

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Maternal and Child Health Bureau

Division of Services for Children with Special Health Needs

Transition for Youth with Autism and/or Epilepsy Demonstration Projects

Funding Opportunity Number: HRSA-24-042

Funding Opportunity Type(s): New

Assistance Listings Number: 93.110, 93.877

National Coordinating Center on Transition

Funding Opportunity Number: HRSA-24-041

Funding Opportunity Type(s): New

Assistance Listings Number: 93.110, 93.877

Application Due Date: March 13, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

We will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: November 1, 2023

Modified on 3/11 – Deadline for HRSA-24-042 has been extended to 3/13

Modified on February 23, 2024, if you encounter a “Bad Request” or any other error while applying to one or more funding opportunities, please contact Grants.gov Applicant Support at 1-800-518-4726 or support@grants.gov.

Modified on November 8, 2023, to update the technical assistance webinar date on page iv and clarify eligible applicants on pages ii, 8, and 9.

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act) and 42 U.S.C. 280i-1 (Public Health Service Act, § 399BB)

508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII Agency Contacts](#).

SUMMARY

Funding Opportunity Title:	Transition for Youth with Autism and/or Epilepsy Demonstration Projects National Coordinating Center on Transition
Funding Opportunity Number:	HRSA-24-042 HRSA-24-041
Assistance Listing Number:	93.110, 93.877
Due Date for Applications:	March 11, 2024
Purpose:	The purpose of this program is to advance national, state, and community-level frameworks that support successful transition from child to adult serving systems for youth with autism and/or epilepsy who have complex health and social needs and require a higher level of family support and coordination (YAES).¹ This announcement includes instructions for two separate award competitions leading to two distinct sets of awards. HRSA-24-042: Transition for Youth with Autism and/or Epilepsy Demonstration Projects (DPs) will implement and evaluate innovative, sustainable, and scalable strategies that support and improve outcomes for YAES and their families/caregivers transitioning from child to adult serving systems. HRSA-24-041: National Coordinating Center on Transition (NCCT) will support HRSA-24-042 (DP) recipients in meeting their program objectives, and to provide national leadership to

¹ The acronym "YAES" refers to youth with autism and/or epilepsy who require a higher level of support.

	improve transition outcomes for YAES and their families/caregivers through training, technical assistance, evaluation, and the development and dissemination of resources to transition stakeholders.
Program Objective(s):	HRSA-24-042 (DP) Objectives: 1) By August 2029, increase by 50% the percentage of YAES successfully transitioning to adult serving systems. 2) By August 2029, adopt a framework, for ongoing partnership, collaboration, and consultation between agencies to support the transition process. 3) By August 2029, increase by 75% the percentage of all families/caregivers reporting improved self-efficacy with the transition process. HRSA-24-041 (NCCT) Objectives: 1) By August 2029, increase by 50% the percentage HRSA-24-042 recipient-identified YAES successfully transitioning to adult serving systems. 2) By August 2029, increase to 100% the HRSA-24-042 recipients' knowledge of sustainable and scalable transition strategies as a result of the technical assistance provided by the NCCT. 3) By August 2029, increase to 100% key stakeholders' knowledge of transition-related issues as a result of the technical assistance provided by the NCCT.
Eligible Applicants:	You can apply if your organization is in the United States and is: • Public or private • Community-based Organizations • Institutions of Higher Education • Tribal (governments, organizations)²

² For awards authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), see also 42 CFR § 51a.3(a).

	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	HRSA-24-042 (DPs): \$4,950,000 HRSA-24-041 (NCCT): \$735,000 <i>We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.</i>
Estimated Number and Type of Award(s):	HRSA-24-042 (DP): Up to four (4) new grants focused on autism Up to seven (7) new grants focused on epilepsy HRSA-24-041(NCCT): One (1) new cooperative agreement
Estimated Annual Award Amount:	HRSA-24-042 (DP): Up to \$450,000 per award, subject to the availability of appropriated funds HRSA-24-041 (NCCT): Up to \$735,000, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	September 1, 2024 through August 31, 2029 (5 years)
Agency Contacts:	Business, administrative, or fiscal issues: Denise Boyer Grants Management Specialist Division of Grants Management Operations, OFAM Email: dboyer@hrsa.gov Program issues or technical assistance: Donna Johnson, MHS Public Health Analyst, Division of Services for Children with Special Health Needs Phone: (240) 475-8092 Email: DJohnson@hrsa.gov

Application Guide

You (the applicant organization / agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA Application Guide](#) (*Application Guide*). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

We have scheduled the following webinar:

Thursday, November 30, 2023

2:00 – 3:00 p.m. ET Weblink: [https://hrsa-gov.zoomgov.com/j/1603360767?pwd=ODRxYWVhbmC8raDIwaXhpaXh2Q0hyZz09](https://hrsa.gov.zoomgov.com/j/1603360767?pwd=ODRxYWVhbmC8raDIwaXhpaXh2Q0hyZz09)

Attendees without computer access or computer audio can use the following dial-in information:

Call-In Number: 1-833-568-8864

Meeting ID: 160 336 0767

We will record the webinar.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Transition³ for Youth with Autism and/or Epilepsy program, which includes the Transition for Youth with Autism and/or Epilepsy Demonstration Projects (**DPs**) (**HRSA-24-042**) and the National Coordinating Center on Transition (**NCCT**) (**HRSA-24-041**). The purpose of this program is to develop and advance national, state, and local/community-level frameworks that support successful transition from child to adult serving systems⁴ for youth with autism and/or epilepsy who have complex health and social needs and require a higher level of family support and coordination (YAES).⁵ This announcement includes instructions for applying to two separate awards. You may only apply for **HRSA-24-042 (DPs)** or **HRSA-24-041 (NCCT)**, but not both projects. HRSA will not consider funding applicants who apply to more than one funding opportunity number or focus areas.

Program Goal

The goal of this program is to improve outcomes including quality of life and well-being for YAES and their families/caregivers transitioning from child to adult systems. These systems include but are not limited to post-secondary education, inclusive post-secondary education, employment, community, independent/daily living, and healthcare.⁶ The target population for this program is characterized as YAES between the ages of 13 and 26 who have co-occurring conditions, intellectual disabilities, experience challenges in social cognition, communication, interpersonal skills, and/or behaviors^{7 8 9} and require a higher level of family support and coordination.

HRSA-24-042 (DPs): Will be funded to implement and evaluate innovative, sustainable, and scalable strategies that support YAES and their families/caregivers in successfully transitioning from child to adult serving systems. There will be up to four (4) autism and seven (7) epilepsy grants.¹⁰ Applicants for **HRSA-24-042 (DPs)** shall propose a catchment area as well as the methodology and data source for identifying the target population of YAES. For the purpose of this program, catchment areas include but are not limited to school districts, states, local health districts, counties, regional health

³ See Appendix B for description of transition.

⁴ See Appendix B for additional details and examples of child and adult serving systems.

⁵ The acronym "YAES" refers to youth with autism and/or epilepsy who require a higher level of support.

⁶ See Appendix B for additional details for listed terms.

⁷ Maenner MJ, Shaw KA, Bakian AV, et al. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2018. MMWR Surveill Summ 2021;70(No. SS-11):1–16. DOI: <http://dx.doi.org/10.15585/mmwr.ss7011a1>.

⁸ Steiger, B. K., & Jokeit, H. (2017). Why epilepsy challenges social life. *Seizure*, 44, 194-198.

⁹ Beghi, E. (2019). Social functions and socioeconomic vulnerability in epilepsy. *Epilepsy & Behavior*, 100, 106363.

¹⁰ HRSA acknowledges the co-occurrence of autism in epilepsy in children and youth. A project focused on autism can include youth with autism who have a co-occurring epilepsy diagnosis as part of their target population. A project focused on epilepsy can include youth with epilepsy who have a co-occurring autism diagnosis as part of their target population.

districts, etc. Catchment areas proposed by organizations such as health care systems and family-based organizations cannot be limited to the youth served exclusively by the applicant organization.

HRSA-24-041 (NCCT): One NCCT will be funded to support the **HRSA-24-042 (DP)** recipients in meeting their program objectives, and to provide national leadership to improve transition outcomes for YAES and their families/caregivers through training, technical assistance, evaluation, and the development and dissemination of resources to transition stakeholders,¹¹ including Title V programs.

Program Objectives

Both **HRSA-24-042 (DPs)** and **HRSA-24-041 (NCCT)** will be responsible for collecting data and reporting annually on the following objectives for the purposes of monitoring and evaluating the overall effectiveness of the program. Baseline data will be collected and reported by each recipient by August 31, 2025.

HRSA-24-042 – DPs

- 1) By August 2029, increase by 50% from baseline the percentage of all YAES in the catchment area that successfully transition to adult serving systems.
- 2) By August 2029, adopt a framework for ongoing partnership, collaboration,¹² and consultation between agencies¹³ to support YAES and their families/caregivers in successfully transitioning from child to adult serving systems.
- 3) By August 2029, increase by 75% from baseline the percentage of all families/caregivers of YAES in the catchment area that report improved self-efficacy¹⁴ with the transition process.

HRSA-24-041 – NCCT

- 1) By August 2029, increase by 50% from baseline the percentage of all YAES within the catchment areas of the **HRSA-24-042 (DP)** recipients that successfully transition to adult serving systems.
- 2) By August 2029, increase to 100% from baseline the awareness/knowledge of **HRSA-24-042 (DP)** recipients in developing, implementing, and evaluating sustainable and scalable transition strategies as a result of the technical assistance, training, education, peer-to-peer learning, and resources provided by the NCCT.

¹¹ See Appendix B for examples of stakeholders.

¹² See Appendix B for definition of partnership and collaboration.

¹³ See Appendix B for examples of relevant agencies.

¹⁴ For the purposes of this funding opportunity, self-efficacy refers to an individual's belief in his or her capacity to execute behaviors necessary to produce specific performance attainments (Bandura, 1977, 1986, 1997). Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behavior, and social environment. <https://www.apa.org/pi/aids/resources/education/self-efficacy#:~:text=Self%2Defficacy%20refers%20to%20an,%2C%20behavior%2C%20and%20social%20environment.>

- 3) By August 2029, increase to 100% from baseline the awareness/knowledge of key stakeholders of transition issues related to the target population as a result of the technical assistance, training, education, and resources provided by the NCCT.

[For more details, see Program Requirements and Expectations.](#)

2. Background

Authority

The Transition for Youth with Autism and/or Epilepsy program is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), which authorize Special Projects of Regional and National Significance (SPRANS), and 42 U.S.C. 280i-1 (Public Health Service Act, § 399BB), as amended by the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2019 (Pub. L. 116-60).

About MCHB and Strategic Plan

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations

Goal 2: Achieve health equity for MCH populations

Goal 3: Strengthen public health capacity and workforce for MCH

Goal 4: Maximize impact through leadership, partnership, and stewardship

To learn more about MCHB and the bureau's strategic plan, visit [Mission, Vision, and Work | MCHB](https://mchb.hrsa.gov/about-us/mission-vision-work)<https://mchb.hrsa.gov/about-us/mission-vision-work>.

Equity

Equity is “the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”¹⁵

¹⁵ Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.

Children and Youth with Special Health Care Needs *Blueprint for Change*

The *Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs* establishes a national agenda to ensure that every child gets the services he/she needs to play, go to school, and grow up to become a healthy adult. The Blueprint for Change outlines strategies in four critical areas that will strengthen the systems serving children and youth with special health care needs (CYSHCN): health equity; quality of life and well-being for CYSHCN and their families; access to services; and financing of services. All objectives and program requirements described in this NOFO align with principles and strategies presented in the [Blueprint for Change](#). Learn more by reading the [Blueprint for Change Pediatric Supplement](#).

Program Background

According to the 2020-2021 National Survey of Children's Health, more than 14 million US children, or approximately 1 in 5, have a special health care need.¹⁶ Eighty-six percent of CYSHCN¹⁷ do not receive services in a well-functioning system of services.¹⁸ This program focuses on youth with autism and/or epilepsy who are a sub-population of CYSHCN. Autism is a developmental disability that may impact a person's social, communication skills, and behaviors.¹⁹ The Centers for Disease Control and Prevention (CDC) indicates that 1 in 36 children aged 8 are diagnosed with autism.²⁰ Epilepsy is a disorder of the brain that results in a person experiencing repeated unprovoked seizures;²¹ it is the most common childhood brain disorder in the United States. Approximately 470,000 children and youth aged 0 to 17 years are diagnosed with active epilepsy.²²

It is estimated that between 2011 and 2017, 4.5 million youth with special health care needs (YSHCN) ages 12–18 transitioned from child to adult serving systems.²³ The

¹⁶ Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 05/22/23 from <https://www.childhealthdata.org/browse/survey/results?q=9314&r=1>.

¹⁷ See Appendix B for definition of children and youth with special health needs (CYSHCN).

¹⁸ Sarah E. McLellan, Marie Y. Mann, Joan A. Scott, Treeby W. Brown; *A Blueprint for Change: Guiding Principles for a System of Services for Children and Youth With Special Health Care Needs and Their Families*. *Pediatrics* June 2022; 149 (Supplement 7): e2021056150C. 10.1542/peds.2021-056150C.

¹⁹ Maenner MJ, Warren Z, Williams AR, et al. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020. *MMWR Surveill Summ* 2023;72(No. SS-2):1–14. DOI: <http://dx.doi.org/10.15585/mmwr.ss7202a1>.

²⁰ Maenner MJ, Warren Z, Williams AR, et al. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020. *MMWR Surveill Summ* 2023;72(No. SS-2):1–14. DOI: <http://dx.doi.org/10.15585/mmwr.ss7202a1>.

²¹ AAP National Coordinating Center for Epilepsy, [Understanding Pediatric Epilepsy](#).

²² [Centers for Disease Control and Prevention](#), 2020.

²³ Research Protocol: Transitions of Care From Pediatric to Adult Services for Children With Special Healthcare Needs. Content last reviewed February 2022. Effective Health Care Program, Agency for Healthcare Research and Quality, Rockville, MD. <https://effectivehealthcare.ahrq.gov/products/transitions-care-pediatric-adult/protocol>.

transition process for YAES is more complex and nuanced than the population of YSHCN.^{24 25} Although a variety of programs^{26 27 28} exist to support the transition to adulthood, lack of information and coordination between child and adult serving systems create gaps and barriers in planning, navigating, accessing, and integrating quality services across systems.^{29 30} Only 14% of young adults with autism and 31% of young adults with epilepsy have had a discussion with their pediatrician about transitioning to an adult provider before they turn 18.^{31 32}

Youth with autism and/or epilepsy with complex health and social needs typically rely on their families/caregivers to provide a high-level of leadership and assistance in transitioning across systems.³³ YAES and their families/caregivers may benefit from support in areas such as:

- 1) Navigating child and adult serving systems,³⁴
- 2) Increasing YAES and family/caregiver self-efficacy in identifying and connecting to appropriate services and supports,
- 3) Engaging in shared and supported decision-making, and
- 4) Accessing services that support daily living skills and community living.

This program will build on and expand previous efforts by HRSA to improve transition outcomes for youth with autism and epilepsy by incorporating family/caregiver navigation and health care transition into frameworks, which includes the system of services and supports for successful transition from child to adult serving systems.

²⁴ Sosnowy, C., Silverman, C., & Shattuck, P. (2018). Parents' and young adults' perspectives on transition outcomes for young adults with autism. *Autism*, 22(1), 29–39. <https://doi.org/10.1177/1362361317699585>.

²⁵ Goselink, R. J., Olsson, I., Malmgren, K., & Reilly, C. (2022). Transition to adult care in epilepsy: A systematic review. *Seizure*. PROMISE 5 Year Report.

²⁷ The 2020 Federal Youth Transition Plan: A Federal Interagency Strategy.

²⁸ Shogren, K. A., & Wittenburg, D. (2020). Improving Outcomes of Transition-Age Youth with Disabilities: A Life Course Perspective. *Career Development and Transition for Exceptional Individuals*, 43(1), 18–28. <https://doi.org/10.1177/2165143419887853>.

²⁹ Hughes, M. M., Shaw, K. A., Patrick, M. E., DiRienzo, M., Bakian, A. V., Bilder, D. A., ... & Maenner, M. J. (2023). Adolescents with autism spectrum disorder: diagnostic patterns, co-occurring conditions, and transition planning. *Journal of Adolescent Health*.

³⁰ Hughes, M. M., Kirby, A. V., Davis, J., Bilder, D. A., Patrick, M., Lopez, M., ... & Maenner, M. J. (2023). Individualized Education Programs and Transition Planning for Adolescents With Autism. *Pediatrics*, e2022060199.

³¹ Baca CM, Barry F, Berg AT. The epilepsy transition care gap in young adults with childhood-onset epilepsy. *Epilepsy Behav*. 2018 Oct; 87:146-151. <https://doi.org/10.1016/j.yebeh.2018.06.052>. Epub 2018 Aug 25. PMID: 3015405.

³² Kuo, A. A., Crapnell, T., Lau, L., Anderson, K. A., & Shattuck, P. (2018). Stakeholder perspectives on research and practice in autism and transition. *Pediatrics*, 141(Supplement_4), S293-S299.

³³ Reyes, C., Perzynski, A., Kralovic, S. et al. Factors Associated with Transition Planning in Autism and Other Developmental Disabilities. *J Dev Phys Disability* 34, 43–56 (2022). <https://doi.org/10.1007/s10882-020-09785-3>.

³⁴ See Appendix B for additional details about child and adult serving systems.

II. Award Information

1. Type of Application and Award

Application types

HRSA-24-042 (DPs): New

HRSA-24-041 (NCCT): New

We will fund you via a grant for the **HRSA-24-042 (DPs)**.

We will fund you via a cooperative agreement for the **HRSA-24-041 (NCCT)**.

A cooperative agreement is like a grant in that we award money, but we are substantially involved with program activities.

For the **HRSA-24-041 (NCCT)**, aside from monitoring and technical assistance (TA), we also get involved in these ways:

- Participating in the planning and development of project activities during the period of performance.
- Reviewing policies and procedures, activities, emerging issues, data, measures, and tools designed and implemented during the period of performance.
- Reviewing and editing, as appropriate, written documents developed by the recipient prior to submission for publication or public dissemination. This includes any articles, presentations, website changes, or other resource documents.
- Participating with the recipient in the dissemination of project findings, best practices, and lessons learned, and in producing and jointly reviewing reports, articles, and/or presentations developed under this NOFO.
- Assisting in the establishment of partnerships, collaboration, and cooperation that may be necessary for carrying out the project, including with other federal agencies or other programs within HRSA or HHS.
- Providing input on the composition of the project advisory committee or other relevant groups.

For **HRSA-24-041 (NCCT)**, you must follow all relevant federal regulations and public policy requirements. Your other responsibilities will include:

- Meeting with the HRSA project officer to review the current strategies and to ensure the project and goals align with HRSA priorities for this activity.
- Collaborating with HRSA personnel, the **Autism Transitions Research Project (ATRP, HRSA-22-099)**, the **National Center for a System of Services for**

CYSHCN (HRSA-23-075), the **Family Engagement and Leadership in Systems of Care** (FELSC) program (HRSA-23-078), **HRSA-24-042 (DP)** recipients, and other stakeholders to develop the definition of “successful transition”, and identify associated activities, measures, and data.

- Collaborating with HRSA personnel in the planning, development, and implementation of project activities, identifying emerging issues; developing strategies and tools; and identifying topics for advisory committee meetings, learning collaboratives, and publications.
- Producing and disseminating project findings through publishing articles, reports and/or presentations (see [Acknowledgement of Federal Funding in Section 2.2 of HRSA's SF-424 Application Guide](#)).
- Completing activities proposed in response to the project requirements and scope of work to meet the project goals and objectives.
- Analyzing evidence-informed data, impact and quality improvement data, and any relevant data trends.
- Participating in meetings and conference calls with HRSA during the period of performance to provide regular updates on progress in meeting goals and objectives.
- Collaborating with HRSA on ongoing review of activities, budget items, procedures, information/publications prior to dissemination, contracts, and interagency agreements.
- Collaborating with **HRSA-24-042 (DP)** recipients to meet the goals and objectives of the program.
- Tracking and reporting on activities and expenditures by topic area/funding streams/authority (Autism CARES Act Funding, \$275,000; Special Projects of Regional and National Significance (SPRANS) Epilepsy Funding, \$610,000).

2. Summary of Funding

HRSA-24-042 DPs

We estimate \$1,800,000 from the Autism CARES Act funding/authority will be available each year to fund up to four (4) autism DP recipients. We estimate \$3,150,000 from the SPRANS Epilepsy funding/authority will be available each year to fund up to seven (7) epilepsy DP recipients. You may apply for a ceiling amount of up to \$450,000 annually (reflecting direct and indirect costs) for either the autism or epilepsy funding.

HRSA-24-041 NCCT

We estimate \$735,000 to be available annually to fund one (1) recipient. This includes \$275,000 from the Autism CARES Act funding/authority and \$460,000 from the SPRANS Epilepsy funding/authority. You may apply for a ceiling amount of up to \$735,000 annually (reflecting direct and indirect costs).

The period of performance is September 1, 2024, through August 31, 2029 (5 years). This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

[45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

*Note: One exception is a governmental department or agency unit that receives more than \$35 million in direct federal funding.

III. Eligibility Information

1. Eligible Applicants

You can apply for **HRSA-24-042 (DPs)** or **HRSA-24-041 (NCCT)** if your organization is in the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau and is:

- Public or private
- Community-based Organizations
- Institutions of Higher Education

- Tribal (governments, organizations)³⁵

For more information on eligible organizations, please see this link

<https://www.grants.gov/learn-grants/grant-eligibility>

2. Cost Sharing or Matching

Cost sharing or matching is not required for **HRSA-24-042 (DPs)** nor **HRSA-24-041 (NCCT)**.

3. Other

We may not consider an application for funding if it contains any of the following non-responsive criteria:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

Multiple Applications

Applicants can only apply for funding under one funding opportunity number, either **HRSA-24-042 (DPs)** or **HRSA-24-041 (NCCT)**. Applicants applying for the **HRSA-24-042 (DPs)** may only apply for one focus area, autism or epilepsy, and must clearly state the focus area for which they are applying.⁷ HRSA will not consider funding applicants who apply to more than one funding opportunity number or focus area.

We will only review your **last** validated application before the Grants.gov [due date](#).

Organizations can come together as a consortium to submit a joint application for a DP focus area (autism or epilepsy) or for the NCCT. Each consortium member must demonstrate substantial involvement in the project and contribute significantly to the goals of the project. The roles and responsibilities of each consortium member must be clearly defined in a proposed Memorandum of Understanding/Agreement (MOU/A). The proposed MOU/A must be supported in writing by all consortium members and submitted as [Attachment 9](#).

IV. Application and Submission Information

1. Address to Request Application Package

We **require** you to apply online through [Grants.gov](#). Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow

³⁵ For awards authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), see also 42 CFR § 51a.3(a).

these directions: [How to Apply for Grants](#). If you choose to submit using an alternative online method, see [Applicant System-to-System](#).

Note: Grants.gov calls the NOFO “Instructions.”

Select “Subscribe” and enter your email address for **HRSA-24-042 (DPs)** and/or **HRSA-24-041 (NCCT)** to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You’re responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There’s an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **50 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO’s workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)
- Biographical Sketches of Key Personnel

If there are other items that do not count toward the page limit, we’ll make this clear in Section IV.2.vi [Attachments](#).

If you use an OMB-approved form that is not in the **HRSA-24-042 (DPs)** or **HRSA-24-041 (NCCT)** workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-042 (DPs) or HRSA-24-041 (NCCT) before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals³⁶ (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in [45 CFR § 75.371](#). This includes suspending or debarring you.³⁷
- If you cannot certify this, you must include an explanation in *Attachment 10-15: Other Relevant Documents*.

(See Section 4.1 viii “Certifications” of the *Application Guide*).

Program Requirements and Expectations

HRSA-24-042 – DPs

Throughout the period of performance, successful recipients will be expected to complete the following activities:

- Implement and evaluate innovative, sustainable, and scalable strategies that support YAES and their families/caregivers in successfully transitioning from child to adult serving systems within the catchment areas defined in the recipients’ applications. Strategies should:
 - Align with the principles and strategies from the [Blueprint for Change](#)³⁸ with priority needs of the catchment area.
 - Use life course^{39 40 41} and person/family-centered approaches and be coordinated, comprehensive, and culturally responsive to the needs of YAES and their families/caregivers.⁴²
 - Use implementation science⁴³ to guide the development and implementation of transition strategies.

³⁶ See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#), and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

³⁷ See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

³⁸ McLellan SE, Mann MY, Scott JA, Brown TW. A Blueprint for Change: Guiding Principles for a System of Services for Children and Youth with Special Health Care Needs and Their Families. *Pediatrics* (2022) 149 (Supplement 7): e2021056150C.

³⁹ Richards, J., Pickett, O., & Wilhite, B. (2011). Life Course and Social Determinants. MCH Evidence. <https://www.mchlibrary.org/professionals/lifecourse.php>.

⁴⁰ Shogren, K. A., & Wittenburg, D. (2020). Improving Outcomes of Transition-Age Youth with Disabilities: A Life Course Perspective. *Career Development and Transition for Exceptional Individuals*, 43(1), 18–28. <https://doi.org/10.1177/2165143419887853>.

⁴¹ Reyes, C., Perzynski, A., Kralovic, S. et al. Factors Associated with Transition Planning in Autism and Other Developmental Disabilities. *J Dev Phys Disability* 34, 43–56 (2022). <https://doi.org/10.1007/s10882-020-09785-3>.

⁴² See Appendix B for relevant definitions.

⁴³ See Appendix B for definition of implementation science.

- Incorporate health care transition⁴⁴ approaches to support positive health outcomes for YAES and their families/caregivers.
- Include family/caregiver navigation approaches to improve and increase family/caregiver self-efficacy in identifying and navigating child and adult systems, obtaining information/resources, and connecting with appropriate services and providers to support successful transition.
- Engage and include YAES and their families/caregivers, and other persons with lived experience⁴⁵ in the planning, development, implementation, and evaluation of the transition strategies.
- Create an advisory council (AC) and facilitate routine meetings to inform, support, and collaborate on developing and/or strengthening a system of support for YAES and their families transitioning from child to adult serving systems. The AC should be comprised of transition age (13-26) YAES and their families/caregivers, representatives of child and adult serving agencies (for example, [Title V, Family to Family Health Information Centers \(F2F\)](#), state agencies, federally funded programs, [community-based organizations](#), etc.) that provide services to support YAES and their families through each stage of the transition process.
- Convene a meeting of the AC and other stakeholders in the catchment area during years three (3) and five (5) of the period of performance to share strategies, resources, and best practices related to transition supports and services for YAES and their families/caregivers.
- Develop and implement a monitoring and evaluation plan to track progress towards achieving DP goals and objectives. The plan should include an objective related to health equity. Activities should be ongoing, and data should be shared in annual and final reports as described in the [Reporting](#) section of this NOFO.
- Participate in activities organized by the NCCT, including technical assistance sessions, learning collaboratives, and in-person meetings.

In addition to the above activities, successful recipients will be expected to implement activities specific to each phase.

Phase I – Planning

Phase I will take place in year one (1) of the period of performance. During Phase I, successful recipients will be expected to complete the following activities:

⁴⁴ See Appendix B for definition of health care transition.

⁴⁵ See Appendix B for definition of persons with lived experience.

- Finalize the population and baseline number of YAES in the recipient's catchment area.
- Conduct a landscape analysis of services and supports for the transition process for YAES and their families/caregivers in the recipient's catchment area. Examples of services and supports include state, community, and federally funded child and adult serving agencies, community-based organizations, etc.
- Identify barriers to and opportunities for successful outcomes at all stages of the transition process.⁴⁶
- Identify and convene the AC with membership comprised of representatives from the system of services identified above and other stakeholders that support transition from child to adult serving systems for YAES and their families/caregivers.
- Develop and facilitate partnerships (for example, memoranda of understanding, data sharing agreements) to strengthen the systems of services for YAES and their families/caregivers and collaboration between child and adult serving programs.
- Participate in the development, data collection, and reporting of measures to evaluate project impact as led by the NCCT, including the development of a "successful transition" definition.

Phase II – Implementation

Phase II will take place in years two (2) through five (5) of the periods of performance. During Phase II, successful recipients will be expected to complete the following activities:

- Adopt and implement a framework for YAES and their families/caregivers in successfully transitioning from child to adult serving systems. The framework must include systems of services and supports, partnerships, collaborations, and consultation with child and adult serving agencies.
- Collect and report data to evaluate project impact, including data related to measures associated with "successful transition" as defined in Phase I.
- Develop a sustainability plan by August 31, 2028, based on project findings and lessons learned to date. The plan will be submitted to HRSA as part of the progress report described in the [Reporting](#) section of this NOFO.
- Disseminate relevant resources, project findings, and lessons learned through a variety of channels targeting a wide range of audiences in a culturally responsive

⁴⁶ See Appendix B for additional details on the stages of the transition process.

manner. Examples of dissemination channels include peer-reviewed manuscripts, conference presentations, reports, infographics, one-pagers, PSAs, etc.

HRSA-24-041 – NCCT

The NCCT will be expected to support the **HRSA-24-042 (DP)** recipients in meeting their program objectives and will be expected to provide national leadership to improve transition outcomes for YAES and their families/caregivers through training, technical assistance, evaluation, and development and dissemination of resources to transition stakeholders.

Regarding policy/practice analysis and national leadership, the successful recipient will be expected to:

- Conduct a landscape analysis of federally funded programs (for example, programs funded by Department of Special Education, Department of Labor, Centers for Medicare and Medicaid, and Administration for Community Living) that provide transition services and supports by August 31, 2025.
- Identify barriers to and opportunities for successful outcomes at all stages of the transition process.
- Collaborate with recipients of **HRSA-24-042 (DPs)** and stakeholders to develop a definition of “successful transition”, identify associated activities, measures (including measures of quality of life and well-being), and best practices for YAES transitioning from child to adult serving systems by August 31, 2025.
- Identify, develop, and disseminate resources that highlight culturally responsive, best, and promising transition policies and practices.
- Design and maintain a standalone public-facing website to share transition-related resources, policies, and practices as well as relevant information about the program.
- Disseminate project findings and lessons learned through a variety of channels targeting a wide range of audiences (for example, peer-reviewed manuscripts, conference presentations, reports, infographics, one-pagers, PSAs, etc.).
- Provide training, technical assistance, and relevant resources to national transition stakeholders, including state Title V programs.

Regarding partnerships and collaboration, the successful recipient will be expected to:

- Engage and compensate⁴⁷ YAES and their families/caregivers in all projects and activities associated with the NCCT including, but not limited to:
 - Defining “successful transition” as well as identifying associated activities and appropriate measures.
 - Advising on training and technical assistance provided to **HRSA-24-042 (DPs)** recipients and other stakeholders.
 - Developing resources.
- Identify members and convene a National Transition Advisory Council (NTAC) to inform and support the work of the NCCT throughout the period of performance. The NTAC should help the NCCT identify transition-related emerging issues, future trends, and assist with the development of resource materials. The NTAC should be comprised of transition age (13-26) YSHCN, including YAES; families/caregivers; persons with lived experience; and representatives of child and adult serving agencies (for example, federal agencies, community-based organizations (CBOs), etc.) with established transition-related supports and services. Representatives from state Title V and F2F programs should be included.
- Build and maintain partnerships and collaborations among **HRSA-24-042 (DP)** recipients and with other transition system stakeholders.

Regarding training and technical assistance to **HRSA-24-042 (DP)** recipients, the successful recipient will be expected to:

- Provide support in analyzing the transition services and supports available in recipient identified catchment areas.
- Assist in finalizing the population of YAES in their catchment areas.
- Provide technical assistance in identifying appropriate strategies and tools (for example, memoranda of understanding, data sharing agreements, etc.) to promote and support cross-agency collaboration.
- Provide one-on-one intensive support, as needed.
- Host and facilitate routine individual technical assistance calls to support **HRSA-24-042 (DP)** recipients in reaching project goals.

⁴⁷ Resources that provide information about compensating families for their participation can be found in these resources: Family Voices and Lucile Packard Foundation for Children's Health (2018). Issue Brief: A Framework for Assessing Family Engagement in Systems Change. [FamilyVoices_LPFCH_assessing_family_engagement_April2018.pdf](#). Family Voices. (2019). Framework for Supporting & Ensuring Meaningful Family Engagement in Genetics Services. [Model-for-Meaningful-Family-Engagement_May_2019.pdf \(familyvoices.org\)](#).

- Convene quarterly learning collaboratives to provide peer-to-peer learning opportunities for **HRSA-24-042 (DP)** recipients to share innovations and project challenges.
- Develop and maintain a shared online communication and resource platform as well as a data collection platform/data dashboard for all DPs.
- Plan, host, and facilitate an in-person meeting for **HRSA-24-042 (DP)** recipients during years three (3) and five (5) of the period of performance to share best practices and lessons learning while providing an opportunity to receive stakeholder input on project successes and challenges.
- Assess the scalability and sustainability of the recipient's transition projects beyond the funding period.

Regarding evaluation, the successful recipient will be expected to:

- Develop and implement a monitoring and evaluation plan to track NCCT progress toward achieving project goals and objectives. The plan should include an objective related to health equity. These activities should be ongoing, and data should be shared in annual reports and in the final report.
- Collect and report baseline data and annual data for finalized measures. Baseline data must be collected and reported by August 31, 2025.
- Use evaluation data to inform program activities, quality improvement efforts, policies, procedures, and practices.

Regarding additional administrative activities, the successful recipient will be expected to:

- Track and report on activities and expenditures by topic area/funding stream/authority. Topic areas/funding streams/authorities are:
 - Autism – Autism CARES Act, \$275,000 – 42 U.S.C. 280i-1 (Public Health Service Act, § 399BB)
 - Epilepsy – Special Projects of Regional and National Significance (SPRANS), \$460,000 – 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Don't upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide*.

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction	<i>Criterion 1: NEED</i> <i>Criterion 2: RESPONSE</i>
Organizational Information	<i>Criterion 5: RESOURCES/CAPABILITIES</i>
Need	<i>Criterion 1: NEED</i>
Approach	<i>Criterion 2: RESPONSE</i> <i>Criterion 4: IMPACT</i>
Work Plan	<i>Criterion 2: RESPONSE</i> <i>Criterion 4: IMPACT</i>
Resolution of Challenges	<i>Criterion 2: RESPONSE</i>
Evaluation and Technical Support Capacity	<i>Criterion 3: EVALUATIVE MEASURES</i> <i>Criterion 5: RESOURCES/CAPABILITIES</i>
Budget Narrative	<i>Criterion 6: SUPPORT REQUESTED</i>

ii. Project Narrative

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- **INTRODUCTION –**
HRSA-24-042 (DPs) corresponds to Section V's Review Criterion 1: [Need](#) and 2: [Response](#)

HRSA-24-041 (NCCT) corresponds to Section V's Review Criterion 1: [Need](#) and 2: [Response](#)

HRSA-24-042 (DPs) should:

- Specify the focus area you are applying for (autism or epilepsy).
- Briefly describe the purpose of the proposed project, including how you will implement and evaluate innovative, sustainable, and scalable strategies that support successful transition for YAES in transitioning from child to adult serving systems.

HRSA-24-041 (NCCT) should:

- Briefly describe the purpose of the proposed project, including the following:
 - How you will support the **HRSA-24-042 (DP)** recipients in meeting their program objectives.
 - How you will provide national leadership to improve transition outcomes for YAES and their families/caregivers through training, technical assistance, evaluation, and development and dissemination of resources to transition stakeholders.
- **ORGANIZATIONAL INFORMATION –**
HRSA-24-042 (DPs) corresponds to Section V's Review Criterion 5: [Resources and Capabilities](#)
HRSA-24-041 (NCCT) corresponds to Section V's Review Criterion 5: [Resources and Capabilities](#)

For both HRSA-24-042 (DPs) and HRSA-24-041 (NCCT):

- Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements contribute to the organization's ability to implement the program requirements and meet program expectations. Include an organizational chart as [Attachment 5](#).
- Discuss how your organization will fulfill the needs and requirements of the program, including:
 - The qualifications of project personnel,
 - The quality/availability of facilities, and
 - The ability to properly account for federal funds and document all costs to avoid audit findings.
- Describe how you will routinely assess and address the unique needs of target populations in the communities served.

- Describe your ability to facilitate partnerships with and engage families, family-led and/or community-based organizations, health professionals, and allied service providers, particularly those from underserved communities.
- For multiple organizations submitting one application as a consortium, identify the lead organization, describe the roles and responsibilities of each member of the consortium, and discuss how the consortium will operate. Relevant MOU/As should be included as [Attachment 9](#).

In addition to above, HRSA-24-042 (DPs) should:

- Describe your organization's expertise in providing support to families/caregivers in navigating systems to meet the needs of their YSHCN, including specific experience with YAES if available.
- Describe your organization's experience in including family perspectives in the development and implementation of projects and/or initiatives.

In addition to above, HRSA-24-041 (NCCT) should:

- Describe how your organization will ensure that the project has the necessary expertise in supporting YSHCN in transitioning from child to adult systems (post-secondary education, inclusive post-secondary education, employment, daily and community living, and healthcare).
- Describe your organization's expertise in the following areas: systems change, population health, implementation science, change management, public health systems, workforce development, and evaluation.
- Describe your organization's expertise and capacity to provide training and technical assistance, including the scope of training and technical assistance activities in which your organization currently engages.
- Describe how key project personnel and any consultants and subcontractors will be allocated and how these allocations are appropriate and adequate to achieve the project's intended outcomes.
- Describe how the proposed project will benefit from a diversity of perspectives, including those of families, family and community-based organizations, educators, health care professionals, technical assistance providers, policy makers, and others, in its development and operation.
- Describe how your organization will encourage engagement from persons who are members of groups that have traditionally been underrepresented, (for example, based on race, color, national origin, gender, age, or disability), as appropriate.

▪ **NEED –**

HRSA-24-042 (DPs) corresponds to Section V's Review Criterion 1: [Need](#)

HRSA-24-041 (NCCT) corresponds to Section V's Review Criterion 1: [Need](#)

HRSA-24-042 (DPs):

This section will help reviewers understand the needs of YAES and their families/caregivers in the catchment area for the proposed project. Use and cite demographic data whenever possible to support the information provided.

- Propose a catchment area and describe how YAES and their families/caregivers will be identified.
- Describe the types of strategic partnerships and collaborations needed to support the proposed project in the proposed catchment area.
- Explain how the existing system of services and supports available to YAES transitioning from child to adult serving systems contributes to unmet transition-related needs.
- Discuss any relevant barriers in the catchment area that the project hopes to overcome.

HRSA-24-041 (NCCT):

This section will help reviewers assess your understanding of the system of services for YSHCN, as well as the unique needs of YAES and their families/caregivers throughout the stages of transition from child and adult systems. Use and cite demographic data whenever possible to support the information provided.

- Describe and document the national YAES population and their unmet needs across the various systems of services (for example, health care, education, social services, etc.).
- Identify the barriers and challenges for YAES and their families/caregivers to access resources and services and achieve optimal transition outcomes.

▪ **APPROACH –**

HRSA-24-042 (DPs) corresponds to Section V's Review Criteria 2: [Response](#) and 4: [Impact](#)

HRSA-24-041 (NCCT) corresponds to Section V's Review Criteria 2: [Response](#) and 4: [Impact](#)

This section will help reviewers understand methods you will use to implement strategies to develop and strengthen the system of services to improve outcomes for the target population and meet each of the previously described [Program Requirements and Expectations](#).

For both HRSA-24-042 (DPs) and HRSA-24-041 (NCCT):

- Describe any innovative methods you will use to address the stated needs.
- Describe effective tools for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with the involvement of community partners and YAES and their families/caregivers. Include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information, as appropriate.
- Describe how you will plan for the sustainability and scalability of your efforts. HRSA expects recipients to sustain key elements of their projects, such as strategies, services, and/or interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

In addition to above, HRSA-24-042 (DPs) should:

1) Implementation Strategies:

- Describe how you will develop, implement, and evaluate proposed transition strategies, incorporating all elements described in the [Program Requirements and Expectations](#). You are encouraged to use implementation science to propose evidence-based and innovative systems-level strategies.
- Using a life course approach, explain how the proposed strategies will help to remove barriers and strengthen the system of support for YAES and their families/caregivers throughout the transition from child to adult serving systems. Describe the anticipated outcomes.

2) Partnerships and Collaborations:

- Describe how the partnerships and collaborations needed to support the proposed project in the catchment area will be developed and maintained, including the development and ongoing engagement of an AC.
- Describe how you will engage child and adult serving agencies in the proposed catchment area, persons with lived experience, and national partners, as appropriate, to meet the previously described [Program Requirements and Expectations](#).

In addition to above, HRSA-24-041 (NCCT) should:

1) Policy/Practice Analysis and National Leadership:

- Describe how you will develop and disseminate relevant and culturally responsive transition-related resources to a wide range of audiences.
- Describe how you will design and maintain a standalone public-facing website to share transition-related resources and program updates.
- Describe how you will collaborate with **HRSA-24-042 (DP)** recipients and other stakeholders to develop a definition of “successful transition” and associated measures.

2) Training and Technical Assistance:

- Describe how you will provide training and technical assistance to **HRSA-24-042 (DP)** recipients and other stakeholders.
- Describe how learning collaboratives and in-person meetings will be conducted for **HRSA-24-042 (DP)** recipients for peer-to-peer learning opportunities.
- Describe how you will provide technical assistance to other transition stakeholders, such as state Title V programs.

3) Partnerships and Collaborations:

- Describe the types of national strategic partnerships and collaborations needed to support the proposed project, including how those partnerships and collaborations will be developed and maintained.
- Describe how you will engage national child and adult serving agencies, federally funded programs, other national partners, and persons with lived experience to meet the previous described [Program Requirements and Expectations](#).
- Describe how you will identify members, convene, and maintain engagement of a National Transition Advisory Council (NTAC).
- Describe how the NTAC will provide guidance and support to the NCCT and the **HRSA-24-042 (DP)** recipients. Include how the NTAC will assist in identifying transition-related emerging issues, future trends, and in the development of resource materials.

- **WORK PLAN –**
HRSA-24-042 (DPs) corresponds to Section V's Review Criteria 2: [Response](#) and 4: [Impact](#)
HRSA-24-041 (NCCT) corresponds to Section V's Review Criteria 2: [Response](#) and 4: [Impact](#)

For both HRSA-24-042 (DPs) and HRSA-24-041 (NCCT):

- Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Approach section. Use a timeline that includes each activity and identifies responsible staff.
- As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. Include the work plan as [Attachment 1](#) of your application.

- **RESOLUTION OF CHALLENGES –**
HRSA-24-042 (DPs) corresponds to Section V's Review Criterion 2: [Response](#)
HRSA-24-041 (NCCT) corresponds to Section V's Review Criterion 2: [Response](#)

For both HRSA-24-042 (DPs) and HRSA-24-041 (NCCT):

- Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY –**
HRSA-24-042 (DPs) corresponds to Section V's Review Criteria 3: [Evaluative Measures](#) and 5: [Resources and Capabilities](#)
HRSA-24-041 (NCCT) corresponds to Section V's Review Criteria 3: [Evaluative Measures](#) and 5: [Resources and Capabilities](#)

For both HRSA-24-042 (DPs) and HRSA-24-041 (NCCT):

- Describe the plan for the program evaluation that will contribute to continuous quality improvement. The program evaluation should monitor ongoing processes and the progress towards the goals and objectives of the program. Include descriptions of the inputs (for example, organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.
- Describe the systems, processes, and personnel that will support your organization's ability to measure the [Program Objectives](#) and carry out the overall program evaluation. This can include the skills and experience of personnel, the publication of relevant materials, and completion of work of a

similar nature.

- Describe any potential obstacles for implementing the program evaluation and your plan to address those obstacles.

In addition to above, HRSA-24-041 (NCCT) should:

- Describe how **HRSA-24-042 (DP)** recipients will be evaluated for effectiveness and impact, and how you will measure their progress in meeting program goals and objectives.

In addition, successful applicants are expected to collect and report annually on the following measures:

HRSA-24-042 (DPs):

- If/how your project worked to actively advance health equity.
- Number of family members and other persons with lived experience engaged in the following: program development, planning, and evaluation; and training.
- If/how your project implemented or participated in quality improvement initiatives and/or conducted evaluation activities.

HRSA-24-041 (NCCT):

- If/how the NCCT worked to actively advance health equity.
- Number of family members and other persons with lived experience engaged in the following: program development, planning, and evaluation; and training.
- TA subject areas and topics; number of TA activities (by TA method); number of TA recipients (by target audience); and satisfaction with TA provided.
- If/how the NCCT implemented or participated in quality improvement initiatives and/or conducted evaluation activities.

For more information on these measures, please see the [Reporting](#) section.

iii. Budget

For both **HRSA-24-042 (DPs)** and **HRSA-24-041 (NCCT)**, *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: For both **HRSA-24-042 (DPs)** and **HRSA-24-041 (NCCT)**, the total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at [45 CFR § 75.307](#).

As required by the [Consolidated Appropriations Act, 2023 \(P.L. 117-328\)](#), Division H, § 202, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Effective January 2023, the salary rate limitation is \$212,100. As required by law, salary rate limitations may apply in future years and will be updated.

iv. Budget Narrative

See Section 4.1.v. of the *Application Guide*.

Both HRSA-24-042 (DPs) and HRSA-24-041 (NCCT) require the following:

- A reasonable budget for the period of performance as it relates to program objectives, project activities, and the adequacy of personnel time/effort to complete activities and achieve objectives.
- Participant Compensation: YAES, family members, and people with lived experience should be compensated⁴⁸ for their participation in project activities (for example, advisory committee, training, family navigators, etc.).
- In-person meeting attendance: You should budget to attend or plan/host, respectively, the in-person meetings in years three (3) and five (5).

In addition, **HRSA-24-041 (NCCT)** requires the following: a budget that tracks activities and expenditures by topic area/funding stream/authority.

- Autism – Autism CARES Act, \$275,000 – 42 U.S.C. 280i-1 (Public Health Service Act, § 399BB)
- Epilepsy – Special Projects of Regional and National Significance (SPRANS), \$460,000 – 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)

⁴⁸ Resources that provide information about compensating families for their participation can be found in these resources: Family Voices and Lucile Packard Foundation for Children’s Health (2018). Issue Brief: A Framework for Assessing Family Engagement in Systems Change. [FamilyVoices_LPFCH_assessing_family_engagement_April2018.pdf](#). Family Voices. (2019). Framework for Supporting & Ensuring Meaningful Family Engagement in Genetics Services. [Model-for-Meaningful-Family-Engagement_May_2019.pdf \(familyvoices.org\)](#).

Your budget narrative must clearly show how each topic area will be funded. Please include separate budget narratives by topic area/funding stream/authority.

v. Attachments

Provide the following attachments in the order we list them.

Most attachments count toward the [application page limit](#). Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Work Plan

Attach the project's work plan. Make sure it includes everything that [Section IV.2.ii. Project Narrative](#) details. If you'll make subawards or spend funds on contracts, describe how your organization will document funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the Application Guide)

Keep each job description to one page as much as possible. Include the role, responsibilities, and qualifications of proposed project staff. Describe your organization's timekeeping process. This ensures that you'll comply with federal standards related to recording personnel costs.

Attachment 3: Biographical Sketches of Key Personnel (Do not count towards the page limit)

Include biographical sketches for people who will hold the key positions you describe in *Attachment 2*. Keep it to two pages or less per person. Do **not** include personally identifiable information (PII). If you include someone you haven't hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities/programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that shows the project's organizational structure.

Attachment 6: Tables, Charts, etc.

Provide tables or charts that give more details about the proposal (for example, Gantt or PERT charts, flow charts).

Attachment 7: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you need to submit the budget for the 5th year as an attachment. SF-424A Section B doesn't count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of the *Application Guide*.

Attachment 8: Proof of Non-profit Status (Does not count against the page limit)

Attachments 9: Consortium Memorandum of Understanding/Agreement (MOU/A), if applicable

Include here the Memorandum of Understanding/Agreement (MOU/A) for organizations applying as consortium. The roles and responsibilities of each consortium member must be clearly defined in a proposed MOU/A. The proposed MOU/A must be supported in writing by all consortium members listed.

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.).

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: [General Service Administration's UEI Update](#)

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.⁴⁹

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

⁴⁹ Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d).

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- [System for Award Management \(SAM\)](#) ([SAM Knowledge Base](#))
- [Grants.gov](#)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called “notarized letter”) will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

For more details, see Section 3.1 of the *Application Guide*.

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on *March 11, 2024, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The Transition for Youth with Autism and/or Epilepsy program, including both the Transition for Youth with Autism and/or Epilepsy DPs (**HRSA-24-042**) and the NCCT

(**HRSA-24-041**), does not need to follow the terms of [Executive Order 12372](#) in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division H of the [Consolidated Appropriations Act, 2023 \(P.L. 117-328\)](#) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide*. We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

If funded, for-profit organizations are prohibited from earning profit from the federal award (45 CFR § 75.216(b)).

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six review criteria to review and rank both the **HRSA-24-042 (DP)** and the **HRSA-24-041 (NCCT)** applications. Here are descriptions of the review criteria and their scoring points.

For HRSA-24-042 (DPs):

Criterion 1: NEED (10 points) – Corresponds to Section IV's [Introduction](#) and [Need](#)

Reviewers will consider the extent to which the application describes:

- The focus area of the project (autism or epilepsy), the proposed catchment area, and how the YAES and their families/caregivers will be identified.
- An understanding of the partnerships and collaborations needed to support the work of the project.

- An understanding of transition-related child and adult serving programs, unmet needs, and barriers that exist within the proposed catchment area for YSHCN, YAES, and their families/caregivers.
- The use and citation of demographic data to support the information provided.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's [Introduction](#), [Approach](#), [Work Plan](#), and [Resolution of Challenges](#)

This section addresses the Introduction, Approach, Work Plan, and Resolution of Challenges. Reviewers will consider the extent to which the proposed **HRSA-24-042 (DP)** project meets the provided [Program Requirements and Expectations](#) and will support the goals and objectives included in the Purpose section.

Introduction, Work Plan, and Resolution of Challenges (15 points)

Specifically, reviewers will consider:

- The description of the purpose of the proposed project, including plans to implement and evaluation strategies support successful transition for YAES.
- The strength of the relationship between program goals/objectives and the proposed activities, including the timeline for program implementation and identification of responsible staff.
- The extent to which key stakeholders to support and be collaborative partners in the planning, design, and implementation of proposed activities have been identified.
- A description of potential project challenges and approaches to resolve identified challenges.

Approach (25 points)

Reviewers will consider the thoroughness, feasibility, and applicability of the methods and activities to address the following:

Overall (10 points)

- A description of innovative methods that will be used to address stated needs.
- A description of effective tools that will be used for staff training, outreach, collaborations, clear communication, and inclusive information sharing/dissemination.
- A description of how the organization will plan for the sustainability and scalability of the project.

Implementation Strategies (10 points)

- A description of how the proposed transition strategies will be developed, implemented, and evaluated to include all elements described in the [Program](#)

[Requirements and Expectations](#). A description of the use of implementation science and evidence-based and innovative strategies is encouraged.

Partnerships and Collaborations (5 points)

- A description of how partnership and collaborations, including an AC, to support the proposed project will be developed and maintained.
- A description of how your organization will engage with a variety of key stakeholders to meet the previously described [Program Requirements and Expectations](#).

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)

Reviewers will consider the extent to which the application includes the following:

- A description of the program performance evaluation and how it will contribute to continuous quality improvement.
- A description of how the program performance evaluation will monitor processes and progress toward program goals and objectives, including inputs, processes, and expected outcomes.
- An acknowledgement that measures listed in the Evaluation and Technical Support Capacity section will be reported annually.
- A description of potential obstacles to program performance evaluation and how those obstacles will be addressed.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's [Approach](#) and [Work Plan](#)

Reviewers will consider the extent to which the application includes the following:

- An explanation of how the proposed transition strategies will remove barriers and strength the system of support for YAES through the life course.
- A description of anticipated outcomes, including how the selected transition strategies may impact the target population within the catchment area.
- An explanation of how the effectiveness of proposed communication and dissemination plans will support the program goals and objectives.
- An explanation of how the identified activities, timeline, responsible staff, and key collaborators will support the achievement of program goals and objectives.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's [Organizational Information](#) and [Evaluation and Technical Support Capacity](#)

Reviewers will consider the extent to which the application includes the following:

- How the organization's mission, structure, and current activities support implementation of the program requirements and expectations.
- The capabilities of the applicant organization, including the qualifications of project personnel, the quality/availability of facilities, and the financial management capabilities, to fulfill the needs and requirements of the proposed project.
- How the organization will assess and address the needs of the target population in the proposed project.
- The ability of the applicant organization to facilitate partnerships with and engage families, family-led and/or community-based organizations, health professionals, and allied service providers.
- A description of the applicant organization's expertise in supporting families/caregivers of YSHCN, including any highlighted experience supporting YAES.
- A description of the organization's experience with including the family perspective in their work.
- A description of the applicant organization's ability to conduct program evaluation, including experience of project staff, published materials, and previously completed work of a similar nature.
- For multiple organization who submitted one application as a consortium, a clear description of the lead organization, the roles/responsibilities of all consortium members, and how the consortium will operate.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget](#) and [Budget Narrative](#)

Reviewers will consider:

- The reasonableness of the proposed budget for each year of the period of performance in relation to the program objectives, the complexity of the project activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve program objectives.
- The extent to which the proposed budget includes the required activities of participant compensation and in-person meeting planning/ facilitation and/or attendance, as appropriate.

For HRSA-24-041 (NCCT):

Criterion 1: NEED (10 points) – Corresponds to Section IV's [Introduction](#) and [Need](#)

Reviewers will consider to extent to which the application describes:

- An understanding of the national YAES population of YAES and their unmet needs across systems of services.
- An understanding of the barriers and challenges faced by YAES and their families/caregivers in accessing transition-related resources and services.
- The use and citation of demographic data to support the information provided.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's [Introduction](#), [Approach](#), [Work Plan](#), and [Resolution of Challenges](#)

This section addresses the Introduction, Approach, Work Plan, and Resolution of Challenges. Reviewers will consider the extent to which the proposed **HRSA-24-041 (NCCT)** project meets the provided [Program Requirements and Expectations](#) and will support the goals and objectives included in the Purpose section.

Introduction, Work Plan, and Resolution of Challenges (10 points)

Specifically, reviewers will consider the extent to which:

- The description of the purpose of the proposed project, including plans to support **HRSA-24-042 (DP)** recipients and provide national leadership to the transition field.
- The strength of the relationship between program goals/objectives and the proposed activities, including the timeline for program implementation and identification of responsible staff.
- The extent to which key stakeholders to support and be collaborative partners in the planning, design, and implementation of proposed activities have been identified.
- A description of potential project challenges and approaches to resolve identified challenges.

Approach (30 points)

Reviewers will consider the thoroughness, feasibility, and applicability of the methods and activities to address the following:

Overall (5 points)

- A description of innovative methods that will be used to address stated needs.

- A description of effective tools that will be used for staff training, outreach, collaborations, clear communication, and inclusive information sharing/dissemination.
- A description of how the organization will plan for the sustainability and scalability of the project.

Policy/Practice Analysis and National Leadership (10 points)

- A description of how the organization will identify existing resources and develop new resources related to transition.
- A description of how the organization will develop and maintain a public facing website.
- An explanation of how the organization will collaborate with **HRSA-24-042 (DP)** recipients and relevant partners/stakeholders to develop a definition of “success transition” and associated measures.

Training and Technical Assistance (10 points)

- A plan to provide training and technical assistance to **HRSA-24-042 (DP)** recipients in the implementation, sustainability, scalability of their transition strategies.
- A description of how the organization will deliver education and access to national resources for **HRSA-24-042 (DP)** recipients and other transition stakeholders.
- An explanation of how the organization will conduct learning collaboratives and in-person meetings for **HRSA-24-042 (DP)** recipients for peer-to-peer learning opportunities.

Partnerships and Collaborations (5 points)

- A description of the types of partnerships and collaborations needed to support the proposed project, as well as how they will be developed and maintained.
- A description of how the organization will engage with a variety of key stakeholders to meet the previously described [Program Requirements and Expectations](#).
- A description of how the organization will identify, develop, and maintain the engagement of a NTAC.
- An explanation of how the NTAC will guide the work of the NCCT (for example, identifying emerging issues/future trends and developing resource materials) and support **HRSA-24-042 (DP)** recipients.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s [Evaluation and Technical Support Capacity](#)

Reviewers will consider the extent to which the application includes the following:

- A description of the program performance evaluation and how it will contribute to continuous quality improvement.
- A description of how the program performance evaluation will monitor processes and progress toward program goals and objectives, including inputs, processes, and expected outcomes.
- An acknowledgement that measures listed in the Evaluation and Technical Support Capacity section will be reported annually.
- A description of how an evaluation of the **HRSA-24-042 (DP)** recipients’ effectiveness, impact, and progress towards program goals/objectives will be conducted.
- A description of potential obstacles to program performance evaluation and how those obstacles will be addressed.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV’s [Approach](#) and [Work Plan](#)

Reviewers will consider the extent to which the application includes the following:

- A description of how the dissemination of timely and culturally responsive transition-related communications and resources may improve transition outcomes for YAES.
- An explanation of how the development of a definition of “successful transition” and associated measures could impact the field.
- A description of how the successful provision of training and technical assistance will benefit **HRSA-24-042 (DP)** recipients and other transition stakeholders, such as Title V programs.
- An explanation of how the identified activities, timeline, responsible staff, and key collaborators will support the achievement of program goals and objectives.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV’s [Organizational Information](#) and [Evaluation and Technical Support Capacity](#)

Reviewers will consider the extent to which the application includes the following:

- How the organization’s mission, structure, and current activities support implementation of the program requirements and expectations.

- The capabilities of the applicant organization, including the qualifications of project personnel, the quality/availability of facilities, and the financial management capabilities, to fulfill the needs and requirements of the proposed project.
- How the organization will assess and address the needs of the target population in the proposed project.
- The ability of the applicant organization to facilitate partnerships with and engage families, family-led and/or community-based organizations, health professionals, and allied service providers.
- A description of how the applicant organization will ensure it has necessary expertise to properly implement the proposed project.
- A description of the organization's expertise in systems change, population health, implementation science, change management, public health systems, workforce development, and evaluation.
- A description of the organization ability to provide training and technical assistance to a variety of audiences and stakeholders.
- How the applicant organization will allocate adequate effort of key personnel and consultants/subcontractors to achieve the outcomes of the proposed project.
- A description of the ways in which the project will benefit from a variety of perspectives in its development and operation.
- A description of the organization's experience with including the perspectives of persons with lived experience, families/caregivers, and persons who are members of groups that have traditionally been underrepresented as described in the [Project Narrative](#).
- A description of the applicant organization's ability to conduct program evaluation, including experience of project staff, published materials, and previously completed work of a similar nature.
- For multiple organization who submitted one application as a consortium, a clear description of the lead organization, the roles/responsibilities of all consortium members, and how the consortium will operate.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget](#) and [Budget Narrative](#)

Reviewers will consider:

- The reasonableness of the proposed budget for each year of the period of performance in relation to the program objectives, the complexity of the project activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve program goals and objectives.
- The extent to which the proposed budget includes the required activities of participant compensation and in-person meeting planning/ facilitation and/or attendance, as appropriate.
- The extent to which the proposed budget includes a way to track proposed activities and expenditures by topic area/funding stream/authority.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

We review information about your organization in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may comment on anything that a federal awarding agency previously entered about your organization. We'll consider your comments, and other information in [FAPIIS](#). We'll use this to judge your organization's integrity, business ethics, and record of performance under federal awards when we complete the review of risk. We'll report to FAPIIS if we decide not to make an award because we have determined you do not meet the minimum qualification standards for an award ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the [start date](#) listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of [the Application Guide](#).

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#), currently in effect.
- Other federal regulations and HHS policies in effect at the time of the. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: [2 CFR § 200.301 Performance measurement](#).
- Any statutory provisions that apply.
- The [Assurances](#) (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or

otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

Human Subjects Protection

All research that was commenced or ongoing on or after December 13, 2016, and is within the scope of subsection 301(d) of the Public Health Service Act is deemed to be issued a Certificate of Confidentiality (Certificate) through and is therefore required to protect the privacy of individuals who are subjects of such research. As of March 31, 2022, HRSA will no longer issue Certificates as separate documents. More information about HRSA's policy about Certificates can be found via [this link to HRSA's website](#).

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* **and** the following reporting and review activities:

- 1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline.

Please be advised the administrative forms and performance measures for MCHB discretionary grants have been updated and are currently undergoing OMB approval. The new performance measures are intended to better align data collection forms more closely with current program activities and include common process and outcome measures as well as program-specific measures that highlight the unique characteristics of discretionary grant/cooperative agreement projects that are not already captured. Recipients will only complete forms in this package that are applicable to their activities, to be confirmed by MCHB after OMB approval. The proposed updated forms are accessible at <https://mchb.hrsa.gov/data-research/discretionary-grants-information-system-dgis>.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 1, 2024 – August 31, 2029 <i>(Administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	September 1, 2024 – August 31, 2025 September 1, 2024 – August 31, 2026 September 1, 2024 – August 31, 2027 September 1, 2024 – August 31, 2028	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	September 1, 2028 – August 31, 2029	Period of performance end date	90 days from the available date

- 2) **Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.
- 3) **Progress Reports.** The recipient must submit a progress report to us annually via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (for example, accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. The NOA will provide details.
- 4) **Final Project Period Narrative Report.** The recipient must submit a final narrative progress report to us following the end of the period of performance. The report will be submitted in the EHBs and should include final outcomes related to the program goal and objectives, including accomplishments and barriers. The NOA will provide details.

- 5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as [45 CFR part 75 Appendix I, F.3](#), and [45 CFR part 75 Appendix XII](#) require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Denise Boyer, Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: (301) 594-4256
Email: DBoyer@hrsa.gov

Program issues or technical assistance:

Donna Johnson, MHS
Public Health Analyst, Division of Services for Children with Special Health Needs
Attn: Transition for Youth with Autism and/or Epilepsy
Maternal and Child Health Bureau
Health Resources and Services Administration
Phone: (240) 475-8092
Email: DJohnson@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
[Search the Grants.gov Knowledge Base](#)

Once you apply or become an award recipient, you may need help submitting information and reports through [HRSA's Electronic Handbooks \(EHBs\)](#). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
[Electronic Handbooks Contact Center](#)

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service

providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the [EHBs Wiki Help page](#).

VIII. Other Information

Technical Assistance

See [TA details](#) in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified [page limit. \(Do not submit this worksheet as part of your application.\)](#)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	<i>My attachment = ____ pages</i>
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	<i>My attachment = ____ pages</i>
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 1: Work Plan	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 5: Project Organizational Chart	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 6: Tables, Charts, etc.	<i>My attachment = ____ pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 7: For Multi-Year Budgets--5th Year Budget	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 8: Proof of Non-profit Status	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 9: Consortium Memorandum of Understanding/Agreement (MOU/A), if applicable	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 10	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 11	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 12	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 13	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 14	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 15	<i>My attachment = ____ pages</i>
Project/Performance Site Location Form	Additional Performance Site Location(s)	<i>My attachment = ____ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ____ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ____ pages</i>
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Page Limit for HRSA-24-041 and HRSA-24-042 is 50 pages		My total = ____ pages

Appendix B: Glossary of Key Terms and Phrases

For the purposes of this funding opportunity:

- **Adult serving systems include but are not limited to:**
 - Adult health providers: Primary care providers (for example, American Academy of Family Physicians [AAFP]), specialty care providers (for example, neurologists, psychologists).
 - Post-secondary education: Refers to the range of formal learning opportunities beyond high school, including those aimed at learning an occupation or earning an academic credential.⁵⁰
 - Inclusive Post-Secondary Education (IPSE): Programs that offer students with intellectual and developmental disabilities (I/DD) the opportunity to continue their studies in a university or college setting with their peers. Programs offer varying degrees of participation in regular college classes, social settings, and support with independent living skills.^{51 52 53}
 - Workforce: Job and workforce training that aligns with the Department of Labor's Workforce Innovation and Opportunities Act (WIOA).^{54 55}
 - Housing: May include community living⁵⁶ and independent/daily living.^{57 58} See Administration for Community Living.⁵⁹
 - Medicaid – Home and Community Based Waivers.⁶⁰
 - Social Security Administration: Social Security Disability Insurance (SSDI)⁶¹ is a federal “insurance” program that may pay benefits to adults (18 and over) who have been disabled since childhood.⁶²
- **Child serving systems include but are not limited to:**

⁵⁰ IES Topics - Postsecondary Education. (n.d.). [ies.ed.gov](https://ies.ed.gov/topics/postsecondary.asp). Retrieved September 21, 2023, from <https://ies.ed.gov/topics/postsecondary.asp>.

⁵¹ Inclusive Postsecondary Opportunities for Students with Intellectual Disabilities. (2019). Pacer.org. <https://www.pacer.org/transition/learning-center/postsecondary/college-options.asp>.

⁵² Georgia Council on Developmental Disabilities. (2017). Inclusive Post-Secondary Education (IPSE). <https://gcdd.org/about/105-general-content/3056-inclusive-post-secondary-education-ipse.html>.

⁵³ Think College Inclusive Higher Education Network. (n.d.). Think College. <https://thinkcollege.net/projects/tcn>
⁵⁴ https://witig.org/wp-content/uploads/2020/07/transition-services-and-wioa-guide_1580498554.pdf.

⁵⁵ Youth Transition Services | U.S. Department of Labor. (n.d.). <https://www.dol.gov/agencies/odep/program-areas/individuals/youth/transition/federal-partners>.

⁵⁶ Carter, E. W., Harvey, M. N., Taylor, J. L., & Gotham, K. (2013). Connecting Youth and Young Adults With Autism Spectrum Disorders to Community Life. *Psychology in the Schools*, 50(9), 888–898. <https://doi.org/10.1002/pits.21716>

⁵⁷ Centers for Independent Living | ACL Administration for Community Living. (2014). <https://acl.gov/programs/aging-and-disability-networks/centers-independent-living>.

⁵⁸ Getting Ready for Independent Living at the Age of Majority. (2015). Center for Parent Information and Resources. <https://www.parentcenterhub.org/aom-series-independence/>.

⁵⁹ Administration for Community Living. (n.d.). <https://acl.gov/>.

⁶⁰ Home & Community-Based Services 1915(c) . (n.d.). <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915c/index.html>.

⁶¹ How You Qualify | Disability Benefits | SSA. (n.d.). <https://www.ssa.gov/benefits/disability/qualify.html>.

⁶² Social Security Disability Insurance (SSDI) for Adults Disabled Since Childhood | Office of Developmental Primary Care. (n.d.). Odpc.ucsf.edu. Retrieved July 6, 2023, from <https://odpc.ucsf.edu/advocacy/navigating-systems/social-security-disability-insurance-ssdi-for-adults-disabled-since>.

- Pediatric providers: Primary care providers (for example, American Academy of Pediatrics [AAP]), and specialty care providers (for example, neurologists, psychologists).
- Secondary education: Office of Special Education Programs, Individuals with Disabilities Education Act (IDEA).^{63 64}
- Vocational rehab associated with secondary education: job and workforce training that aligns with the Department of Labor’s Workforce Innovation and Opportunities Act (WIOA).⁶⁵
- Social Security Administration: Supplemental Security Income (SSI) provides monthly cash payments to help meet the basic needs of children who have a physical or mental disability or who are blind and is based on parents’ income.⁶⁶
- Medicaid: Health care program for people with limited income and resources. In most states, children who get SSI payments qualify for Medicaid, and in some cases, this comes automatically with SSI eligibility. In other states, you must sign up for it.⁶⁷
- **Children and Youth with Special Health Care Needs (CYSHCN):** Children and youth who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions. They also require health and related services of a type or amount beyond that required by children generally.⁶⁸
- **Culturally responsive:** “The practice of caring for children from culturally diverse families in ways that are consistent with their home practices and values.” This involves “[partnering] with families to learn about the care practices and rituals of children’s home cultures, and then [using] this information to inform interactions and care routines.”⁶⁹
- **Examples of transition services/supports that may be included in systems change projects:**
 - DPs could implement strategies which focus on transitioning to systems such as the following:
 - **Community and Independent Living** – Interagency collaboration⁷⁰ with a school district, community organization, and adult-serving community, state, and/or federally funded programs to assist families/caregivers and youth in understanding, navigating, and accessing needed supports for

⁶³ Secondary Education - NTACTION (2023). <https://transitionta.org/topics/secondary-education/>.

⁶⁴ Individuals with Disabilities Education Act. (2017). Individuals with Disabilities Education Act. <https://sites.ed.gov/idea/regs/b/a/300.43>.

⁶⁵ https://witig.org/wp-content/uploads/2020/07/transition-services-and-wioa-guide_1580498554.pdf

⁶⁶ <https://www.ssa.gov/benefits/disability/apply-child.html>

⁶⁷ <https://www.ssa.gov/pubs/EN-05-10026.pdf>.

⁶⁸ McPherson M, Arango P, Fox H, et al. A new definition of children with special health care needs. *Pediatrics*. 1998;102(1 Pt 1):137-140. doi:10.1542/peds.102.1.137.

⁶⁹ State Capacity Building Center, Administration for Children and Families. (2020).

Culturally Responsive Care Rationale Paper. Available at

https://childcareta.acf.hhs.gov/sites/default/files/public/itrg_culturally_responsive_care_pitc_rationale.pdf.

⁷⁰ Interagency Collaboration. (n.d.). NTACTION. <https://transitionta.org/interagency-collaboration/>.

the youth to successfully transition to living independently in their community.

- **Post-secondary and/or Inclusive Post-secondary Education (IPSE)**⁷¹
Interagency collaboration with a school district, university, and/or community organization(s) to assist youth and families/caregivers⁷² in understanding, identifying, navigating, and accessing needed supports to successfully transition to a post-secondary and/or IPSE program.
- **Employment:** Interagency collaboration with a school district, technical college, vocational training program,⁷³ and/or community organization(s) to assist youth and families/caregivers in understanding, identifying, navigating, and accessing needed supports to successfully transition to employment.
- **Family Engagement:** Patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care.⁷⁴
- **Family/Caregiver Navigation:** Family/Caregiver navigation is an evidence-informed strategy intended to guide, support, and strengthen the self-efficacy of families/caregivers in navigating systems.⁷⁵ Family/Caregiver navigation may be offered by a peer parent or professional who is trained to help families in navigating systems and overcoming barriers to receiving services, while modeling skills that support increased efficacy and empowerment for families/caregivers. Family/Caregiver navigation includes psycho-social support, assistance in identifying resources, accessing services, and developing plans of action based on the unique needs of the family.^{76 77} Family/Caregiver navigation is person/family centered and uses a life course approach to support planning and coordination.^{78 79 80}
- **Health Care Transition (HCT):** Health care transition, or HCT, is the process of moving from a child/family-centered model of health care to an adult/patient-

⁷¹ What is Think College? (2009). Think College. <https://thinkcollege.net/about/what-is-think-college#:~:text=Think%20College%20provides%20resources%2C%20technical%20assistance%20and%20training>.

⁷² Family Resources. (n.d.). Think College. Retrieved July 6, 2023, from <https://thinkcollege.net/family-resources>

⁷³ Youth Transition Services | U.S. Department of Labor. (n.d.). <https://www.dol.gov/agencies/odep/program-areas/individuals/youth/transition/federal-partners>.

⁷⁴ Carman, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. *Health Affairs*, 32(2), 223-231).

⁷⁵ Association of Maternal and Child Health Programs (2018). Family Navigation Implementation Strategies: Improving Systems of Care. Retrieved July 25, 2023 from https://amchp.org/wp-content/uploads/2021/11/Final-issue-brief_3.12.pdf.

⁷⁶ Family Support Systems Navigation Model | The Arc's Autism Now Center. (2011). <https://autismnow.org/articles/family-support-systems-navigation-model/>.

⁷⁷ Association of Maternal and Child Health Programs (2018). Family Navigation Implementation Strategies: Improving Systems of Care. Retrieved July 25, 2023 from https://amchp.org/wp-content/uploads/2021/11/Final-issue-brief_3.12.pdf.

⁷⁸ Reyes, C., Perzynski, A., Kralovic, S. et al. Factors Associated with Transition Planning in Autism and Other Developmental Disabilities. *J Dev Phys Disability* 34, 43–56 (2022). <https://doi.org/10.1007/s10882-020-09785-3>.

⁷⁹ Richards, J., Pickett, O., & Wilhite, B. (2011). Life Course and Social Determinants. MCH Evidence. <https://www.mchlibrary.org/professionals/lifecourse.php>.

⁸⁰ Shogren, K. A., & Wittenburg, D. (2020). Improving Outcomes of Transition-Age Youth with Disabilities: A Life Course Perspective. *Career Development and Transition for Exceptional Individuals*, 43(1), 18–28. <https://doi.org/10.1177/2165143419887853>.

centered model of health care, with or without transferring to a new clinician. It involves planning, transfer, and integration into adult-centered health care. The goals of health care transition are: 1) To improve the ability of youth and young adults with and without special health care needs to manage their own health care and effectively use health services; and 2) To ensure an organized process in pediatric and adult health care practices to facilitate transition preparation, transfer of care, and integration into adult-centered health care.⁸¹

- **Implementation Science:** the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practice into routine practice and, hence, to improve the quality and effectiveness of health services.⁸²
- **Life Course Approach:** Aims to address YAES well-being at all ages by addressing their needs, ensuring access to services, and safeguarding the human right to quality of life throughout their lifetime.⁸³
- **Partnership and Collaboration:** Refers to activities that build and strengthen connections between organizations and individuals with similar interests, missions, and activities to allow for information sharing, learning, and capacity building across organizations/individuals. These activities include creation or strengthening of relevant organizational relationships that serve to expand the capacity and reach of a program in meeting the needs of its MCH population. Partnerships and collaborations are intended to be mutually beneficial relationships for all parties involved.⁸⁴
- **Person/Family Centered:** The person is at the center of their own decisions and management, including health care. An individual's specific needs and desired outcomes are the driving force behind all decisions and quality measurements. The person is a partner with their providers, and providers treat patients from an emotional, mental, spiritual, social, and financial perspective.^{85 86}
- **Persons with lived experience:** Lived experience refers to "representation and understanding of an individual's human experiences, choices, and options and how those factors influence one's perception of knowledge" based on one's own life. People with lived experience are those directly affected by social, health, public health, or other issues and the strategies that aim to address those issues.

⁸¹ GotTransition.org. (n.d.). Got Transition® - Six Core Elements of Health Care Transition. GotTransition.org. <https://www.gottransition.org/six-core-elements/>.

⁸² Eccles, M.P & Mittman, B.S. (2006) Welcome to Implementation Science, Available at <https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-1-1> (Last accessed February 7, 2023).

⁸³ World Health Organization. (2023). Our work: life course. <https://www.who.int/our-work/life-course>.

⁸⁴ Discretionary Grants Information System (DGIS) | MCHB. (n.d.). HRSA Maternal and Child Health. Retrieved July 17, 2023, from <https://mchb.hrsa.gov/data-research/discretionary-grants-information-system-dgis>. Note that definition comes from 2024 DGIS Forms.

⁸⁵ HRSA Care Action, March 2018 "Patient-centered care for people living with HIV" available at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/patient-centeredcare-2018.pdf>. <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/patient-centeredcare-2018.pdf>.

⁸⁶ NEJM Catalyst, "What is patient-centered care?" (2017). Available at <https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0559> (last accessed October 11, 2022).

This gives them insights that can inform and improve systems, research, policies, practices, and programs.⁸⁷

- **Stages of the Transition Process:** For the purpose of this program, transition is divided into four (4) stages.⁸⁸ The stages are based on cumulative timelines for transitioning from secondary education and healthcare.^{89 90}
 - Ages 12-16 – Preparing for Transition
 - Ages 16-21 – Planning Transition
 - Ages 21-25 – Transitioning
 - Age 25+ – Transitioned
- **Stakeholders:** Include but are not limited to youth, families/caregivers, community-based organizations, state agencies, education systems (secondary, post-secondary, and inclusive post-secondary), vocation systems, health care providers, state Title V programs, Family-to-Family Health Information Centers, etc.
- **Transition:** The period of time when adolescents are moving into adulthood and are often concerned with planning for postsecondary education, careers, health care, financial benefits, housing, and more.⁹¹

⁸⁷ Engaging People with Lived Experience to Improve Federal Research, Policy, and Practice. (n.d.). ASPE. Retrieved August 9, 2023, from <https://aspe.hhs.gov/lived-experience#:~:text=In%20the%20context%20of%20ASPE%27s>.

⁸⁸ HRSA acknowledges that transition from child to adult serving systems for CYSHCN may occur anytime between the age of 18 and 25 and is based on the needs of the youth and available supports.

⁸⁹ [HCT Timeline-Youth and Young Adult \(gottransition.org\)](https://www.gottransition.org/HCT-Timeline-Youth-and-Young-Adult).

⁹⁰ [A Transition Guide to Postsecondary Education and Employment for Students and Youth with Disabilities. Revised August 2020. \(PDF\)](#).

⁹¹ *Youth Transition Services*. (n.d.). DOL. <https://www.dol.gov/agencies/odep/program-areas/individuals/youth/transition/federal-partners>.