**RFA-HS-24-004: State-based Healthcare Extension Cooperatives to Accelerate Implementation of Actionable Knowledge into Practice (U19)**

**Frequently Asked Questions**

***New FAQs as of 11/25/2024:***

**Should applicants include Specific Aims for the Engagement, Training, Education, and Assistance Core Component Application? If yes, are there any instructions or guidance for that Specific Aims section?**

Applicants should include Specific Aims for the Engagement, Training, Education, and Assistance Core. For the Specific Aims, applicants should succinctly describe the specific objectives and goals of the Engagement, Training, Education, and Assistance Core. Applicants should also list, in priority order, the broad activities and services of the Engagement, Training, Education, and Assistance Core. In addition, state the Core's relationship to the other Cores in the Cooperative and the behavioral health initiative in the application.

**Can you confirm if the Specific Aims page is included in the 6-page limit for each of the below components?**

The 6-page limit applies to the Research Strategy section only.

**Could applicants propose interventions or outcomes that include clinician- or practice-facing measures or do interventions or outcomes need to focus on patients and populations?**

In the Monitoring, Feedback, and Evaluation Core, applicants are asked to evaluate the impact on "Improvement in organizational outcomes, including organizational capacity, for healthcare delivery organizations participating in the initiative." Additionally, applicants may propose measures beyond the requirements in the NOFO, particularly if it's relevant to the proposed initiative.

**In Section IV, under the budget instructions, the link to the HHS Grants Policy Statement appears to be broken. Is an updated link available?**

Since publication of the NOFO, HHS published a revised and updated HHS Grants Policy Statement (GPS). AHRQ also issued a guide notice on October 29, 2024 that implemented the two primary changes HHS recently released, effective October 1, 2024, and described AHRQ's approach to implementing the revisions.

**Is it sufficient to provide one letter of support that includes all the required information by core/component? For example, one of our partner organizations will be part of multiple cores. Do we need multiple letters of support?**

One letter of support would be acceptable as long as the requirements in the NOFO are followed.

**Will the cores be reviewed separately by peer reviewers or will peer reviewers review the entire application?**

Peer reviewers will review the entire application. Please note that only applications that are complete and responsive to the NOFO will be evaluated for scientific and technical merit by an appropriate Scientific Review Group convened in accordance with standard AHRQ peer review procedures that are described in 42 CFR Part 67, Subpart A.

**Evaluation Liaison:**

**What are the specific tasks and duties of the Evaluation Liaison role?**

The Evaluation Liaison will oversee the coordination and collaboration with the NEC. The NEC will:

- Coordinate the monitoring of the progress of the Cooperatives across AHRQ's Healthcare Extension Service.
- Assist with sharing best practices for monitoring across the Cooperatives (see Monitoring, Feedback, and Evaluation Core within Section I of the State Cooperatives NOFO).
- Conduct the formative and summative evaluation of the entire initiative across all Cooperatives as well as conducting the process evaluation on the formation and function of each Cooperative.

Each Cooperative must partner with the NEC to:

(1) harmonize measures, instruments, and data collection across the Cooperatives,
(2) share instruments and data with AHRQ and the NEC,
(3) participate in evaluation activities with the NEC, and
(4) review evaluation reports from the NEC and identify key actions based on the report findings.

The Evaluation Liaison will be responsible for overseeing this partnership with the NEC. Please Section I. of the NOFO – Notice of Funding Opportunity Description for additional information.

**What professional credentials should the Evaluation Liaison have?**

It is the applicant's responsibility to select the Evaluation Liaison that best aligns with their initiative. The Evaluation Liaison will oversee the coordination and collaboration with the National Evaluation Center (NEC) as detailed above. This person must be designated as key personnel. There are no specific requirements regarding the Evaluation Liaison's professional credentials, degree(s), or position. For example, a program manager or professional research associate could serve in this role, provided that they have the skills and experience to successfully carry out the above tasks.

**Are we able to split this the Evaluation Liaison role between two people to equal 25%?**

Please follow the NOFO requirements under Section IV. Application and Submission Information. Only one liaison is permitted under the NOFO requirements. "Evaluation liaison: Applicants must designate an Evaluation Liaison to collaborate with AHRQ and the NEC on all evaluation matters. The Evaluation Liaison must be designated as key personnel and have at least 25% FTE dedicated to Evaluation Liaison activities. If the PD(s)/PI(s) or other key personnel will serve in this role, FTE requirements are cumulative."

***Published on October 29, 2024***

## Application and submission

**How does a cooperative agreement differ from a research grant?**
For specific roles and responsibilities under this cooperative agreement, please refer to Section VI in the NOFO under "Cooperative Agreement Terms and Conditions of Award."

More generally, a cooperative agreement is an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial AHRQ programmatic involvement with the recipient is anticipated during the performance of the activities. Under a cooperative agreement, AHRQ's purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipient in a partnership role; it is not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the grant recipient and the PD(s)/PI(s) for the project as a whole, although specific tasks and activities may be shared between the recipient and AHRQ as described in the NOFO. Cooperative activities are intended to strengthen the individual recipient activities through the facilitation of data sharing, data access and communications. Additional information can be found here.

**Regarding page limits, does the 6-page limit for each component listed in the NOFO apply to the "Research Strategy" attachment only?**
Yes, the 6-page limit applies to the Research Strategy section only.

## Organizations and eligibility

**Can the same institution apply for more than one NOFO comprising the HES?**
Eligible organizations can apply to all three NOFOs related to the Healthcare Extension Service (RFA-HS-24-004, RFA-HS-24-005, and RFA-HS-24-006), either as the prime applicant or as a subcontractor, as long as they meet individual NOFO requirements. If submitting an application for the National Evaluation Center (NEC), the applicant must ensure that the proposed investigative team has no overlap regarding investigators and direct cost funding with any State Cooperative or National Coordinating Center (NCC) application.

**Are there certain types of grantees that are typically awarded this type of grant, such as a state agency or academic institution?**
Please see Section III. Eligibility Information in the NOFO for eligible organization types.

**The NOFO is designed to create State-based Healthcare Extension Cooperatives to deliver improvements in healthcare policy, payment, and practice in a single state. Could applicants propose improvements in healthcare policy, payment, and practice in Washington, D.C. or U.S. territories?**

Yes, applicants may propose improvements in healthcare policy, payment, and practice work in one of the 50 States; Washington, D.C.; or one of the U.S. territories. Applicants may select to participate at the state level or choose to begin their efforts in a sub-state region. As a reminder, applications that describe proposed improvements in healthcare policy, payment, and practice work to be conducted in more than one state will be deemed non-responsive and will not be reviewed.

## Budget and FTE Requirements

**Are the required PI FTE percentages in addition to efforts within the cores or separate?**
Please see Section IV of the NOFO: For the overall Cooperative, a single PD/PI must devote at least 20% minimum FTE (i.e., at least 8 hours per week) in each year of the project. If multiple PD(s)/PI(s) are proposed, each PD/PI must devote at least 10% minimum FTE (i.e., at least 4 hours per week). If any effort is in-kind, this should be explained in the budget justification, and a letter of support from an authorized institutional official is required. This requirement is for the overall Cooperative; there are no requirements for the level of effort for each core.

Also note that applicants must also designate an Evaluation Liaison to collaborate with AHRQ and the NEC on all evaluation matters. The Evaluation Liaison must be designated as key personnel and have at least 25% FTE dedicated to Evaluation Liaison activities. If the PD(s)/PI(s) or other key personnel will serve in this role, FTE requirements are cumulative.

**When preparing the budget for the out years, can you please confirm that salary escalation is permitted? Per the NIH SF 424 Develop Your Budget guidance, "in general, NIH does not have policy on salary escalation submitted in an application. We advise applicants to request in the application the actual costs needed for the budget period and to request cost escalations only if the escalation is consistent with institutional policy."**

For AHRQ, inflationary or cost-of-living salary increases are **not** permitted. This is in accordance with Notice Number NOT-HS-17-001. https://grants.nih.gov/grants/guide/notice-files/NOT-HS-17-001.html

The policies, guidelines, terms, and conditions stated in this Notice of Funding Opportunity (NOFO) may differ from those used by the NIH. Where this NOFO provides specific written guidance that may differ from the general guidance provided in the grant application form, please follow the instructions given in this NOFO. Also note that AHRQ has different page limits than NIH for the application Research Strategy, which can be found within each individual NOFO.

## Overall application

**What are the expectations for day one? What should be in place, and what do we have time to develop?**

There are no set expectations for day one aside from what applicants propose, which peer reviewers will assess when determining potential impact. Please refer to Section IV. Application and Submission Information for instructions for what applicants should include in their proposal. Applicants must submit a detailed timeline for when major aspects of the proposed work are to be completed.

## Engagement, Training, Education, and Assistance Core

**What is the most comprehensive definition and role of a healthcare extension agent?**

Please see Section I. Key Terms for this NOFO. A healthcare extension agent is defined as an individual who provides external support to improve the healthcare delivery system to improve population health. Healthcare extension agents work to achieve the goals of the Cooperative. Examples of healthcare extension agents include education and training professionals; health IT advisors; human factors, systems engineering or task analysis experts; implementation experts; practice facilitators and coaches.

Healthcare extension agents may develop activities such as:

(1) convening a statewide or sub-state regional learning community,
(2) providing tailored support to specific healthcare delivery organizations,
(3) engaging managed care organizations in improving the quality of the services they deliver,
(4) working with community-based organizations to encourage involvement in improvement activities,
(5) presenting information to policymakers and payers to inform their decisions,
(6) assisting organizations in leveraging their health information technology to build capacity to monitor improvement efforts,
(7) analyzing and improving work processes and workforce composition, and
(8) addressing healthcare workforce needs through training and education.

They may also collect information about healthcare delivery organizations and community priorities and share their observations with other state initiatives.

**Can a healthcare extension agent provide direct care like that of a social worker or community pharmacist?**

A healthcare extension agent is an individual who can provide external support to improve healthcare delivery systems to improve population health. Healthcare extension agents should have the skills described under the "Engagement, Training, Education, and Assistance Core" to implement the Cooperative's initiative. While extension agents may be qualified to provide direct care, that is not their intended role for this grant and costs should not be allocated to direct patient care. The primary focus of the healthcare extension agents is to deliver implementation support, for example:

- Aid with the implementation of the selected healthcare delivery improvements and implementation strategies as part of the initiative.
- Assist safety net healthcare delivery organizations with the development of an implementation plan, including the ability to tailor the implementation plan to the organization, clinicians, staff, and patient populations served by the organization.
- Work with healthcare delivery organizations.

**What is the vision for how cooperatives will engage and work with safety net providers delivering behavioral health services, such as Federally Qualified Health Centers (FQHCs) or Community Mental Health Centers?**

The NOFO includes instructions on how applicants should describe their approach to engaging safety net healthcare delivery organization and clinicians. Applicants are responsible for describing their plans to engage safety net healthcare delivery organizations and clinicians to establish and maintain relationships or build upon previous relationships. Applicants must describe:

- How the Cooperative's engagement strategies will attract safety net healthcare delivery organizations and clinicians with varying degrees of organizational readiness.
- How the Cooperative will draw on existing learning and improvement networks such as quality collaboratives.
- How the Cooperative will coordinate within states where there are other state-level learning communities. Examples of state-level learning communities include, but are not limited to, learning communities that are formed as part of Innovation Models from the Centers for Medicare & Medicaid Services Innovation Center (e.g., Making Care Primary Model, States Advancing All-Payer Health Equity Approaches and Development Model).
- The potential challenges, barriers, and facilitators to engage safety net organizations and proposed strategies to address them.

**<u>Monitoring, Feedback, and Evaluation Core</u>**

**Is the PI's organization independent enough to "conduct a rigorous and independent evaluation"?**

The Monitoring, Feedback, and Evaluation activities must be performed by an organization within the state that can conduct a rigorous and independent evaluation, such as an academic medical center, public or private institutions of higher education, or other research organization. If the applicant organization cannot independently perform this, they must partner with an organization that can perform these tasks. There are no specific requirements about where the individuals with the Monitoring, Feedback, and Evaluation Core are housed within an organization, school, or department. The applicant should describe the relationship between this core and the other cores in the Cooperative to explain how it can conduct a rigorous and independent evaluation.

## Administrative Core and Multistakeholder Council

**Is there a planning or ramp-up period to establish the Multistakeholder Council?**
Please refer to Section IV. Application and Submission Information, Research Plan (Administrative Core) in the NOFO. In this section, you can find the requirements to describe the operations of the Multistakeholder Council. This section also requires that applicants submit a detailed timeline for when major aspects of the proposed work are to be completed.

**Does State Medicaid have to be a partner on every application?**
State Medicaid agencies are required partners for every application. Please see relevant sections from the NOFO below:

Required members for the Multistakeholder Council. Applicants must include at least one member from each category listed below for the Multistakeholder Council.

- A representative from the State Medicaid agency or agency that manages Medicaid is required to be a full and active participant in the Multistakeholder Council. Where possible, they should work to align payment and performance metrics with the initiative's improvement goals and facilitate Medicaid data sharing and analysis with the Cooperative.
- A representative from Medicaid managed care organizations (MCOs) (if applicable): If the applicant's State Medicaid-funded services are primarily delivered through MCOs, a representative from the largest MCOs must be included.

Applicants must describe how they will coordinate with state-level convenings of State Medicaid Agencies, payer partners and other stakeholders in Innovation Models from the Centers for Medicare & Medicaid Services Innovation Center (e.g., Making Care Primary Model, States Advancing All-Payer Health Equity Approaches and Development Model).

Applicants must submit a letter of support from the State Medicaid Agency. Letters of support from the State's Medicaid Agency must:

- Describe the commitment to participate in the Multistakeholder Council.
- Identify specific individuals within the State Medicaid Agency who will participate in the Cooperative.
- Detail the role that these individuals and the State Medicaid Agency will have within the Cooperative.

## Initiative – Evidence-based improvements

**Must applicants substantiate that the initiative of focus is based on patient-centered outcomes research, or must it be referenced in research/materials published by AHRQ?**
The initiative must be based on patient-centered healthcare delivery improvements, with the definition below. It does not need to come from research or materials supported or published by AHRQ.

Evidence-based, patient-centered, healthcare delivery improvement ("Evidence-based improvement"): Consistent with Brownson and colleagues, evidence-based, patient-centered, healthcare delivery

improvements are defined as healthcare delivery interventions, programs, education, training, practices, processes, guidelines, and policies with some evidence of effectiveness in improving health outcomes that are meaningful for patients and their caregivers. This includes clinical evidence, evidence on how best to deliver healthcare that is potentially generalizable beyond specific health conditions or healthcare delivery circumstances (e.g., management strategies, models of care), or evidence-based policies.

Citation: Brownson RC, Shelton RC, Geng EH, Glasgow RE. Revisiting concepts of evidence in implementation science. Implement Sci. 2022 Apr 12;17(1):26. doi: 10.1186/s13012-022-01201-y. PMID: 35413917; PMCID: PMC9004065

**Is the expectation to focus on evidence-based practices with dedicated funding streams?**
There is no expectation or requirement to focus on evidence-based practices with dedicated funding streams. However, as described in the NOFO, applicants should plan on working with their Multistakeholder Council to evaluate "the Cooperative's potential for long-term sustainability, including identifying opportunities for ongoing support for specific activities of the Cooperative."

**Initiative – Behavioral health**

**What constitutes a "behavioral health" focus for this NOFO?**
It is the applicant's responsibility to define and justify the selection of behavioral health topic, related evidence-based initiatives, and evaluation plans to establish responsiveness to the NOFO. Please see Section I. Notice of Funding Opportunity Description, which defines behavioral health as "an umbrella term that includes mental health and substance use conditions, life stressors and crises, stress-related physical symptoms, and health behaviors."

"The initiative must address the current behavioral health crisis with the selected topic based on state data and stakeholder priorities. Applicants must specify the behavioral health focus of this initiative, including the evidence-based, patient-centered improvement(s) to be implemented in safety net healthcare delivery organizations. Applicants must describe a process by which the implementation of the evidence-based improvement(s) will be refined throughout the initiative based on input from the Multistakeholder Council, the Healthcare Extension Agents, and data from the Monitoring, Feedback, and Evaluation core. The focus may be on a specific behavioral health condition or a strong behavioral health component or how behavioral healthcare is delivered or integrated into the medical safety net. When choosing their focus, applicants must use state data, PCOR evidence, data on health and healthcare disparities, and consultation with current or anticipated members of their Multistakeholder Council to determine their priorities. Applicants should describe their stakeholder engagement process to support their selection of initiative focus. An initiative may focus on a single area or combination that will accelerate the implementation of PCOR evidence in practice, including aligning payment, developing workforce, enhancing technology, or improving work performance and processes. Cooperatives should align and coordinate with other state and federal initiatives working on the same behavioral health issue."

**To what extent can we choose our issues, strategies, and measures?**
Please see Section IV. Application and Submission Information for full details. To summarize some key points, applicants must address the following:

- the behavioral health focus of the initiative and how healthcare delivery will be changed if the proposed aims are achieved, with specific goals and improvement targets.
- why and how the behavioral focus was selected, including use of State data and PCOR findings and engagement of current or future members of the Multistakeholder Council.
- details of the proposed evidence-based approach to implementing the initiative, including specific goals and strategies.
- the approach to monitoring the Cooperative activities and performance and providing feedback for improvement.
- the approach to evaluating the Cooperative's processes and outcomes.

Thus, the applicant must choose and propose the behavioral health focus of the initiative, the evidence-based improvement(s), corresponding implementation strategies, and the overall evaluation approach, including measures. After award, the National Evaluation Center will work with grantees to collect a common set of measures across the grantees.

**Can we have multiple behavioral health focus areas? Can we potentially propose different focus areas and/or outcome measures for adult vs. pediatric practices?**
At a minimum, applicants are to propose one initiative with one behavioral health focus but could potentially propose additional activities as long as they are responsive to NOFO requirements. An initiative may focus on a single behavioral health issue or a combination that will accelerate the implementation of PCOR evidence in practice and can incorporate one or more evidence-based improvements or implementation strategies at multiple levels (e.g. clinical, policy, payment) that may target multiple outcomes.

## Coordination with the NCC, NEC, and other federal initiatives

**Because each applicant must conceive of an intervention and approach to dissemination in their application, what is the role of the Cooperative vs. the National Coordinating Center (NCC) that will be funded in a separate NOFO?**
The current NOFO (RFA-HS-24-004) describes how each Cooperative will interface with the National Coordinating Center. We encourage applicants to also review the NOFO for the National Coordinating Center to better understand the respective roles of the NCC and the Cooperatives.

**What is the distribution of control between the state Cooperative and the NCC and NEC?**
Please see Section VI.2 Cooperative Agreement Terms and Conditions of Award for full details. Briefly, the PD(s)/PI(s) will have the primary responsibility for operating the Cooperative in accordance with the terms and conditions of the Notice of Award, and cooperating with other key parties, including the AHRQ Program Official, other Cooperative grant recipients, the NCC, and the NEC.

**What is the vision for how Cooperatives will align with or integrate with other federal behavioral health initiatives?**

The NOFO states "Cooperatives should align and coordinate with other state and federal initiatives working on the same behavioral health issue." Applicants are instructed to describe "The Cooperative's relationship with other organizations and initiatives, including how the Cooperative will coordinate implementation support throughout the state and complement – not duplicate – other state and federal initiatives. Applicants that are building upon existing entities or initiatives in the state must describe what specific enhancements will be funded through this cooperative agreement, how they were identified, and how they are expected to contribute to the objectives of this NOFO. Grants may not be used to supplant funds already being spent in the state to increase the delivery of evidence-based interventions." Because this depends on the state and the behavioral health focus, it is up to the applicant to describe their vision for aligning or integrating with other relevant initiatives in their state. AHRQ will support additional coordination among federal initiatives through the Federal Interagency Workgroup described in the National Coordinating Center NOFO, Part II. Section 1, NOFO Requirements.

**How will the National Evaluation Center (NEC) affect state-level operations?**

We encourage applicants to review the National Evaluation Center NOFO to better understand the respective roles of the NEC and Cooperatives in the overall initiative. The NEC does not have a role in the state-level operations of the Healthcare Extension Cooperatives. The NEC will coordinate the monitoring of the progress of the Cooperatives across AHRQ's Healthcare Extension Service. The NEC will assist with sharing best practices for monitoring across the Cooperatives (see Monitoring, Feedback, and Evaluation Core). The NEC will conduct the formative and summative evaluation of the entire initiative across all Cooperatives as well as conducting the process evaluation on the formation and function of each Cooperative. Each Cooperative must partner with the NEC to:

(1) harmonize measures, instruments, and data collection across the Cooperatives,
(2) share instruments and data with AHRQ and the NEC,
(3) participate in evaluation activities with the NEC, and
(4) review evaluation reports from the NEC and identify key actions based on the report findings.

**Is AHRQ implementing this initiative in collaboration with HRSA or SAMHSA?**

AHRQ is the sole funder of this initiative. HRSA, SAMHSA, and other federal agencies do not have a formal role in the implementation of this initiative but may participate in the Federal Interagency Workgroup described in the National Coordinating Center NOFO, Part II. Section 1, NOFO Requirements.