

Q&A: Pre-Application Webinar: Review of Request for Proposals on Complex Care

During this webinar Dr. Edward Schor provided an overview of the application process for proposals related to Developing Goals and Strategies to Improve the Care of Children with Chronic and Complex Health Conditions. Below are responses to questions we were unable to answer during the webinar.

Q&A

Questions asked during webinar:

If we are interested in systems of care it seems that all of these topics need to be addressed. To only focus on one area seems to be counterproductive. Quality improvement has to address models of care and models of care have to address care coordination. How should this be addressed?

The various topics are certainly interrelated, but we feel progress can be made by separating them into manageable separate projects.

Any suggestions about how to distribute the funding among those who participate? By the time the 40-50K is distributed among several participants it is not a large sum. I realize this will be up to the group applying for the grant, but wondered if you have suggestions.

Distribution of funds is up to the applicant. Issues to consider are professional time, administrative support, honoraria, travel, telephone costs, etc.

The indirect rate taken by institutions: given that this is a \$50K grant, is there a cap on indirect costs that you will either require or strongly recommend?

Currently our foundation caps indirect costs at 10%. [Read full grant proposal budget guidelines here.](#)

Family participation or family engagement—levels? Care, development, improvement, policy, etc?

We are interested in promoting “meaningful” family participation at all levels, but are especially interested in family involvement in the development of policy and operation of public programs.

Are pediatrician and health plan administrator involvement absolutely required? Or is it a suggestion?

We are open to any workgroup composition, though it is difficult to imagine creating feasible action plans when clinicians and health plan administrators are excluded.

When would the grant actually start?

Our intention is for awards to be completed and projects to begin December 1, 2016.

Can an Illinois organization apply?

We are looking for action plans that are generally applicable to any state, but they can be developed anywhere.

How do you define "health care administrator"?

A health plan administrator is someone responsible for directing a health plan that assumes some risk; this may be in either the public or private sector.

Questions asked during registration:

Are there any restrictions on eligibility? The RFP and foundation website list types of applicants who would not be acceptable.

Applicants may reside within or outside of California. The Foundation's standard forms should be used for submission.

What if there is no accurate data on the population that you wish to work with i.e. pediatric long term care SNF's and ICF/IID's?

If data are insufficient, one of the action steps might be to collect that information.

How community members can qualify and help.

Work group membership beyond our minimum requirements is up to the applicant. We strongly encourage consumer/family participation.

Is the grant only available to non-public organizations? Can a consortium of groups work together to devise a proposal?

Consortiums of groups or organizations are welcome to apply and may be from the private or public sectors or a combination of both.

Process related to application by State Government Title V Agency relative to Innovations.

State agencies may be the applicant.

Would an application led by families but still including the required team be strongly considered?

An application led by a family organization would be acceptable.

What is the preferred length of the issue brief?

The issue brief ideally should be between 3000-4500 words, i.e., short enough to be read, but long enough to be useful. The emphasis in the briefs should be on specific, actionable steps with defined leadership and timelines.

Is the RFP restricted to research and academic institutions only, and the contract vehicle through which the RFP is solicited?

Applications can be submitted from a variety of institutions, agencies and organizations.

How are grantees expected to work with one another and partners on the development of the briefs?

Each grantee will develop its own brief, but the foundation will encourage and host opportunities for grantees to share approaches and content.

How many awards will there be?

There will be up to four grants awarded.

How do you suggest grant dollars should be divided up among participants if awarded?

The grants are relatively small, but we feel adequate for the work required. The amount of the budgets (up to the maximum of \$50,000, including indirect cost) and their allocation is up to the applicant. Presumably the budgets would reflect the time and expertise contributed by each individual.

How do you define “care coordination” and “special navigators for families with technology dependency”?

Applicants may use any of a variety of nationally promulgated definitions of care coordination, though the expectation is for that service to link among health care providers *and* between health care providers and other community service providers upon which families with CSHCN depend.

What age groups are targeted for this RFP?

The RFP is intended to address issues affecting children from birth to 21 and their families.

Is a single-site, or a multi-institution approach preferred?

There is no preference for any particular type of applicant.