U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Federal Office of Rural Health Policy

Rural Quality Improvement Technical Assistance Cooperative Agreement

Announcement Type: New
Funding Opportunity Number: HRSA-15-150

Catalog of Federal Domestic Assistance (CFDA) No. 93.155

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: June 22, 2015

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Release Date: April 24, 2015

Issuance Date: April 24, 2015

Megan Meacham, MPH
Public Health Analyst
Federal Office of Rural Health Policy
E-mail: MMeacham@hrsa.gov
Telephone: (301) 443-8349
Fax: (301) 443-2803

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for the fiscal year (FY) 2015 Rural Quality Improvement Technical Assistance Cooperative Agreement. The purpose of this cooperative agreement is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of FORHP quality initiatives such as grantees, Critical Access Hospitals (CAHs), and other rural providers. Assistance will be provided in areas including: data collection and analysis, understanding measure specifications, benchmarking and target-setting, developing and implementing efficient and effective improvement strategies, and tracking the outcomes of quality improvement efforts.

Funding Opportunity Title:	Rural Quality Improvement Technical Assistance Cooperative Agreement
Funding Opportunity Number:	HRSA-15-150
Due Date for Applications:	June 22, 2015
Anticipated Total Annual Available Funding:	$500,000
Estimated Number and Type of Award(s):	Up to 1 cooperative agreement
Estimated Award Amount:	Up to $500,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2015 through August 31, 2018 (3 years)
Eligible Applicants:	Eligible applicants include domestic public, private, and nonprofit organizations, including tribes and tribal organizations, and faith-based and community-based organizations. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

FORHP will provide a Technical Assistance teleconference on Thursday, May 7, 2015, beginning at 02:00 PM ET and concluding at 03:00 PM ET. To attend, please dial: 888-989-4392, passcode: 7564576. Following entry of your passcode, please provide the required details when prompted. This teleconference will be recorded and the phone recording can be accessed 24 hours after the event by dialing: 866-486-4648; Passcode: 7815. The Instant Replay will be available until Tuesday, July 7, 2015 at 11:59 PM ET.

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION 1

1. PURPOSE 1
2. BACKGROUND 1

II. AWARD INFORMATION 3

1. TYPE OF APPLICATION AND AWARD 3
2. SUMMARY OF FUNDING 3

III. ELIGIBILITY INFORMATION 4

1. ELIGIBLE APPLICANTS 4
2. COST SHARING/MATCHING 4
3. DUN AND BRADSTREET UNIVERSAL NUMBERING SYSTEM NUMBER AND SYSTEM FOR AWARD MANAGEMENT (FORMERLY, CENTRAL CONTRACTOR REGISTRATION) 4
4. OTHER 5

IV. APPLICATION AND SUBMISSION INFORMATION 5

1. ADDRESS TO REQUEST APPLICATION PACKAGE 5
2. CONTENT AND FORM OF APPLICATION SUBMISSION 5
i. Project Abstract 6
ii. Project Narrative 6
iii. Budget 9
iv. Budget Justification Narrative 10
v. Attachments 10
3. SUBMISSION DATES AND TIMES 11
4. INTERGOVERNMENTAL REVIEW 11
5. FUNDING RESTRICTIONS 11

V. APPLICATION REVIEW INFORMATION 11

1. REVIEW CRITERIA 11
2. REVIEW AND SELECTION PROCESS 15
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES 15

VI. AWARD ADMINISTRATION INFORMATION 15

1. AWARD NOTICES 15
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS 15
3. REPORTING 15

VII. AGENCY CONTACTS 16

VIII. OTHER INFORMATION 17

IX. TIPS FOR WRITING A STRONG APPLICATION 17

APPENDIX A: MBQIP MEASURES 18

APPENDIX B: SHCPQI MEASURES 22

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the *Rural Quality Improvement Technical Assistance Cooperative Agreement.*

The purpose of this cooperative agreement is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of FORHP quality initiatives such as grantees, Critical Access Hospitals (CAHs), and other rural providers. Assistance will be provided in areas such as: data collection and analysis, understanding measure specifications, benchmarking and target-setting, developing and implementing efficient and effective improvement strategies, and tracking the outcomes of quality improvement efforts.

2. Background

This program is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)), as amended.

FORHP is the focal point for rural health activities within the U.S. Department of Health and Human Services (DHHS). FORHP is statutorily required to advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in the programs established under titles XVIII (Medicare) and XIX (Medicaid) on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals, and access to (and the quality of) health care in rural areas. FORHP is also statutorily required to coordinate activities within DHHS that relate to rural health care and provide relevant information to the Secretary and other agencies. In addition, FORHP is authorized to provide technical assistance and other activities as necessary to support activities improving health care in rural areas. For more information about FORHP, please visit http://www.hrsa.gov/ruralhealth.

Within the current health care landscape, reporting and measurement to drive quality improvement has become a major component of health care delivery reform. However, understanding quality reporting and measurement to implement quality improvement initiatives can be a challenge for even the most sophisticated hospitals. Rural providers often experience a wider set of barriers and challenges when it comes to implementing quality improvement strategies, for example fewer personnel and available resources to devote to quality reporting and improvement initiatives or a wider variance in technical knowledge and experience related to quality reporting, measurement and improvement. The existing channels for the needed level of technical assistance and support are limited. Current available technical assistance for quality measurement challenges in low-volume, under-resourced rural hospitals and clinic settings is limited.

FORHP accomplishes its mission and supports quality improvement through a broad range of policy and program activities, including grant programs. Within FORHP, there are several programs that focus on quality, such as the Medicare Rural Hospital Flexibility (Flex) grant program and the Small Health Care Provider Quality Improvement (SHCPQI) grant program.

The Flex program provides funds to 45 states to assist the over 1,300 CAHs designated nationally. A large emphasis is placed on quality improvement, and this is accomplished through the Medicare Beneficiary Quality Improvement Project (MBQIP). MBQIP is a quality improvement initiative aimed at increasing the number of CAHs that publicly report data on a set of rural-relevant quality measures, and then encouraging those CAHs to use the data to drive quality improvement efforts. Because CAHs have previously not had much experience reporting quality data, MBQIP has resulted in CAHs needing more assistance with the technical components and processes associated with quality reporting, measurement and improvement. The SHCPQI grant program provides support directly to rural primary care providers for implementation of quality improvement activities in order to promote the development of an evidence-based culture and delivery of coordinated care in the primary care setting, which ultimately leads to improved health outcomes for rural patients. In addition to grant programs that focus on quality improvement, FORHP is involved with other activities focused on improving health outcomes in rural communities, including health information technology (HIT) implementation and Meaningful Use (MU), and a Rural Health Clinic (RHC) quality measures project.

While FORHP does fund other entities that provide technical assistance and program evaluation, there is a gap in the availability of the in depth level of technical quality expertise that is often needed by FORHP grantees and their beneficiaries. For instance, the Technical Assistance and Services Center (TASC) and the Georgia Health Policy Center provide a necessary, but more generalized level of technical assistance, and the Flex Monitoring Team (FMT) provides overall program evaluation and data analysis, but it is not within the scope of work for these entities to provide the in depth level of technical assistance that is being sought through this cooperative agreement. The needed level of technical assistance and support are limited. This cooperative agreement looks to fill that gap. In addition to providing key content knowledge and expertise related to quality reporting and improvement efforts in rural settings, the non-federal entity will work with FORHP and other partners to ensure activities are well coordinated and complement the national quality strategy.

For a list of the quality measures that are currently being used by FORHP, please see Appendix A: MBQIP Domains and Appendix B: Small Health Care Provider Quality Improvement grant program measures.

For more information on the partners and programs listed, please visit the following websites:

- FORHP's Small Health Care Provider Quality Improvement grant program http://www.hrsa.gov/ruralhealth/about/community/smallhealthcare.html
- FORHP's Medicare Beneficiary Quality Improvement Project https://www.ruralcenter.org/tasc/mbqip
- Technical Assistance and Services Center https://www.ruralcenter.org/tasc
- Flex Monitoring Team http://www.flexmonitoring.org
- Georgia Health Policy Center http://www.ruralhealthlink.org

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include**:

- Facilitate the close collaboration on work with important Flex program partners such as the Technical Assistance Services Center (TASC), Flex Monitoring Team (FMT), Georgia Health Policy Center, and relevant Federal programs;
- Assist with selection of the rural quality advisory panel; participate as an active member on the panel;
- Share relevant program data to ensure the greatest impact of technical assistance and quality improvement efforts in rural communities;
- Review of project information prior to deliverables.

The cooperative agreement recipient's responsibilities shall include:

- Develop and implement a strategy to assist beneficiaries of FORHP quality initiatives such as grantees, CAHs, and other rural providers in need of quality improvement technical assistance;
- Provide guidance and assistance in the identification and selection of quality reporting and improvement education programs for beneficiaries of FORHP quality initiatives;
- Develop a process whereby any hospital or clinic receiving technical assistance makes a commitment to increased or enhanced public reporting, where applicable, as a condition of receiving the technical assistance;
- Develop a plan for demonstrating how the provision of this technical assistance leads to increased public reporting of quality data;
- Convene a rural quality advisory panel;
- Maintain a log of all technical assistance provided and resolution status;
- Respond in a timely manner to FORHP requests for project updates and data regarding technical assistance provided and quality improvement efforts;
- Collaborate closely with the FORHP and other partners such as TASC, FMT, and the Georgia Health Policy Center;
- Work with FORHP and other partners to disseminate shared knowledge to inform stakeholders of best practices for improving quality outcomes in rural communities;
- Attend (and present, when applicable) at relevant meetings and workshops.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2015 – 2017. Approximately $500,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to $500,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Rural Quality

Improvement Technical Assistance Cooperative Agreement in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public, private, and nonprofit organizations, including tribes and tribal organizations, and faith-based and community-based organizations.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

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

4. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the funding opportunity announcement to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract
See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

ii. Project Narrative
This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion (1) Need*
  This section should briefly describe the purpose of the proposed project to provide technical assistance to beneficiaries of FORHP quality initiative such as grantees, Critical Access Hospitals (CAHs), and other rural providers, and assist them in demonstrating improved quality improvement results. Assistance will be provided in the areas of: data collection and analysis, understanding measure specifications, benchmarking and target-setting, developing and implementing efficient and effective improvement strategies, and tracking the outcomes of quality improvement efforts.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need*
  The needs assessment should help reviewers understand the needs to be fulfilled by the proposed project and provide the context and rationale for the proposed work plan and budget. This section should demonstrate an understanding of the distinct quality improvement needs of beneficiaries of FORHP quality initiatives such as grantees, CAHs, and other rural providers (federally qualified health centers, tribal clinics, rural health clinics, etc.), and the gaps that exist within the current infrastructure of support for quality improvement for these entities. The applicant should also provide evidence of knowledge and understanding of important quality initiatives such as MBQIP.

  This section should outline the need for technical assistance revolving around quality reporting, understanding measure specifications, and implementing quality improvement efforts at both the State and rural facility level in order to improve the health and quality outcomes of rural communities. Any relevant data specific to these programs and entities should be used and cited whenever possible to support the information provided related to provider reporting and quality improvement.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria (2) Response & (4) Impact*
  Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements and expectations in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and information sharing/dissemination. Where applicable, the applicant should discuss access to and use of quality data and relevant data sources and systems.

The applicant should discuss the proposed methodology for meeting the following requirements of this program, helping providers with initiatives to improve quality in rural communities through:

- Assisting and educating beneficiaries of FORHP quality initiatives such as grantees, CAHs, and other rural providers on clinical quality submission, not to duplicate existing sources of assistance such as the CMS QualityNet Help Desk.
- Educating beneficiaries of FORHP quality initiatives such as grantees, CAHs, and other rural providers on identified measure specifications, particularly CMS measures, Centers for Disease Control and Prevention (CDC) National Health Safety Network (NHSN) measures, and National Quality Forum (NQF) endorsed measures.
- Translating clinical quality data to quality improvement efforts.
- Tracking the technical assistance provided, as well as the outcomes of that assistance.
- Developing a strategy for linking the provision of technical assistance to a commitment by the receiving entity to increase or enhance public reporting of data, where applicable, as a condition of receiving the technical assistance.
- Identifying educational opportunities regarding quality reporting and improvement for beneficiaries of FORHP quality initiatives in order to improve health in rural communities.
- Aiding with identification and dissemination of best practices for improving quality outcomes in rural communities.
- Assisting with strategies for effective use of health information technology to assist with quality improvement.
- Collaborating closely with FORHP and other partners such as TASC, FMT, and the Georgia Health Policy Center.
- Convening a rural quality advisory panel.

Applicants must also propose a plan for project sustainability after the period of Federal funding ends, describing how the strategies and education to rural providers around quality improvement may still have an impact.

- *WORK PLAN -- Corresponds to Section V's Review Criteria (2) Response & (4) Impact*
  The work plan is the succinct overview of the grant objectives, goals, activities, and projected outcomes in table format. It is not a narrative but should refer to the narrative text for elaboration and to explain the relationship between needs, activities, objectives, and goals. The work plan should clearly identify the activities or steps that will be used to achieve the goals and objectives of the project, and depict how program activities will achieve outcomes. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion (2) Response*
  Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges. Identify any infrastructure that is in place that will assist the recipient organization in overcoming any potential barriers.

- Discuss any anticipated challenges regarding access to relevant quality data and systems.
- Describe any anticipated challenges associated with implementing technical assistance strategies.
- Describe the strategy necessary for the implementation of a technical assistance provider with a national scope.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (3) Evaluative Measures & (5) Resources/Capabilities*
  Applicants must describe the plan for the self-assessment of program performance that will contribute to continuous quality improvement. Measures must 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.

  The self-assessment plan should consist of tracking and reporting on things such as 1) the number and type of requests for technical assistance as well as the resolution of issues, categorized by entity type, 2) number of hospitals assisted with their data reporting and submission, and how assistance will lead to increased and more robust public reporting of quality data, 3) the number and type of quality improvement strategies that will be implemented as a direct result of program activities, 4) improved quality outcomes resulting from the assistance provided, and 5) any additional applicable assessment measures. FORHP will share any available relevant MBQIP and other data documents with the awardee that include reporting and outcome data to assist with targeting efforts and assessing impact. The applicant should also incorporate the use of customer feedback to continually improve the process for providing technical assistance on quality reporting and improvement. As appropriate, describe the available resources (systems, processes, staff, etc.) and strategy to collect, analyze and track data to measure impact/outcomes and explain how the data will be used to inform the continued provision of technical assistance.

  Applicants must describe any potential obstacles for implementing the self-assessment of program performance and how those obstacles will be addressed.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria (5) Resources/Capabilities*
  Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart. Describe how these all contribute to the ability of the organization to execute program requirements and meet program expectations that are national in scope. Describe any specific capabilities or infrastructure that is in place, resources and personnel, which will allow for the recipient organization to meet program requirements. Provide evidence of access, or organizational ability to collaborate with the appropriate partners in order to gain access, to relevant quality data and systems to fulfill program requirements. Explain how project personnel are qualified by training and/or experience to implement and carry out the project.

Describe relationships and experience working with key partners and stakeholders listed below. Provide specific examples to support organizational relationships with these entities.

- State Flex program coordinators
- Critical Access Hospitals
- Small rural primary care providers, such as Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC), and Tribal health clinics
- Flex program partners such as TASC and FMT
- Federal partners such as CMS, and the appropriate support entities, such as their National Support Contractor
- Former Quality Improvement Organizations (QIO) and the current Quality Improvement Network Quality Improvement Organizations (QIN-QIO)

Describe organizational expertise and history of providing technical assistance to states and/or rural healthcare facilities regarding the activities listed below. Provide specific examples, data, and outcomes to support organizational experience and success.

- Submitting clinical quality data, particularly to CMS and CDC NHSN utilizing the appropriate tools and software such as CART
- Improving the accuracy, timeliness, and completeness of clinical quality data submission
- Providing education on measure specifications, particularly CMS, CDC NHSN, and NQF-endorsed measures
- Assisting with the development and implementation of efficient and effective quality improvement strategies
- Assisting with data analysis in order to monitor and track outcomes of quality improvement efforts
- Achieving improved quality outcomes

iii. Budget

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

See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Budget for Multi-Year Grant Award

This announcement is inviting applications for project periods up to three years. Awards will be made for a one year budget period, subject to renewal for up to a maximum of two additional budget years within the project period. Continuation of grants funded under these awards will be based on a noncompetitive process, subject to availability of funds, satisfactory progress of the grantee and a determination that continued funding would be in the best interest of the Federal government.

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) states, "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." Please 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 will apply in FY 2016, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

v. Attachments

Please 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. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled**.

Attachment 1: Work Plan

Attach the Work Plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see 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.

Attachment 3: Biographical Sketches or Resumes of Key Personnel

Include biographical sketches or resumes for persons occupying the key positions described in Attachment 2, not to exceed four pages in length. In the event that information is included for an identified individual who is not yet hired, please include a letter of commitment from that person.

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

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc. (if applicable)

If applicable to your application, to give further details about the proposal (e.g., Gant or PERT charts, flow charts, etc.).

Attachments 7 – 15: Other Relevant Documents

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

support are counted as part of the overall page limitation/count. Organizations providing less specific support can be listed on one page.

3. Submission Dates and Times

Application Due Date
The due date for applications under this funding opportunity announcement is June 22, 2015 at 11:59 P.M. Eastern Time.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

4. Intergovernmental Review

The Rural Quality Improvement Technical Assistance Cooperative Agreement is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the HHS Grants Policy Statement.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than $500,000 per year. 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.

Funds under this announcement may not be used for the following purposes:

The General Provisions in Division G, of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The Rural Quality Improvement Technical Assistance Cooperative Agreement has *6 (six)* review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment

- The extent to which the applicant describes a clear understanding of the distinct needs of CAHs and other small rural providers regarding quality improvement efforts.
- The extent to which the applicant describes a detailed level of knowledge regarding the existing quality improvement initiatives and infrastructure, both internal and external to FORHP.
- The extent to which the applicant demonstrates knowledge and understanding of the gaps within the existing infrastructure regarding provision of quality improvement technical assistance and support to FORHP grantees, CAHs and other rural providers.
- The extent to which the applicant uses data to support the discussion of need.

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

Sub-criteria One (15 points): This corresponds to the proposed Methodology

- The extent to which the application includes each activity and identifies the methods that will be used, as well as the responsible staff, to achieve anticipated project outcomes and fulfill the cooperative agreement recipient's responsibilities.
- The extent to which the activities and methods for completion described in the application are capable of addressing the purpose of the program and meeting the identified needs of the beneficiaries of FORHP quality initiatives in order to improve the health outcomes in rural communities.
- The extent to which the proposed activities are complementary to, and in no way duplicative of, current FORHP funded activities and ongoing national quality initiatives.
- The extent to which the applicant demonstrates a clear understanding of the need to work cooperatively with FORHP and other identified partners in order to meet the needs of the program.
- The extent to which the applicant develops the strategy linking the provision of technical assistance to a commitment by the receiving entity to increase or enhance public reporting of data as a condition of receiving the technical assistance.

Sub-criteria Two (10 points): This corresponds to the proposed Work Plan

- The extent to which the applicant provides a logical work plan with strong goals and objectives.
- The extent to which the work plan describes how the project will educate and assist beneficiaries of FORHP quality initiatives such as grantees, CAHs, and other rural providers in order to achieve program objectives.
- The extent to which the work plan identifies activities requiring collaboration with relevant partners, and a feasible plan for ensuring those collaborative relationships are successful.

Sub-criteria Three (5 points): This corresponds to the proposed strategy for resolving challenges that may be encountered

- The extent to which the applicant identifies and discusses potential challenges, especially those listed in *Resolution of Challenges* in Section IV.2.ii, that may be encountered in implementing the program activities as well as the approaches that would be used to address such challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

- The extent to which the applicant proposes a feasible and effective method to monitor and assess the project results, including the identification of performance indicators or benchmarks to be achieved, in order to show to what extent program objectives have been met and to what extent these can be attributed to the project.
- The extent to which the applicant proposes an effective strategy to track and report on the measures requested in the Program Narrative (such as 1. the number and type of requests for technical assistance as well as the resolution of issues, categorized by entity type, 2. number of hospitals assisted with their data reporting and submission, and how assistance will lead to an increased and more robust public reporting of quality data, 3. the number and type of quality improvement strategies that will be implemented as a direct result of program activities, 4. improved quality outcomes as a result of assistance provided, and 5. any additional applicable assessment measures) and provides a clear explanation of how the data will be used to measure impact and inform continuous program improvement.
- The extent to which the applicant proposes a method to incorporate customer feedback in order to continuously improve the provision of technical assistance.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology and Work Plan

- The extent to which the proposed methods and activities will lead to improved quality outcomes in rural communities.
- The extent to which the proposed activities will lead to an increased understanding of quality reporting processes and measure specifications for beneficiaries of FORHP quality initiatives such as grantees, CAHs, and other rural providers.
- The extent to which the application demonstrates a strong linkage between the proposed activities and the ability to increase understanding and knowledge of quality measurement as well as drive quality improvement activities at the state and individual facility level.
- The extent to which the proposed activities are national in scope and will lead to the greatest impact for the greatest number of states, CAHs, and other small rural providers.
- The extent to which the applicant proposes a plan for project sustainability describing how the education to rural providers and quality improvement strategies implemented during the project period may still have an impact after the period of Federal funding ends.

Criterion 5: RESOURCES/CAPABILITIES (35 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

Sub-criteria One (15 points): This corresponds to the organizational ability to fulfill program requirements

- The extent to which the applicant discusses the organization's mission and structure, scope of current activities, and provides an organizational chart and clearly demonstrates how this contributes to their ability to fulfill the needs and requirements of the program.
- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project.
- The extent to which the applicant organization provides specific examples to describe relationships and experience working with the key partners and stakeholders listed in the *Organizational Information* in Section IV.2.ii.
- The extent to which the applicant organization has the capability to collaborate with appropriate partners in order to fulfill program requirements.
- The extent to which the applicant organization has the ability to provide assistance nationally.
- The extent to which the applicant organization provides evidence of the necessary experience and resources to conduct the required self-assessment activities.

Sub-criteria Two (20 points): This corresponds to the organizational expertise and history of similar experiences

- The extent to which the applicant provides specific evidence of extensive organizational expertise and history of providing technical assistance on clinical quality data submission and measure specifications to states, CAHs, and other rural providers in order to meet the requirements of this program.
- The extent to which the applicant highlights previous successes with improving the accuracy, timeliness, and completeness of clinical quality data submitted by entities that have been assisted in the past.
- The extent to which the applicant provides specific evidence of extensive organizational experience and success assisting with the development of quality improvement strategies.
- The extent to which the applicant provides specific examples of providing assistance that led to improved health and quality outcomes in rural communities.
- The extent to which the applicant identifies the relevant quality data and systems that will be required to fulfill program requirements.
- The extent to which the applicant organization has, or can obtain, access to the relevant data and systems.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Justification Narrative

This assesses reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity and level of effort required for each of the activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which the budget justification adequately describes how each line item request supports the objectives and activities of the proposed project.

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Please see Section 5.3 of HRSA's *SF-424 Application Guide*. Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

This program does not have any funding priorities, preferences or special considerations.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2015. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**. The awardee must submit a non-competing continuation (NCC) progress report to HRSA on an **annual** basis. Further information will be provided in the Notice of Award (NoA).

2) **Federal Financial Report**. The Federal Financial Report (SF-425) is required according to the following schedule: http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the NoA.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Victoria Carper
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-33
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5617
E-mail: vcarper@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Megan Meacham, MPH
Public Health Analyst
HRSA Federal Office of Rural Health Policy
Parklawn Building, 17W41D
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8349
Fax: (301) 443-2803
E-mail: mmeacham@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

FORHP will provide a Technical Assistance teleconference on Thursday, May 7, 2015, beginning at 02:00 PM ET and concluding at 03:00 PM ET. To attend, please dial: 888-989-4392, passcode: 7564576. Following entry of your passcode, please provide the required details when prompted. This teleconference will be recorded and the phone recording can be accessed 24 hours after the event by dialing: 866-486-4648; Passcode: 7815. The Instant Replay will be available until Tuesday, July 7, 2015 at 11:59 PM ET.

For more information on related programs, please visit the following websites:

- FORHP's Small Health Care Provider Quality Improvement grant program http://www.hrsa.gov/ruralhealth/about/community/smallhealthcare.html
- FORHP's Medicare Beneficiary Quality Improvement Project https://www.ruralcenter.org/tasc/mbqip
- Technical Assistance and Services Center https://www.ruralcenter.org/tasc
- Flex Monitoring Team http://www.flexmonitoring.org
- Georgia Health Policy Center http://www.ruralhealthlink.org

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

Appendix A: MBQIP Measures

Quality Domain:	***Patient Safety***	***Patient Engagement***	***Care Transitions***	***Outpatient***
Instructions:	Grantees are required to work with all CAHs on all Core Improvement Activities, under each of the four quality domains. There are also Additional Improvement Activities that grantees may select to work on with any cohort of CAHs based on need and relevance (i.e. a Surgical Care initiative would only be relevant for those CAHs who perform inpatient surgeries). *This menu set outlines the quality improvement activities with associated measures that are to be reported by CAHs. Some quality activities are recognized as important areas for quality improvement; however, there are not currently standardized measure specifications or national reporting mechanisms available. These activities are identified as additional quality improvement activities that can be addressed at a state or regional level. States selecting to focus on any such activities will work with FORHP in year 1 to determine a standard set of reporting expectations for future years.* Please remember that these quality improvement and measurement activities are the means to the end goal of improving patient safety, patient engagement, care transitions, and outpatient care in your hospitals.			
Core Improvement Activities	**HCP / OP-27:** Influenza vaccination coverage among healthcare personnel *(Facilities report a single rate for inpatient and outpatient settings)* **Imm-2:** Influenza Immunization	**Hospital Consumer Assessment of Healthcare Providers and Systems** *The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics:* • *communication with doctors,* • *communication with nurses,* • *responsiveness of hospital staff,* • *pain management,* • *communication about medicines,* • *discharge information,* • *cleanliness of the hospital environment,* • *quietness of the hospital environment,* • *transition of care* *The survey also includes four screener questions and seven demographic items. The survey is 32 questions in length.*	**Emergency Department Transfer Communication (EDTC)***** *7 sub-measures; 27 data elements* **EDTC-1:** Administrative Communication (2 data elements) **EDTC-2:** Patient Information (6 data elements) **EDTC-3**: Vital Signs (6 data elements) **EDTC-4:** Medication Information (3 data elements) **EDTC-5**: Physician or practitioner generated information (2 data elements) **EDTC-6:** Nurse generated information (6 data elements) **EDTC-7:** Procedures and Tests (2 data elements)	**OP-1:** Median time to Fibrinolysis **OP-2:** Fibrinolytic Therapy Received within 30 minutes **OP-3:** Median Time to Transfer to another Facility for Acute Coronary Intervention **OP-5:** Median time to ECG **OP-20:** Door to diagnostic evaluation by a qualified medical professional **OP-21:** Median time to pain management for long bone fracture **OP-22:** Patient left without being seen

			***Reported to state Flex program and FORHP	
Additional Improvement Activities	**Healthcare Acquired Infections (HAI)** • **CLABSI:** NHSN Central line-associated Bloodstream Infection Outcome Measure (NHSN to IQR) • **CAUTI:** NHSN Catheter-associated Urinary Tract Infection Outcome Measure (NHSN to IQR) • **CDI**: NHSN Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection Outcome Measure (NHSN to IQR) • **MRSA:** NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphlococcus aureus* Bacteremia Outcome Measure (NHSN to IQR) **Stroke** • **Stroke-1:** Venous thromboembolism (VTE) prophylaxis • **Stroke-8:** stroke education • Proportion of patients hospitalized with Stroke – potentially avoidable complications • **OP-23:** ED – Head CT or MRI scan results for Acute Ischemic Stroke or Hemorrhagic Stroke who received Head CT or MRI scan		**Discharge Planning** *Potential measurement TBD with FORHP* **Medication Reconciliation** *Potential measurement TBD with FORHP*	**ED Throughput** • **ED-1:** Median Time from ED arrival to ED departure for admitted ED patients • **ED-2:** Admit decision time to ED departure time for admitted patients • **OP-18:** Median time from ED arrival to ED departure for discharged ED patients

	interpretation within 45 minutes of arrival **Venous thromboembolism (VTE)** • **VTE-1**: venous thromboembolism prophylaxis • **VTE-2**: intensive care unit venous thromboembolism prophylaxis • **VTE-3**: venous thromboembolism patients with anticoagulation therapy **Perinatal Care** • **PC-01**: Elective delivery **Surgery / Surgical Care** • **OP-25**: safe surgery checklist use **Pneumonia** • Proportion of patients hospitalized with Pneumonia – potentially avoidable complications **Falls** Potential measurement around: • Falls with Injury • Patient Fall Rate • Screening for Future Fall Risk **Adverse Drug Events (ADE)** Potential measurement around: • Opioids • Glycemic Control • Anticoagulant Therapy **Reducing Readmissions** *(These measures are calculated for hospitals using Medicare Administrative Claims*			

	Data) **Patient Safety Culture Survey**			

Appendix B: SHCPQI Measures

REQUIRED CLINICAL MEASURES

Please use your health information technology system to extract the clinical data requested. Please refer to the specific definitions for each measure.

Measure 1: NQF 0575 The percentage of patients 18 - 75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.

Numerator: Patients whose HbA1c level is <8.0% during the measurement year.

Denominator: Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.

Measure 2: NQF 0064 The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent LDL-C test is <100 mg/dL during the measurement year.

Numerator: Patients whose most recent LDL-C test is <100 mg/dL during the measurement year. *Denominator*: Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.

Measure 3: NQF 0421 Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous six months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the encounter. (Normal Parameters: Age 65 years and older BMI > or = 23 and < 30; Age 18 – 64 years BMI > or = 18.5 and < 25)

Numerator: Patients with a documented BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, follow-up is documented during the encounter or during the previous six months of the encounter with the BMI outside of normal parameters

Denominator: All patients aged 18 years and older

Measure 4: NQF 0018 The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.

Numerator: The number of patients in the denominator whose most recent BP is adequately controlled during the measurement year. For a patient's BP to be controlled, both the systolic and diastolic BP must be <140/90 (adequate control). To determine if a patient's BP is adequately controlled, the representative BP must be identified.

Denominator: Patients 18 to 85 years of age by the end of the measurement year who had at least one outpatient encounter with a diagnosis of hypertension (HTN) during the first six months of the measurement year.

Measure 5: NQF 0028 Percentage of patients aged 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user

Numerator: Patients who were screened for tobacco use* at least once during the two-year measurement period AND who received tobacco cessation counseling intervention** if identified as a tobacco user

*Includes use of any type of tobacco

** Cessation counseling intervention includes brief counseling (3 minutes or less), and/or pharmacotherapy
Denominator: All patients aged 18 years and older who were seen twice for any visits or who had at least one preventive care visit during the two year measurement period

Measure 6: NQF 0418 Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented
Numerator: Patient's screening for clinical depression using an age appropriate standardized tool
AND follow-up plan is documented
Denominator: All patients aged 12 years and older

Measure 7: NQF 0041 Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization
Numerator: Patients who received an influenza immunization OR who reported previous receipt* of an influenza immunization
*Previous receipt can include: previous receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measures is applied (typically, prior vaccination would include influenza vaccine given since August 1st). *Denominator*: All patients aged 6 months and older seen for a visit between October 1 and March 31

OPTIONAL CLINICAL MEASURES
The following clinical measures are OPTIONAL. You are encouraged to include them, especially if your program has a focus on pediatric populations.

Please use your health information technology system to extract the data requested. Please refer to the specific definitions for each measure.

Optional Measure 1: NQF 0024 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
Numerator: Body mass index (BMI) percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.
Denominator: Patients 3-17 years of age with at least one outpatient visit with a primary care physician (PCP) or OB-GYN.

Optional Measure 2: NQF 0060 Hemoglobin A1c (HbA1c) Testing for Pediatric Patients
Numerator: Patients who had an HbA1c test performed during the measurement year.
Denominator: Patients aged 5-17 years old with a diagnosis of diabetes and/or notation of prescribed insulin or oral hypoglycemic/antihyperglycemics for at least 12 months.

Optional Measure 3: NQF 1552 Blood Pressure Screening by 13 Years of Age

Numerator: Children who had documentation of a blood pressure screening and whether results are abnormal at least once in the measurement year or the year prior to the measurement year. *Denominator*: Children with a visit who turned 13 years old in the measurement year.