U.S. Department of Health and Human Services

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Federal Office of Rural Health Policy

Policy Research Division

Rural Residency Planning and Development (RRPD) Program

Funding Opportunity Number: HRSA-24-022

Funding Opportunity Type(s): New

Assistance Listing Number: 93.155

Application Due Date: February 12, 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 14, 2023

Jason Steele, MPH
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Federal Office of Rural Health Policy
Call: 301-443-2203
Email: ruralresidency@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 912(b)(5) (§711(b)(5) of the Social Security Act)

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:	Rural Residency Planning and Development (RRPD) Program
Funding Opportunity Number:	HRSA-24-022
Assistance Listing Number:	93.155
Due Date for Applications:	February 12, 2024
Purpose:	The purpose of this program is to improve health care in rural areas by developing new, sustainable rural residency programs, including rural track programs (RTPs), that are accredited by the Accreditation Council for Graduate Medical Education (ACGME) to address the physician workforce shortages and challenges faced by rural communities. There are two pathways for this program: General Primary Care and High Need Specialty Pathway and Maternal Health and Obstetrics Pathway.
Program Objective(s):	Objective 1: Establish a new rural residency program that is accredited by ACGME by the end of the period of performance, that will begin training its first resident class no later than academic year 2028. Objective 2: Finalize a validated program sustainability plan that includes ongoing funding stream(s) to sustain long-term resident training once the program is established. Objective 3: Develop a graduate tracking plan and publicly report on residents' career outcomes after graduation for at least five years.

Eligible Applicants:	Eligible applicants are domestic public or private nonprofit or for-profit entities. These organizations may include, but are not limited to: 1) rural hospitals; 2) rural community-based ambulatory patient care centers, including Rural Health Clinics; 3) Native American tribal governments (federally recognized), tribal organizations (other than federally recognized tribal governments), or health centers operated by a tribal government or tribal organization; 4) graduate medical education consortiums, including institutions of higher education, such as, schools of allopathic medicine or osteopathic medicine or Historically Black Colleges and Universities (HBCUs). See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2023 Total Available Funding:	$11,250,000 *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.*
Estimated Number and Type of Award(s):	Up to 15 new grants
Estimated Total Award Amount:	Up to $750,000 over the 3-year period of performance subject to the availability of appropriated funds. You will receive the full award amount in the first year of the period of performance. You must allocate the award across all three years.

Cost Sharing or Matching Required:	No
Period of Performance:	August 1, 2024 through July 31, 2027 (3 years)
Agency Contacts:	**Business, administrative, or fiscal issues:** Beverly Smith Grants Management Specialist Division of Grants Management Operations, OFAM Email: bsmith@hrsa.gov **Program issues or technical assistance:** Jason Steele, MPH Public Health Analyst, Policy Research Division Federal Office of Rural Health Policy Email: ruralresidency@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:

Friday, November 17, 2023
1 – 2:30 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1602612877?pwd=K3Y4WEVhZmpXV2Mxd2JOcGhTWVpwQT09

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

Call-In Number: 1-833-568-8864
Meeting ID: 04553755

We will record the webinar.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Health Resources and Services Administration (HRSA) Rural Residency Planning and Development (RRPD) Program. The purpose of this program is to improve and expand access to health care in rural areas by developing new, sustainable rural residency programs, including rural track programs (RTPs), that are accredited by the Accreditation Council for Graduate Medical Education (ACGME), to address the physician workforce shortages and challenges faced by rural communities. This program provides start-up funding to RRPD award recipients to create new rural residency programs that will be sustainable long-term through viable and stable funding mechanisms, such as, Medicare, Medicaid, and other public or private funding sources.

For the purposes of this notice of funding opportunity (NOFO), rural residency programs are accredited physician residency programs that train residents in rural training sites for greater than 50 percent of their total time in residency, and focus on producing physicians who will practice in rural communities. This includes programs that meet ACGME RTP Designation, including both new programs and permanent complement increases for new rural training site(s) for existing programs.

There are two pathways for this program: *General Primary Care and High Need Specialty Pathway* and *Maternal Health and Obstetrics Pathway*.

General Primary Care and High Need Specialty Pathway: This pathway supports the development of new rural residency training programs that focus on training to meet significant rural health needs. The eligible specialties in this pathway are family medicine, internal medicine, preventive medicine[1], psychiatry, and general surgery.

Maternal Health and Obstetrics Pathway: This pathway supports the development of new rural residency programs with a focus on training to provide high quality, evidence-based maternity care and obstetrical services in rural areas. The eligible specialties in this pathway are obstetrics-gynecology and family medicine with enhanced obstetrical training. Enhanced obstetrical residency training must provide family medicine residents with extensive clinical experience in comprehensive maternity care, as outlined in ACGME's program requirements, including dedicated training on labor and delivery and operative obstetrics. These programs must have faculty with clinical expertise to prepare family medicine residents for the independent practice of obstetrics in rural communities. [2]

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[1] For the purposes of this NOFO, only occupational and environmental medicine and public health and general preventive medicine are eligible specialties. Refer to program definitions for more information.
[2] Effective July 1, 2023, ACGME revised family medicine program requirements contain updates for maternity care, including robust requirements on comprehensive pregnancy-related care. Refer to ACGME's Family Medicine Program Requirements for more information.

Program Goals

The goal for the RRPD program is for each recipient to establish a new rural residency program (including RTPs) by the end of the period of performance that is accredited by ACGME and will be sustainable long-term through viable and stable funding mechanisms, such as, Medicare, Medicaid, and other public or private funding sources. RRPD-funded rural residency programs will effectively train physicians to practice in and meet the clinical needs of rural populations. As a result, we expect that the proportion of graduates from these programs entering careers in practices primarily serving rural populations will markedly exceed that seen in other programs across the nation.

Program Objectives

Objective 1: Residency Program Development

a. Appoint a residency program director or identify a residency program director in development by the start of year 2 of the grant (August 1, 2025).

b. Submit ACGME application for the new rural residency program or RTP by the start of year 3 of the grant (August 1, 2026).

c. Establish a new rural residency program or RTP in eligible specialties that is ACGME accredited by the end of the period of performance (July 31, 2027).

d. Train first resident class no later than the academic year (AY) immediately following the end of the RRPD period of performance (AY 2028).

Objective 2: Program Sustainability

a. Finalize a validated sustainability plan that includes ongoing funding stream(s) to sustain long-term resident training once the program is established through one or more of the following options:

    i. Qualifying under current regulatory authority for Medicare graduate medical education (GME) payments in rural hospitals starting a new residency training program. Specifically, the recipients:

        1. Either have a viable direct GME Per Resident Amount (PRA) or are eligible to establish one after training residents for the first time in a new program; and

        2. Are eligible for viable indirect medical education (IME) and/or direct GME (DGME) resident cap adjustment.[3]

[3] The Consolidated Appropriations Act (CAA), 2021 (P.L. 116-260) authorized changes to Medicare GME regulations that expanded indirect and direct GME payment policies for Rural Track Programs (RTPs). Refer to the implementation of the CAA in the FY22 Inpatient Prospective Payment System (IPPS) Final Rule with Comment Period and Section IV.2.ii. Program Sustainability for more information.

ii. Creating an RTP program in accordance with Medicare regulations that qualifies for viable IME and/or DGE payments;

iii. Qualifying for Medicaid GME, other state, or public and/or private support; or

iv. Combining multiple funding streams (e.g., a hospital may have a mix of Medicare and other public funding).

b. Finalize a detailed pro forma for program sustainability by the start of year 2 of the grant (August 1, 2025).

Objective 3: Graduate Tracking Plan

a. Develop a structured plan to track and publicly report on resident career outcomes after graduation for a period of at least 5 years after the first graduating class to determine retention in rural communities.

b. Identify and establish data collection elements for the graduate tracking plan. Examples of information collected may include, but are not limited to, practice specialty/sub-specialty and location, patient population served, service time committed to the care of safety net patients, part/full-time clinical practice status, services offered, proportion of clinical time in inpatient and outpatient settings, and any additional training opportunities pursued after residency completion.

c. Finalize a detailed graduate tracking plan by the start of year 3 of the grant (August 1, 2026).

2. Background

RRPD is authorized by 42 U.S.C. § 912(b)(5) (§711(b)(5) of the Social Security Act) and administered by the HRSA's Federal Office for Rural Health Policy (FORHP), in consultation with the Bureau of Health Workforce (BHW).

About 20 percent of the population or 60 million individuals, live in rural communities.[4] People living in rural communities have higher rates of chronic conditions, preventable hospitalizations, and lack access to timely care compared to their urban counterparts.[5] However, 70 percent of areas designated as primary medical health professional shortage area (HPSA) are located in rural or partially rural areas.[6] At the same time, national trends show the demand for physicians will continue to grow, outpacing the projected supply. Recent data from the Association of American Medical Colleges (AAMC) projects a shortage of between 37,800 and 124,000 physicians across primary

[4] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA Defining Rural Population. Retrieved from https://www.hrsa.gov/rural-health/about-us/what-is-rural
[5] Streeter RA, Snyder JE, Kepley H, Stahl AL, Li T, et al. The geographic alignment of primary care Health Professional Shortage Areas with markers for social determinants of health. PLOS ONE 24 April 2020 15(4): e0231443. Retrieved from https://doi.org/10.1371/journal.pone.0231443
[6] U.S. Department of Health and Human Services, Health Resources and Services Administration Data Warehouse. Accessed July 2023 from https://data.hrsa.gov/topics/health-workforce/shortage-areas

care and non-primary care specialties by 2034.[7] Contributing to the overall shortages is the maldistribution of the physician workforce. Urban areas have more physicians and rural and underserved communities experience the greatest need for health care providers.

Retaining and recruiting physicians continues to remain a critical issue for rural communities. One proven strategy is rural residency training. A recent study found that rural exposure during family medicine residency training is associated with a 5- to 6-fold increase in choosing rural practice.[8] A second study found that rural training is more strongly associated with rural practice than having a rural background.[9] Despite the demonstrated successes of rural training, research finds persistently limited opportunities for residents to train in rural communities. According to the U.S. Government Accountability Office, only 2 percent of residency training occurred in rural areas between 2014-2015 and 2019-2020 and residency training is highly concentrated in urban areas, particularly in the southern and northeastern regions.[10]

However, rural residency programs often face financial, human resource and organizational capacity constraints, such as lack of sustainable financing, faculty support, and recruiting residents. To secure institutional recognition and support, rural residency programs need both academic partnerships and rural community faculty champions. Rural residency programs also report specific accreditation challenges, such as lacking sufficient specialty and subspecialty preceptors willing to sponsor residents for clinical rotations and meeting the appropriate level of scholarly activity required for busy community faculty.

The urgent need to address these challenges in developing new rural training opportunities resulted in the conception of the HRSA RRPD program. In FY18 and again in FY21, HRSA funded the RRPD-Technical

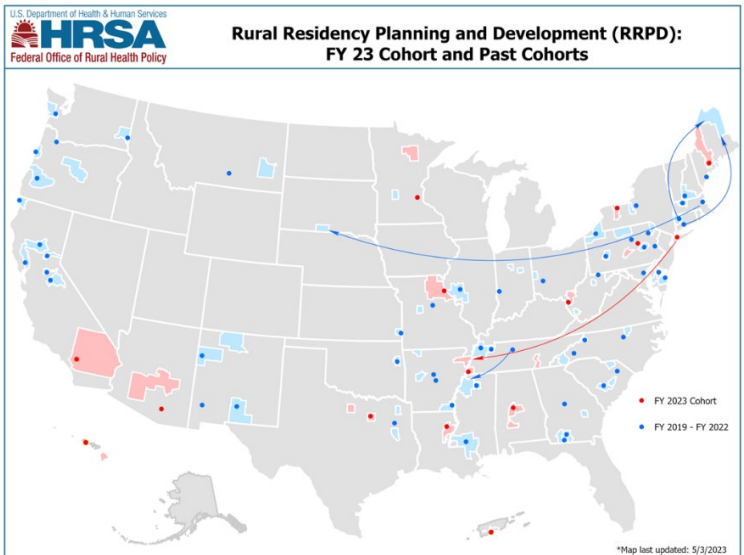

Figure 1: Map of RRPD rural counties

[7] IHS Markit Ltd. The Complexities of Physician Supply and Demand: Projections From 2019 to 2034. Washington, DC: AAMC. 2021. Retrieved from https://www.aamc.org/media/54681/download
[8] Russell, DJ, Wilkinson E, Petterson S, Chen C, Bazemore, A; Family Medicine Residencies: How Rural Training Exposure in GME Is Associated With Subsequent Rural Practice. J Grad Med Educ 1 August 2022; 14 (4): 441–450. doi: https://doi.org/10.4300/JGME-D-21-01143.1
[9] Patterson, DG, Shipman, SA, Pollack, SW, et al. Growing a rural family physician workforce: The contributions of rural background and rural place of residency training. *Health Serv Res*. 2023; 1-7. doi:10.1111/1475-6773.14168
[10] United States Government Accountability Office. Graduate Medical Education: Programs and Residents Increased during Transition to Single Accreditor; Distribution Largely Unchanged. GAO-21-329. April 2021. Retrieved from https://www.gao.gov/products/gao-21-329 [11] HRSA has funded 73 awards, with some recipients developing multiple specialties under one award.

Assistance Program, a cooperative agreement to establish the RRPD-TA Center to identify and share resources with RRPD applicants and support RRPD Program award recipients.

HRSA funded its inaugural RRPD cohort in FY19 and additional cohorts in FY20-23. HRSA has made 73 RRPD Program awards across 36 states and 1 territory developing rural residencies or RTPs in family medicine (56), internal medicine (8), psychiatry (10), preventive medicine (1), general surgery (2), and obstetrics-gynecology (1).[11] Recipients include rural hospitals, such as Critical Access Hospitals, Sole Community Hospitals, and Medicare Dependent Hospitals, tribal entities, Historically Black Colleges and Universities (HBCU), federally qualified health centers (FQHC), and graduate medical education consortiums.

As of July 1, 2023, 38 RRPD Program awardees have created new rural residency programs or RTPs for a total of 503 approved residency positions and 31 of these programs have matriculated over 300 physician residents. To navigate the complexities of accreditation and GME financing, all RRPD Program award recipients are required to collaborate with the HRSA-funded RRPD-TA Center and attend a 2-day Annual RRPD meeting throughout the duration of their period of performance. To learn more about the RRPD-TA center, visit www.ruralgme.org. Please see Appendix B for additional resources and Appendix D for important program definitions.

II. Award Information

1. Type of Application and Award

Application type(s) New

We will fund you via a grant.

2. Summary of Funding

We estimate $11,250,000 will be available to fund 15 recipients for the 3-year period of performance. You may apply for a ceiling amount of up to $750,000 total cost (reflecting direct and indirect costs) for the entire 3-year period of performance.

The period of performance is August 1, 2024, through July 31, 2027 (3 years). You will receive the full award amount in the first year of the three-year period of performance. You must allocate the award funding across each of the three years. You must submit a budget and budget narrative for each of the three years of the period of performance. While you must distribute the funding across each of the three years, the budget does not need to be evenly split across the three-year period of performance and can vary based on your community's needs.

[11] HRSA has funded 73 awards, with some recipients developing multiple specialties under one award.

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.

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

Applicants must meet all of the following criteria in order to be considered eligible for RRPD funding. HRSA will not consider applicants that fail to meet any eligibility criteria for funding under this notice.

Eligible Entities

Eligible entities are domestic public or private nonprofit, or for-profit entities. These organizations may include, but are not limited to:

1) rural hospitals;
2) rural community-based ambulatory patient care centers, including Rural Health Clinics;
3) Native American tribal governments (federally recognized), tribal organizations (other than federally recognized tribal governments), or health centers operated by a tribal government or tribal organization;
4) graduate medical education consortiums, including institutions of higher education, such as, schools of allopathic medicine or osteopathic medicine or Historically Black Colleges and Universities (HBCUs).

Rural Status

The applicant organization must propose rural residency programs that will train residents for greater than 50 percent of total residency training in a clinical training site (e.g., hospital, clinic, etc.) physically located in a rural area as defined by CMS and/or FORHP:

- For applications proposing a sustainability plan that relies on Medicare GME funding, greater than 50 percent of total resident training must take place in a clinical training site physically located in a rural area that meets both CMS **and** FORHP definitions of rural.
- For this funding opportunity, applicants proposing a sustainability plan using Medicare GME must also demonstrate that their clinical training site(s) currently meeting both CMS and FORHP definitions of rural will meet CMS rural requirements in future years by documenting that the county is **not** in a metropolitan area delineated in OMB Bulletin No. 23-01, release July 21, 2023. See Appendix C.
- For applicants proposing sustainability plans with no Medicare GME funding, greater than 50 percent of total resident training must take place in a clinical facility physically located in a rural area that meets FORHP's definition of rural.

In the case of an RTP, where the applicant organization is located in an urban area, the GME consortium must include **at least one** consortium member that operates a clinical training site located in a rural area that meets CMS and/or FORHP rural definitions. The relationship between the consortium members must be legally binding and the agreement establishing the relationship must describe the roles and responsibilities of each entity. Applicants must submit Letters of Agreement in **Attachment 4**.

Refer to Appendix D: Program Definitions for more information on how to confirm rural status. You must attach proof of CMS and/or FORHP rural status in **Attachment 1**.

New Rural Residency Programs & Eligible Specialties

Applications must propose to develop a new, sustainable rural residency program in family medicine or family medicine with enhanced obstetrical training, internal medicine, preventive medicine, psychiatry, general surgery, or obstetrics and gynecology that is accredited by ACGME. ACGME requires each Sponsoring Institution to achieve and maintain institutional accreditation prior to program accreditation. Entities who receive ACGME program accreditation for the proposed rural residency program by the application closing date are not eligible for this grant, however, applicants that achieve institutional accreditation by the application closing date are eligible.

We will only make award under this NOFO to applicants that propose to develop new rural residency programs. Programs applying for ACGME RTP Designation for a permanent resident complement increase by adding a new rural training site(s) to an existing program of the same specialty are considered new rural residency programs for the purposes of this NOFO. However, programs increasing resident FTE(s) at an

existing RTP site without adding new rural training site(s) are not considered new rural residency programs. Programs that have already applied for ACGME RTP designation and received a permanent complement increase for the new RTP site by the application closing date are not considered new rural residency programs.

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

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

Award recipients under the previous RRPD Program funding notices (HRSA-19-088, HRSA-20-107, HRSA-22-094, and HRSA-23-037) and the Teaching Health Center Planning and Development (THCPD) Program (HRSA-22-107 and HRSA-23-015) are eligible to apply under this RRPD funding opportunity, if proposing a new rural residency program or RTP in a different specialty from the previously funded award. The recipient of RRPD-TA Program (HRSA-21-102) award is not eligible under this RRPD funding opportunity.

Multiple Applications

We will only review your **last** validated application before the Grants.gov due date.

We anticipate that most awards will be for one rural residency program, you may apply for funding to support developing multiple rural residency programs under one award, but you must clearly demonstrate in the application your ability to establish more than one.

Notifying State Office(s) of Rural Health

You are required to notify the State Office of Rural Health (SORH) in the state(s) where you are proposing to conduct rural training of your intent to apply to this program. You can access a list of the SORHs at https://nosorh.org/nosorh -members/nosorh-members-browse-by-state/. You must include in **Attachment 8** a copy of the letter or email sent to the SORH(s) describing your project and any response received from the SORH(s).

Each state has a SORH, and HRSA recommends making every effort to contact the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide some consultation to you regarding model programs, data resources, consortiums, evaluation, and/or support of information dissemination activities. If you do not receive a response, you must still include the original letter or email you sent to the SORH(s).

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 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-24-022 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 **60 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 don't 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
- Rural Status Confirmation
- Biographical Sketches of Key Personnel
- SORH Letter(s) of Intent
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.v Attachments and Appendix A.

If you use an OMB-approved form that is not in the HRSA-24-022 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-022 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[12] (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.[13]
- 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-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. Do not 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.*

In addition to the SF-424 Application Guide requirements, the project abstract must contain the following information below:

Abstract Header Content:

- Eligible Entity/Facility Type (e.g., rural hospital, refer to Section III.1 Eligible Entities)
- Project Director (PD) Name & Contact Information
- Residency Program Director Name & Contact Information (if applicable)
- Program Pathway (select one): General Primary Care and High Need Specialty Pathway Residency **or** Maternal Health and Obstetrics Pathway Residency
- Residency Specialty

[12] 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).
[13] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

- Residency Format (select one): Rural residency program (non-RTP), New RTP (New Program Accreditation), **or** Existing RTP (Adding New Rural Training Site to Existing Program)
- Sponsoring Institution Name, Location, and ACGME Sponsor Program Code (if applicable)
- Rural Target Area(s)
- Funding Amount Requested
- Program Sustainability Option (refer to Section IV.2.ii. Program Sustainability)
- Projected Total Number of Residents
- Expected ACGME Accreditation and Residency Matriculation Dates
- Funding Priority Points Requested, if applicable (refer to Attachment 9 and Section V.2 Review and Selection Process)
- List of Recent HRSA Awards received within the last 5 years, if applicable, by Program Name and Grant Number (e.g., Rural Residency Planning and Development Program, Grant No. P13RH99999).

Abstract Body Content:

- Brief overview of the project including description of geographic area, target patient population and needs, consortium members (if applicable) and clinical collaborations (e.g., training partners and types of clinical facilities); and
- Specific measurable objectives and expected outcomes of the project, how you will accomplish the proposed project (i.e., the "who, what, when, where, why and how" of a project).

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	*Criterion 1: NEED*
Organizational Information	*Criterion 4: RESOURCES/CAPABILITIES*
Need	*Criterion 1: NEED*
Approach	*Criterion 2a: RESPONSE: APPROACH*

Narrative Section	Review Criteria
Work Plan	*Criterion 2b: RESPONSE: WORK PLAN*
Resolution of Challenges	*Criterion 2c: RESPONSE: RESOLUTION OF CHALLENGES*
Evaluation and Technical Support Capacity	*Criterion 3a: IMPACT: EVALUATION AND TECHNICAL SUPPORT CAPACITY*
Program Sustainability	*Criterion 3b: IMPACT: PROGRAM SUSTAINABILITY*
Budget Narrative	*Criterion 5: SUPPORT REQUESTED*

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 – Corresponds to Section V's Review Criterion 1 NEED*

  Briefly describe the purpose of the proposed project and clearly identify specific project goals, objectives, and expected outcomes. Summarize how the proposed project will address the population health needs and expansion of family medicine or family medicine with enhanced obstetrics, internal medicine, preventive medicine, psychiatry, general surgery, or obstetrics and gynecology care and access for the proposed target area(s).

- *Organizational Information – Corresponds to Section V's Review Criterion 4: RESOURCES/CAPABILITIES*

  In this section, you must demonstrate your organizational capacity to carry out the proposed project activities and ability to meet program expectations (e.g., reporting requirements and other grant administrative activities). Specifically, you must:

  1. Succinctly describe your organization's current mission and structure, scope of current activities, and how these elements all contribute to the organization's ability to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project.
  2. Provide a project organizational chart in **Attachment 5** that identifies the applicant organization, the residency program sponsoring institution, and all relevant collaborators, including clinical training partners involved in the development of the new rural residency program. Letters of Agreement with all key collaborators, clinical training site(s), and the sponsoring institution, if different from the applicant organization, must be included in **Attachment 4**.

3. Describe your organization's experience developing rural residency programs, and how the expertise of collaborators will contribute to successfully implementing a new rural residency program.
4. Describe how you will routinely assess and improve the unique needs of target populations and communities served.
5. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
6. If your organization is applying as part of a GME consortium, you must list out all members of the GME consortium, key personnel, responsibilities of each consortium member involved with the grant, and explain the flow of grant funds between members of the consortium (if applicable).
7. If funds will be sub-awarded or expended on contracts, explain how your organization will ensure these funds are properly used and monitored, including having policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-recipient monitoring and management.

Include the staffing plan and job descriptions for key faculty/staff in **Attachment 2** (Staffing Plan and Job Descriptions for Key Personnel). Include biographical sketches for each person occupying the key positions, not to exceed two pages in length each in **Attachment 3**. If you include a biographical sketch for an identified individual who is not yet hired, include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations served by their programs.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Key personnel name
- Position Title
- Education/Training – beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
    - Institution and location
    - Degree (if applicable)
    - Date of degree (MM/YY)
    - Field of study

- Section A (required) Personal Statement. Briefly describe why the individual's experience and qualifications make him/her particularly well suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (required) Positions and Honors. List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C (optional) Peer-reviewed publications or manuscripts in press (in chronological order). You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (optional) Other Support. List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Key Person identified on the Biographical Sketch.

▪ *Need – Corresponds to Section V's Review Criterion 1 NEED*

Provide an overview of the health workforce and health care needs of the target area(s) served by the proposed project. This section should primarily focus on assessing the current health care infrastructure (e.g., graduate medical education landscape) and describing the resources needed to develop a new rural residency program. You must use and cite demographic data (e.g., local, state, federal) whenever possible to support the information provided.

Specifically, you must include the following information:

1. Description of the geographic area where the new rural residency program will be located, the justification for selecting this area, and the unmet need(s) that your residency program will address. To the extent possible, include data on the population demographics, social determinants of health, health disparities faced by, and health care needs of the population served, barriers to access and care, and any other unmet needs. Indicate the presence of Medically Underserved Communities (MUC) and/or Health Professional Shortage Areas (HPSA).
2. Description of health workforce shortages and need for primary care and other high need physicians in the specialty for which you are applying for funding, including current (within 3 years) information and data demonstrating the need for the proposed specialty in the target area(s).

3. Description of the rural health care delivery system and the specific needs of the facility(s) hosting the rural residency program. Include information on the organization's structure and the clinical and faculty capacity needed to support the new rural residency program.
4. Description of any residency programs (existing or in development) in the specialty area for which you are applying for funding, that serve the target area(s) where the proposed new rural residency program will be located.
5. Description of any progress that has already been made towards developing a rural residency program.
6. Describe existing residency program collaborations and explain how strengthening academic and community linkages with private sector or safety net providers will support the development of clinical training sites and preceptor development and retention, to deliver high-quality, culturally competent training to residents.
7. Description of any consultations with the State Office of Rural Health related to the planning and development of the new rural residency program.

Applicants pursuing the **Maternal Health and Obstetrics Pathway** must also include:

1. Current state or county-level data on demographics, social determinants of health and health disparities faced by the target population and their maternal health needs, including prevention and treatment of risk factors such as diabetes, heart disease, hypertension, obesity, depression, and OUD and SUD in pregnancy. You may use maternal health indicators from HRSA's Maternal and Infant Mapping Tool located at https://data.hrsa.gov/maps/mchb/.
2. Description of gaps in the obstetrics services and existing resources available to care for individuals and families with high risk factors in pregnancy.

This section will help reviewers understand whom you will serve with the proposed project.

- *Approach – Corresponds to Section V's Review Criterion 2a RESPONSE: APPROACH*

  Propose methods that you will use to address the stated needs and meet each of the previously described program goals and objectives in Section I.1 Purpose of this NOFO. Describe how the proposed methods will overcome challenges and barriers in developing the new rural residency program and bridge any gaps identified in the "Needs" section above. Specifically, this section must include how you plan to achieve:

  1. ACGME accreditation for the new rural residency program or permanent complement increase for the new RTP no later than the end of the program performance period (i.e., July 31, 2027). Applicants must describe:

     a. Plan to ensure clinical capacity meets ACGME program accreditation requirements including sufficient numbers of dedicated supervisory faculty, adequate patient care volume, and appropriate resident training time in relevant medical specialties and subspecialties (e.g., obstetrics training). If a clinical training partner(s) addresses gaps in existing clinical capacity to meet ACGME requirements and provides significant support, you must submit Letters of Agreement from the clinical partner describing their committed resources and clinical capacity in **Attachment 4**.

     b. Current organizational capacity and program governance structure to meet ACGME sponsoring institution and program accreditation requirements, including acquiring access to electronic health records, library services, learning management systems, etc.

     c. Plan to appoint a residency program director by the start of year 2 of the grant (if not already hired) and a faculty recruitment and development plan, including recruiting specialty faculty to meet ACGME requirements for the proposed specialty.

     d. Curriculum and training plan, including incorporation of interprofessional training, culturally and linguistically appropriate care, and training to address the health inequities and disparities of the patient population in rural target area(s). The curriculum plan must be high quality, leading to successful board certification of graduates and readiness for clinical practice following completion of training.

  2. Resident matriculation no later than the AY immediately following the end of the program period of performance (i.e., AY 2028). Applicants must describe a plan to:

     a. Recruit and support a diverse cohort of high-quality residents, including outreach to medical students with rural and disadvantaged backgrounds.

     b. Recruit and train at least the minimum number of residents required to achieve and maintain accreditation for the proposed specialty.

c. Promote retention among residents and graduates to practice in rural communities.

3. Tracking residents' career outcomes for a period of at least 5 years post-graduation from the rural residency program. Applicants must describe a plan to:

   a. Develop a new tracking tool, or enhance or leverage an existing graduate tracking system, to track and publicly report (e.g., on program website) on graduates' career outcomes and retention in rural and underserved areas.

   b. At a minimum, the graduate tracking plan should accurately collect the following graduate outcomes:

      i. National Provider Identifier (NPI)

      ii. Practice location(s)

      iii. Medical Specialty/Sub-specialty

      iv. Employment Status (i.e., Part-time or full-time)

   c. Describe a plan to disseminate reports, products, and/or project outputs so project information may inform other rural residency programs to pursue this model as a strategy for recruiting and retaining physicians.

Note: Award recipients should consider adding tracking performance measures related to accredited positions, admissions, and residents by year of training, by age, gender, race, ethnicity, location of training, new curriculum development, and faculty development, to the plan for tracking characteristics of graduates, practice locations, and intent to be employed in rural areas. HRSA will request award recipients to report on selected characteristics of residents and graduates during the period of performance. Refer to https://grants4.hrsa.gov/WebBPMHExternal/Interface/ProgramManualHTML.aspx?FormCode=1&IsPM=True&EHBActivityCode=p13 for examples of performance data.

Applicants pursuing the **Maternal Health and Obstetrics Pathway** must also include:

1. Description of the type(s) of training sites for obstetrics training, number of anticipated vaginal deliveries and C-sections, along with the range of services at the clinical training sites including ambulatory care for maternal health in the locality of the program.

2. If applicable, describe how you plan to enhance the family medicine residency program in maternal health and obstetrical training, referencing current ACGME requirements, and how you plan to meet these requirements in order

to train family medicine residents for the independent practice of obstetrics in rural communities.[14]

3. Describe the number of preceptors and faculty members that provide maternal health care and the types of maternity and obstetrics services they perform in the sites where the residents will train.
4. Clearly identify the percentage of time and types of maternal health/obstetrics services the residents will perform or experience while training in rural communities.

Additionally, all applicants should describe innovative approaches or unique program characteristics that would enhance the quality of rural residency training to meet the needs of the targeted rural area(s), such as:

- Emerging patient care or health care delivery strategies (e.g., patient centered medical homes, telehealth, etc.)
- Integration of interprofessional education and practice
- Integration of oral health and/or mental health and substance use disorder treatment
- Incorporation of public health emergency preparedness and response training

▪ *Work Plan – Corresponds to Section V's Review Criterion 2b: RESPONSE: WORK PLAN*

Provide a clear and detailed work plan in **Attachment 6** that you will use to achieve each of the program goals and objectives listed under Section I.1 Purpose. Refer to a sample work plan at the following link: https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/funding/workplantemplate.pdf. You must:

1. Describe activities or steps you will use to achieve each of the program goals and objectives proposed during the entire period of performance identified in the "Approach" section.
2. Describe timeframes and deliverables and identify faculty/staff and key collaborators responsible for executing each activity during the three-year period of performance. Identified key faculty/staff in the work plan must

[14] Effective July 1, 2023, ACGME revised family medicine program requirements contain updates for maternity care, including robust requirements on comprehensive pregnancy-related care. Per ACGME, "Residents who seek the option to incorporate comprehensive pregnancy-related care, including intrapartum pregnancy-related care and vaginal deliveries into independent practice, must complete at least 400 hours (or four months) dedicated to training on labor and delivery and perform or directly supervise at least 80 deliveries". Refer to ACGME's Family Medicine Program Requirements for more information.

correspond with the staffing plan in **Attachment 2.** Identified key collaborators must correspond with Letter of Agreement in **Attachment 4.**

3. Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of the grant.
4. Identify meaningful support and collaboration with key contributors in planning, designing, and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the populations and communities served. All GME consortium members must correspond with the Letters of Agreement in **Attachment 4**.

- *Resolution of Challenges – Corresponds to Section V's Review Criterion 2c RESPONSE: RESOLUTION OF CHALLENGES*

  Discuss challenges that you are likely to encounter in planning and developing a new rural residency program, and approaches that you will use to resolve these challenges. Clearly specify how the proposed methods in the "Approach" section will overcome challenges and barriers identified. You must:

  1. Discuss challenges and barriers in implementing activities described in the work plan to achieve program goals and objectives. Propose reasonable strategies to address these challenges. Some examples may include inadequate clinical obstetrics/maternal health and pediatric experiences or patient volumes for residents, recruiting specialty and subspecialty preceptors needed to meet ACGME requirements, and financial sustainability issues.
  2. Discuss any anticipated internal challenges (e.g., managing expectations among clinical training partners and sponsoring institution) and external challenges (e.g., regulatory changes, public health emergencies) that may directly or indirectly affect the development of the rural residency program and provide strategies for how these will be resolved.
  3. Describe challenges with incorporating interprofessional health care, innovative approaches, and culturally and linguistically appropriate care in the program curriculum and propose resolutions to these challenges.
  4. Describe challenges with recruiting a diverse cohort of high-quality residents. Discuss strategies to overcome recruitment challenges.

  Note: *Include references to ACGME program requirements wherever possible when addressing any challenge related to meeting accreditation requirements.*

- *Evaluation and Technical Support Capacity – Corresponds to Section V's Review Criterion 3a IMPACT: EVALUATION AND TECHNICAL SUPPORT CAPACITY*

  This section describes your proposed plan to monitor ongoing processes and progress towards meeting project goals, objectives, and expected outcomes. You must:

  1. Describe the plan for the program performance evaluation that will meet ACGME accreditation requirements and promote continuous quality improvement. Propose clearly defined, viable metrics, including descriptions of the inputs (e.g., key personnel, collaborators, and other resources), key processes, and meaningful expected outcomes of the funded activities.
  2. Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data in a way that allows for accurate and timely reporting of performance outcomes.
  3. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Award recipients will submit annual performance reports throughout the period of performance. Please provide anticipated values for the following initial outputs in your application:

1. Number and type (i.e., model and specialty) of newly established rural residency program(s)
2. Number of residents each rural residency program can support in the first year
3. Number of residents each rural residency program will support once fully established (longer-term goal)
4. Number and type of existing clinical training sites for residents
5. Number and type of newly established clinical training sites for residents
6. Number of faculty and staff trained to teach, support, and administer the curriculum at each rural residency program site
7. Number and type of existing collaborations (e.g., non-clinical training site) that support the rural residency program
8. Number and type of newly established collaborations (e.g., non-clinical training site) that support the rural residency program

- *Program Sustainability – Corresponds to Section V's Review Criterion 3b IMPACT: PROGRAM SUSTAINABILITY*

  Applicants must propose a clearly defined, fact-based, validated sustainability plan to support the long-term financial sustainability for the new rural residency program beyond the RRPD period of performance. You must:

  1. Describe a financial sustainability plan by selecting one or more of the sustainability options to support the costs of your new rural residency program, including financial investments you have already made. The financial sustainability plan must describe funding sources other than clinical revenue that are available or projected for the long term. For example, a Critical Access Hospital or Sole Community Hospital must obtain additional sustainability funding sources beyond clinical revenue to financially sustain a rural residency program. New rural residency programs may seek various funding sources to ensure long-term sustainability for their program, including, but not limited to, qualifying under current regulatory authority for Medicare GME and/or other public or private support.
  2. Provide all required documentation for selected sustainability option(s) that demonstrates that the proposed sustainability plan is reasonable, feasible, and will result in long-term financial sustainability.
  3. Demonstrate a stable future financial outlook for the sponsoring institution and clinical training partners involved in the new rural residency program. In **Attachment 4**, the Letters of Agreements from collaborators should clearly describe future financial outlook, resources, and commitment to support the program long-term.
  4. Discuss any foreseeable challenges and barriers (e.g., reliability of state or private funding sources) to your proposed sustainability plan, and how you will address these challenges and barriers. For instance, hospitals that either do not qualify for Medicare GME funding or receive partial GME funding (e.g., Critical Access Hospitals, Medicare Dependent Hospitals, Sole Community Hospitals, or Rural Emergency Hospitals) must describe a strong sustainability plan that includes other ongoing funding stream(s) to sustain long-term resident training once the program is established.

  Medicare GME Options

  The Centers for Medicare & Medicaid Services (CMS) provides Medicare GME payments to qualifying hospitals to support the indirect (IME) and direct (DGME) costs of an approved medical residency program. CMS calculates both IME and DGME payments based in part on the number of full time equivalent (FTE) residents a hospital trains. The Balanced Budget Act (BBA) of 1997 established a limit on the number of FTE residents for which each hospital can receive IME and DGME payment. This limitation, one for IME and one for DGME, is based on the number of such FTE residents the hospital trained in its most recent cost report

ending on or before December 31, 1996. It is referred to as the "1996 Base Year Resident Cap."

The DGME payment is also based in part on a hospital-specific Per Resident Amount (PRA). Establishment of a hospital's PRA is triggered when the hospital trains a resident or residents in an approved GME program for the first time, regardless of whether those residents are part of a new approved program or an existing approved program and regardless of whether or not the hospital is the sponsor of the approved program, and regardless of whether or not the hospital incurs costs for the resident(s). The regulations at 42 CFR 413.77 provide additional information on the establishment of PRAs.

On December 27, 2020, Congress passed the Consolidated Appropriations Act (CAA), 2021 (P.L. 116-260) that included major GME provisions that promote physician residency training opportunities and addressed the health equity gap in rural communities. CMS finalized provisions to implement sections 126, 127, and 131 of the CAA in the FY22 Inpatient Prospective Payment System (IPPS) Final Rule with Comment Period published on December 27, 2021:

- Section 126 – authorizes the distribution of 1,000 new Medicare-funded GME residency positions to qualifying hospitals in 4 statutorily-specified categories, including hospitals located (or treated as being located) in a rural area starting in FY2023 with not more than 200 slots being distributed per fiscal year. Refer to CMS FAQs on Section 126.
- Section 127 – statutorily removes the "separate accreditation" requirement for RTPs and allows both the urban and/or rural hospitals to qualify to receive a rural track FTE adjustment if greater than 50 percent of the training takes place in a rural area, regardless of specialty, as long as the entire program is accredited by ACGME. Refer to the CMS FAQs on Section 127.
- Section 131 – authorizes the resetting of low or zero DGME PRAs and low IME and DGME FTE resident caps for certain hospitals starting December 27, 2020 through December 26, 2025. It also requires hospitals to report residents on their Medicare cost reports when they train at least 1.0 FTE in an approved program (in the absence of a Medicare GME affiliation agreement). Refer to CMS Guidance on Section 131.

For the purposes of this HRSA-24-022 NOFO, applicants proposing any sustainability plan that relies on Medicare GME must select from the following option(s):

Option 1 – Establishing a Medicare FTE Resident Cap

Rural hospitals that have not yet triggered their PRA and do not yet have GME FTE resident caps set ("never claimers") are eligible to select this option. To demonstrate that the PRA has not yet been triggered, rural hospitals must demonstrate that no prior residency training has taken place in their hospital and

no previous caps have been set through a careful examination of past cost reports since 1996.

Rural hospitals that are eligible to qualify for a PRA and/or FTE recalculation per Medicare regulations implementing Section 131 of the CAA of 2021 under either Category A or Category B Hospital described below:

a. Category A Hospital – as of December 27, 2020, has a PRA and GME FTE cap that was established based on less than 1.0 FTE in any cost reporting period beginning before October 1, 1997. These hospitals may establish a new PRA when they train at least 1.0 FTE in an existing or new program in the earliest cost reporting period beginning on or after December 27, 2020 and before December 26, 2025. Hospitals may be eligible to reset their GME FTE resident caps if they start a new residency program training at least 1.0 FTE between December 27, 2020 and December 26, 2025.

b. Category B Hospital – as of December 27, 2020, has a PRA and GME FTE cap that was established based on training no more than 3.0 FTEs in any cost reporting period beginning on or after October 1, 1997. These hospitals may establish a new PRA when they train more than 3.0 FTEs in an existing or new program in the earliest cost reporting period beginning on or after December 27, 2020 and before December 26, 2025. Hospitals may be eligible to reset their GME FTE resident caps if they start a new residency program training at least 3.0 FTEs between December 27, 2020 and December 26, 2025.

Option 2 – Rural Hospital "New" Residency Program Specialty

Rural hospitals may be eligible to receive an increase in their Medicare FTE resident cap if they start a new medical residency training program in a specialty that has not previously trained in the rural hospital. For example, a rural hospital with an accredited family medicine residency program may be eligible for an increase in their resident cap if they start training residents in a new psychiatry program. Current Medicare regulations do not provide cap increases when a rural hospital expands the number of FTE residents in an existing program or if an existing residency program is transferred to a new training site.

Option 3 – Medicare FTE Resident Cap Expansion for RTPs

Authorized under Section 127 of the CAA of 2021, urban and/or rural hospitals that establish an RTP or add an additional site to an existing program that is accredited by ACGME may qualify for an adjustment to their FTE resident caps. Effective for cost reporting periods on or after October 1, 2022, an RTP is an ACGME accredited program in which residents train for greater than 50 percent of their residency training in a rural area as defined at 42 CFR 412.62(f)(iii).This statutory change removed the separate accreditation requirement previously applied to RTTs, providing greater flexibilities for urban hospital and rural hospitals to receive Medicare GME funding for new RTPs and new RTP sites regardless of specialty.

For any sustainability plan that relies on Medicare GME payments, you must provide documentation that:

1. Demonstrates that greater than 50 percent of total resident training will take place in a clinical training site(s), e.g., hospital, clinic, etc., physically located in a rural area in accordance with FORHP **and** CMS's definition of "rural" in **Attachment 1**. Additionally you must show that the rural training site(s) will meet CMS rural requirements in future years by documenting that the county is **not** in a metropolitan area delineated in OMB Bulletin No. 23-01. See Appendix C. Hospitals located in an urban county that have reclassified as rural under 42 CFR 412.103 are rural for IME, but not DGME. To determine if a hospital is located in a county that is rural, review the FY 2024 IPPS Final Rule's "County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available on FY 2024 IPPS Final Rule Homepage.
2. Demonstrates that the rural hospital and/or the urban hospital in the case of an RTP is eligible for Medicare GME funding by providing the following attestation documentation in **Attachment 7**:
    a. Letter from hospital's Chief Executive Officer or other leadership confirming through careful examination of past Medicare cost reports since 1996 that the proposed new rural residency program or RTP is eligible to qualify for Medicare GME funding for one of the following reasons:
        i. the hospital has not hosted pre-planned and scheduled residency training in past cost reports that are settled, but are within the 3-year reopening period, and that the hospital does not have a Medicare FTE cap set for the proposed new rural residency program or RTP (new or additional rural site); or
        ii. the hospital is eligible for a PRA and/or FTE reset based on Healthcare Cost Report Information System (HCRIS) data and plans to start training residents in the proposed new rural residency program within the 5-year reset period of December 27, 2020 through December 26, 2025.
    b. Applicants may evaluate Medicare eligibility using the two HCRIS data files posted on the CMS website which contains hospital Medicare cost report GME data. You may use as a starting point the RRPD-TAC's Rural GME Hospital Analyzer tool (registration required). This tool is for information purposes only. You must include additional documentation including your own analysis of the hospital's records to determine Medicare GME eligibility for the purpose of this application.

Other Funding Options

Rural residency programs may also be supported by funding sources other than Medicare. Examples include funding from Medicaid, state, or other public and

private funding. For the purposes of this NOFO, if you propose a sustainability plan that relies on funding sources other than Medicare, you must select the option below:

Option 4 – Other Public or Private Funding

If you propose a sustainability plan that relies on public funding sources other than Medicare, you must demonstrate the long-term viability of the funding and clearly describe the funding mechanism in **Attachment 7**:

- Application process (competitive vs. noncompetitive);
- How your program qualifies for the funding; and
- The anticipated award date and the expected duration and availability of the funding.

If you propose a sustainability plan that includes private funding for ongoing support of your residency program, you must demonstrate the long-term viability of the funding and must provide a letter of agreement from the funder in **Attachment 7**, including:

- The level of commitment to the sustainability of the program;
- Funding amount and duration of funding; and
- Potential future funding support (if applicable).

Program Sustainability Options Cross-Reference Table

In addition to describing the program sustainability within the project narrative, attachments are required for each of the program sustainability options. Below is a recap of the required documents.

Option Types (select one or more)	Applicable Entity	Program Sustainability Required Documents
Option 1: **Establishing a Medicare FTE Resident Cap**	Rural Hospital, GME consortiums	**Attachment #1** – Provide proof of rural designation that meets both CMS definition of rural and FORHP definition of rural. Document that the county is **not** in a metropolitan area delineated in OMB Bulletin No. 23-01.
		Attachment #7 **New** – Applicants must demonstrate Medicare GME eligibility for establishing a new Medicare FTE resident cap and no prior residency training in the hospital through a careful and complete examination of past Medicare cost reports since 1996. An attestation letter must be submitted from the CEO or other leadership confirming that a) the proposed rural

		residency program is new for purposes of Medicare GME funding, and b) the hospital has not hosted pre-planned and scheduled residency training in past cost reports that are settled but within the 3-year reopening periods and the hospital does not have previously set Medicare resident FTE caps or previously triggered DMGE PRA. **Reset** – Applicants must demonstrate Medicare GME eligibility for resetting Medicare FTE resident caps through a careful and complete examination of past Medicare cost reports since 1996. An attestation letter must be submitted from the CEO or other leadership confirming that a) they are eligible for an FTE and/or PRA reset based on HCRIS data; and (b) plan to start training residents in the proposed new rural residency program within the 5-year reset period of December 27, 2020 through December 26, 2025.
Option 2: Rural Hospital "New" Residency Program Specialty	Rural Hospital	**Attachment #1** – Provide proof of rural designation that meets both CMS definition of rural and FORHP definition of rural. Document that the county is **not** in a metropolitan area delineated in OMB Bulletin No. 23-01.
		Attachment #7 – Applicants must demonstrate Medicare GME eligibility for establishing a "new" residency program in a new specialty and no prior training in the proposed specialty in the hospital through a careful and complete examination of past Medicare cost reports since 1996. An attestation letter must be submitted from the CEO or other leadership confirming that a) the proposed rural residency program is a new specialty for purposes of Medicare GME funding, and b) the hospital has not hosted pre-planned and scheduled residency training in the proposed specialty in past cost reports that are settled but within the 3-year reopening periods and the hospital does not have previously set Medicare FTE resident caps for the proposed specialty.
Option 3: Medicare FTE Resident Cap Expansion for RTPs	Rural hospital, community-based ambulatory patient care centers, GME consortiums	**Attachment #1** – Provide proof of rural designation for the rural clinical training sites that meets both CMS definition of rural and FORHP definition of rural. Document that the county is **not** in a metropolitan area delineated in OMB Bulletin No. 23-01.
		Attachment #7 – Applicants must demonstrate Medicare GME eligibility for establishing a new RTP or adding a "new" RTP site through careful examination of past Medicare cost reports since 1996. An attestation letter must be submitted from the CEO or other leadership confirming that a) proposed

		RTP (new or additional rural site) is eligible for Medicare GME funding, and b) the hospital has not hosted pre-planned and scheduled residency training in past cost reports that are settled but within the 3-year reopening periods and the hospital does not have previously set Medicare FTE resident caps for the proposed RTP.
Option 4: Other Public or Private Funding	All Eligible Entities	**Attachment #1** – Provide proof of rural designation that meets FORHP definition of rural.
		Attachment #7 – Documentation that demonstrates eligibility for public funding (e.g., description of funding mechanism and award process) or private funding (i.e., letter of agreement from funder) indicating the amount awarded and duration; **and** documentation from organization's leadership demonstrating that this is a new rural residency program or RTP (new or additional rural site).

Note: *HRSA encourages applicants to select more than one option to strengthen their sustainability plan, as appropriate. However, you must identify and provide all required documentation for all options selected.*

iii. *Budget*

The *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. You must allocate the award funding across each of the three years using the OMB-approved form Budget Information for Non-Construction Programs (SF-424A) section B. Fill out column 1 for the first year, column 2 for the second year, and column 3 for the third. Ensure that you provide a budget in the column titled TOTAL summarizing all three years and reflecting the full multi-year award amount since this is the column that will appear on the Notice of Award NOA.

Reminder: 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.

Specific Instructions

RRPD award recipients may use funds for the following grant activities:

1. **Achieve accreditation**. You may use funding to support planning and development costs of establishing a new rural residency program in family medicine or family medicine with enhanced obstetrical training, internal medicine, preventive medicine, psychiatry, general surgery, or obstetrics and gynecology. Allowable expenses include costs associated with achieving program accreditation, including initial ACGME accreditation fees and travel to partner clinical sites of practice. RRPD recipients supported by this funding opportunity must obtain ACGME accreditation prior to the end of the RRPD period of performance and will be required to submit the appropriate ACGME documentation confirming application submission before the start of the third year of the award.

   Note: *The RRPD award may cover the cost of ACGME initial accreditation fee. Subsequent fees, such as annual program and appeal fees, are not allowable.*

2. **Faculty recruitment, development, and retention**. You may use funding to support planning and development costs for building faculty and staff capacity through recruitment, training, and retention efforts (e.g., travel costs and conferences/training registration). Allowable expenses during the development stage include salaries for staff members such as program directors and other faculty involved in resident training.

3. **Curriculum development**. You may use funding to support curriculum development activities to meet ACGME program requirements and innovative approaches that would enhance the quality of rural residency training and address the health care needs of the rural community.

4. **Resident recruitment**. You may use funding to support costs associated with the recruitment of new residents. Applicants are encouraged to recruit and support a diverse cohort of high-quality residents. Funds may be used to promote the rural residency program or RTP to medical students and/or to establish pipeline activities that encourage local youth to ultimately train in the applicant's program. Costs for resident recruitment may include advertising, travel reimbursement, or staff time dedicated to recruitment.

5. **Graduate tracking plan development**. You may use funding to support costs associated with developing a structured plan to track residents at least 5 years after graduation on career outcomes (e.g., fellowship, specialty/sub-specialty, and hospitalist), location of employment, and retention in rural communities.

6. **Annual RRPD Meeting**. You may use funding to support travel costs for the RRPD Project Director and up to two key staff to attend a mandatory 2-day Annual RRPD Meeting for each year within the period of performance. The RRPD Project Director at minimum is required to attend the Annual RRPD Meetings

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.*

In addition, RRPD requires the following: The budget justification narrative must describe all line-item federal funds (including subawards) proposed for this project for all three years of the period of performance. The budget narrative does count towards the page limit.

If your program proposal includes hiring new personnel, awarding contracts, or making subawards, then you must take into account the processes and time needed to put these parts of your plan in place. Awarded applicants shall work to ensure that new hires are on-board within three months of the planned start date. If your program proposal includes using consultant services, list the total costs for all consultant services for each year. In the budget narrative, identify each consultant, the services they will perform the total number of hours, travel costs, and the total estimated costs.

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 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: Rural Status Designation (Required and do not count towards the page limit)

Provide a table of all proposed training sites and locations that includes the following key information:

1. Site name and address
2. County name and state
3. County rural or urban status in the FY 2024 IPPS Final Rule
4. County metropolitan or non-metropolitan status as delineated in OMB Bulletin No. 23-01. See Appendix C.
5. Site rural status in the Rural Health Grants Eligibility Analyzer
6. Projected Percentage of resident training time at each site

Include an attestation that the program will train residents in rural areas for greater than 50 percent of the total residency training time. All applicants must provide proof of rural designation for all rural training sites that meets the FORHP definition of rural by using

the Rural Health Grants Eligibility Analyzer. Include a screenshot or printout of the Eligibility Analyzer result for each rural training site. In some cases, a location may be considered rural by FORHP that is not in a rural county according to CMS. If an applicant proposes a sustainability plan that includes Medicare GME funding, you must demonstrate that the rural clinical training site(s), where greater than 50 percent of the training will occur, is in a rural county according to CMS and a non-metropolitan county in OMB Bulletin No. 23-01. To determine if a hospital or other training site is located in a county that is rural for CMS IPPS wage index purposes, download and review the FY 2024 "County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available on the FY 2024 IPPS Final Rule Homepage. **Note:** Counties without a CBSA or CBSA Name listed in Columns D and E are considered rural for CMS purposes.

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

Include a staffing plan outlining roles and responsibilities and the percentage of time each staff person will dedicate to the program. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel (Required and do not count towards the page limit) Include biographical sketches for persons occupying the key positions described in **Attachment 2**, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training and experience working with the cultural and linguistically diverse populations served by their programs. Refer to Section IV.2.ii Organizational Information for biographical sketch format.

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal (e.g., clinical training sites). 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 Organization Chart (Required)

Provide a one-page figure that depicts the organizational structure of the project, including sponsoring institution, clinical training partners, GME consortium members (if applicable), or other key collaborations.

Attachment 6: Work Plan (Required)

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 7: Program Sustainability Documents (Required)

Provide documentation that supports the residency program sustainability plan during and after grant funding, for example, qualifying under current regulatory authority for Medicare GME and/or other public or private support. Refer to Section IV.2.ii Program Sustainability for required documentation for all program sustainability options

Attachment 8: State Office of Rural Health (SORH) Letter(s) of Intent (Required and do not count towards the page limit)

Applicants are required to notify the SORH in the state(s) where they are proposing to conduct rural training of their intent to apply to this program. Provide a copy of the letter or email sent to the SORH(s) describing your project and any response received from the SORH(s). A list of the SORHs can be accessed at https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/.

Attachment 9: Request for Funding Priority (if applicable)

To receive a funding priority, include a statement that you qualify for a funding priority and identify the priority. See Section V.2 Review and Selection Process.

Attachment 10-15: Other Relevant Documents

Include here any other documents that are relevant to the application, including other letters of support, proof of non-profit status, or indirect cost rate agreements. 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.[15]

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

[15] 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)).

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.

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 *February 12, 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

RRPD Program must 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.

Program-specific Restrictions

You cannot use funds under this notice for the following:

- Resident salaries and benefits;
- Ongoing support for resident training (e.g., as a program sustainability plan);
- Acquiring or building real property; and
- Major construction or major renovation of any space. Note: Minor renovations or alterations are allowable.

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 five review criteria to review and rank RRPD applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (15 points) – Corresponds to Section IV's Introduction and Need

The extent to which the application demonstrates the problem and associated contributing factors to the problem. Reviewers will evaluate the quality and extent to which the application:

- Describes the geographic area where the proposed new rural residency program will be located, justification for choosing this area, and how the program will address the rural workforce needs and seek to improve the health of the population served.
- Demonstrates a significant workforce need and shortage in the proposed specialty among a high need rural population, including the use of appropriate data sources in the analysis of the limited health resources and burden of diseases and/or conditions among rural residents within these communities (e.g., demographics, health outcomes, health disparities/inequities, barriers to access, etc.).
- Describes the rural health care delivery system and provides details on the specific needs of the organization and facility(s) to successfully establish the proposed rural residency program.
- Assesses the current graduate medical education landscape for the proposed target rural area(s), including existing or developing rural residency programs, to determine the need for a new rural residency program. If there are existing rural residency programs, the application describes and demonstrates significant need for a new program.
- Describes progress towards planning and developing a new rural residency program, including any consultations with the State Office of Rural Health and existing residency program collaborations and how strengthening academic and community linkages will support providing high-quality, culturally competent training to residents.
- Additionally, reviewers will evaluate the quality and extent to which a ***Maternal Health and Obstetrics Pathway*** application:
    - Describes the need for increased number of obstetrics-gynecology and family medicine physicians with expertise in managing maternal health care in rural areas, and who are capable of improving maternal health outcomes with limited resources.
    - Describes the social determinants of health and health disparities faced by the targeted population and their maternal health needs, including the need for training residents to prevent and treat certain high-risk factors in pregnancy (e.g., diabetes, heart disease, hypertension, obesity, depression, OUD/SUD). Provides current state or county-level data, such as data from HRSA's Maternal and Infant Health Mapping Tool.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Approach, Work Plan and Resolution of Challenges

Criterion 2a: RESPONSE: APPROACH (10 points) – Corresponds to Section IV's Approach

The quality and extent to which the application describes activities likely to successfully achieve the program goals and objectives stated in Section I.1 Purpose and establish a new rural residency program or RTP that is accredited by ACGME. Specifically, the application:

- Demonstrates clinical capacity to meet ACGME accreditation requirements by the end of the RRPD grant program period of performance (i.e., July 31, 2027), including dedicated supervisory faculty, adequate patient care volume, and appropriate resident training time in relevant medical specialties and subspecialties (e.g., adequate obstetrics training). If a clinical training partner(s) addresses gaps in existing clinical capacity to meet ACGME requirements, the applicant must also submit Letters of Agreement from the clinical partner demonstrating their committed resources and clinical capacity in **Attachment 4**.
- Describes the organizational capacity and program governance structure needed to meet ACGME sponsoring institution and program accreditation requirements, including hiring non-faculty staff, and acquiring access to electronic health records, library services, learning management systems, etc.
- Describes plan to appoint a residency program director by the start of year 2 of the grant (if not already hired) and a faculty recruitment and development plan, including recruiting faculty with specialty expertise to meet ACGME requirements for the proposed residency specialty.
- Describes a residency program education that will deliver high-quality training and curriculum (e.g., innovative approaches, health equity, emerging patient care strategies, interprofessional education) that will prepare residents to provide high-quality and culturally and linguistically appropriate care in rural communities.
- Describes a strategic recruitment plan to recruit a diverse cohort of high-quality residents (to begin training no later than AY 2028) committed and willing to develop competencies to practice in rural communities.
- Describes a feasible graduate tracking plan that will track and publicly report residents' practice locations and retention in rural communities post-graduation for the new rural residency program.
- Proposes a residency education program that will lead to successful board certification and readiness for clinical practice, including competencies and training in key specialty areas upon completion of training.
- Describes a plan to disseminate reports, products, and/or project outputs so project information may inform other programs to pursue this model.
- Describes any unique program characteristics or innovative approaches that would enhance the quality of rural residency training that address emerging rural

population health needs (e.g., public health emergency response, infectious diseases, COVID-19), particularly among the health care safety net of the community it is serving. Explains why the project is innovative and provides the context for the project's innovation.

- Additionally, reviewers will evaluate the quality and extent to which a **Maternal Health and Obstetrics Pathway** application:
    - Describes how the clinical training sites will support maternal health and obstetrics training, including the number of vaginal deliveries and C-sections, along with the range of services needed to develop competency among residents.
    - Demonstrates that the proposed family medicine program in the maternal health pathway will meet maternal health and obstetrical training, referencing current ACGME requirements in order to train family medicine residents for the independent practice of obstetrics in rural communities.
    - Describes a plan to provide adequate maternal health/obstetrics clinical experience at a rural site capable of supporting the resident complement.
    - Describes sufficient number of preceptors and faculty members with maternal health and obstetrics expertise that will train family medicine residents or obstetrics and gynecology residents to practice in rural areas.

Criterion 2b: RESPONSE: WORK PLAN (10 points) – Corresponds to Section IV's Work Plan

The extent to which the proposed work plan will support the successful accreditation and establishment of a new rural residency program or RTP that will start training residents no later than the academic year immediately following the final year of the RRPD period of performance (i.e., AY 2028). Reviewers will consider the extent to which the application:

- Provides a detailed and logical work plan that is capable of achieving program goals and objectives identified in the "Approach" section of the project narrative.
- Provides a clear and complete work plan in **Attachment 6** describing timeframes, deliverables and key faculty/staff and collaborators required to execute each activity during the three-year period of performance.
- Clearly identifies key faculty and/or staff member responsible for each activity in the work plan, which should correspond with the staffing plan in **Attachment 2**.
- Clearly identifies activities requiring collaboration with relevant organizations (including sub-award recipients) in the planning, designing, and implementation of the new rural residency program, which should correlate with letters of agreements and/or memorandum of understanding provided in **Attachment 4**.

Criterion 2c: RESPONSE: RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV's Resolution of Challenges

Reviewers will evaluate the quality and extent to which the application:

- Demonstrates an understanding of the challenges and obstacles of establishing a new rural residency program or RTP and proposes reasonable strategies to address these challenges. Some examples programs may encounter include inadequate obstetrics/maternal health and pediatric services or patient volume, recruiting specialty and subspecialty preceptors, and financial sustainability issues.
- Describes challenges with incorporating interprofessional health care, innovative approaches, and culturally and linguistically appropriate care in the program curriculum and proposes resolutions to these challenges.
- Describes and demonstrates an understanding of additional challenges both internal and external to your organization that may directly or indirectly affect the development of the program and provide a plan on how these will be resolved.
- Provides strong strategies for overcoming challenges in recruiting a diverse cohort of high-quality residents that will start training no later than the academic year immediately following the final year of the RRPD period of performance (i.e., AY 2028).

Criterion 3: IMPACT (35 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Program Sustainability

Criterion 3a: IMPACT: EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Reviewers will evaluate the quality and extent to which the application:

- Demonstrates a strong plan to report on the measurable outcomes requested to achieve program goals and objectives, which includes both HRSA's performance reporting measures and the applicant's performance evaluation process dedicated to achieving ACGME accreditation.
- Proposes a clearly defined performance evaluation plan that will contribute to continuous quality improvement.
- Demonstrates adequate technical support capacity to conduct performance management and evaluation.
- Proposes reasonable solutions for overcoming potential obstacles for implementing program performance evaluation.

- Includes logical and well-supported anticipated values for the following outputs measures:

    1. Number and type (i.e., model and specialty) of newly established rural residency programs
    2. Number of residents each rural residency program can support in the first year
    3. Number of residents each rural residency program will support once fully established (longer-term goal)
    4. Number and type of existing clinical training sites for residents
    5. Number and type of newly established clinical training sites for residents
    6. Number of faculty and staff trained to teach, support, and administer the curriculum at each rural residency program site
    7. Number and type of existing collaborations (e.g., non-clinical training site) that support the rural residency program
    8. Number and type of newly established collaborations (e.g., non-clinical training site) that support the rural residency program

Criterion 3(b): IMPACT: PROGRAM SUSTAINABILITY (25 points) – Corresponds to Section IV's Program Sustainability

The extent to which the application describes a clearly defined, fact-based, reasonable, and validated sustainability plan for the proposed rural residency program to support the residency after the period of federal funding under this award ends. Applications that lack a program sustainability plan narrative and the required supporting documentation in both **Attachments 1** and **7** for the chosen sustainability option(s) will receive zero points for this section.

The reviewers will assess the quality and extent to which the application:

- Describes a plan for supporting the financial and programmatic sustainability of the new rural residency program. This must include funding sources other than clinical revenue and one (or a combination) of the funding options presented in Section IV.2.ii. Program Sustainability.
- Identifies challenges and barriers to the proposed sustainability plan and proposes strong resolutions to address these issues to sustain the new rural residency program long-term.
- Describes financial investments already made for the new rural residency program.
- Demonstrates a stable future financial outlook for the sponsoring institution and training sponsors involved in the new rural residency program. In **Attachment 4**, Letters of Agreements from collaborators should clearly describe future financial outlook, resources, and commitment to support the new program long-term.

- In addition to the program sustainability narrative, the applicant provides strong supporting documentation validating the proposed sustainability plan in **Attachments 1** and **7**.

The reviewers will consider the following for each of the program sustainability options presented in the IV.2.ii. Program Sustainability Cross-Reference Table:

- For **Medicare Options 1, 2, and 3**, reviewers will consider the quality and extent to which the application describes a strategy to qualify for Medicare GME (i.e., DGME and IME payments) and the viability of the proposed strategy. Additionally, reviewers will consider the strength of all required supporting documentation provided in **Attachments 1** and **7** demonstrating eligibility for Medicare GME:

    1. Attachment 1 – Rural Status Designation:

        Documentation demonstrating that the proposed new rural residency program will train residents in clinical training site(s) physically located in an area that meets both CMS **and** FORHP definitions of rural for greater than 50 percent of total residency training time. Those clinical training site(s) must **not** be located in a metropolitan area delineated in OMB Bulletin No. 23-01. Note: Applications that do not clearly provide documentation demonstrating both CMS **and** FORHP rural status **and** OMB non-metropolitan status will not meet this requirement and should be scored appropriately.

    2. Attachment 7 – Program Sustainability Documentation:

        Letter from hospital's Chief Executive Officer or other responsible leadership confirming through careful examination of past Medicare cost reports since 1996 that the proposed new rural residency program or RTP is a) eligible to qualify for Medicare GME funding and b) eligible for sufficient Medicare GME funding as described in Section IV.2.ii Program Sustainability.

- For **Other Public or Private Option 4**, reviewers will consider the quality and extent to which the application demonstrates, through letters of agreement, that the proposed program will train residents in clinical training site(s) located in FORHP rural areas for greater than 50 percent of total residency training time and will be permanently supported from sources other than Medicare (e.g., Medicaid, state, or other public or private funding). Reviewers will consider the degree to which the applicant explains the funding mechanism(s) and how the proposed program qualifies for the funding. Reviewers will also consider whether the proposed funding source would sufficiently sustain a rural residency program or RTP for the long term. For example, historically it is highly improbable that a Critical Access Hospital or Sole Community Hospital can financially sustain a residency program on clinical revenue alone, therefore such a situation would require additional sustainability funding sources to be identified other than clinical operating revenue.

Note: HRSA encourages applicants to select more than one sustainability option to strengthen their sustainability plan. Reviewers will consider the quality and extent to

which an application selecting a combination of the four options above demonstrates meeting the criteria of each applicable option.

Criterion 4: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

Reviewers will assess the quality and extent to which the application:

- Describes the organization's current mission, structure, and scope of current activities for the applicant organization and other key collaborations.
- Describes how the program organizational structure, collaborations, and resources will contribute to the organization's ability to successfully develop new rural residency programs and routinely assess the needs of the target populations served.
- Describe how the organization will carry out all activities proposed in the work plan and effectively manage the programmatic, fiscal, and administrative aspects of the grant, including properly accounting for federal funds, and documenting all costs to avoid audit findings.
- Provides an organizational chart in **Attachment 5** that clearly identifies the applicant organization, the sponsoring institution, and all relevant collaborators, including clinical training partners required for the rural residency program. Corresponding Letters of Agreement with all primary training partners are included in **Attachment 4**.
- Demonstrates the aptitude and expertise required of faculty and staff needed to implement the proposed work plan, including biographical sketches of key personnel (i.e., grant Project Director (PD)/Principal Investigator (PI), residency program director, coordinator, and other key personnel) in **Attachment 3**.
- Provides a staffing plan in **Attachment 2** including short paragraphs on each key faculty or staff member identified in the work plan, with a brief description of staffs' relevant background and qualifications, role and responsibilities, and percentage of time they will dedicate to the program.
- For an application that consists of a GME consortium, the applicant organization describes the members of the GME consortium, key personnel, responsibilities of each consortium member involved with the grant, and explains the flow of grant funds between members of the consortium (if applicable).
- For an application that proposes sub-awards or contracts, the applicant must demonstrate capacity to ensure these funds are properly used and monitored, including having policies and procedures in place that meet or exceed the

requirements in 45 CFR part 75 regarding sub-recipient monitoring and management.

Criterion 5: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's SF-424A Budget Form and Budget Narrative

The completeness and reasonableness of the proposed budget for all three years of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which the application includes a clear and easy to understand budget and budget narrative that is reasonable and outlines anticipated program costs for all three years of the period of performance.
- 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 project objectives, notably the project director for the grant. Note: The residency program director is not required to be the project director for the grant.
- If funds will be sub-awarded or expended on contracts or consultants, the budget narrative must describe the services they will perform and total estimated costs.

***Note:** Refer to the corresponding Section IV.2.iii. Budget, Section IV.6. Funding Restrictions sections for more guidance on budget requirements and funding restrictions.*

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
- Other factors
    - Funding Priorities
    - Funding Special Considerations

For this program, HRSA will use:

Priority Points

This program includes a funding priority. A funding priority is the favorable adjustment of review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. The RRPD Program has 2 funding priorities:

Priority 1: Geographic Distribution (2 Points)
The RRPD Program has a funding priority to improve the geographical distribution of rural residency programs. The maldistribution of residency training across the nation is a key contributing factor for physician workforce shortages and access in rural areas.[16] Several studies have found that training residents in rural areas increases the likelihood of graduates practicing in rural settings.

You will be granted a funding priority if you clearly demonstrate and propose to develop a new rural residency program that trains residents for greater than 50 percent of total training time in rural counties located in one of the following priority states or U.S territories:

- States: AK, CO, FL, IA, ID, KY, MI, ND, NE, NJ, NV, RI, SD, UT, VA, VT, WI, and WY.
- Territories: AS, GU, MP, VI, FM, MH, and PW.

You must clearly list the state/territory and county of your training sites in your abstract and in **Attachment 9**. HRSA selected these states and territories because RRPD Program grants have not funded development of rural residency programs that train residents for greater than 50 percent of total training time in rural counties located in these states or territories.

Note: If you propose to develop a new rural residency program that trains residents in one of these priority states/territories, but your organizational address is not in a priority state/territory, you can still qualify for this priority. However, you will only qualify if you clearly demonstrate that the program will fulfill the general requirement of this priority to train residents for greater than 50 percent of total training time in rural counties located in a priority state/territory. You must clearly list the state/territory and county of your training sites in your abstract and in **Attachment 9**.

Priority 2: Maternal Health (3 Points)
The RRPD has a funding priority to improve maternal health and increase obstetrical training in rural areas. Rural counties experience higher infant, neonatal and postnatal mortality rates than large urban counties.[17] The declining access to obstetrical services in rural areas due to obstetric unit closures and lack of practicing obstetricians present an evolving challenge to providing high-quality maternal health services to meet the demands of rural communities.

You will be granted a funding priority if you clearly identified in your application that you are applying to develop a program in the Maternal Health and Obstetrics Pathway and

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[16] Council on Graduate Medical Education. Special Needs in Rural America: Implications for Healthcare Workforce Education, Training, and Practice. July 2020. Accessed https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/publications/cogme-rural-health-issue-brief.pdf
[17] Ely D, Hoyert D. Differences Between Rural and Urban Areas in Mortality Rates for the Leading Causes of Infant Death: United States, 2013-2015. NCHS Data Brief No. 300. 2018. https://www.cdc.gov/nchs/data/databriefs/db300.pdf

you propose to create a program that meets either of the two options for this pathway: (1) obstetrics-gynecology rural residency program or RTP, or (2) family medicine rural residency program or RTP with enhanced obstetrical training that will train residents for the independent practice of obstetrics in rural communities.

Note: All applicants in the General Primary Care and High Need Specialty Pathway **and** the Maternal Health and Obstetrics Pathway will be reviewed and scored together during the ranking and selection process.

If requesting funding priorities, indicate which qualifier(s) is being met in the **Project Abstract** and **Attachment 9**. HRSA highly recommends that the applicant include this language to identify their funding priority request(s):

For Priority 1*: "[Applicant's organization name] is requesting funding priority 1 for geographic distribution. Our proposed new rural residency program or RTP will train residents for greater than 50 percent of total training time in [rural county Y] in [state Z]."*

Clearly explain the applicable location(s) if your rural training site(s) is in a different state from the applicant organization's primary address.

For Priority 2: "[*Applicant's organization name] is requesting funding priority 2 for maternal health. The proposed new rural residency program will train residents for the independent practice of obstetrics in rural communities through (select one):*

- ☐ *(1) an obstetrics-gynecology rural residency program or RTP*
- ☐ *(2) family medicine rural residency program or RTP with enhanced obstetrical training. Note: applicants must describe in the* ***Project Narrative*** *and in* ***Attachment 9*** *how the program will train residents for the independent practice of obstetrics in rural communities.*

You may request one or both funding priorities as applicable. If you request funding priorities for both geographic distribution and for maternal health, you must ensure that your application and **Attachment 9** clearly demonstrate that you are requesting both priorities and your qualification for both priorities.

Funding Special Considerations and Other Factors

This program includes special consideration. A special consideration is the favorable consideration of an application by HRSA funding officials. It is based on the extent to which your application addresses the specific focus of special consideration. If your application does not receive special consideration, it will be given full and equitable consideration during the review process.

When two or more applicants propose to train residents in the same medical specialty and target area, HRSA will only fund one recipient in a residency specialty for that target area. If we receive multiple applications for the same specialty and target area, then only the highest ranked application in the target area will receive consideration for award within available funding ranges. Additionally, HRSA will not consider applications proposing a new residency program in a target area currently served by a previously or

currently funded RRPD recipient in the same specialty as the proposed program. Applicants can review the target areas of previous RRPD recipients in the Rural Residency Planning and Development Grantee Summary Reports.

Award recipients under the previous RRPD Program funding notices (HRSA-19-088, HRSA-20-107, HRSA-22-094, and HRSA-23-037) and the Teaching Health Center Planning and Development (THCPD) Program (HRSA-22-107 and HRSA-23-015) are eligible to apply under this RRPD funding opportunity, if proposing a new rural residency program or RTP in a different specialty from the previously funded award. The recipient of the RRPD-TA Program award (HRSA-21-102) is not eligible under this RRPD program notice.

NOTE: To achieve the distribution of awards as stated above, HRSA may need to fund out of rank order.

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)
- Review audit reports and findings
- 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.

As part of this review, we use SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS) to check your history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

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.
- In addition to 45 CFR § 75.372(a)(1)–(4),the following apply:
  - Notify HRSA within **30 days** on inability to meet RRPD program requirements of establishing a new rural residency program or RTP (i.e., unable to achieve ACGME accreditation or program sustainability.
- Other federal regulations and HHS policies in effect at the time of the award. 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.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.

Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients, and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

3. Reporting

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

1) **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.

2) **Progress Report**(s). The recipient must submit a progress report to us on a quarterly basis. The NOA will provide details.

3) **Annual Performance Report**. The recipient must submit a performance report to HRSA on an annual basis. The performance report will address grant activities and outcomes during each year of the period of performance. More information will be provided in the NOA.

4) **Final Report**. A final report is due within 90 calendar days after the period of performance ends. This report is designed to provide HRSA with information required to close out a grant after completion of project activities. The final report will collect information related to program-specific goals and progress; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered and resolutions; and responses to summary questions regarding the recipient's overall experiences during the entire period of performance (e.g., publications, resident NPIs, changes to objectives, etc.). Recipients will submit the final report in the HRSA EHBs system.

5) **ACGME Application**. The recipient must submit an application in the ACGME Accreditation Data System (ADS) to initiate the ACGME accreditation process. The recipient must submit to HRSA the appropriate ACGME documentation

confirming application completion and submission before the start of year 3 of the period of performance (i.e., before August 1, 2026).

6) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS), 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:

Beverly Smith
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: 301-442-7065
Email: bsmith@hrsa.gov

Program issues or technical assistance:

Jason Steele, MPH
Public Health Analyst, Policy Research Division
Attn: Rural Residency Planning and Development Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
Call: 301-443-2203
Email: ruralresidency@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.)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment = ___ pages*
Attachments Form	Attachment 1: Rural Status Designation	*(Does not count against the page limit)*
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	*(Does not count against the page limit)*
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts	*My attachment = ___ pages*
Attachments Form	Attachment 5: Project Organizational Chart	*My attachment = ___ pages*
Attachments Form	Attachment 6: Work Plan	*My attachment = ___ pages*

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*
Attachments Form	Attachment 7: Program Sustainability Documents	*My attachment = ___ pages*
Attachments Form	Attachment 8: State Office of Rural Health (SORH) Letter(s) of Intent	*(Does not count against the page limit)*
Attachments Form	Attachment 9: Request for Funding Priority (if applicable)	*My attachment = ___ pages*
Attachments Form	Attachment 10	*My attachment = ___ pages*
Attachments Form	Attachment 11	*My attachment = ___ pages*
Attachments Form	Attachment 12	*My attachment = ___ pages*
Attachments Form	Attachment 13	*My attachment = ___ pages*
Attachments Form	Attachment 14	*My attachment = ___ pages*
Attachments Form	Attachment 15	*My attachment = ___ pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment = ___ pages*
Project Narrative Attachment Form	Project Narrative	*My attachment = ___ pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment = ___ pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-022 is 60 pages		**My total = ____ pages**

Appendix B: Resources

Several sources offer information that will help you in preparing the application. Please note HRSA is not affiliated with all of the resources provided, however, you are encouraged to visit the following websites:

Health Resources and Services Administration Resources

- Federal Office of Rural Health Policy
  https://www.hrsa.gov/rural-health/index.html
- Bureau of Health Workforce
  https://bhw.hrsa.gov/
- National Health Service Corps (NHSC)
  https://nhsc.hrsa.gov/
- Teaching Health Center Graduate Medical Education (THCGME) Program
  https://bhw.hrsa.gov/grants/medicine/thcgme
- Council on Graduate Medical Education
  https://www.hrsa.gov/advisory-committees/graduate-medical-edu/index.html
- HRSA Data Warehouse
  https://data.hrsa.gov/

Rural Residency Planning and Development Technical Assistance (RRPD-TA)

- RuralGME.org: https://www.ruralgme.org/

Accreditation Council for Graduate Medical Education

- Common Program Requirements: https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/
- ACGME Rural Track Program Designation: https://www.acgme.org/initiatives/medically-underserved-areas-and-populations/rural-tracks/
- Institutional Application Process: https://www.acgme.org/programs-and-institutions/institutions/institutional-application-process/
- Program Application Information: https://www.acgme.org/programs-and-institutions/programs/program-application-information/
- ACGME FAQs and General Accreditation Questions: https://www.acgme.org/about/acgme-frequently-asked-questions/ (Email: accreditation@acgme.org)

Other Resources

- Rural Training Track (RTT) Collaborative: https://rttcollaborative.net/

- Rural Health Research Gateway: http://www.ruralhealthresearch.org/
- Rural Health Information Hub (RHI Hub): https://www.ruralhealthinfo.org
- National Area Health Education Center (AHEC) Organization: http://www.nationalahec.org/
- National Organization for State Offices of Rural Health (NOSORH): https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/

Appendix C: Revised Delineations of Metropolitan Statistical Areas

New Metropolitan Areas May Impact Future Rural Residencies

The Centers for Medicare & Medicaid Services (CMS) use the Metropolitan Statistical Areas to determine urban and rural status for certain payment and eligibility policies, including graduate medical education (GME). CMS periodically incorporates metropolitan status changes through the annual rulemaking process. The fiscal year 2025 rulemaking cycle in calendar year 2024 will be the first opportunity for CMS to adopt the new metropolitan areas described in this Appendix.

We anticipate that new rural residency programs applying for development assistance through this funding opportunity will be starting their residency training in fiscal year 2025 or future years. Therefore, proposed new rural residency programs planning to use Medicare funding for all or part of their sustainability plan must take into account the newly released Metropolitan Statistical Area delineations. CMS has not yet adopted the new delineations; however, they likely will be adopted before new programs supported by this funding opportunity have achieved accreditation or begun training residents. Once CMS adopts the new metropolitan areas, hospitals and training sites applying for rural GME funding will be subject to these new delineations.

Given the long development time required for successful rural residency programs, applicants to this funding opportunity must review their training sites for metropolitan status based on OMB Bulletin No. 23-01.

Background on Metropolitan Statistical Areas

The United States Office of Management and Budget (OMB) delineates metropolitan and micropolitan statistical areas according to published standards that they apply to Census Bureau data. OMB updates the standards periodically to ensure their continued usefulness and relevance. In 2021 OMB published the final 2020 Standards for Delineating Core Based Statistical Areas (86 FR 37770). That Notice described the updated standards and announced that OMB would publish delineations of areas based on the 2020 standards and 2020 Census data in 2023.

OMB issued OMB Bulletin No. 23-01, *Revised Delineations of Metropolitan Statistical Areas, Micropolitan Statistical Areas, and Combined Statistical Areas, and Guidance on Uses of the Delineations of These Areas* on July 21, 2023. The Bulletin lists all Metropolitan Statistical Areas and Micropolitan Statistical Areas.

Metropolitan Statistical Areas have at least one urban area of 50,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties. **Micropolitan Statistical Areas** have at least one urban area of at least 10,000 but less than 50,000 population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties. Metropolitan and Micropolitan Statistical Areas are delineated in terms of whole counties or county equivalents.

Of the 3,144 counties and county equivalents in the United States as of July 2023:

- 1,186 are in the 387 Metropolitan Statistical Areas,
- 658 are in the 538 Micropolitan Statistical Areas,
- 1,300 are not classified in either.

The geographic components of Metropolitan and Micropolitan Statistical Areas are counties and equivalent entities (e.g., boroughs, a city and borough, and a municipality in Alaska, planning regions in Connecticut, parishes in Louisiana, municipios in Puerto Rico, and independent cities in Maryland, Missouri, Nevada, and Virginia).

Micropolitan Statistical Areas are not applicable for the purpose of this funding opportunity. We consider counties and county equivalents that are part of Micropolitan Statistical Areas to be non-metropolitan along with counties and county equivalents that are not classified in either metropolitan or micropolitan areas. Note that counties that are not classified in either type of area are not listed in OMB Bulletin No. 23-01.

What You Need to Do

As described above, applicants to this funding opportunity who propose Medicare GME funding for sustainability must review their training sites for metropolitan status based on the information in OMB Bulletin No. 23-01. You must list the updated 2023 metropolitan or non-metropolitan status of every proposed rural training site in **Attachment 1**.

To simplify your application process, there is an online tool that you can use to look up the updated 2023 metropolitan or non-metropolitan status of counties and county equivalents. You can use the County Look Up Tool developed by the Rural Residency Planning and Development Technical Assistance Center at https://www.ruralgme.org/ to look up your proposed training sites by state and county to determine if they are metropolitan or non-metropolitan under the bulletin. Please keep in mind that you must know the state and county where your proposed training site is located in order to use this tool.

Use the information from this tool to identify counties and county equivalents as either metropolitan or non-metropolitan when you prepare the rural status designation for your training sites in **Attachment 1**.

Special note for Connecticut training sites: The State of Connecticut created new administrative divisions called planning regions for the updated 2023 Metropolitan Statistical Area delineations. These new planning regions have different geographic boundaries and are not available in the online map tool. Two of the nine planning regions (Northeastern Connecticut and Northwest Hills) are non-metropolitan while the other seven are metropolitan. If you are proposing training sites in Connecticut, please contact HRSA at ruralresidency@hrsa.gov for more information about determining metropolitan status of proposed training sites in Connecticut.

Appendix D: Program Definitions

The following definitions apply to the RRPD Program for the Fiscal Year 2024.

1. **Centers for Medicare & Medicaid Services (CMS) Rural** – CMS defines rural in accordance with Medicare regulations at 42 CFR 412.62(f)(iii); that is, a rural area is any area outside of an urban area. This excludes hospitals that are physically located in an urban area, but reclassify to a rural area under 42 CFR 412.103 which are treated as rural for indirect medical education purposes, but not for direct GME. To determine if a hospital is located in a county that is rural for Medicare payment purposes, refer to the FY 2024 "County to CBSA [Core-Based Statistical Area] Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available on the FY24 IPPS Final Rule Homepage. Applicants must confirm rural status and examine past Medicare cost reports to determine eligibility status for Medicare GME payment.

   For this NOFO, applicants proposing a sustainability plan using Medicare GME must also demonstrate that their rural training site(s) will meet CMS rural requirements in future years by demonstrating that the county is **not** in a metropolitan area delineated by the United States Office of Management and Budget (OMB) in OMB Bulletin No. 23-01, release July 21, 2023. See Appendix C.

   Note: *Applications proposing a sustainability plan that includes Medicare GME funding must meet CMS requirements* ***and*** *FORHP's definition of rural.*

2. **HRSA Federal Office of Rural Health Policy (FORHP) Rural** – FORHP accepts all non-metropolitan counties as rural and uses an additional method to determine rural census tracts within metropolitan counties. FORHP considers census tracts inside metropolitan counties with the Rural-Urban Commuting Area (RUCA) codes 4-10 to be rural and makes additional adjustments for very large tracts with low population density and for counties with no population living in Census-defined Urbanized Areas.[18] Use the Rural Health Grants Eligibility Analyzer to determine whether FORHP considers a geographical area to be rural.

   Note*: HRSA's definition of rural may differ from CMS, which is an important distinction to understand if developing a financial sustainability plan based on Medicare GME funding.*

3. **Graduate Medical Education Consortium** – An association between two or more organizations (e.g., academic medical centers, rural hospitals, rural community-based ambulatory patient care centers, universities, and/or medical schools) to form an entity that serves as the institutional sponsor and operator of

[18] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA Defining Rural Population. Retrieved from https://www.hrsa.gov/rural-health/about-us/what-is-rural

an accredited residency program. At least one consortium member must operate a clinical training site located in a rural area. The relationship between the consortium members must be legally binding and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

4. **National Provider Identifier (NPI)** – The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identification number for covered health care providers. You can find additional information about NPIs at the following site: https://nppes.cms.hhs.gov/#/.

5. **New Medical Residency Training Program** – per 42 CFR 413.79(l), CMS defines a new medical residency program as one that is, "a medical residency that receives initial accreditation by the appropriate accrediting body or begins training residents on or after January 1, 1995".[19]

6. **Preventive Medicine** – ACGME defines Preventive Medicine as the medical specialty in which physicians focus on health promotion and the prevention of disease, disability, and premature death of individuals in defined populations.[20] Preventive medicine focus areas include aerospace medicine, occupational and environmental medicine, and public health and general preventive medicine. For the purpose of this NOFO, only occupational and environmental medicine and public health and general preventive medicine are eligible specialties.

7. **Rural Residency Programs** – Rural residency programs are ACGME-accredited physician residency training programs that place residents in rural training sites for greater than 50 percent of their total time in residency training and focus on producing physicians who will practice in rural communities.

8. **Rural Track Program (RTP)** – RTPs are a type of rural residency program. Per 42 CFR 413.75 (b) CMS defines RTP as, "an ACGME-accredited program in which residents… gain both urban and rural experience with more than half of the education and training for a resident… taking place in a rural area as defined at 42 CFR 412.62(f)(iii)" effective for cost reporting periods starting on or after October 1, 2022. ACGME's RTP designation identifies RTPs "either with the approval of a permanent complement increase request and the addition/identification of at least one new rural participating site or at the time of program application for accreditation". For the purposes of this NOFO, applicants can propose RTPs that are 1) new programs, or 2) a new rural track program

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[19] CMS's criteria for determining if a program is new are in the FY2010 IPPS/LTCH PPS Final Rule, 74 FR 43908-43917: http://www.gpo.gov/fdsys/pkg/FR-2009-08-27/html/E9-18663.htm. In determining whether a program is new, CMS will consider the accrediting body's characterization of the program as new and whether the program existed previously at another hospital, as well as factors such as (but not limited to) whether there are new program directors, new teaching staff, and whether there are only new residents training in the program.

[20] Accreditation Council for Graduate Medical Education. Preventive Medicine. Retrieved at https://www.acgme.org/Specialties/Preventive-Medicine/Overview

within an existing program by applying for a permanent complement increase with at least one new rural training site through ACGME's RTP designation process.

Note: *Historically, the terminology for this program model was referred to as Rural Training Track (RTT) which were limited to separately accredited residency programs with more than half of the training taking place in a rural area.*

9. **Target Area** – A target area is the specific rural geographic location(s) and communities you plan to serve with the proposed rural residency program.