

## National Evaluation Center (NEC) for AHRQ's Healthcare Extension Service - State-based Solutions to Healthcare Improvement (U19)

### Frequently Asked Questions for RFA-HS-24-005

**Note:** *Modified FAQs are marked with an \*.*

#### Part 1. Overview Information

**1. Can AHRQ confirm the anticipated start date for the National Evaluation Center, National Coordinating Center, and State Cooperative awards?**

AHRQ does not have an anticipated start date for these awards. For budgeting purposes, the applicant may expect that awards will be made approximately 8 months after submission.

#### Part 2. Section I. Notice of Funding Opportunity Description

**2. Should the NEC be focused solely on the broader HES outcomes, or should the NEC also evaluate the health outcomes of the state cooperatives' behavioral health initiatives?**

The state cooperatives will be responsible for evaluating the outcomes of their individual behavioral health initiatives. However, the NEC will be collecting and synthesizing individual cooperatives' evaluation data across the cooperatives.

**3. What does AHRQ mean by the "range" and "reach" regarding NEC assessment activities?**

Range refers to the variety of approaches undertaken by the state cooperative awardees. Reach refers to a measure of the individuals or organizations participating in state cooperative initiatives.

#### Part 2. Section III. Eligibility Information

**4. 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.

Applicants for the National Evaluation Center 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. The investigative team refers to all proposed members of the NEC team.

Direct cost funding overlap refers to instances where substantially the same activity is proposed for support on more than one application.

**5. The NOFO states, "A minimum total effort for each Overall PD/PI or for each MPI is 20% effort for all functions served on the U19." Can AHRQ clarify how many functions and which are referred to here? Is it each of the 3 Cores (i.e., Data & Measurement, Program Monitoring and Feedback, and Program Assessment and Dissemination)?**

The minimum effort requirement applies to the total effort of the overall Program Director/Principal Investigator across all Cores and grant activities. For applications proposing a Multiple Principal

Investigator leadership structure, the minimum effort requirement applies to each of the proposed Principal Investigators.

## **Part 2. Section IV. Application and Submission Information**

### **6. Can AHRQ clarify the page limit for the Research Strategy section of each component?**

Each component of the application should follow the guidance from the National Institutes of Health for “R01, R03, R21, S10, U01, and all other Applications.” Please refer to the table of page limits <https://grants.nih.gov/grants-process/write-application/how-to-apply-application-guide/page-limits>

The component page limitations detailed in the table within the NOFO refer to the Research Strategy sections for each of the components of the application.

### **7. The Project/Performance Site Locations Form requires applicants to list all performance locations. If an applicant has multiple office locations, should we list each office location? How should we address site locations for remote staff? In addition, how should we account for work to be conducted during site visits, for which specific locations are unknown at the application stage?**

Applicants should report the primary location and any other locations at which the project will be performed. If there is more than one organization playing a significant role, include those sites as well. Please refer to <https://grants.nih.gov/grants/how-to-apply-application-guide/forms-h/multi-project-forms-h.pdf> (M.230) for additional information. Site visit locations should not be included as performance sites.

### **8. Can AHRQ confirm that in addition to PDs/PIs, “component Project Leads” must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile form, and that component refers to the Data and Measurement Core, Program Monitoring and Feedback Core, and the Program Assessment and Dissemination Core?**

AHRQ confirms that this understanding is correct.

### **9. What does AHRQ deem a Senior/Key person, or is it up to the applicant? Can we include named individuals in the proposal budget without including a biosketch? Can we include unnamed individuals in our proposal and budget (e.g., research assistant)?**

Senior/key personnel are defined as all individuals who contribute in a substantive, meaningful way to the scientific development or execution of the project, whether or not salaries are requested. Consultants should be included in the "Senior/Key Person Profile" form if they meet this definition.

Biosketches should be included for all significant contributors on the application.

The inclusion of unnamed individuals in the proposal and budget is permitted if these are not key personnel.

### **10. The NOFO states that letters of support “from investigators who will serve as consultants or collaborators on the project, but with no measurable efforts, should also be included.” Can AHRQ clarify what is deemed “no measurable effort”?**

“No measurable effort” refers to any level of salary support. However, letters of support, recommendation, or affirmation from any entity or individual not directly participating in the project should not be included.

**11. Should the Data Management Plan (DMP) be submitted with each Core or only with the Overall component?**

Applicants should submit a single DMP.

**12. The NEC NOFO does not include an administrative core or requirements around project management and administration. Should applicants assume these costs are to be budgeted across the three NEC cores?**

If these costs constitute Direct Costs and are not recovered in Indirect Costs, they should be budgeted in the Overall Budget, across the three Cores, or some combination of these.

**13. Is the Preliminary Studies section (as described in the NIH Multi-Project Instructions for NIH and Other PHS Agencies, p. M-101) required in each of the core research strategies?**

Yes. Inclusion of preliminary studies in each section can help to establish the likelihood of success of the proposed project.

**14. \* Are the research strategy sections for the Overall component and the three cores required to follow the Significance, Innovation, Approach format as directed in the Multi-Project Instructions for NIH and other PHS Agencies instructions?**

The applicant should follow the instruction in the [Multi-Project \(M\) Instructions](#) for the Research Strategy piece of the M.400 PHS Research Plan Form (i.e., pages M-98 to M-102 of the Multi-Project Instructions). The organization of the application's Research Strategy sections needs to retain the structure described in the Multi-Project (M) Instructions on page M-99 to "Start each section with the appropriate heading—Significance, Innovation, Approach". Within the Research Strategy for each component, applicants must address all the required elements for the specific component from the NOFO.

**15. Are state grantees required to implement the interventions statewide or can these be targeted to specific areas (e.g., counties, ZIP) or demographics (e.g., age)? When it comes to the selection and implementation of clinical tools and interventions used directly with patients, who will be responsible for determining and ensuring they are evidenced-based? Can state grantees implement their intervention in stages? Will state grantees be free to make changes at any time throughout the grant period? Will they need to notify AHRQ, the NCC, or NEC on a periodic basis of any changes, for example?**

State grantees are permitted to propose any approach consistent with the state cooperative NOFO. State cooperative grantees are limited to activity within a state. How those activities are targeted within the state may vary. State cooperative applicants are responsible for identifying the evidence-base for their proposed approaches. NEC applicants' evaluation strategies should therefore be flexible enough to accommodate considerable variation among cooperatives. The NCC will work closely with the NEC and state cooperative grantees to ensure ongoing program monitoring.

**16. Given the Data and Measurement Core of the NEC will be responsible for working with cooperatives to identify and/or develop data, measures, and methods for documenting their activities, as well as to refine their logic models, and assess the evaluability of their plans, how much contact and support do you see the NEC having with each individual cooperative?**

The approach to working with cooperatives and the NCC on these program evaluation activities should be proposed by the applicant.

- 17. Does AHRQ envision the site visits being in-person? Is AHRQ interested in specific stakeholders for the site visits from grantees?**

The approach to site visits should be proposed by the applicant.

- 18. Is the *Resource Sharing Plan* a separate attachment from the *Data Management Plan*, or are they the same?**

These are not separate attachments. The DMP should be submitted under the Resource Sharing Plan section. Please refer to <https://grants.nih.gov/grants/guide/notice-files/NOT-HS-20-011.html> for more information.

- 19. Under the Data & Measurement core requirements, AHRQ requests that applicants “Describe the proposed methods for determining impacts on public health and healthcare delivery, including use of secondary data sources including but not limited to: federal administrative data, medical claims data, Medicaid enrollment data, T-MSIS annual provider file, and Medicaid managed care data sources.” Can AHRQ confirm it means “methods” here? Given our read of the NOFO, we wondered if the word “methods” was a typo, and it should read “proposed measures” instead?**

This is not a typo. The proposed methods may include discussion of the measures that the applicant proposes.

- 20. In instances of overlap across cores, is it okay for applicants to reference other cores for further description, or does AHRQ prefer that applicants include some duplicate detail across the cores?**

Referring across Core descriptions for additional details is permissible.

- 21. Which center (NCC or NEC) does AHRQ expect to collect, store, analyze and report data for feedback, or what is the specific role of each Center? Will the NEC collect self-monitoring data directly from State Cooperative recipients, or will the NCC collect self-monitoring data and the NEC coordinate with the NCC to obtain the data?**

The NEC has the primary responsibility for determining the data elements required for self-monitoring and for data collection. The Program Monitoring and Feedback core will work with the NCC to obtain these data from state cooperative grantees. The NEC is responsible for analysis and reporting.

- 22. Can you confirm if this project qualifies as a “Delayed Onset Study” for purposes for the human subjects research form?**

While research is anticipated as part of this project, study details will not be known at the time of application, therefore this project can be classified as “delayed onset”. For a reference, the definition of “delayed onset” can be found in the NIH glossary:

<https://grants.nih.gov/grants/glossary.htm#DelayedOnsetHumanSubjectStudy>

## **Part 2. Section V. Application Review Information**

- 23. If an organization applies for funding under another NOFO comprising part of the HES while applying for the NEC, how will the independence of the evaluation approach be assessed?**

The proposed approach will be evaluated and scored based on the extent to which “the proposed approach rigorously fulfill(s) the requirement for production of an independent multimethod rapid-

cycle formative and summative evaluation of the Healthcare Extension Service,” so applicants should clearly present how they will meet this requirement.

## **Part 2. Section VI. Award Administration Information**

### **24. The Cooperative Agreement Terms and Conditions of Award indicates that data collection under this U19 will be subject to OMB review and approval. Is that correct?**

Review and approval by the Office of Management and Budget under the Paperwork Reduction Act (PRA), (44 USC 3501-3521) is required in cooperative agreements if AHRQ has significant input or control over the data collection activity. AHRQ will not have significant input or control over data collection and PRA review and approval is not necessary.

### **25. Is the priority populations inclusion plan a separate attachment, or is this content expected to be woven throughout the overall component and three cores?**

Inclusion of priority populations should be considered and discussed in relevant application sections; there is no separate attachment. Please see [AHRQ’s Policy on the Inclusion of Priority Populations in Research](#) for more information on what to include in the application.