach at the community and local level. This administration plan will be overseen by an **Administration Team**, a select group of local key stakeholders. The applicant will identify an Administration Lead who will serve as the team's leader.

Continuous Quality Improvement - The Continuous Quality Improvement (CQI) process consists of utilizing a systematic methodology for evaluating the application of systems change for the purpose of performance improvement. All applicants must submit a **CQI Plan** to support their strategic approach for improving perinatal and infant oral health at the community level (see section IV.2.xi., Attachment 8). It is expected that the successful applicant will incorporate the CQI Plan into the overall evaluation of the strategic plan for implementing the selected approach statewide (the PIOHQI Plan). Through the collection and regular use of data, the pilot projects will identify and rectify impediments to effectively improve performance at the community level.

Data Collection and Analysis - Successful applicants will document their capacity to collect and report the required data. For the ability to compare across projects, a successful applicant will collect, at a minimum, the required data elements identified within the Program Narrative Section – **Evaluation and Technical Support Capacity**.

The Centers for Disease Control and Prevention's (CDC) Division of Oral Health⁷ maintains several systems that collect oral health data or report results from analyses of those data. MCHB expects the use of national and state-based data collection and survey results, including that maintained by CDC, when appropriate, for the purpose of evaluating the pilot's progress. Of interest is the Pregnancy Risk Assessment Monitoring System (PRAMS), given the Patient Protection and Affordable Care Act⁸ directs the Secretary of Health and Human Services to include oral health in PRAMS (**Section 399LL**).

MCHB is aware that the American Dental Association's Code Maintenance Committee has approved caries risk assessment codes that will become effective January 1, 2014.⁹ These new risk assessment codes will allow dentists to document their assessment in a codified manner. Given that these codes can be used with an acceptable risk assessment tool, applicants are encouraged to include these codes into the evaluation plan once they are available.

Technical Capacity – The applicant should demonstrate that it has the expertise, experience and the technical capacity to carry-out the proposed evaluation activities. The capacity to evaluate implementation and impact of the systems change will be imperative to interpreting progress of the funded pilot project. MCHB expects applicants to select from the private, public, and/or academic health care settings a **Data and Evaluation Lead** with expertise in evidence-based quality improvement. To ensure an effective evaluation design, a Data and Evaluation Lead with expertise in project design, including delivery system sustainability and

⁷ Centers for Disease Control and Prevention, Division of Oral Health, Policies on Data Methods, Procedures, and Use [Internet]. [Available at: http://www.cdc.gov/oralhealth/data_systems/policies.htm]

⁸ Patient Protection and Affordable Care Act, Pub. L. No. 111-148, §2702 (2010).

⁹ American Dental Association 2013 Code Maintenance Committee Action Report [Found at: <http://www.ada.org/3827.aspx>].

quality improvement; implementation; and outcomes and impact of systems change will be favorably considered upon review of an applicant's proposal.

Under the direction of the Data and Evaluation Lead, the applicant is expected to engage in an evaluation of sufficient rigor to demonstrate linkages between the activities planned and improved outcomes. The successful applicant will utilize the efforts of the learning network to evaluate their strategic plan for implementation and its impact. The grantee will demonstrate the ability to replicate effective, viable change within the state's health care system(s) across the nation to better serve the oral health care needs of pregnant women and infants most at risk.

The applicant will budget adequate resources for an evaluation strategy that emphasizes the use of research to help guide program planning, implementation, and impact. **To support the state's evaluation efforts, successful applicants must allocate an appropriate level of funds for a rigorous evaluation in all four (4) years of the grant project period. It is expected that no less than \$50,000 per year will be directed to the evaluation of this pilot project (i.e., adequate personnel cost for time and effort in support of the evaluation and analysis).**

2. Background

Identifying a Need: Then and Now

Twenty-four years ago, in 1989, the National Center for Education in Maternal and Child Health, with support from MCHB, released the publication *Equity and Access for Mothers and Children: Strategies from the Public Health Service Workshop on Oral Health for Mothers and Children*. Observations from this workshop include: "Specific groups of children and adults continue to have higher levels of unmet oral health needs... preventive measures must begin in infancy and continue throughout a lifetime... The financial crisis in health care expenditures demands the coordination of local, State, and national effort. Oral health measures need to be integrated into family-centered, community-based health promotion and disease prevention services..." The strategic recommendations outlined in this document became the basis for MCHB's oral health efforts.

Today, evidence demonstrates that 25% of women of reproductive age have dental caries;¹⁰ nearly 40% of pregnant women have some form of periodontal disease.¹¹ The risk for tooth decay is higher during pregnancy for several reasons: increased acidity in the oral cavity, sugary dietary cravings, and limited attention to oral health.¹² Children of mothers who have high caries levels are more likely to get caries.¹³ The presence of the caries causing bacteria at one year of age has been found to be a very effective predictor of caries at 3.5 years of

¹⁰ U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research. Oral Health in America: A Report of the Surgeon General. NIH publication no. 00-4713. Rockville, Md.: U.S. Public Health Service, Dept. of Health and Human Services; 2000.

¹¹ Lief S, Boggess KA, Murtha AP, et al. The oral conditions and pregnancy study: periodontal status of a cohort of pregnant women. *J Periodontol* 2004;75:116-126.

¹² Hey-Hadavi JH. Women's oral health issues: sex differences and clinical implications. *Women's Health Prim Care*. 2002;5(3):189-199.

¹³ Berkowitz RJ. Acquisition and transmission of mutans streptococci. *J Calif Dent Assoc*. 2003;31(2):135-138.

age.¹⁴ Also, children with special health care needs (CSHCN) are at greater risk of having unmet dental care needs compared to children without SHCN.¹⁵

In 2011, HRSA commissioned the Institute of Medicine (IOM) to report on the current state of oral health in the United States. Highlighted in the *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*¹⁶ report is the reality that dental disease in children has not decreased despite advances in oral health care and the status of a mother's oral health is a strong predictor of the state of her child's oral health. Comments included MCHB's role in ensuring each state has the infrastructure and support necessary to perform core dental public health functions, identifying the two major funding sources provided within the Bureau – the MCH Services Block Grant Program, funding states through Formula Block Grants, and targeted discretionary grant programs.

Enacted in 1935 as a part of the Social Security Act, the [Title V Maternal and Child Health Program](#) is the Nation's oldest Federal-State partnership. In addition to the submission of a yearly application and annual report, State Title V programs are also required to conduct a statewide, comprehensive Needs Assessment every five years. According to the 2010 assessment, the overall focus on oral health among the MCH population could be described as positive given over 50% of the states and jurisdictions (31) identified oral health as a MCH priority need in this last assessment. Yet, whether or not oral health disparities exist in a state, a budgetary line-item for oral health is not required of state-allocated Title V MCH Block Grant funds. Also, the identification of a need does not ensure funding will be budgeted to address a documented oral health disparity. MCHB funding support for discretionary grant programs have in recent years focused on opportunities to strengthen the state's oral health program infrastructure by targeting efforts to increase access to oral health services.¹⁷ The **Perinatal & Infant Oral Health Quality Improvement (PIOHQI) Pilot** grant program is a continuation of this effort.

MCHB's Perinatal & Infant Oral Health National Initiative

For women and infants alike, efforts to improve their oral health should include changing behaviors during pregnancy. Pregnancy is an ideal time for behavior modification as it can have a ripple effect on the health of the entire family across their life span.¹⁸ Yet, while oral health care has been recognized as both safe and effective for pregnant women,¹⁹ it remains lacking as an integral part of care during pregnancy.²⁰

¹⁴ Grinderfjord M, et al. Stepwise prediction of dental caries in children up to 3.5 years of age. *Caries Res* 1995;30:356-366.

¹⁵ Hiroko I, Lewis C, Zhou C, et al. Dental care needs, use and expenditures among U.S children with and without special health care needs. *JADA*; 141 (1); 79-88.

¹⁶ IOM (Institute of Medicine) and NRC (National Research Council). 2011. *Improving access to oral health care for vulnerable and underserved populations*. Washington, DC: The National Academies Press.

¹⁷ National Maternal and Child Oral Health Resource Center. 2012. *Targeted MCH Oral Health Service Systems: Project Highlights*. Washington, DC: National Maternal and Child Oral Health Resource Center. [Found online at: http://www.mchoralhealth.org/PDFs/TOHSS_ProjectHighlights.pdf]

¹⁸ Meyer K, Geurtsen W, Gunay H. *An early oral health care program starting during pregnancy*. *Clin Oral Invest* (2010) 14:257-264.

¹⁹ Xiong X, Buekens P, Vastardis S, Yu SM. *Periodontal disease and pregnancy outcomes: state-of-the-science*. *Obstet Gynecol Surv* (2007 Sep) 62(9):605-15.

²⁰ Hwang SS, Smith VC, McCormick MC, Barfield WD. Racial/ethnic disparities in maternal oral health experiences in 10 states, pregnancy risk assessment monitoring system, 2004-2006. *Matern Child Health J* 2011;15(6):722-9.

Given the environment (i.e., a mix of budget cuts, new funding rules, and changing provider regulations), future efforts to improve oral health services for the maternal and child health population will require an efficient and effective comprehensive systems approach. Such efforts began five years ago. In 2008, in response to evidence supporting the safety of oral health care during pregnancy²¹ and efforts of states who are early adopters in changing their health care system (i.e., New York),²² the MCHB convened an expert workgroup to develop strategies for improving oral health care during the perinatal period. Five priority strategies and the next steps needed to fulfill these strategies were identified.²³ Concurrent to and soon after the 2008 expert workgroup, many national organizations issued statements and recommendations for improving oral health care during pregnancy and several states (i.e., California, South Carolina, and Washington) followed New York in developing state guidelines for perinatal oral health care.

In 2011, these accomplishments provided a strong foothold for HRSA to convene a second expert workgroup in collaboration with the ACOG and ADA. The outcome of this meeting resulted in the *Oral Health Care During Pregnancy: A National Consensus Statement*.²⁴ This consensus statement, for both prenatal and oral health professionals, is the first national effort identifying evidence-based guidance for the improvement of oral health care during pregnancy. The publication of this national consensus accomplishes the first strategic priority set forth in 2008, one which the planning committee for the development of the consensus statement determined would support, if not be the basis for, accomplishing the remaining four strategic priorities: expanding education for professionals, integrating oral and perinatal health care, educating women, and improving financing for oral care during pregnancy. Ultimately, statewide implementation of evidence-based practices will bring about changes in the health care delivery system and improve the overall standard of care for pregnant women.

While evidence-based practice guidelines do exist, such as those recognized in the *Oral Health Care During Pregnancy – A National Consensus Statement*, an evidence-based approach that coordinates the integration of this funding opportunity announcement into a comprehensive statewide system of care is lacking. In the report on access, the IOM recognized that an effective system of care remains dependent on the accessibility of quality care that is affordable. In response MCHB is launching the three-phase *Perinatal & Infant Oral Health National Initiative* (see [Appendix C](#)) in pursuit of sustainable health care systems change that ultimately achieves meaningful improvements in the access and utilization of quality oral health care for pregnant women and infants. The PIOHQP Pilot grant program, the first phase of this national effort, will advance a state's health care delivery system in

²¹ Xiong X, Buekens P, Vastardis S, Yu SM. *Periodontal disease and pregnancy outcomes: state-of-the-science*. *Obstet Gynecol Surv* (2007 Sep) 62(9):605-15.

²² Kumar J, Samelson R, eds. 2006. *Oral Health Care During Pregnancy and Early Childhood: Practice Guidelines*. Albany, NY: New York State Department of Health. [Available at: www.health.state.ny.us/publications/0824.pdf]

²³ Brown A. 2009. *Improving Perinatal Oral Health: Moving Forward - An Expert Meeting Summary Report*. Washington, DC: Altarum Institute. [Available at: www.mchoralhealth.org/PDFs/Perinatal_ExpertMeeting_Report.pdf]

²⁴ Oral Health Care During Pregnancy Expert Workgroup. 2012. *Oral Health Care During Pregnancy: A National Consensus Statement - Summary of an Expert Workgroup Meeting*. Washington, DC: National Maternal and Child Oral Health Resource Center. [Available at: www.mchoralhealth.org/PDFs/Oralhealthpregnancyconsensusmeetingsummary.pdf]

support of the availability and utilization of quality preventive dental care and restorative services for pregnant women and infants.

State-National Collaboration

An overarching link between these three phases of MCHB's *Perinatal & Infant Oral Health National Initiative*, is a state-national learning network. This collaboration and partnership between the grants funded under this initiative, key state private and public partners, and national stakeholder organizations will collectively act on a common mission that achieves quality improvement in the state and/or local health care system(s) that serve pregnant women and infants.

Quality implementation of a statewide change in the health care delivery system is critical in the ability to achieve effective and efficient perinatal and infant oral health services. A growing body of research points to the importance of implementation and infrastructure as necessary factors to support evidence-based programs.^{25,26,27,28} In a meta-analysis of treatment impacts across a range of social service interventions Wilson and Lipsey (2000) found implementation quality was one of the strongest predictors of achieved effect.⁷

Research has begun to highlight the role of the multiple levels of the infrastructure and system in support of implementation of evidence-based programs. Wandersman and colleagues (2008) highlight the necessity of building capacity at all levels of the infrastructure, including service provision and the technical assistance network. Durlak and Dupre (2008) analyzed over 500 empirical studies and identified over 23 different contextual factors related to quality of implementation, including: communities, providers, organizational capacity, and training or technical assistance.²⁹ According to Carroll and colleagues (2007), evaluation of implementation fidelity is important because this variable may not only moderate the relationship between an intervention and its outcomes, but its assessment may also prevent potentially false conclusions from being drawn about an intervention's effectiveness.³⁰

The primary task of the state-national learning network is to support the PIOHQI pilot projects' quality improvement efforts, including effective evaluation of systems change. Immediate results of the learning network will include descriptions of: (1) the elements of efficient and effective implementation as proven by the individual state approaches and (2) how implementation improves the impact of these approaches on the oral health status of targeted pregnant women and infants. Of interest to MCHB is a sustainable change within a

²⁵ Dulak, J. A., & Dupre, E.P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and factors affecting implementation. *American Journal of Community Psychology, 41*, 327-350.

²⁶ Fixsen, D. L., Naoom, S., F., Blasé, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

²⁷ Rubin, D. M., O'Reilly, A. L. R., Luan, X., Dai, D., Localio, R., & Christian, C. W. (2010). Variation in pregnancy outcomes following statewide implementation of a prenatal home visitation program. *Archives of Pediatric and Adolescent Medicine*. [Downloaded on 11/2/10 from: <http://www.archpediatrics.com>.]

²⁸ Wilson, D. B., & Lipsey, M. W. (2001). The role of method in treatment effectiveness research: Evidence from a meta-analysis. *Psychological Methods, 6*(4), 413-429.

²⁹ *Ibid.* 19.

³⁰ Carroll, C., Patterson, M., Wood S., Booth, A., Rick, J., and Balain, S. *Implementation Science* 2007, 2:40 doi:10.1186/1748-5908-2-40. [Available at: <http://www.implementationscience.com/content/2/1/40>]

state's health care system(s) that proves, in the long-term, to: increase utilization of preventive dental care of pregnant women and infants, reduce prevalence of early childhood caries (ECC), reduce oral health disparities throughout the MCH community, and reduce dental expenditures. Findings and lessons learned will be translated into a *National Strategic Framework for Perinatal and Infant Oral Health Quality Improvement*, a guide for successful replication of these state's efforts on a national scale.

Documentation of effort and resource development is expected of all MCHB awarded grants. Through its discretionary grant program in recent years, MCHB has supported State and community oral health program demonstrations and systems-building efforts. Documentation of these grant programs, including products resulting from these funding efforts, are available through the [National Maternal and Child Oral Health Resource Center](#).

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2013 - 2016. This funding opportunity will fund four (4) grantees. The available amount of the annual award has been adjusted in consideration of the project's expectations, specifically the start-up costs of a statewide action plan (Year 1) and commitment to the efforts of the national learning network (Years 2 through 4). Funding availability is as follows:

- Up to \$800,000 is expected to be available for Year 1; individual requests cannot exceed the ceiling amount of \$200,000 for this first year.
- Up to \$700,000 is expected to be available for Years 2 through 4; individual requests cannot exceed the ceiling amount of \$175,000 for each of these three years.

REMINDER: It is expected that no less than \$50,000 per year (years 1-4) is directed to the evaluation of this pilot project. Also, it is expected that the budget will support the state-national learning network effort as described in this pilot project with no less than \$25,000 per year during year 2 and \$50,000 for years 3 and 4.

Any awards made as a result of this funding opportunity announcement will be subject to the availability of appropriated funds. Funding beyond the first year is dependent on the availability of appropriated funds for the PIOHPI Pilot grant program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR Part 51a.3(a), any 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 for this Federal funding opportunity. If otherwise eligible, faith based and community organizations are eligible to apply for this Federal funding opportunity.

Applicants must clearly demonstrate success in developing an approach that serves the oral health needs of pregnant women and infants (see Section I.1. Purpose, [Criteria for Success](#)). Applications that fail to clearly demonstrate these characteristics will not be considered for funding.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

One Application per State or Organization

Only one application will be considered from each state. It is the applicant's responsibility to be well-informed of other interest in the state in order to meet the requirements of the Purpose of the funding opportunity (see section I.1. Purpose). Multiple applications from one organization are not allowable.

Ceiling Amount for Funding

Applications that exceed the designated ceiling amount for annual funding (see Section II.2. Summary of Funding) will be considered non-responsive and will not be considered for funding under this announcement.

Deadline Requirements

Any application that fails to satisfy the deadline requirements referenced in Section IV.3 will be considered non-responsive and will not be considered for funding under this announcement.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. The registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to

submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission along with a copy of the "Rejected with Errors" notification as received from Grants.gov. . HRSA's Division of Grants Policy is the only office authorized to grant waivers. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

IMPORTANT NOTICE: CCR moved to SAM
Effective July 30, 2012

The Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012.

For any registrations in process during the transition period, data submitted to CCR was migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR extended the expiration date by 90 days. The registrant received an e-mail notification from CCR when the expiration date was extended. The registrant then will receive standard e-mail reminders to update their record based on the new expiration date. Those future e-mail notifications will come from SAM.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

Active SAM registration is a pre-requisite to the
successful submission of grant applications!

Items to consider are:

- When does the account expire?
- Does the origination need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about SAM, please visit <https://www.sam.gov>.

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an

entity's registration will become active after 3-5 days. Therefore, ***check for active registration well before the application deadline.***

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at: HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **HRSA strongly urges applicants to print their application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *Electronic Submission User Guide* referenced above. PDFs are recommended.**

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

Applications for funding must consist of the following documents in the following order:

SF-424 Non-Construction – Table of Contents

-  It is mandatory to follow the instructions provided in this section to ensure that the application can be printed efficiently and consistently for review.
-  Failure to follow the instructions may make the application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
-  For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
-  For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA. Counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1–2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with	Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		all additional site location(s)	
Grants.gov Lobbying Form	Form	Supports required lobbying assurances.	Required. Not counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachments 1-15	Attachment	Can be uploaded in Attachments Form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.

-  To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
-  Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
-  Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
-  Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that a table of contents cover page is included specific to the attachment. The Table of Contents page will not be counted in the page limit.
-  Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	<i>Tables, Charts, etc.</i>
Attachment 2	<i>PIOHQI Logic Model</i>
Attachment 3	<i>Project Timeline</i>
Attachment 4	<i>Implementation Team (aka Staffing Plan) and Position Descriptions for Key Personnel</i>
Attachment 5	<i>Biographical Sketches of PIOHQI Key Personnel</i>
Attachment 6	<i>Administration Team</i>
Attachment 7	<i>Letters of Agreement or Intent and/or Description(s) of Proposed/Existing Contracts (project specific)</i>
Attachment 8	<i>Continuous Quality Improvement (CQI) Plan</i>
Attachment 9	<i>PIOHQI Project Organizational Chart</i>
Attachment(s) 10-15	<i>Other Relevant Documents</i>

Application Format

i. Application Face Page

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. **Important note:** enter the name of the **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure the email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.110.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in form SF-424 - item 8c on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the System for Award Management (SAM) in order to conduct electronic business with the Federal Government. SAM registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that the applicant organization SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <https://www.sam.gov>. Please see Section IV of this funding opportunity announcement for SAM registration requirements.

ii. Table of Contents

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. Budget

Please complete Sections A, B, E, and F of the SF-424A Budget Information – Non-Construction Programs form included with the application kit for each year of the project period, and then provide a line item budget using Section B Object Class Categories of the SF-424A.

Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 4 to provide the budget amounts for the first four years of the project. Please enter the amounts in the “New or Revised Budget” column- not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-

424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (4) for subsequent budget years.

Salary Limitation:

The Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), enacted March 26, 2013, continues provisions enacted in the Consolidated Appropriations Act, 2012 (P.L. 112-74). The law limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation: Individual’s base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project	
Direct salary	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. **Line item information must be provided to explain the costs entered in the SF-424A Budget Information – Non-Construction Programs form.** Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to four (4) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to four (4) years. Submission and HRSA approval of the prior budget period Federal Financial Report (FFR) and the Progress Report(s) triggers the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the four (4) year project period is subject to availability of funds, satisfactory progress of the grantee and a determination that continued funding would be in the best interest of the Federal government.

REMINDER: It is expected that no less than \$50,000 per year (years 1-4) is directed to the evaluation of this pilot project. Also, it is expected that the budget will support the state-national learning collaborative effort as described in this pilot project with no less than \$25,000 per year during year 2 and \$50,000 for years 3 and 4.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

*Actual annual salary = \$350,000

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. (If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.)

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and

furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. The indirect cost rate agreement should be included and will not count toward the page limit.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan for the Implementation Team and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 4**. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in **Attachment 5**. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

vi. Assurances

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

vii. Certifications

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

viii. Project Abstract

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Sample Text:

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

Abstract content:

PROBLEM: Briefly (in one or two paragraphs) state the principal needs and problems which are addressed by the project.

GOAL(S) AND OBJECTIVES: Identify the major goal(s) and objectives for the project period. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list.

METHODOLOGY: Describe the programs and activities used to attain the objectives and comment on innovation, cost, and other characteristics of the methodology. This section is usually several paragraphs long and describes the activities which have been proposed or are being implemented to achieve the stated objectives. Lists with numbered items are sometimes used in this section as well.

COORDINATION: Describe the coordination planned with appropriate national, regional, State and/or local health agencies and/or organizations in the area(s) served by the project.

EVALUATION: Briefly describe the evaluation methods used to assess program outcomes and the effectiveness and efficiency of the project in attaining goals and objectives. This section is usually one or two paragraphs in length.

ANNOTATION: Provide a three- to five-sentence description of the project that identifies the project's purpose, the needs and problems, which are addressed, the goals and objectives of the project, the activities, which will be used to attain the goals and the materials which will be developed.

The project abstract must be single-spaced and limited to one page in length.

ix. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. The applicant's Project Narrative should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Supporting documentation, providing additional visual information beyond what the applicant inserts in the Project Narrative (i.e., charts, graphs), is to be placed in **Attachment 1** (see Section IV.2.xi, Attachment 1, for further instruction). Supporting documentation should be submitted in black and white (no color).

For the submission to be considered eligible for review, the applicant must identify all section (■) and sub-section (●) headers within the Project Narrative:

■ **INTRODUCTION** [Responds to *Preliminary Strategic Framework* Step 1]

This section should briefly describe the purpose of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposal.

■ **NEEDS ASSESSMENT** [Responds to *Preliminary Strategic Framework* Step 1]

This section outlines the needs of the community and the deficiencies within the current health care system(s). The target population and its unmet health needs must be described and documented in this section. Demographic data should be used and cited whenever possible to support the information provided, including socio-cultural determinants of health and health disparities impacting the population or communities with unmet needs. This section should help reviewers understand the community that will be served by the proposed changes to a system of care.

- A detailed assessment of oral health needs, existing efforts and resources
 - Identification of the targeted, at-risk community(ies):
 - The population demographics;
 - The community strengths and risk factors;
 - A description of characteristics of the dental needs of the target population(s):
 - Prevalence of serious, but preventable dental diseases; and
 - Determinants that are known to be associated with high rates of dental diseases
 - A description of the overall health care needs of participants:
 - Specifically, health needs that impact the oral health of the targeted population; and
 - As described by reputable surveys and assessments (to include national and state-based data collections and surveys, specifically PRAMS).
 - Identification of existing efforts and resources:
 - A description of existing community-level efforts to integrate oral health services for pregnant women and infants into the local health care delivery system

- A description of the service gaps, barriers and other problems that currently deter a statewide approach; and
- Descriptions of state and community stakeholders and resources that can help implement a new statewide approach.

■ **METHODOLOGY** [Responds to *Preliminary Strategic Framework* Step 2]

The applicant will first describe the selected community-level approach for statewide implementation and the strategic plan for implementing the selected approach across the state. The methodology will address the needs, program requirements and expectations as previously described in the Purpose section of this funding opportunity announcement. As appropriate, the applicant will identify the efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable. MCHB recommends the use of a reputable methodology for the development of a strategic plan (i.e. Driver Diagram and the Model for Improvement). This strategic plan will be managed by the Implementation Team. A [Logic Model](#) and [Project Timeline](#) will accompany this proposed plan.

- **PIOHQI Approach** - The community-level approach selected for statewide implementation must be clearly described. This description must articulate how the selected approach was successful at the community level and how it addresses the target population’s oral health disparities as described in the *Needs Assessment*.
 - The description supporting the selected approach will include evidence that substantiates statewide implementation. If the applicant does not have sufficient evidence specific to the selected approach to support this approach as *evidence-based*, the selected approach must be a *promising approach*.
 - An **evidence-based approach** will be substantiated with at least one peer-reviewed, impact study that finds statistically significant results that include some if not all of the select indicators described under the section [Data Indicators](#). In describing this approach, the applicant must provide substantial evidence that this approach can be implemented statewide. If not an evidence-based approach, it must be a *promising approach*.
 - A **promising approach** is an approach that does not meet the evidence-based standard, but is well-founded given the best available evidence—the approach is emerging or promising in its design, allowing for innovation while still incorporating lessons learned, such as those found in the ASTDD’s Promising Best Practice Approaches.³
 - If the selected approach cannot be justified as an evidence-based approach, the applicant must provide persuasive rationale that substantiates the selected promising approach, supporting results that compare favorably with the select indicators described under the section [Data Indicators](#).
 - In describing the PIOHQI Approach, the applicant must demonstrate how it does or does not align with the five (5) best practices approach criteria established by ASTDD:
 - 1) Impact/Effectiveness - The approach has demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities with reference to scientific evidence and/or documented outcomes of the practice.
 - 2) Efficiency - The approach has demonstrated cost and resource efficiency; this includes staffing and time requirements that are realistic and reasonable.

- 3) Sustainability - The approach shows sustainable benefits and/or is sustainable within populations/communities and between states/territories.
 - 4) Collaboration/Integration - The approach builds effective partnerships among various organizations and integrates oral health with other health projects and issues.
 - 5) Objectives/Rationale - The approach addresses Healthy People 2020 objectives, responds to the Surgeon General's Report on Oral Health, and/or builds basic infrastructure and capacity for state/territorial/community oral health programs.
- **PIOHQP Plan** – The applicant’s proposed strategic plan will hereafter be referred to as the *PIOHQP Plan*. The description of the PIOHQP Plan should be unique in its description and include minimal text verbatim from this funding opportunity announcement. The applicant will present a strategic plan that describes the goals, objectives, and necessary activities warranted for operationalizing and sustaining the statewide implementation of the selected approach. This strategic plan will clearly articulate how the applicant will achieve systems change, ensuring a statewide reach. This statewide plan will be managed by the **Implementation Team**.
 - The strategic plan will clearly articulate the applicant’s overarching goals for a statewide healthcare systems change that addresses the oral health disparities of the targeted population. At a minimum, for the implementation and adoption of the selected approach, the applicant will include the following goals:
 - 1) A statewide approach that responds to the comprehensive oral health needs of pregnant women and infants most at risk;
 - 2) A statewide data system that drives quality improvement of the systems change; and
 - 3) A fiscal leveraging strategy that sustains this new delivery system.
 - This strategic plan will clearly articulate how the proposed goals will be operationalized; at a minimum, the following objectives will put into practice:
 - Inclusion of at-risk community(ies) in the implementation of the selected approach at the community level;
 - Development of statewide policy, procedures ,and standards of practice in support of the proposed selected approach (i.e. quality clinical practice standards);
 - Development of initial and ongoing professional development training in support of implementation at the local level; and
 - Modification of statewide data systems for ongoing quality improvement.
 - Within this strategic plan, the applicant will clearly articulate a sound plan for sustainability that will include no less than:
 - A mechanism for periodic/ongoing planning and assessment of state and community needs;
 - A mechanism to measure and communicate the plan's value, often accomplished through implementation of a return-on-investment [ROI] approach;
 - A plan for meeting its long-range leadership and staffing needs;
 - A plan to acquire sustained financial commitment through its developing and ongoing partnerships; and
 - A plan to build financial reserves, e.g., acquiring funds to meet both long-term operational and capital needs.
 - **The Implementation Team** - A team of experts will be identified to oversee the strategic plan and achievement of goals and objectives.

- Members of this group, known as the [Implementation Team](#) (see section IV.2.xi., Attachment 4), will at a minimum assume the following roles:
 - Project Director/Investigator - can also serve as the Implementation Lead
 - Implementation Lead – can also serve as the Project Director/Investigator
 - Administration Lead
 - Financial Administrator
 - Data and Evaluation Lead – can also serve as the CQI Lead
 - CQI Lead – can also serve as the Data and Evaluation Lead
- These key personnel will be well trained, competent experts as described in the Bio-sketches (see section IV.2.xi., Attachment 5).
- The time commitment of these key personnel will be sufficient to accomplish the necessary tasks defined within the strategic plan, as well as the [reporting requirements](#) dictated in this funding opportunity. This time commitment will be reflected in the budget and budget justification.
- **The PIOHQI Logic Model** - The plan will include a logic model that clearly visualizes the strategic plan for improving perinatal and infant oral health. In support of the [PIOHQI Logic Model](#) (see section IV.2.xi., Attachment 2), the applicant will provide justification in its Program Narrative that the components clearly reflect the relationship between the resources and activities (the inputs) with outcomes and impact (the outputs) of the proposed pilot project. The applicant’s justification for the proposed logic model will also explain how it relates to the social-ecological diversity within the community to be served. **It is expected that all applicants will create a unique logic model for their pilot proposal. An applicant who has copied ASTDD’s logic model verbatim will need to provide an ample justification for doing so.**
- **The Project Timeline** - The timeline links activities to project objectives and should cover the four (4) years of the project period. This table, chart, or figure will clearly track the activities planned. The project timeline will include the necessary tasks (i.e. development of policies and procedures, development of implementation action plan, development of administration action plan, etc.) that assure these activities achieve the goals and objectives (i.e. who, what, where, when, and how). Also, this timeline will assure the plan is fully operational at nine months from the initial award.
- **WORK PLAN** [Responds to [Preliminary Strategic Framework](#) Steps 3 and 4]
 The applicant will clearly articulate in the Work Plan section how the selected approach will be administered and managed at the community level. This Administration Plan will be overseen by an Administration Team, a select group of local key stakeholders. The applicant will identify an Administration Lead who will serve as the team’s leader. The selected stakeholders will reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served. The applicant will clearly describe how the selected approach is operationalized at the community level for statewide implementation of the strategic plan. The applicant will describe a plan for continuous quality improvement. This plan will also include a clear description of the state-national collaboration effort as described in the Purpose section of this funding opportunity announcement.
 - **The Administration Team** - A team of key state and local stakeholders to oversee the Administrative Plan; members of this group, known as the [Administration Team](#) (see section IV.2.xi., Attachment 6).
 - At a minimum, this team will include the:

- Administration Lead (to serve as the Administration Team Leader)
- State MCH Title V Director (or designee),
- State Medicaid/CHIP Director (or designee),
- State Dental Director (or designee),
- Appropriate community-level personnel (such as local dental public health managers, medical and dental providers, and other health care personnel from public health based programs, including community health center), and
- Other members of the Implementation Team, as appropriate
- Other members to be considered include stakeholders engaged in statewide efforts to impact oral health and health care during pregnancy and early childhood such as:
 - Oral health researchers and academics;
 - Other payers; and
 - Representatives of State MCHB, HRSA, DHHS or other Federal funded programs that serve pregnant women and infants.
- Letters of Agreement will acknowledge their commitment (see section IV.2.xi., Attachments 7).
- **The Administration Plan** –Applicants must clearly articulate how the strategic plan will be operationalized and managed at the community and local levels. The applicant should clearly identify how the Administrative Lead and the Administration Team will collectively manage and administer the strategic plan at the community level. The Administration Plan, at a minimum, will include the following:
 - The implementation of the plan’s **objectives** at the community level;
 - A referral and service network specific to the community to be served;
 - A plan for identifying and recruiting participants at the community level, including:
 - A plan for minimizing the attrition rates for participants enrolled in the program; and
 - An estimated timeline to reach maximum caseload in each location.
 - A plan to collaborate with partners in the private and public sector that are clearly engaged in this endeavor, including State programs funded by MCHB, HRSA, DHHS, or other Federal programs whose programs are in support to these efforts.
 - A plan to engage the community to be served, including the extent to which the community is involved in the management and administration of the planned approach. Where appropriate, the applicant demonstrates the role of lay consumers of care in this process.
- **Continuous Quality Improvement (CQI) Plan** - The CQI Plan must include:
 - Description of the CQI priorities;
 - Description of the CQI leadership and personnel assigned to this task;
 - CQI tools to be deployed;
 - Status and/or plan for the development of data systems to be deployed for CQI purposes;
 - Description of data quality control; and
 - A matrix for the CQI data collection processes, reporting structure, timelines and frequency.
 - Steps to be taken to incorporate the CQI Plan into the evaluation of the pilot project.
- **State-National Collaboration** - All applicants must agree to participate in a MCHB-supported state-national learning network that will commence the second year of the

pilot project. The pilot project grantees, in collaboration with the state-national learning network partners, are required to serve as mentors to no more than three mentees during the Expansion Phase. The goals of the learning network partnership will achieve an understanding and documentation of: (1) the vital elements of implementation fidelity as they relate to the individual approaches selected by the successful applicants and (2) how implementation improves the impact of these approaches on the oral health status of targeted pregnant women and infants. Goals will be realized through lessons learned as successful applicants plan and administer the selected approach across multiple settings statewide.

- The applicant will describe a plan for participating in this state-national learning network. While efforts to understand the implementation of statewide systems change will be specific to the approach selected, these efforts likely will include:
 - Identifying improvements within the state's clinical and administrative strategies to create sustainable impact in their health care service and financing systems, as well as the policies that direct them.
 - Identifying efforts to champion state policy change that impacts the financing of the State's health care delivery system, including oral health care for pregnant women and infants.
 - Identifying drivers and/or barriers within the State's current and evolving delivery system that enhance and/or interfere with integration of perinatal oral health services.
 - Identifying and defining key stakeholders, including both public and private partners, whose participation is necessary to support and sustain the efforts of the system change.
 - Developing strategies to overcome barriers to system change and sustainability of perinatal and infant oral health services integration.
 - Identifying innovative, promising approaches that ensure perinatal & infant oral health care, including the integration process for a statewide public health service system change.
 - Developing strategies for state fiscal planning to enhance program sustainability.
 - Identifying and implementing an effective evaluation of the implementation process and the impact of the system change.
 - Testing and enhancing the technical assistance and resources needed to maximize a State's effort to achieve its goals.
- The applicant will clearly describe how it will serve as a mentor to the Expansion Phase grantees during years three (3) and four (4) of the pilot project. At a minimum, the mentoring efforts should describe guidance for replicating promising approaches in the implementation of the principles and key steps for effective and efficient systems change throughout the states awarded during the second phase of this initiative.

■ **RESOLUTION OF CHALLENGES** [Responds to *Preliminary Strategic Framework* Steps 3 and 4]

Describe challenges that are likely to be encountered in the design and implementation of the PIOHQI Plan activities, and the approaches that will be used to resolve such challenges. Articulate how the efforts to resolve these challenges, to the extent that is appropriate, will be communicated and integrated into the plan. (Note: The viability and success of the plan often can be predicted by the extent to which challenges and a plan for resolution are identified early in the planning process.)

■ **EVALUATION AND TECHNICAL SUPPORT CAPACITY** [Responds to *Preliminary Strategic Framework* Step 5]

Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe current experience, skills, and knowledge of the key personnel, materials published, and previous work of a similar nature. To achieve quantifiable, measurable improvement, each applicant must provide a proposal for the initial and ongoing data collection that ensures the following goals are accomplished:

- (1) A statewide innovative approach that responds to the comprehensive oral health needs of the pregnant women and infants most at risk.
 - (2) A statewide data system that drives quality improvement of the systems change; and
 - (3) A fiscal leveraging strategy that sustain this new delivery system.
- **PIOHQI Evaluation Plan** – The evaluation plan will be of sufficient rigor to demonstrate potential linkages between the planned activities and improved outcomes, in accordance with the logic model and project timeline. At a minimum, the applicant’s evaluation methodology must:
 - Clearly identify a plan for data collection and analysis;
 - Identify the Data and Evaluation Lead (see *Technical Capacity*);
 - Identify the necessary staff and subcontractors who will work alongside the Data and Evaluation Lead; and
 - Identify the cost of the evaluation and the source of funds (see Budget and Budget Justification).
 - **PIOHQI Data Collection and Analysis** - Applicants must provide a detailed plan for the data collection and analysis. This plan will describe the strategy to collect, analyze and track data to measure process, outcomes, and impact. It will also explain how the data will be used to inform program development and service delivery. At a minimum, the proposed plan must include:
 - A clear description of the population selected to participate, including demographic and service-utilization data of pregnant woman and infants, infants with disabilities served, etc.;
 - A plan for data safety and monitoring including privacy of data, administration procedures that do not place individuals at risk of harm (e.g., questions related to personal issues), and compliance with applicable regulations related to IRB/human subject protections, HIPAA, and FERPA. The plan must include training for all relevant staff on these topics;
 - A plan for data collection that clearly describes the rationale for the frequency data will be collected and analyzed; at a minimum, the following Data Indicators will be collected and analyzed on an annual basis:

- **Process Indicators:**
 - Enhanced state and local public health infrastructure and key stakeholder partnerships
 - A patient-centered dental home and medical home service system approach
 - State perinatal health guidelines
 - A perinatal & infant oral health workforce that is responsive to research and evidence-based perinatal oral health practices
 - Integration of perinatal& infant oral health measures into state health assessment and data collection efforts
- **Outcome Indicators:**
 - Increase percentage (%) of women who receive oral health education, guidance in the development of self-management goals, and dental care during pregnancy
 - Increase percentage (%) of women who have a regular source of dental care (a dental home) during pregnancy
 - Increase percentage (%) of infants who have a source of dental care (a dental home) by age one, including children with special health care needs (CSHCN)
- **Impact Indicators:**
 - Reduce oral health disparities in the MCH community
 - Increase utilization of preventive dental care and restorative services among pregnant women, infants and young children
 - Reduce prevalence of early childhood caries (ECC) among children most at risk, including CSHCN
 - Reduce dental expenditures for the MCH community
- A clear description of all other data elements to be used, including:
 - The validity and reliability of the data element for measuring the planned progress (standard measures are strongly encouraged);
 - The use of national and state-based data collection and survey results, most especially PRAMS data, when appropriate; and
 - The use of the newly approved American Dental Association caries risk assessment codes (that will become effective January 1, 2014).
- A plan for using data from the CQI process at the community level for the purpose of program development and service delivery throughout the State;
- A plan for analyzing the data at the local and at the state level, to include:
 - How data will be aggregated/disaggregated to understand the progress made within different communities and for different groups of pregnant women and infants;
 - A plan for the identification of scale scores, ratios, or other metrics most appropriate to the data proposed;
 - A plan for sampling, if proposed, that includes the sample selection procedures and data to ensure the sampling approach will be representative and produce stable estimates (states may propose to collect data on each participant); and
 - Any anticipated barriers or challenges in the data collection and analysis process and the proposed strategies for addressing these challenges
- **Technical Capacity** - The capacity to evaluate implementation and impact of the systems change will be imperative to interpreting progress of the funded PIOHQI Plan. The applicant should demonstrate that it has the expertise, experience and the technical capacity to carry-out the proposed evaluation plan as determined by:
 - A **Data and Evaluation Lead** who is:

- From a private, public, and/or academic health care setting;
- Experienced in evidence-based quality improvement. Preferred expertise in:
 - Project design specific to health care delivery systems,
 - Sustainability and quality improvement; and
 - Outcomes and impact of systems change.
- Capable of utilizing learning collaborative methodology to evaluate the strategic plan for implementation and its impact.
- Qualifications of other personnel responsible for data collection and analysis at the State and community level;
- The minimum qualifications or training requirements for any added personnel responsible for data collection and analysis; and
- The rationale for time commitment to complete the data collection and analysis.

■ **ORGANIZATIONAL INFORMATION**

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart. The applicant must describe how these factors contribute to the ability of the organization to meet program requirements and expectations. First and foremost, the applicant must substantiate that the lead agency and selected team members are experts within the State, in support of oral health for pregnant women and infants.

- Applicants are required to qualify their efforts as early-adopters by providing documentation to support ALL of the following characteristics:
 - Participation in the development or implementation of a comprehensive State Oral Health Plan (SOHP) which addresses the State's perinatal and infant oral health status.
 - Participation in other efforts that substantiates a commitment to improving the availability of quality perinatal and infant oral health services at a community or state level.
 - Evidence that challenges and lessons learned (the result of participating in or implementing the SOHP and other efforts) can contribute to achieving maximum impact at the state and national level.
 - Evidence of collaborative partnerships with other state programs funded by MCHB, HRSA, DHHS or other Federal programs whose purpose is to improve the health and health care services for pregnant women and infants (see Section VIII, [Tips for a Strong Application](#)).
 - Evidence of sustainability efforts that support a plan to improve the state's oral health care delivery system, including but not limited to Federal, private-public partnership, and philanthropic support.
 - Evidence of robust efforts to evaluate an oral health delivery system; efforts specifically evaluating the status of the pregnant women and infants served by this system if applicable.
 - Demonstrates access to state-based, public and/or private collaborative efforts that use quality improvement and a systems approach to change healthcare infrastructure and practice (see Section VIII, [Tips for a Strong Application](#)).
 - **If unable to document all characteristics at the time of submission**, the applicant must provide a persuasive rationale that the deficient characteristic(s) will not impair their efforts to achieve the goals set forth in this grant program.
- Applicants are required to describe the organizational capacity for accomplishing the pilot project, including:

- A brief overview of the applicant organization, such as its mission, current primary activities, and a description of the governance structure that demonstrates there is effective, independent implementation-driven leadership in place;
- A clear description that a governing body (which will include providers of care), rather than an individual member, will make financial and programmatic decisions for the organization.
- A **PIOHQI Organizational Chart** (see section IV.2.xi., Attachment 9) that provides a clear visual of the organizational structure of the pilot project, including significant collaborators.

x. Program Specific Forms

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) Performance Measures for the Perinatal & Infant Oral Health Quality Improvement (PIOHQI) Pilot grant program and Submission of Administrative Data

To prepare successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H47_3.HTML

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information would be due to HRSA within 120 days after the Notice of Award.

xi. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

Attachment 1: Tables, Charts, etc.

To include visual materials that supplement proposal (e.g., Gantt or PERT charts, flow charts, etc.). In addition to a title, each visual should be labeled with an identifier that correlates to

the sequence it appears in the proposal (e.g., 1.a, 1.b, etc.). **REMINDER:** These documents are supplementary in nature and are not intended to be a continuation of the project narrative.

Attachment 2: PIOHQI Logic Model

All program planning and implementation, including goals, activities, and outcomes, will be mapped out using a logic model framework. And provide a logic model description that explains the components of the logic model and how it relates to the social-ecological levels of the network and the community the network serves. This will count against the 80 page limit.

Attachment 3: Project Timeline

The Project Timeline will present an implementation plan with appropriate and reasonable time-framed milestones (i.e., infrastructure planning, provider/staff recruitment and retention, facility development/operational planning, information system acquisition/integration, risk management/quality assurance procedures) to assure that within nine-months of the grant award, the proposed plan will begin implementation of the state-wide effort. Milestones should be clearly identified for no less than the first 4, 8, 12, 18 months and years 2, 3, and 4.

Attachment 4: Implementation Team and Position Descriptions for Key Personnel

Present a staffing plan and description of all position that make up the *Implementation Team*. Justification will be determined by the position descriptions for these key personnel. Position descriptions of proposed project staff should be one page in length and include: role, responsibilities, and qualifications for education and experience. Role and responsibilities should clearly provide rationale for the amount of time being requested for each staff position. To save space, job descriptions do not need to be placed on separate pages.

Attachment 5: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key staffing positions (the Implementation Team) described in Attachment 4. Biographical sketches should be limited to one page. To save space they do not need to be placed on separate pages. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 6: Administration Team

Provide a list of all members on the advisory committee. If not complete, please list the planned members of the advisory committee.

Attachment 7: Letters of Agreement or Intent and/or Description(s) of Proposed/Existing Contracts (project specific)

Provide any documents that describe any other working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Commitment from each Administration Team member must be documented with a letter of agreement. The selected members will represent a culturally diverse team of professionals, sensitive to the communities served. Letters of agreement should indicate the professional organization, select person from said organization, and agreement of time commitment for the purpose of supporting the efforts acknowledged within the agreement.

Attachment 8: Continuous Quality Improvement Plan

Provide the Continuous Quality Improvement (CQI) Plan for quality assurance and continuous improvement.

Attachment 9: PIOHQI Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachments 10 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *August 19, 2013 at 11:59 P.M. Eastern Time*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically to the correct funding opportunity number, by the organization's Authorized Organization Representative (AOR) through Grants.gov and validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages to document the progress of an application through the system.

1. The first will confirm receipt in the system;
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3. The third will be sent when the application has been successfully downloaded at HRSA; and
4. The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:

Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The *Perinatal and Infant Oral Health Quality Improvement Pilot grant program* is NOT a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to four (4) years. Individual requests may not exceed the ceiling amount of:

- \$200,000 for the first year, and
- \$175,000 for the second, third and fourth years.

REMINDERS:

- Only one pilot project to address a State will be awarded.
- Multiple applications from one organization are not allowed.
- Commitment to a statewide effort will be apparent with use of additional dollars made available in Year 1. It is expected that no less than \$50,000 per year (years 1-4) is directed to the evaluation of this pilot project.
- Commitment to the national learning collaborative will be evident with designating no less than \$25,000 for Year 1 and \$50,000 for Years 3 and 4 for this effort. Funds will be used to support necessary expenses to ensure successful application of the learning collaborative methodology and the time and talent for mentoring the grant recipients of the second-phase (also known as the Expansion Phase) of the MCHB's *Perinatal & Infant Oral Health National Initiative*.
- Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Salary Limitation: The Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), enacted March 26, 2013, continues provisions enacted in the Consolidated Appropriations Act, 2012 (P.L. 112-74). The law limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order

proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov applicants will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that organizations **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. Applicants that do not complete the registration process will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary to complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with the System for Award Management (SAM)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's SAM "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726 (International callers, please dial 606-545-5035). Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, an organization is urged to submit an application in advance of the deadline. If an application is rejected by Grants.gov due to errors, it must be corrected and resubmitted to Grants.gov before

the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the Grants.gov application due date as the final and only acceptable application.

Tracking an application: It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking an application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure the application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. The *Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Pilot grant program* five (5) review criteria are outlined below with specific detail and scoring points.

Criterion 1: NEED (10 points)

Refer to: Program Narrative Sections [Introduction](#) & [Needs Assessment](#) and Preliminary [Strategic Framework Step 1](#)

The extent to which the application demonstrates the problem and associated contributing factors to this problem, to include documentation of need from local data or trend analyses and other sources (e.g., States needs assessment). Based on this data, the applicant must identify the prevalence of need for oral health care among the perinatal and infant population. More specifically, the extent to which the applicant:

- Provides a clear, brief description of the problem, the proposed intervention, and the anticipated benefit of the project in a manner that suggests the applicant comprehends the expectations of the *Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Pilot grant program*.
- Describes clearly the oral health needs, existing efforts and resources
 - Articulates clearly the targeted, at-risk community(ies):
 - The population demographics;
 - The community strengths and risk factors;
 - A description of characteristics of the dental needs of the target population(s):
 - Prevalence of serious, but preventable dental diseases
 - Determinants that are known to be associated with high rates of dental diseases
 - A description of the overall health care needs of participants:
 - Specifically, health needs that impact the oral health of the targeted population;
 - and

- As described by reputable surveys and assessments (to include national and state-based data collections and surveys, specifically PRAMS).
- Articulates clearly the existing efforts and resources, including:
 - Existing community-level efforts to integrate oral health services for pregnant women and infants into the local health care delivery system:
 - Any existing perinatal and infant oral health services in the community, currently operating or discontinued; and
 - Existing mechanisms for screening, identifying, and referring to oral health programs in the community (e.g., centralized intake procedures at the local or State level).
 - Service gaps, barriers and other problems that currently deter a statewide approach; and
 - Description of stakeholders in the proposed community that can help implement the needed infrastructure.

Criterion 2: RESPONSE AND IMPACT (30 points)

Refer to: Program Narrative Sections [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#) and [Preliminary Strategic Framework Step2, 3, and 4](#)

The proposal should be unique in its description and include minimal text verbatim from this Funding Opportunity Announcement.

The extent to which the proposed strategic plan (the **PIOHQI Plan**) responds to the [Project Description](#) in the Purpose section of this funding opportunity. The extent to which the proposed goals and objectives can achieve the outcomes described in the proposed pilot project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives. The extent to which project results are national in scope, project activities are replicable, and the program is sustainable beyond the Federal funding. More specifically, the extent to which the applicant:

A. Describes the Strategy, Goals, and Objectives

- The strategy, goals, and objectives are realistic, specific, time-oriented, measurable, and respond to the identified challenges facing the proposed project. At a minimum, the goals of The Plan will achieve:
 - 1) A statewide approach that responds to the comprehensive oral health needs of pregnant women and infants most at risk;
 - 2) A fiscal leveraging strategy that achieves program sustainability; and
 - 3) A valid data-driven continuous quality improvement plan.
- The purpose of the proposed project is clear and concise in describing how the PIOHQI (strategic) Plan will contribute to the development of a comprehensive, high quality perinatal and infant oral health program. At a minimum this plan clearly responds to the five steps of the preliminary strategic framework:
 - 1) Profile population needs, resources, and readiness to address the problems and gaps in service delivery.
 - 2) Mobilize and/or build capacity to address needs.
 - 3) Develop a comprehensive State Strategic Plan.
 - 4) Implement evidence-based preventive policies, programs and practices and infrastructure development activities.

- 5) Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.

B. Describes the PIOHQI Approach

- The applicant clearly describes a statewide approach (the **PIOHQI Approach**) that is evidence-based. If not an evidence-based approach, it is clear that the approach is promising approach.
 - If claimed to be **evidence-based**, it is supported with at least one peer-reviewed, impact study that finds statistically significant results that include some if not all of the select indicators described under the section [Data Indicators](#) . In describing this approach, the applicant provides substantial evidence that this approach can be implemented statewide.
 - If claimed to be a **promising approach**, the level of evidence supporting the approach is acceptably strong enough to suggest success, it is well-founded given the best available evidence — the approach will be emerging or promising in its design, recognizes innovation while incorporating lessons learned, such as ASTDD’s Promising Best Practice Approaches³.
 - If not an evidence-based approach, the applicant provides persuasive rationale that substantiates a statewide promising approach, presenting results that compare favorably with the select indicators described under the section [Data Indicators](#).
- The applicant presents reasonable rationale as to how the PIOHQI Approach does or does account for the five (5) best practices approach criteria established by ASTDD:
 - 1) Impact/Effectiveness - The approach has demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities with reference to scientific evidence and/or documented outcomes of the practice.
 - 2) Efficiency - The approach has demonstrated cost and resource efficiency; this includes staffing and time requirements that are realistic and reasonable.
 - 3) Sustainability - The approach shows sustainable benefits and/or is sustainable within populations/communities and between states/territories.
 - 4) Collaboration/Integration - The approach builds effective partnerships among various organizations and integrates oral health with other health projects and issues.
 - 5) Objectives/Rationale - The approach addresses Healthy People 2020 objectives, responds to the Surgeon General's Report on Oral Health, and/or builds basic infrastructure and capacity for state/territorial/community oral health programs.

C. Describes the PIOHQI Plan

- The plan clearly articulates how the proposed goals will be achieved; at a minimum these **objectives** do include:
 - A statewide process for engaging at-risk community(ies) in the implementation of the selected approach at the community level;
 - A plan for the development of statewide policy and procedures setting standards for the proposed selected approach;
 - A plan for the development of initial and ongoing professional development training to be implemented at the local level;
 - A plan to ensure high quality supervision of health care personnel;
 - A plan to ensure high quality clinical practice within all participating programs;
 - A statewide operational plan for the integration and coordination of the PIOHQI Approach among other state-based programs, specifically those who do/can support oral health;

- A plan for obtaining or modifying State data systems for ongoing quality improvement;
- A strategically sound plan for sustainability that includes no less than:
 - A mechanism for periodic/ongoing planning and assessment of State and community needs;
 - A mechanism to measure and communicate the plan's value, often accomplished through implementation of a return-on-investment [ROI] approach;
 - A plan for meeting its long-range leadership and staffing needs.
 - A plan to acquire sustained financial commitment through its developing and ongoing partnerships; and
 - A plan to build financial reserves, e.g., acquiring funds to meet both long-term operational and capital needs.
- A discussion of anticipated challenges in the design and implementation of the PIOHQP Plan and the efforts that will be used to resolve them.
- **Implementation Team** - A team of experts are identified to oversee the strategic plan (the PIOHQP Plan) and achievement of the stated goals and objectives.
 - Members of this group are identified as the Implementation Team (Attachment 4) and at a minimum assume the following roles:
 - Project Director/Investigator - can also serve as the Implementation Lead
 - Implementation Lead – can also serve as the Project Director/Investigator
 - Administration Lead
 - Financial Administrator
 - Data and Evaluation Lead – can also serve as the CQI Lead
 - CQI Lead – can also serve as the Data and Evaluation Lead
 - These key personnel are trained, competent experts, as described in the Bio-sketches (Attachment 5).
 - The time commitment of these key personnel is sufficient to accomplish the goals and objectives of this pilot project as well as respond to the [reporting requirements](#) of this funding opportunity. This commitment is clearly described in the [budget](#) and [budget justification](#).

D. Describe the PIOHQP Logic Model - The strategic plan includes a PIOHQP Logic Model (Attachment 2) that clearly visualizes the strategic plan for improving perinatal and infant oral health.

- The justification for the proposed logic model clearly describes the relationship between the resources and activities (the inputs) with outcomes and impact (the outputs) of the proposed pilot project.
- The justification clearly identifies how the pilot project will respond to the social-ecological diversity within the community to be served.
- A PIOHQP logic model that is verbatim of ASTDD's logic model will have ample justification for doing so.

E. Describe the Project Timeline – This plan is accompanied by a timeline that links activities to project objectives and should cover the four (4) years of the project period.

- This table, chart, or figure clearly tracks the activities planned.
- The timeline includes the necessary tasks (i.e. development of policies and procedures, development of implementation action plan, development of

- administration action plan, etc.) that assure these activities achieve the goals and objectives (i.e. who, what, where, when, and how).
- The timeline clearly identifies The Plan is fully operational at nine months from the initial award.

F. Describes the Administration Plan

- The applicant clearly describes an administrative plan that indicates how the PIOHQI Approach will be managed and administered at the community and local levels. This plan includes:
 - A clear description of the team of key state and local stakeholders that will oversee the Administrative Plan
 - Members of this group, called the **Administration Team** (Attachment 6), will at a minimum include the :
 - Administration Lead (to serve as the Administration Team Leader)
 - State MCH Title V Director (or designee),
 - State Medicaid/CHIP Director (or designee),
 - State Dental Director (or designee),
 - Appropriate community-level personnel (such as local dental public health managers, medical and dental providers, and other health care personnel from public health based programs, including community health center), and
 - Members of the Implementation Team, as appropriate.
 - Other stakeholders included are clearly engaged in statewide efforts to impact oral health and health care during pregnancy and early childhood, such as:
 - Oral health researchers and academics;
 - Other payers; and
 - Representatives of State MCHB, HRSA, DHHS or other Federal funded programs that serve pregnant women and infants.
 - Members of the Administration Team will acknowledge their commitment with Letters of Agreement (Attachments 7).
 - The applicant clearly identifies how this Administration Team collectively manages and administers the PIOHQI Approach at the community level. The PIOHQI Administration Plan, at a minimum, includes the following:
 - A clearly defined implementation process for achieving the planned **objectives** at the community level;
 - A well described referral and service network that is specific to the community to be served;
 - A clearly articulate plan for identifying and recruiting the participants to be served, including:
 - A plan that minimizes the attrition rates for participants enrolled in the program; and
 - An estimated timeline for reaching the maximum caseload in each location served.
 - A clearly articulated plan for collaboration with partners in the private and public sector that are engaged in health care services for pregnant women and infants, including State programs funded by MCHB, HRSA, DHHS, or other Federal programs whose programs are in support to these efforts.
 - A clearly articulated plan for engaging the community to be served, including the extent to which the community is involved in the management and

administration of the planned approach. Where appropriate, the applicant demonstrates the role of lay consumers of care in this process.

G. Describes the Continuous Quality Improvement Plan

- The CQI Plan must clearly articulate:
 - A description of the CQI priorities;
 - A description of the CQI leadership and personnel assigned to this task;
 - The CQI tools to be deployed;
 - The status and plan for the development of data systems to be deployed for CQI purposes;
 - A description of data quality control; and
 - A matrix for the CQI data collection processes, reporting structure, timelines and frequency.
- A plan for incorporating the CQI Plan into the evaluation of this pilot project.
 - A clear description of how the CQI outcomes will be incorporated into the evaluation of the strategic plan and the administration of the approach at the community level.

H. Describes the State-National Collaboration

- The applicant clearly describes how it plans to participate in the MCHB-supported state-national learning network that will commence the second year of the pilot project.
 - The applicant clearly articulates a plan for participating in this partnership and how such participation will help achieve the goals of the learning network partnership, including an understanding and documentation of: (1) the vital elements of implementation fidelity as they relate to the individual approaches selected by the successful applicants and (2) how implementation improves the impact of these approaches on the oral health status of targeted pregnant women and infants. The final result of this participation leading to the development of a strategic framework that translates new knowledge into successful replication and expansion of these efforts (the *Strategic Framework for Perinatal and Infant Oral Health Quality Improvement*).
 - The applicant clearly shows that a learning collaborative methodology will be followed in support of the pilot as they prepare to adapt and adopt innovative approaches across multiple settings statewide, achieving systems change to deliver effective intervention and treatment services.
 - The applicant clearly describes how lessons learned will contribute to achieving the goals of this partnership. While such efforts will be specific to the approach selected, it is expected effort to implement systems change, at a minimum, will include:
 - Identifying improvements within their state's clinical and administrative strategies to create sustainable impact in their health care service and financing systems, as well as the policies that direct them.
 - Identifying efforts to champion state policy change that impacts the financing of the State's health care delivery system, including oral health care for pregnant women and infants.
 - Identifying drivers and/or barriers within their State's current and evolving delivery system that enhance and/or interfere with integration of perinatal oral health services.

- Identifying and defining key stakeholders, including both public and private partners, whose participation is necessary to support and sustain the efforts of the system change.
- Developing strategies to overcome barriers to system change and sustainability of perinatal and infant oral health services integration.
- Identifying innovative, promising approaches that ensure perinatal & infant oral health care, including the integration process for a statewide public health service system change.
- Developing strategies for their state’s fiscal planning to enhance program sustainability.
- Identifying and implementing an effective evaluation of the implementation process and the impact of the system change.
- Testing and enhancing the technical assistance and resources needed to maximize their State’s effort to achieve its goals.
- The applicant clearly describes how, in collaboration with the state-national learning network partners, it will serve as mentors during the second phase of the initiative.
 - The applicant clearly describes how it will serve as a mentor to the Expansion Phase grantees during years three (3) and four (4) of the pilot project.
 - The applicant clearly articulates a mentoring plan that at a minimum:
 - Is sufficient in guiding the grantees using the principles and key steps of the strategic framework and
 - Supports the Expansion Phase grantees in their efforts to replicate a statewide approach that improves utilization of preventive and restorative dental services by pregnant women and infants.

To support an effective national learning collaborative experience, applicants must allocate an appropriate level of funds in years two (2) through four (4) of the grant project period. It is expected that the applicant will budget no less than \$25,000 during year 2 and \$50,000 for years 3 and 4 to support a strong collaborative effort and mentoring experience.

I. Describes the Resolution of Challenges

- The applicant proves to be fully aware of the challenges that can impede the viability and success of The Plan. As represented by:
 - Clear articulation of challenges that are likely to be encountered in the design and implementation of The Plan activities;
 - Clear articulation of the approaches that will be used to resolve such challenges.
 - Clear articulation as to how the efforts to resolve these challenges, to the extent that is appropriate, will be communicated and integrated into *The Plan*.

Criterion 3: DATA COLLECTION AND EVALUATIVE MEASURE (30 points)

Refer to: Program Narrative Sections [Evaluation and Technical Support Capacity](#) (page 31) and [Preliminary Strategic Framework Step 5](#)

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project. The experience, skills, and knowledge of the key personnel, materials published, and previous work of a similar nature. Specifically, the extent to which the applicant:

A. Describes the Evaluation Plan

- The applicant clearly articulates a proposal for the initial and ongoing data collection that ensures the following goals of the pilot grant program are achieved:
 - 1) A statewide innovative approach that responds to the comprehensive oral health needs of the pregnant women and infants most at risk.
 - 2) A strategic fiscal leveraging plan that ensures program sustainability.
 - 3) An effective data-driven continuous quality improvement plan that includes valid measures which best determines long-term, sustainable impact.
- The plan will be of sufficient rigor to demonstrate potential linkages between the planned activities and improved outcomes, in accordance with the logic model and project timeline. At a minimum, the applicant's evaluation methodology must:
 - Clearly identify a plan for data collection and analysis;
 - Identify the Data and Evaluation Lead (see [Technical Capacity](#));
 - Identify the necessary staff and subcontractors who will work alongside the Data and Evaluation Lead; and
 - Identify the cost of the evaluation and the source of funds (see [Budget](#) and [Budget Justification](#)).

B. Describes the Data Collection and Analysis

- The applicant clearly describes a detailed plan for the data collection and analysis; this plan clearly describes the strategy to collect, analyze and track data to measure process, outcomes, and impact. At a minimum, this plan includes:
 - A clear description of the population selected to participate, including demographic and service-utilization data of pregnant woman and infants, infants with disabilities served, etc.;
 - A plan for data safety and monitoring including privacy of data, administration procedures that do not place individuals at risk of harm (e.g., questions related to personal issues), and compliance with applicable regulations related to IRB/human subject protections, HIPAA, and FERPA. The plan includes training for all relevant staff on these topics;
 - A plan for the resolution of anticipated barriers or challenges in the data collection and analysis process that proposes strategies for addressing these challenges;
 - A plan for data collection that clearly describes the rationale for the frequency that data will be collected and analyzed; at a minimum, the following **Data Indicators** are scheduled to be collected and analyzed on an annual basis:
 - **Process Indicators:**
 - Enhanced state and local public health infrastructure and key stakeholder partnerships
 - A patient-centered dental home and medical home service system approach
 - State perinatal health guidelines
 - A perinatal & infant oral health workforce that is responsive to research and evidence-based perinatal oral health practices
 - Integration of perinatal& infant oral health measures into state health assessment and data collection efforts
 - **Outcome Indicators:**
 - Increase % of women who receive oral health education, guidance and dental care during pregnancy.
 - Increase % of women who have a regular source of dental care (a dental home).

- Increase % of infants who have a source of dental care (a dental home) by age one, including children with special health care needs (CSHCN).
- **Impact Indicators:**
 - Reduce oral health disparities in the MCH community
 - Increase utilization of preventive dental care and restorative services among pregnant women, infants and young children
 - Reduce prevalence of early childhood caries (ECC) among children most at risk, including CSHCN.
 - Improve the overall oral health and well-being of MCH community.
 - Reduce dental expenditures for the MCH community.
- A clear description of all other data elements to be used (standard measures are strongly encouraged), including their validity and reliability for measuring the planned progress. A strong evaluation plan will include the following:
 - National and state-based data collection and survey results, most especially PRAMS data, when appropriate; and
 - The newly approved American Dental Association caries risk assessment codes (that will become effective January 1, 2014).
- A plan for using data from the CQI process at the community level for the purpose of program development and service delivery throughout the State; and
- A plan for analyzing the data at the local and at the State level that includes:
 - How data will be aggregated/disaggregated to understand the progress made within different communities and for different groups of pregnant women and infants;
 - A plan for the identification of scale scores, ratios, or other metrics most appropriate to the data proposed; and
 - A plan for sampling, if proposed, that includes the sample selection procedures and data to ensure the sampling approach will be representative and produce stable estimates (States may propose to collect data on each participant).

C. Describes the Technical Capacity

- The applicant clearly articulates the capacity to evaluate the impact of the systems change as a result of implementing *The Plan*. The applicant clearly demonstrates they have the expertise, experience and the technical capacity to carry-out the proposed evaluation plan as determined by:
 - A **Data and Evaluation Lead** who is:
 - From a private, public, and/or academic health care setting;
 - Experienced in evidence-based quality improvement with preferred expertise in
 - Project design specific to health care delivery systems,
 - Sustainability and quality improvement; and
 - Outcomes and impact of systems change.
 - Capable of utilizing learning collaborative methodology to evaluate the strategic plan for implementation and its impact.
 - The qualifications of all other personnel responsible for data collection and analysis at the State and community level;
 - A well described minimum set of qualifications or training requirements of any added personnel responsible for data collection and analysis; and
 - A persuasive rationale for the time commitment and budget justification for the completion of the data collection and analysis.

Criterion 4: RESOURCES/CAPABILITIES (20 points)

Refer to: Program Narrative Sections [Work Plan](#) & [Organizational Information](#) and [Preliminary Strategic Framework Step 3 and 4](#)

The extent to which the project personnel are qualified by training and, or experience to implement and carry out the project. The applicant organization and personnel prove to be capable of fulfilling the needs and requirements of the proposed project. Specially, an eligible applicant, as an early-adopter of an innovative approach, will: (1) have successfully integrated evidence-based oral health practices for pregnant women and infants into some portion of the State's health care system at a community level and (2) prove capable of taking this innovation to scale statewide.

A. Applicant Experience

- The applicant clearly indicates it is a leader in this effort by providing documentation to support the following characteristics:
 - 1) Participation in the development or implementation of a comprehensive State Oral Health Plan (SOHP) which addresses the state's perinatal and infant oral health status.
 - 2) Participation in other systems building efforts that substantiates a commitment to improving the availability of quality perinatal and infant oral health services at a community or state level.
 - 3) Evidence that challenges and lessons learned (as a result of developing or implementing the SOHP and other efforts) has contributed to quality improvement in the oral health care delivery in the state.
 - 4) Evidence of collaborative partnerships with other state programs funded by MCHB, HRSA, DHHS or other Federal-supported programs (i.e. Indian Health Service, Tribal Programs) whose purpose is to improve the health and health care services for pregnant women and infants across the state. [See section VIII. Tips for Writing a Strong Application]
 - 5) Demonstrates access to state-based, public and/or private collaborative efforts that use quality improvement and a systems approach to change healthcare infrastructure and practice. [See section VIII. Tips for Writing a Strong Application]
 - 6) Evidence of robust efforts in support of evaluating the state's oral health delivery system; efforts to evaluate the status of the pregnant women and infants served by this system of care are an added strength. [See section VIII. Tips for Writing a Strong Application]
 - 7) Evidence of sustainability efforts intended to improve the viability of oral health care delivery at the local/community level, including but not limited to Federal, private-public partnership, and philanthropic support. [See section VIII. Tips for Writing a Strong Application]
 - 8) **If unable to document all characteristics at the time of submission**, the applicant provides persuasive rationale that the deficient characteristic(s) will not impair its efforts to achieve the goals set forth in the pilot project.

B. Organization Capacity

- The applicant clearly articulates the organizational capacity for accomplishing the pilot project, including:
 - A brief but thorough overview of the applicant organization, such as their mission, current primary activities, and a description of the governance structure that

- demonstrates there is effective, independent implementation-driven leadership in place;
- A clear description that a governing body (which will include providers of care), rather than an individual member, will make financial and programmatic decisions for the organization.
- A **PIOHQP Organizational Chart** (Attachment 9) that provides a clear visual of the organizational structure of the pilot project that includes all significant collaborators.

Criterion 5: SUPPORT REQUESTED (10 points)

Refer to the [Budget](#) (Section IV.2.iii) and [Budget Justification](#) (Section.2.iv.)

A proposed annual budget that is reasonable in support of planned activities throughout the project period. Specifically, the extent to which the applicant:

- Provides a line-item budget and well-described budget justification. This justification clearly and logically documents, in adequate detail, how and why each line item request (e.g., personnel, travel, equipment, supplies, information technology, and contractual services) supports the objectives and activities of the proposed project.
 - Clearly articulates in the budget and budget justification an amount for no less than \$50,000 per year (years 1-4) in support of the evaluation of this pilot project.
 - Clearly articulates in the budget and budget justification an amount for no less than \$25,000 during year 2 and \$50,000 per year for years 3 and 4 in support of the state-national learning collaborative effort.
- Clearly demonstrates the costs are reasonable given the scope of work.
- Clearly articulates the time devoted by key personnel to the project is adequate to achieve project objectives.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V. 1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application. The maximum possible points that each scoring criterion could attain are outlined below:

CRITERION	Total Points
1. <i>NEED</i>	10
2. <i>RESPONSE & IMPACT</i>	30
3. <i>DATA COLLECTION AND EVALUATION MEASURES</i>	30
4. <i>RESOURCES/CAPABILITIES</i>	20
5. <i>SUPPORT REQUESTED</i>	10
TOTAL	100

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced on or before the start date of September 30, 2013.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The NoA sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent on or before the start date of September 30, 2013.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the

award. The HHS GPS is available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

Standards for Financial Management

Recipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR 74.21 or 92.20, as applicable. The financial systems must enable the recipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient to compare actual expenditures or outlays with the approved budget for the award.

HRSA funds must retain their award-specific identity—they may not be commingled with state funds or other Federal funds. [“Commingling funds” typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure.]

See “Financial Management” in the *HHS Grants Policy Statement* for additional information.

Non-Discrimination Requirements

To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient’s failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>.

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Affordable Care Act Outreach and Education

It is important to note that a healthier country is one in which more Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. Insurance coverage is strongly related to better health outcomes for both children and adults. Access to insurance improves health outcomes by helping people obtain preventive and screening services, prescription drug benefits, mental health and other services, and by improving continuity of care.

The Affordable Care Act (ACA), the health care law of 2010, creates new state-based marketplaces, also known as exchanges, to offer millions of Americans new access to affordable health insurance coverage. Individuals with incomes between 100 to 400 percent FPL may be eligible to receive advance payments of premium tax credits and/or cost-sharing reductions to help pay for the cost of enrolling in a qualified health insurance plan and paying for coverage of essential health benefits. In states that choose to participate in the ACA expansion of Medicaid to non-disabled adults with incomes of up to 133 percent of Federal Poverty Level (FPL), this provision will provide new coverage options for many individuals who were previously ineligible for Medicaid. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing.

Outreach efforts would ensure that families and communities understand these new developments and would provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible during the transition and beyond. You are encouraged to share information with your beneficiaries about these options and to assist them, to the extent it is an appropriate activity under your grant, in enrolling in available insurance plans or in finding other available sources of payment for the services you provide.

For more information on the marketplaces and the health care law, visit <http://www.healthcare.gov>.

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA-funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: (1) reducing the number of people who become infected with HIV; (2) increasing access to care and optimizing health outcomes for people living with HIV; and (3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- [Health Information Technology \(HHS\): http://www.healthit.gov/](http://www.healthit.gov/)
- [What is Health Care Quality and Who Decides? \(AHRQ\): http://www.ahrq.gov](http://www.ahrq.gov)

Integrating Primary Care and Public Health

Integration of primary care and public health links people, policy, programs and activities to increase efficiency and effectiveness and ultimately improve population health. Both primary care and public health emphasize prevention as a key driver of better health, and integration of the two fields can transform our focus on disease and treatment to health and wellness, as well as

maximize our health care system investment. Integration occurs on a continuum and includes mutual awareness, cooperation, collaboration and partnership. Successful integration requires primary care and public health to work together along this continuum and address social and environmental determinants of health, engage communities, align leadership, develop the healthcare workforce, sustain systems, and share and collaborate on the use of data and analysis – all with an eye toward achieving a shared goal of population health improvement. Integration of primary care and public health is a major focus for HRSA and HHS, and to the extent possible, applicants should consider ways to integrate primary care and public health in the activities they pursue. More information can be found at <http://www.hrsa.gov/publichealth/>.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. **Audit Requirements**

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. **Payment Management Requirements**

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

c. **Status Reports**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule: <http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the NoA.

2) **Progress Report(s).** **The awardee must submit a progress report to HRSA on a semi-annual and annual basis.** Submission and HRSA approval of the grantee's annual Non-Competing Continuation (NCC) Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the NoA.

3) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding

the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

4) **Tangible Personal Property Report.** If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally-owned property and acquired equipment with an acquisition cost of \$5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA.

5) **Other required reports and/or product development**

Revised Evaluation CQI and/or Sustainability Plans - It is understood by MCHB that a successful applicant's proposal for data collection, evaluation, CQI and sustainability is subject to change once the Advisory Team is operational and the designated evaluators finalize both the evaluation and CQI plans for measuring implementation and impact. Final changes to the Evaluation, CQI, and Sustainability Plans are expected to occur during the first six months of the implementation phase with minimal revision necessary once the project is fully operational at nine (9) months. **The final plan for evaluation, CQI, and sustainability must be approved by the MCHB Project Officer before implementation activities begin.**

Revised plan for participating in the national learning collaborative - Should the national learning collaborative cooperative agreement not come to fruition it is expected that the pilot project grantees will collaboratively develop a plan for an alternative collective with both state and national representation that achieves the goals of the national learning collaborative as described above. **The final plan for the alternative national collaborative activity must be approved by the MCHB Project Officer before collective activities between the states begin.**

Documentation - All successful applicants will be required to submit final reports and resources developed with MCHB funding to the [National Maternal and Child Oral Health Resource Center](#) (OHRC). Other resources developed in support of this effort can also be submitted to the OHRC at the grantee's discretion.

d. **Performance Report(s)**

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for

other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

1. Performance Measures and Program Data

To prepare applicants for these reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H47_3.HTML

2. Performance Reporting

Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H47_3.HTML. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each grant year of the project period. Grantees will be required, within 120 days of the NoA, to enter HRSA's EHBs and complete the program specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant summary data as well as finalizing indicators/scores for the performance measures.

3. Project Period End Performance Reporting

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H47_3.HTML. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

e. Transparency Act Reporting Requirements

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. **IMPORTANT:** The reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>).

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Vanessa Fleming
Grants Management Specialist HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-05
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8337
Fax: (301) 443-6686
E-mail: VFleming@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Pamella Vodicka, M.S., R.D.
Program Director, Oral Health
Division of Child, Adolescent and Family Health
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18A-39
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2753
Fax: (301) 443-1296
E-mail: PVodicka@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Tips for Writing a Strong Application

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at:

<http://www.hrsa.gov/grants/apply/index.html>.

In addition, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: <http://dhhs.gov/asfr/ogapa/grantinformation/apptips.html>.

Specific tips for the PIOHQP Pilot grant program

It is desirable that all applicants have a clear understanding of the intent of this funding opportunity. For this purpose, the following additional information is made available to the applicant for consideration when writing the proposed PIOHQP Plan:

At a minimum, the PIOHQP Pilot grant program is designed to identify:

1. Key components that drive successful implementation of innovative practices and promising approaches within a statewide system of care, including:
 - i. Meaningful fidelity criteria for measuring progress of implementation.
 - ii. Capacity of specific care delivery settings (i.e., primary care, community health settings, and schools) to incorporate implementation efforts.
 - iii. “Leading” and “lagging” indicators of implementation.
2. Systems change support for successful implementation, including:
 - i. Strategies for overcoming barriers and challenges (i.e., lagging indicators).
 - ii. Technical assistance and resources necessary to carry out these strategies.
3. Data systems utilized to ensure collection of data and ongoing continuous quality improvement (CQI), including:
 - i. Outcome measures that best determine long-term, sustainable impact.

Overall project expectations:

1. Identification of the necessary factors that build infrastructure capacity and facilitate readiness for sustainable implementation of public health systems change.
2. Identification of the key principles of quality implementation, key steps for effective and efficient systems change, and factors that enhance and/or jeopardize the viability of change.
3. Rigorous evaluation, distinguishing implementation fidelity from treatment effectiveness.

It is strongly encouraged to include other State MCHB, HRSA, DHHS or other Federal funded programs as collaborative partners in pursuit of improved services for pregnant women and infants. These programs include, but are not limited to:

1. MCHB-funded programs: Healthy Start; Maternal, Infant and Early Childhood Home Visiting; Early Childhood Comprehensive Systems; and the Title V Block Grant.
2. HRSA-funded programs: Community Health Centers³¹, State Oral Health Workforce³², and Rural Health Care Services Outreach.³³

³¹ Funded by HRSA’s Bureau of Primary Health Care

³² Funded by HRSA’s Bureau of Health Professions

3. DHHS-funded programs: Head Start and Early Head Start³⁴
4. Other Federal funded programs: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)³⁵

Applicants are strongly encouraged to access support from state-based, public and/or private collaborative efforts that use quality improvement and a systems approach to change healthcare infrastructure and practice is highly encouraged. Though not required, any additional support that proves effective in achieving systems change in support of quality oral health care for pregnant women and infants is encouraged. Such support will be similar to, if not include, assistance and resources from:

1. Centers for Disease Control and Prevention (CDC): [Preconception Care and Health Care Initiative](#);
2. Center for Medicare & Medicaid Services (CMS): [National Improvement Partnership Network](#);
3. National Institute of Health (NIH): [Clinical and Translational Science Awards \(CTSA\) program](#), specifically those participating in the CTSA's Consortium [Community Engagement Key Function Committee](#); and
4. None Federal support systems, including: [Regional Healthcare Improvement Collaboratives](#) and the [Public Health Practice-Based Research Networks \(PBRN\)](#) National Coordinating Center.

Defining quality and quality improvement has not been overlooked in this effort. MCHB finds relevance in the mission of the Centers' for Disease Control and Prevention (CDC) [National Public Health Performance Standards Program \(NPHPSP\)](#), a collaborative effort to enhance the Nation's public health systems, as a supportive resource to achieve the tasks planned by the individual pilot projects, MCHB fully embraces the goals of the NPHPSP for improved quality of public health practice and the performance of public health systems:

- To provide performance standards for public health systems and encouraging their widespread use
- To encourage and leverage national, state, and local partnerships to build a stronger foundation for public health preparedness
- To promote continuous quality improvement of public health systems
- To strengthen the science base for public health practice improvement

The NPHPSP provides a variety of resources, including training and technical assistance, to support states in moving toward statewide performance standards implementation. NPHPSP case reports acknowledge the support this program offers, leading to potential success with the use of NPHPSP program tools³⁶.

States efforts for successful change in the current health care delivery system warrants new strategic and innovative solutions to ensure equity and access to quality oral health care. MCHB refers the applicant to the Department of Health and Human Services' (HHS) *Consensus*

³³ Funded by HRSA's Office of Rural Health Policy

³⁴ Funded by the Office of the Administration for Children & Families

³⁵ Funded by the US Department of Agriculture

³⁶ [National Public Health Performance Standards Program \(NPHPSP\)](#) Post Assessment/Performance Improvement Resources. <http://www.cdc.gov/nphpsp/improving.html>

Statement on Quality in the Public Health System,³⁷ where it defines *quality in public health* as “the degree to which policies, programs, services, and research for the population increase desired health outcomes and conditions in which the population can be healthy.”

Successful innovative, promising approaches will strive for an improvement in public health quality. In support of a common understanding amongst successful applicants, MCHB refers to the report *Priority Areas for Improvement of Quality in Public Health*³⁸ in which HHS unveils six priority areas within the public health system that impact quality. HHS recognizes lack of quality in one area could negatively impact quality in another. Accepting the complex interactive nature of the public health system, MCHB encourages applicants to identify how their selected approach for systems change aligns with the six priority-based recommendations for quality improvement identified in this report:

- Improve the analysis of population health and move toward achieving health equity
- Improve program effectiveness
- Improve methods to foster integration among all sectors that impact health
- Increase transparency and efficiencies to become better stewards of resources
- Improve surveillance and other vigilant processes to identify health risks and become proactive in advocacy and advancement of policy agendas that focus on risk reduction
- Implement processes to advance professional competence in the public health workforce

MCHB expects a rigorous evaluation plan that sufficiently demonstrates potential linkages between project activities and improved outcomes. Data selected for the purpose of measuring and benchmarking progress will be valid and reliable. In addition, the applicant’s evaluation plan is required to incorporate the four following criteria:

Credibility: Ensuring what is intended to be evaluated is actually what is being evaluated; making sure that descriptions of the phenomena or experience being studied are accurate and recognizable to others; ensuring that the method used is the most definitive and compelling approach that is available and feasible for the question being addressed. If conclusions about program efficacy are being examined, the study design should include a comparison group (i.e., randomized control trial or quasi-experimental design).

Applicability: Generalizability of findings beyond current project (i.e., when findings “fit” into contexts outside the study situation). Ensuring the population being studied represents one or more of the population being served by the program.

Consistency: When processes and methods are consistently followed and clearly described, someone else could replicate the approach, and other studies can confirm what is found.

Neutrality: Producing results that are as objective as possible and acknowledge the bias brought to the collection, analysis, and interpretation of the results.

³⁷ Department of Health and Human Services. *Consensus statement on quality in the public health system* [Internet]. Washington (DC): HHS; 2008. [Available at: <http://www.hhs.gov/ash/initiatives/quality/quality/phqf-consensus-statement.html>]

³⁸ Honoré, P.A., & Scott, W. (2010). *Priority areas for improvement of quality in public health*. Washington, D.C.: Department of Health and Humans Services. Available at: <http://www.hhs.gov/ash/initiatives/quality/quality/improvequality2010.pdf>

At a minimum, the evaluation will include the data elements identified under Data Indicator (see page 6). Applicants may also consider additional outcome and process questions, such as the following:

Process Questions:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned intervention and evaluation?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

Outcome Questions:

- What program/contextual factors were associated with the outcomes?
- What individual factors were associated with the outcomes?
- How durable were the effects?

Overall, the applicant is encouraged to consider the following when developing an evaluation:

- Discuss how the evaluation will be conducted;
- Articulate the proposed evaluation methods, measurement, data collection, sample and sampling (if appropriate), timeline for activities, plan for securing IRB review (if applicable), and analysis;
- Identify the evaluator, cost of the evaluation, and the source of funds;
- Include a logic model or conceptual framework that shows the linkages between the proposed planning and implementation activities and the outcomes that these are designed to achieve.

Monitoring the sustainability effort is expected to be an emphasis throughout the grant period. In achieving a sustained change in the delivery of care, successful applicants may consider a plan that achieves the following outcomes:

- An economy of scale and cost efficiency of certain administrative functions such as billing and collections, claims management, shared staffing and purchasing;
- An increase in the financial capabilities of individual services, including oral health care for pregnant women and infants;
- The sharing of staff and expertise across public health programs;
- Enhancing the continuum of care in communities served;
- Ensuring continuous quality improvement of the care provided;
- Enhancing workforce recruitment and retention efforts;
- Improving access to capital and new technologies; and
- Enhancing the ability of the public health service system to respond positively to rapid and fundamental changes in the health care environment, such as managed care, prospective payment systems, and Accountability Act requirements.

APPENDIX A: PIOHQI PILOT PROJECT APPLICATION CHECKLIST

Required Content For PIOHQI Pilot Application	How Application Content correlates to the <u>Preliminary Strategic Frame Work</u>
Introduction	Step 1
Needs Assessment	Step 1
<ul style="list-style-type: none"> • Oral health needs, existing efforts and resources 	
Methodology	Step 2
<ul style="list-style-type: none"> • Goals and Objectives 	
<ul style="list-style-type: none"> • PIOHQI Approach 	
<ul style="list-style-type: none"> • PIOHQI Plan (aka strategic plan) 	
<ul style="list-style-type: none"> • Plan for sustainability 	
<ul style="list-style-type: none"> • Implementation Team 	
<ul style="list-style-type: none"> • PIOHQI Logic Model 	
<ul style="list-style-type: none"> • Project Timeline 	
Work Plan	Steps 3, 4
<ul style="list-style-type: none"> • Administration Team 	
<ul style="list-style-type: none"> • Administration Plan 	
<ul style="list-style-type: none"> • Continuous Quality Improvement Plan 	
<ul style="list-style-type: none"> • State-National Collaboration 	
Resolution of Challenges	Steps 3, 4
Evaluation and Technical Support Capacity	Step 5
<ul style="list-style-type: none"> • Evaluation Plan 	
<ul style="list-style-type: none"> • Data Collection and Analysis <ul style="list-style-type: none"> ◦ Data Indicators 	
<ul style="list-style-type: none"> • Technical Capacity <ul style="list-style-type: none"> ◦ Data Evaluation Lead 	
Organizational Information	
<ul style="list-style-type: none"> • Applicant Characteristics/Experience 	
<ul style="list-style-type: none"> • PIOHQI Organizational Chart 	
Award Information, Budget and Budget Justification	
Required Attachments	

APPENDIX B: Glossary of Terms

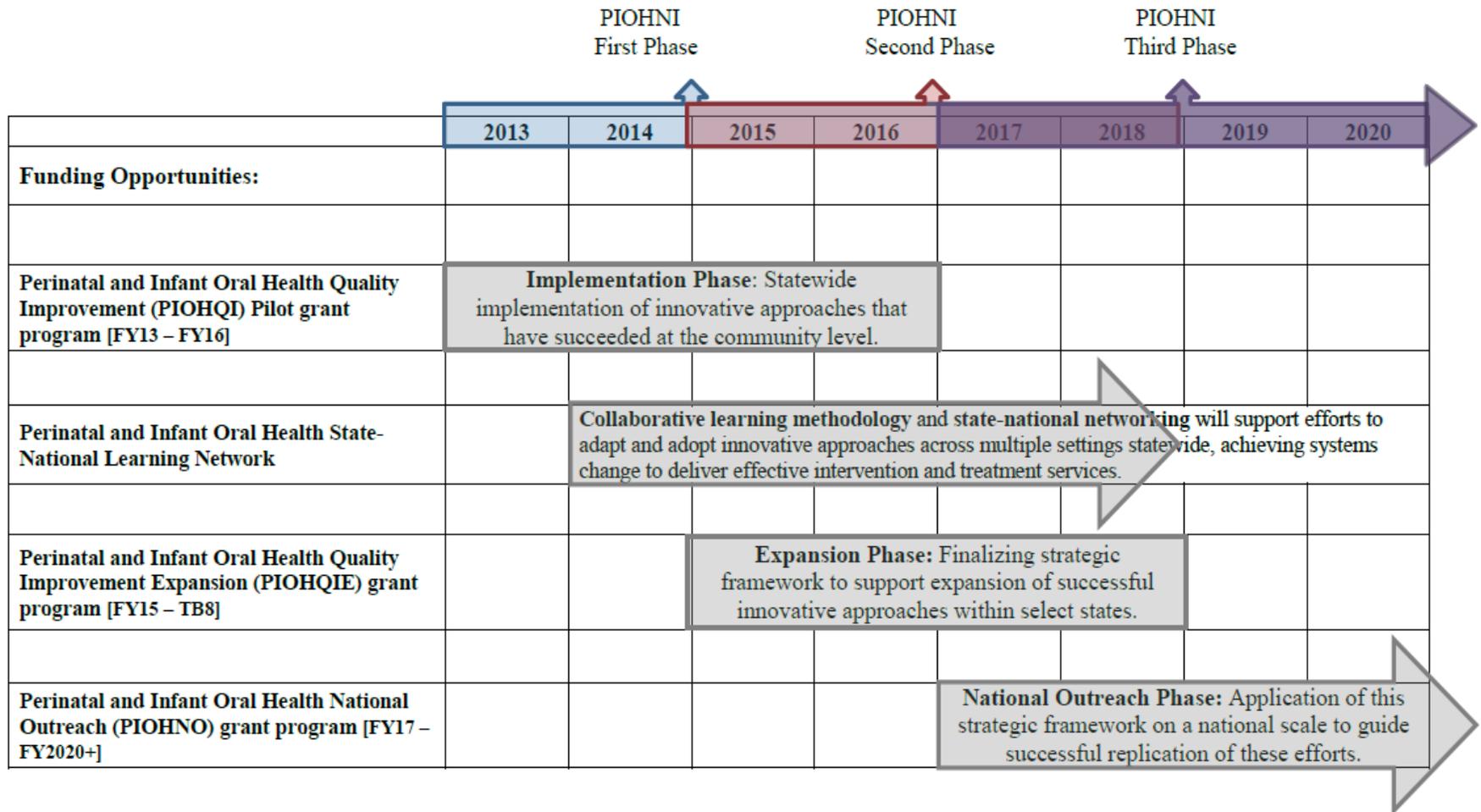
Comprehensive Health Care	Care, including oral health services, provided through a delivery system that meets the total health care needs of the target population it serves.
Continuous Quality Improvement	A systematic approach to improving processes and outcomes through regular data collection, examination of performance relative to pre-determined targets, review of practices that promote or impede improvement, and application of changes in practices that may lead to improvements in performance.
Continuous Quality Improvement Lead	The CQI Lead will be an expert member of the PIOHQI Implementation Team who will oversee the CQI Plan (as part of the PIOHQI Plan) in order to achieve the goals and objectives of the pilot project. The CQI Lead can also serve as the Data and Evaluation Lead.
Data and Evaluation Lead	The Data and Evaluation Lead will be an expert member of the PIOHQI Implementation Team who will oversee the Data and Analysis Plan (as part of the PIOHQI Plan) in order to achieve the goals and objectives of the pilot project. The Data and Evaluation Lead can also serve as the CQI Lead.
Data Indicators	Data collected for the purposes of benchmarking and measuring progress towards an intended goal.
Early-Adopter	A leading oral health, public health and/or health care expert that has successfully integrated comprehensive oral health care for pregnant women and infants into some portion of the State’s health care system at a community level.
Evidence-Based Approach	A selected approach for systems change that can be substantiated with at least one peer-reviewed, impact study that finds statistically significant results that include some if not all of the select indicators described under the section Data Indicators.
Expansion Phase	The second phase of the MCHB’s Perinatal and Infant Oral Health National Initiative during which a strategic framework is created that supports the expansion success efforts identified during the first phase of the initiative, the implementation phase.
Goal	A long-term target or direction of development. It states what the institution wants to accomplish or become over the next several years. Goals provide the basis for decisions about the nature, scope, and relative priorities of all projects and activities. Everything the institution does should help it move toward the attainment of one or more goals.
Health Resources and Services Administration (HRSA)	An agency of the U.S. Department of Health and Human Services, the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.
Implementation Phase	The first phase of the MCHB’s Perinatal and Infant Oral Health National Initiative during which early-adopters have identified key principles for successful Statewide implementation of innovative approaches that have proven effective at the community level. National Outreach: Application of this strategic framework on a national scale to guide successful replication of these efforts.

Infants	Children less than one year of age not included in any other class of individuals. (Title V glossary, available at: https://performance.hrsa.gov/mchb/mchreports/Glossary.html)
Key Positions	Any position that is vital to the planning, implementation, administration and evaluation of the PIOHQI Plan.
Letters of Agreement	A letter of commitment between the PIOHQI Pilot Project Director and a key stakeholder that indicates the professional organization, select person from said organization, and agreement of time commitment for the purpose of supporting the efforts acknowledged within the agreement.
Letters of Intent	A letter identifying the intention of a select PIOHQI Advisory Team member who has yet to commit prior to the submission of the proposal. This letter must include persuasive language that substantiates an intended team member’s role, tasks, and time designated for the proposed commitment.
Logic Model	A map or simple illustration of what you do, why you do it, what you hope to achieve, and how you will measure achievement. It includes the anticipated outcomes of the services, indicators of those outcomes, and measurement tools to evaluate the outcomes.
Model of Improvement	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 10px; margin-right: 20px;"> <p style="text-align: center; color: red; font-weight: bold;">What are we trying to accomplish?</p> <hr/> <p style="text-align: center; color: red; font-weight: bold;">How will we know that a change is an improvement?</p> <hr/> <p style="text-align: center; color: red; font-weight: bold;">What changes can we make that will result in improvement?</p> </div> <div style="text-align: center;"> </div> <div style="margin-left: 20px;"> <p>Part One – Three fundamental questions that can be addressed in any order:</p> <ol style="list-style-type: none"> 1. What are we trying to accomplish? 2. How will we know that a change is an improvement? 3. What changes can we make that will result in improvement? <p>Part Two – The Plan-Do-Study-Act (PDSA) cycle: This process is used to test and implement changes in real work settings. The PDSA cycle guides the test of a change to determine if the change is an improvement.</p> </div> </div> <p>Langley, G. J., Moen, R. D., Nolan, K. M., Nolan, T. W., Norman, C. L., Provost, L. P., 2009. <i>The Improvement Guide: A Practical Approach to Enhancing Organizational Performance</i>. Second Edition, San Francisco: Jossey-Bass Publishers. [Available at: http://www.apiweb.org/API_home_page_new3.htm]</p>
National Outreach Phase	The third phase of the MCHB’s Perinatal and Infant Oral Health National Initiative that begins a national effort to successfully replicate effective, innovative approaches that improve access and utilization of quality oral health care for pregnant women and infants, using the <i>Perinatal and Infant Oral Health Quality Improvement Strategic Framework</i> as a guide.
Objective	A measurable target or benchmark that must be met to attain a goal.

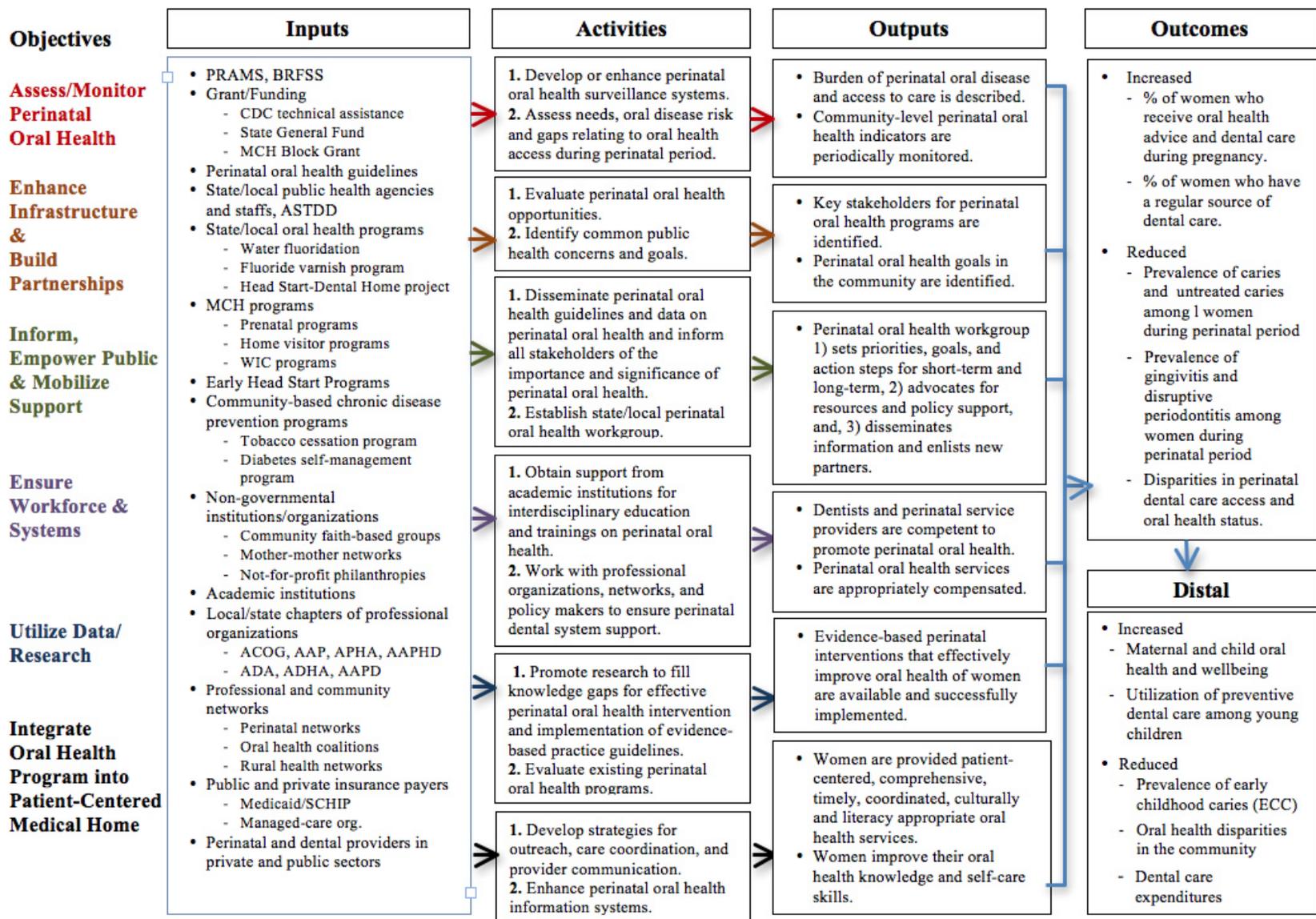
Perinatal	Period from gestation of 28 weeks or more to 7 days or less after birth. (Title V glossary, available at: https://performance.hrsa.gov/mchb/mchreports/Glossary.html)
Perinatal & Infant Oral Health National Initiative	MCHB is launching this initiative in pursuit of sustainable public health systems change that ultimately achieves meaningful improvements in the access and utilization of quality oral health care for pregnant women and infants.
Promising Approach	An approach that is well-founded given the best available evidence— the approach is emerging or promising in its design, allowing for innovation while still incorporating lessons learned.
Administration Lead	The PIOHQI Administration Lead will be an expert member of the PIOHQI Implementation Team who will oversee the PIOHQI Administration Plan (as part of the PIOHQI Plan) in order to achieve the goals and objectives of the pilot project. The PIOHQI Administration Lead will serve as the PIOHQI Advisory Team Lead.
Administration Plan	A PIOHQI Administration Plan, that describes a distinct plan for administrating the PIOHQI Approach at the local level
Administration Team	A team of key state and local stakeholders to oversee the PIOHQI Administrative Plan, responsible for strengthening cohesion throughout the state for successful administration of the PIOHQI Approach at the community level. The PIOHQI Administration Team will be led by the PIOHQI Administration Lead.
PIOHQI Approach	Evidence-based or a promising approach, it is an innovative approach for improving access and utilization of quality oral health care for pregnant women and infants selected for implementation by the PIOHQI Plan.
Implementation Lead	The PIOHQI Implementation Lead will be an expert member of the PIOHQI Implementation Team who will oversee the PIOHQI Implementation Plan (as part of the PIOHQI Plan) in order to achieve the goals and objectives of the pilot project. The Project Director/Investigator can also serve as the PIOHQI Implementation Lead.
Implementation Team	A team of well-trained, competent experts who will oversee the implementation of the PIOHQI Plan. The time commitment of these key personnel will be sufficient to accomplish the goals and objectives of this pilot project.
PIOHQI Plan	A strategic plan using reputable methodology for statewide implementation of a successful community-level approach (the PIOHQI Approach). This strategic plan will clearly articulate the goals and objectives to adapt and adopt the PIOHQI Approach across the state.
Pregnant Woman	A female from the time that she conceives to 60 days after birth, delivery, or expulsion of fetus. (Title V glossary, available at: https://performance.hrsa.gov/mchb/mchreports/Glossary.html)
Reliability of Data	Consistency of a measure to capture the intended construct (e.g., a person answering the questionnaire will most likely answer in a similar way both today and tomorrow). It is most frequently quantified through inter-rater reliability, test-retest reliability or internal consistency.
States	Throughout this announcement, the term “States” will also be inclusive of federally recognized Tribes, the U.S. Territories, and the District of Columbia.

Statewide Needs Assessment	In completing the FY 2010 Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program application, states were required to complete three steps, the second of which was submission of a statewide needs assessment as a condition for receiving FY 2011 Title V Block Grant allotments. The needs assessment includes an identification of communities with concentrations at-risk prenatal, maternal, newborn, or child health, including oral health; and, identification of the quality and capacity of existing programs or initiatives for pregnant women and infants in the State, including those that service their oral health needs.
Title V	The authorizing legislation for the Maternal and Child Health Block Grant to States program, which is found in Title V of the Social Security Act. (Title V glossary, available at: https://performance.hrsa.gov/mchb/mchreports/Glossary.html)
Validity of Data	The degree to which a measure is capturing the construct it is intending to capture (e.g. the measure is capturing depressive symptoms and not anxiety). It is frequently expressed as construct validity, content validity or criterion validity.

APPENDIX C: MCHB’s Perinatal and Infant Oral Health National Initiative: A three-phase approach



APPENDIX D: ASTDD'S PERINATAL ORAL HEALTH LOGIC MODEL



APPENDIX E: DRIVER DIAGRAM - SAMPLE

