

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Federal Office of Rural Health Policy

Policy Research Division

Rural Health Innovation and Transformation Technical Assistance

Funding Opportunity Number: HRSA-23-047

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings Number: 93.155

Application Due Date: February 07, 2023

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

HRSA will not approve deadline extensions for lack of registration.

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

Issuance Date: November 29, 2022

Lawrencia Afagbedzi
Health Insurance Specialist, Policy Research Division
Phone: (301) 443-3196
Email: lafagbedzi@hrsa.gov

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

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

508 COMPLIANCE DISCLAIMER

Note: 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](#).

EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 Rural Health Innovation and Transformation Technical Assistance program. The purpose of this program is to provide technical assistance (TA) to support rural health care through innovative payment models and to promote the value-based care landscape in the context of rural health care.

This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award.

Funding Opportunity Title:	Rural Health Innovation and Transformation Technical Assistance
Funding Opportunity Number:	HRSA-23-047
Due Date for Applications:	February 07, 2023
Anticipated FY 2023 Total Available Funding:	\$500,000
Estimated Number and Type of Award(s):	Up to 1 cooperative agreement
Estimated Annual Award Amount:	Up to \$500,000 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2023 through July 31, 2027 (4 years)
Eligible Applicants:	Eligible applicants include domestic public, private, for-profit and non-profit organizations. Faith-based and community-based organizations, tribes,

	<p>and tribal organizations are eligible to apply.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA's SF-424 Application Guide](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Thursday, December 22, 2022
1 – 2 p.m. ET
Weblink: <https://hrsa.gov.zoomgov.com/j/1603138497?pwd=eUd6Z2gvS1hmR0ZmSCt1NGxlckZlZz09>

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1-833-568-8864
Participant Code: 48676265

HRSA will record the webinar.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Health Innovation and Transformation Technical Assistance (RHIT-TA) program. The purpose of this program is to provide technical assistance (TA) to support rural health care through innovative payment models and to promote the value-based care landscape in the context of rural health care. For the purposes of this funding opportunity, the term "stakeholders" may include, but is not limited to, different types of rural health care providers, community-based organizations, foundations, third party payers, and public (e.g., state, local, and Federal Government) entities.

In an effort to control health care costs and improve the quality of care, public and private payers have increasingly implemented initiatives to encourage value-based care. Value-based care programs reward health care providers for the quality of care through the realignment of financial incentives towards value over volume¹. Because of the unique economic factors affecting rural providers, the implementation and effects of value-based care initiatives may look different in rural, low-volume settings. For example, low patient volumes, along with low margins in rural settings can make it more difficult to absorb the financial risks associated with value-based care. Start-up costs for value-based care may seem prohibitive for some, while small volumes may make it more difficult to measure value and may increase the risk of skewed outcomes².

At the same time, value-based care initiatives are evolving towards total cost of care and population-based payment models³ associated with some level of financial or other risk. Further, considering the ongoing COVID-19 pandemic and its effect on underserved and rural communities, the need for equitable value-based care has become even more evident. Disparities seen before and during this time have shown a need to achieve equitable outcomes through high-quality, affordable, person-centered care through value-based care models, including for rural communities⁴.

Therefore, a major goal of this program is to support the ability of rural providers to participate and succeed in current and emerging payment and delivery system models

¹ The Future of Value-Based Payment: A Road Map to 2030. 2021. Available at: <https://ldi.upenn.edu/our-work/research-updates/the-future-of-value-based-payment-a-road-map-to-2030/>

² Medicare Value-based Payment Reform: Priorities for Transforming Rural Health Systems. Available at: <https://rupri.public-health.uiowa.edu/publications/policypapers/Medicare%20Value-based%20Payment%20Reform%20Priorities%20for%20Transforming%20Rural%20Health%20Systems.pdf>

³ Innovation Center Strategy Refresh. 2022. Available at: <https://innovation.cms.gov/strategic-direction-whitepaper>

⁴ Health Inequalities During COVID-19 and Their Effects on Morbidity and Mortality. 2021. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7826045/>

designed to provide high-quality care, improve health outcomes and most especially advance health equity. The Centers for Medicare & Medicaid Services (CMS) defines health equity as “the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes”⁵.

Achieving equitable health care through value-based care is a priority of the United States Department of Health and Human Services (HHS)⁶. Through the prioritization of value-based care, HHS is working to transform our healthcare system to reduce costs, improve quality of health care services, and ensure access, including strategies to partner with providers to develop payment models and other incentives to expand options for quality care at lower costs. The Center for Medicare and Medicaid Innovation (CMMI), within CMS, is tasked with transitioning our health system to value-based care by developing, testing, and evaluating new payment and service delivery models to reduce health care cost while improving outcomes. In its strategic direction for the next ten years, CMMI is emphasizing equitable value-based care that will improve the health system for all patients and aims to achieve equitable outcomes by focusing on five strategies:⁷

1. Increasing the number of beneficiaries in a care relationship with accountability for quality and total cost of care
2. Advancing health equity by increasing focus on underserved populations
3. Supporting care innovations that enable integrated, person-centered care
4. Improving access by addressing affordability
5. Engaging partners and beneficiaries to achieve system transformation

In alignment with federal priorities with respect to value-based care, this funding opportunity seeks to provide a mechanism for the federal government to support rural health care stakeholders to achieve the following goals:

1. Raise awareness of the unique considerations facing rural providers and communities in implementing equitable value-based care in the current and emerging environments, with a focus on the strategic areas identified above.
2. Enable rural stakeholders to understand value-based care models in both the public and the private sector, the rural relevance of these models, and their

⁵ CMS Strategic Plan. PILLAR: HEALTH EQUITY. 2022. Available at: <https://www.cms.gov/files/document/health-equity-fact-sheet.pdf>

⁶ U.S. Department of Health and Human Services. Secretary Priorities. Available at: <https://www.hhs.gov/about/strategic-plan/2022-2026/goal-1/objective-1-2/index.html>

⁷ Centers for Medicare & Medicaid Services. Strategic Direction. 2021. Available at: <https://innovation.cms.gov/strategic-direction>

options for participation. Help rural providers and other rural stakeholders find and apply strategies to support rural participation in value-based care.

3. Provide resources, analysis, and other TA that is nationwide in scope, meaning that the focus of this award is to reach a broad set of rural stakeholders across the country as opposed to limiting the focus on one particular state, region, provider type, model, or program.

2. Background

RHIT-TA is authorized by 42 U.S.C. 912(b)(5).

The Health Resources and Services Administration (HRSA), an agency of HHS, is the primary federal agency for improving health care to people who are geographically isolated, and economically, or medically vulnerable. HRSA's mission is to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.⁸

HRSA's Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within HHS. FORHP plays two distinct but complementary roles within HHS. The first is to advise and inform the HHS Secretary on rural policy issues across HHS, including interactions with the Medicare and Medicaid programs. The second is to administer grants, cooperative agreements, and contracts related to improving health care in rural areas. FORHP is able to use its policy role to inform the development of grant programs and its grant role to provide community-level perspective when assessing the impact of HHS policy on rural areas. Information about current FORHP policy and research programs is located on the FORHP website: <https://www.hrsa.gov/rural-health/grants/rural-health-research-policy>.

The RHIT-TA program provides TA regarding research, practice, and collaboration in support of new approaches to health care delivery systems in rural communities and dissemination of such information to health care providers, stakeholders, and policy makers. Since 2012, the RHIT-TA program has been involved in evaluating the effectiveness of alternative payment systems in the context of rural health care. The program has informed the rural health stakeholder community about a broad range of value-based models and summarized the rural relevance of new value-based models. The program has provided direct technical assistance to rural health care organizations to facilitate successful adaptation and engaged in communication strategies to raise awareness of the unique challenges rural providers face when implementing value-based care.

⁸ Health Resources and Services Administration. About HRSA. Available at: <https://www.hrsa.gov/about>
HRSA-23-047

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:

- Collaborating in the development and implementation of the TA portfolio and identification of key areas of focus;
- Reviewing and providing input on activities and on any findings, reports, and products generated under this award prior to public dissemination;
- Providing updates and feedback on policy trends to inform TA; and
- Consulting on dissemination strategies for delivering TA to varied audiences interested in rural health care delivery innovations.

In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's responsibilities will include:

- Identifying key rural health policy issues and challenges related to equitable value-based care to inform and engage rural health stakeholders;
- Developing and implementing the work portfolio and the final selection of focus areas;
- Developing and providing TA on value-based care models and programs in both the private and the public sector, including components related to health equity, total cost of care, population-based payment, and data measures in rural settings, and summarizing the rural relevance of these models and programs to help rural stakeholders assess the landscape; and
- Designing and implementing dissemination strategies for analyses and TA to varied audiences interested in rural health care delivery innovations.

2. Summary of Funding

HRSA estimates approximately \$500,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to \$500,000 annually (reflecting direct and indirect costs) per year. This program notice is subject to the

appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is August 1, 2023, through July 31, 2027 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for RHIT-TA in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, for-profit and non-profit entities. Domestic faith-based and community-based organizations, Tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the [Grants.gov application due date](#).

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-047 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA’s [SF-424 Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA’s [SF-424 Application Guide](#). You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **60 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in [Section IV.2.v Attachments](#).

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-047, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-047 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 7-15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures

Narrative Section	Review Criteria
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested - the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

ii. Project Narrative

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- **INTRODUCTION** -- Corresponds to Section V’s Review Criterion 1 **“Need”**

Briefly describe the purpose of the proposed project to provide TA to rural stakeholders to support rural participation and success in innovative payment models within Medicare, Medicaid, and the private sector. Innovative payment models may include value-based care models such as total cost of care and population-based payment.

- **NEEDS ASSESSMENT** -- Corresponds to Section V’s Review Criterion 1 **“Need”**

This section should clearly outline rural stakeholder needs for TA on key policy issues including innovative payment models and value-based payment methods. The application should clearly demonstrate a strong understanding of the distinct challenges facing rural providers, stakeholders, and the people they serve. This includes the unique economic, workforce, and other factors affecting rural providers, which may entail distinct strategies or payment models that enable low-volume providers to deliver equitable quality care at lower costs without compromising their ability to provide access to critical health care services in rural communities. TA provided should apply to current value-based care models built upon an underlying fee-for-service structure as well as emerging initiatives such as models focused on total cost of care and population-based payments. Rural providers may face unique concerns assuming additional financial risk, and there is a need to understand and implement new models and TA that account for this.

The application should describe how the proposal can meet both current and changing needs and should demonstrate how the proposed project will support a broad array of rural health care stakeholders. The application should use and cite data whenever possible to support the information provided.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion 2 "[Response](#)"*

Propose methods to provide TA on equitable value-based care issues as they pertain to rural communities. Activities described should emphasize the evolving equitable value-based care environment that encompasses total cost of care and population-based payments and allow flexibility to account for changes in the needs of rural stakeholders.

The application should specify the format(s) for delivering proposed TA activities. Proposed activities may consist of a variety of formats, including but not limited to, tools, resources, working groups, direct engagement, webinars, and/or presentations.

TA should actively engage stakeholders to the extent possible and should include, but is not limited to, activities such as:

- Analyzing and documenting existing and emerging equitable value-based care programs.
- Identifying, examining, and sharing strategies to support equitable value-based care in rural communities, which may include but is not limited to strategies to:
 - Strengthen networks at the local, state, and/or regional levels in support of linkages to improve outcomes and control for the total cost of care.
 - Reduce barriers to participation and success in equitable value-based care models.
 - Access and effectively use health Information Technology (IT) in value-based models, including methods to support telehealth, population health, and interoperability.
 - Optimize the rural workforce.
 - Boost transparency around price and quality.
- Translating and disseminating knowledge broadly through presentations (e.g., meetings, webinars), publications, and/or web-based resources.
- Engaging various stakeholders to enable communication and collaboration between providers, community-based organizations, and payers including the Federal Government.

Include a description of any innovative and data-driven methods that you will use to address the stated needs. Indicate if any elements of the project could be sustainable after the period of federal funding ends.

- **WORK PLAN** -- Corresponds to Section V's Review Criteria 2 "[Response](#) and 4 [Impact](#)"

Describe the activities or steps to achieve each of the activities proposed during the entire period of performance in the Methodology section. Include a communication plan for collaborating and sharing information with stakeholders. Use a timeline that includes each goal, objective, and activity, and identifies responsible staff, timeframe, and projected process and outcome measures in a table format. In particular, explain how the proposed activities will:

- Raise awareness of the unique considerations facing rural providers and communities in implementing equitable value-based care in the current and emerging environments, with a focus on the [strategic areas](#) identified above.
- Enable rural stakeholders to understand value-based care models in both the public and the private sector, the rural relevance of these models, and their options for participation. Help rural providers and other rural stakeholders find and apply strategies to support rural participation in value-based care.
- Provide resources, analysis, and other TA that is nationwide in scope, meaning that the focus of this award is to reach a broad set of rural stakeholders across the country as opposed to limiting the focus on one particular state, region, provider type, model, or program.

Note: Identified staff in the work plan must correspond with the staffing plan in **Attachment 1**. Subrecipient staff must correspond with the Letters of Agreement in **Attachment 3**.

- **RESOLUTION OF CHALLENGES** -- Corresponds to Section V's Review Criterion 2 "[Response](#)"

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

TA under this award may complement other TA efforts on value-based care in rural health care settings, including other HRSA sponsored projects. As applicable, discuss how you will identify other TA related to value-based care in rural health care settings and avoid duplication of effort in this project.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to Section V's Review Criterion 3 "[Evaluative Measures](#)"

Describe your strategy to monitor and analyze progress toward the outcomes of your proposed work plan. Include an overview of what metrics will be used to

measure TA effectiveness. Metrics may include, but are not limited to, the following:

- Number of direct engagements between the award recipient and stakeholders.
 - Number of tools and resources developed and disseminated under the award.
 - Number and breadth of stakeholders accessing TA under the award (e.g., TA session attendees and/or website traffic).
 - Actions leading to equitable value-based care in rural settings arising from the TA provided (e.g., policies or processes assessed during, or as a result of TA, increased understanding among stakeholders due to TA, and/or analysis of lessons learned from TA).
 - Stakeholder satisfaction with the TA provided.
- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities**

In this section, you must demonstrate your 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:

- Succinctly describe your organization's current mission and structure, scope of current activities, and how these elements all contribute to your organization's ability to conduct the program requirements and meet program expectations.
- Include an organizational chart as an attachment to your application (**Attachment 4**).
- Describe the experience of the project director (PD). The PD should have significant experience on a national scale in health policy, including substantial expertise related to value-based care, health equity, and rural health policy issues.
- Discuss how the organization will follow the proposed work plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
- Discuss the applicant's ability to respond and adapt to changes in the policy environment.
- Describe how you will routinely assess and improve the unique needs of stakeholders and the communities served.

iii. **Budget**

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the

Application Guide will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), 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.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).

In addition, the RHIT-TA program requires the following:

The budget justification narrative must describe all line-item federal funds (including subawards) proposed for this program for each year of the period of performance. The budget narrative does count towards the page limit.

If your program application 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 items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the [application page limit](#).** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (Required)

Refer to Section 4.1. of HRSA's [SF-424 Application Guide](#)). 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 2: Biographical Sketches of Key Personnel (Required)

Include biographical sketches for persons occupying the key positions described in **Attachment 1**, 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.

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (if applicable)

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

Attachment 4: Project Organizational Chart (Required)

Provide a one-page figure that depicts the organizational structure of the project including subrecipients, and other significant collaborators (including HRSA). The chart should illustrate where project staff are located and reporting lines for each component of the project.

Attachment 5: Indirect Cost Rate Agreement [if applicable, not counted towards page limit]

Information on HHS indirect cost rates can be obtained from the Office of the Assistant Secretary for Administration and Management - Program Support Center at <https://rates.psc.gov/>

Attachments 6–14: Other Relevant Documents (optional)

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Fourteen is the maximum number of attachments allowed.

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

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.
- Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active

application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is **February 07, 2023 at 11:59 p.m. ET**. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

RHIT-TA is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than \$500,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank RHIT-TA applications. Below are descriptions of the review criteria and their scoring points.

Criterion	Points
1. Need	15
2. Response	35
3. Evaluative Measures	10
4. Impact	10
5. Resources/Capabilities	20
6. Support Requested	10
Total	100

Criterion 1: NEED (15 points) – Corresponds to Section IV’s [“INTRODUCTION and NEEDS ASSESSMENT”](#)

1. The extent to which the application demonstrates the purpose of and need for analysis of and TA on key policy issues affecting rural health care delivery in innovative payment models such as, value-based care systems that include total cost of care and population-based payment.
2. The extent to which the application describes how the proposal meets that need and demonstrates how the proposed project will support rural health care providers and other stakeholders so that the benefits of such models improves health outcomes for rural communities.
3. The extent to which the application demonstrates a strong understanding of the distinct challenges facing rural providers, stakeholders, and the people they serve.
4. The extent to which the application uses and cites data to support the proposed project.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV’s [METHODOLOGY, WORK PLAN, and RESOLUTION OF CHALLENGES](#)

Methodology (20 points)

1. The extent to which the application responds to the “Purpose” and proposes methods to provide TA on value-based care issues as they pertain to rural communities and integrating health equity. Activities should include an emphasis on the evolving equitable value-based care environment nationwide and may include tasks focused on:
 - a. Analyzing and documenting existing and emerging value-based care programs.
 - b. Identifying, examining, and sharing strategies to support value and population health in rural communities.

2. The extent to which the application describes any innovative and data-driven methods to address the stated needs and if any elements of the project could be sustainable after the period of federal funding ends.
3. The extent to which the application demonstrates methods for translating and disseminating TA for an audience that may include a broad range of stakeholders to support rural participation and success in value-based care models.
4. The extent to which the proposed project demonstrates methods to identify and engage various stakeholders to enable communication and collaboration between providers, community-organizations, and payers including the Federal Government.

Work Plan (12 points)

1. The extent to which the work plan provides a succinct overview of the proposed project's goals, objectives, activities, staff responsible, timeframe, and projected process and outcome measures in a table format.
2. The strength of the work plan in identifying meaningful TA support and collaboration with key stakeholders in designing, developing, and implementing all activities.
3. The extent to which the work plan provides a clear and feasible communication plan for collaborating and sharing information with stakeholders.

Resolution of Challenges (3 points)

1. The strength of the response describing how the proposed solutions will address challenges and barriers in designing and implementing activities and avoid duplication of effort with other TA projects related to value-based care.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY

1. The extent to which the application clearly describes the plan for monitoring the progress of the program that will contribute to continuous quality improvement of services provided by the TA provider to the rural stakeholders described in the application, including to what extent these can be attributed to the project.
2. The extent to which the application defines meaningful metrics to evaluate the effectiveness of TA provided under this award.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's WORK PLAN

The strength of the proposed methods, work plan, communications plan, and plan for resolution of challenges in terms of their relationship to the project purpose and in achieving the following goals and objectives:

1. Raising awareness of the unique considerations facing rural providers and communities in implementing equitable value-based care in the current and emerging environments, with a focus on the strategic areas identified above.

2. Enabling rural stakeholders to understand value-based care models in both the public and the private sector, the rural relevance of these models, and their options for participation. Helping rural providers and other rural stakeholders find and apply strategies to support rural participation in value-based care.
3. Providing resources, analysis, and other TA that is nationwide in scope, meaning that the focus of this award is to reach a broad set of rural stakeholders across the country as opposed to limiting the focus on one particular state, region, provider type, model, or program.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's ORGANIZATIONAL INFORMATION

The quality of, and extent to which, the applicant demonstrates organizational capabilities and availability to fulfill the programmatic and management needs and requirements of the proposed project, including:

1. Experience, skills, and knowledge of the organization and its staff related to value-based care and rural health policy issues on a national scale. This includes significant experience of the PD. The PD should have significant professional experience on a national scale in health policy, including substantial expertise related to value-based care and rural health policy issues.
2. Capacity to design and disseminate quality, timely TA that informs and engages rural stakeholders regarding the design, implementation, and effects of value-based care initiatives.
3. Capacity to respond and adapt to changes in the policy environment and routinely assess and improve the unique needs of target populations of the communities served.
4. Clear discussion how the organization will follow the proposed work plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's BUDGET and BUDGET NARRATIVE

1. The extent to which the applicant provides a detailed and reasonable budget presentation for each year of the period of performance that supports the objectives and complexity of the in-depth activities.
2. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications

receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide for more details](#).

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems; ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving, and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of August 1, 2023. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of [45 CFR part 75](#), currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

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

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to [45 CFR § 75.322\(b\)](#), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to [45 CFR § 75.322\(d\)](#), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Quarterly Progress Reports.** The recipient must submit a progress report to HRSA on a quarterly basis to ensure the proposed objectives are accomplished during each quarter of the project. The third quarterly report will include a progress report narrative that requires the recipient to provide a comprehensive overview of their overall progress in meeting the program goals, as well as plans for grant activities in the upcoming budget year. The

Non-Competing Continuation (NCC) progress report will substitute for the third quarterly report. More information will be available in the NOA.

- 2) **Final Report.** A final report is due within 90 days after the end of the period of performance. The award recipient must submit a final report online in the EHBs system at <https://grants.hrsa.gov/webexternal/home.asp>. Further information will be available in the award notice in the final year of funding.
- 3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Kimberly Dews
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-0655
Email: kdews@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Lawrencia Afagbedzi
Health Insurance Specialist, Policy Research Division
Attn: RHIT-TA
Federal Office of Rural Health Policy
Health Resources and Services Administration
Phone: (301) 443-3196
Email: lafagbedzi@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center

Phone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).