U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Federal Office of Rural Health Policy

Policy Research Division

Rural Telementoring Training Center Program

Funding Opportunity Number: HRSA-23-046

Funding Opportunity Type(s): New and Competing Continuation

Assistance Listings Number: 93.155

Application Due Date: January 9, 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 10, 2022

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Authority: 42 U.S.C. 912(b)(5) (§ 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 Telementoring Training Center Program. The purpose of this program is to train academic medical centers and other centers of excellence to create or expand technology-enabled collaborative learning and capacity building (telementoring) models to support health care providers in rural areas.

Funding Opportunity Title:	Rural Telementoring Training Center
Funding Opportunity Number:	HRSA-23-046
Due Date for Applications:	January 9, 2023
Anticipated FY 2023 Total Available Funding:	$750,000
Estimated Number and Type of Award:	Up to 1 cooperative agreement
Estimated Annual Award Amount:	Up to $750,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023 through August 31, 2026 (3 years)
Eligible Applicants:	Eligible applicants shall be domestic public or private, non-profit or for-profit entities. Tribes and tribal organizations are eligible. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

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:

Wednesday, November 30, 2022
2 – 3:30 p.m. ET

Weblink:

https://hrsa-gov.zoomgov.com/j/1604312672?pwd=MHlzakE3N2w0UUVHdVQvUzRmRVZyUT09

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

Call-In Number: 1-833-568-8864
Meeting ID: 160 431 2672
Passcode: 47851164

HRSA will record the webinar. Provide information on where to find the webinar recording.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Telementoring Training Center (RTTC) Program. The purpose of this program is to train academic medical centers or other centers of excellence to create or expand technology-enabled collaborative learning and capacity building (telementoring) models to support health care providers in rural areas. Telementoring models include Project ECHO, Project ECHO-like models, and other emerging models in the field including but not limited to Provider-to-Provider Telehealth.[1] Telementoring connects primary care providers and care teams treating patients with complex chronic conditions with specialists.[2] By using telementoring to connect primary care providers and care teams in rural areas with specialists at academic medical centers or other centers of excellence for training and support, rural patients are more likely to receive necessary care from providers in their local communities. Therefore, it is vital for the RTTC Program award recipient to assist in the development of strategies focused on improving the retention of rural providers and enhancing health care outcomes for rural patients with complex conditions in order to improve health care in rural areas.

The RTTC Program award recipient will provide technical assistance (TA) resources that are national in scope, freely accessible, and meet the needs of rural communities and health care providers. Technical assistance will be provided through a variety of modalities including individual consults, trainings, webinars, online tools, and resources. This program does not support direct patient care services.

The tools and resources developed by the RTTC will enhance rural patients' access to quality care along with fostering and supporting workforce development and retention for rural health care providers. This cooperative agreement aligns with HRSA's goals of fostering a health care workforce to address current and emerging needs, improving access to quality health services, achieving health equity, and enhancing population health.

2. Background

The Rural Telementoring Training Center Program is authorized by 42 U.S.C. 912(b)(5). The Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the Department of Health and Human Services (HHS). FORHP is

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[1] https://prevention.nih.gov/sites/default/files/documents/NIH-P2P-RuralHealthPanelReportDraft-FINAL-508.pdf
[2] Office of the Assistant Secretary for Planning and Evaluation (ASPE). A Report to Congress on the Current State of Technology-Enabled Collaborative Learning and Capacity Building Models. https://aspe.hhs.gov/pdf-report/report-congress-current-state-technology-enabled-collaborative-learning-and-capacity-building-models

authorized to administer grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas.

Approximately 20 percent of the population, roughly 61 million individuals, live in rural communities.[3] People living in rural communities experience higher rates of chronic conditions, preventable hospitalizations, and lack of access to timely care than their urban counterparts. Studies show that higher primary care physician densities and access to high-quality primary care correlate with reduced rates of hospitalization and better health outcomes across multiple domains. However, nearly 97 percent (1,904) of all non-metropolitan (i.e. rural) counties in the United States are entirely or partially designated as a primary care health professional shortage area (HPSA).[4,5]

In February 2019, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) published a Report to Congress entitled, "Current State of Technology-Enabled Collaborative Learning and Capacity Building Models".[6] This report describes technology-enabled collaborative learning and capacity building models as "ECHO and ECHO-like models" (EELM) and finds that the empirical evidence for the impact of EELM on patient and provider outcomes remains modest, though the evidence consistently shows positive effects in measured/evaluated areas. Research suggests incorporating telehealth and telementoring practices for primary and specialty care into rural care practices could improve access to care among rural residents.

II. Award Information

1. Type of Application and Award

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

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.

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[3] U.S. Department of Health and Human Services, Health Resources and Services Administration. HRSA Defining Rural Population. Retrieved from https://www.hrsa.gov/rural-health/about-us/what-is-rural
[4] Streeter RA, Snyder JE, Kepley H, Stahl AL, Li T, et al. The geographic alignment of primary care Health Professional Shortage Areas with markers for social determinants of health. PLOS ONE 24 April 2020 15(4): e0231443. Retrieved from https://doi.org/10.1371/journal.pone.0231443
[5] Rural Health Information Hub. Health Professional Shortage Areas: Primary Care, by County, 2022, January 2022. Retrieved from https://www.ruralhealthinfo.org/charts/5
[6] Office of the Assistant Secretary for Planning and Evaluation (ASPE). A Report to Congress on the Current State of Technology-Enabled Collaborative Learning and Capacity Building Models. https://aspe.hhs.gov/reports/report-congress-current-state-technology-enabled-collaborative-learning-capacity-building-models

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

- Participating in the development and implementation of the RTTC's work plan

- Providing guidance and assistance to the RTTC in identifying key academic medical centers and other centers of excellence through which to share freely accessible resources and tools

- Participating, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the period of the cooperative agreement

- Providing assistance in identifying opportunities for disseminating information about telementoring programs nationally

- Reviewing, providing comments and recommendations for documents, curricula, program plans, budgets, work to be contracted out (including the work plan), key personnel (including consultants and contractors), work plan revisions, etc. prior to printing, dissemination, or implementation

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

- Planning and delivering nationwide training and technical assistance on telementoring to academic medical centers and other centers of excellence that seek to deliver health care to rural populations and ensuring that the training uses models of professional education and support that are adapted to culturally and regionally diverse populations

- Identifying opportunities and promoting best practices for telementoring programs to increase their viability in rural areas by identifying successful models and administrative support strategies as well as disseminating information about telementoring programs

- Identifying opportunities and promoting best practices for rural health telementoring programs to evaluate their impacts and improve their services and strategies over time

- Providing academic medical centers and centers of excellence with tools for collecting and interpreting applicable data to support evaluation of rural health telementoring services

- Disseminating project materials or resources that result from any meetings, training activities or workgroups conducted during the period of the cooperative agreement and ensuring free public access to resources developed under the cooperative agreement

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds

- Adhering to Section 508 of the Rehabilitation Act of 1973, as amended

2. Summary of Funding

HRSA estimates approximately $750,000 to be available annually to fund 1 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 $750,000 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 September 1, 2023 through August 31, 2026 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for the Rural Telementoring Training Center Program 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, non-profit entities. Domestic faith-based, community-based organizations, tribes, and tribal organizations are also eligible to apply.

Note: An applicant organization may submit an application on behalf of itself, or on behalf of a consortium of entities. The applicant organization will remain responsible for compliance with all terms and conditions of the grant award.

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

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-23-046 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 **70 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.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-046, 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-23-046 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 *Attachments 5-12: 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	(2A) Response
Work Plan	(2B) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Resolution of Challenges	(4) Impact
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) 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 and clearly identify specific goals and objectives.

NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1: Need

- Provide quantitative data at the national level demonstrating the need for telementoring services to support health care providers in rural communities. Explain the larger contextual challenges facing rural communities' abilities to recruit, train and retain health care professionals.

- Outline the needs and issues that affect the development of rural telementoring programs and the ability of academic medical centers and other centers of excellence to offer additional training/practicum to physicians and other primary care practitioners in rural communities.

- Provide quantifiable information on existing services/programs available to support the development/expansion of telementoring programs and explain how this proposed project will meaningfully contribute to fill gaps in those existing services.

METHODOLOGY -- Corresponds to Section V's Review Criterion 2A: Response

- Describe how you will provide freely accessible, nationwide TA to new and existing rural telementoring programs. Possible examples of TA and activities could include (but are not limited to):

    o Identifying the most effective telementoring modality to meet the needs and capabilities of individual rural communities and academic medical centers/other centers of excellence

    o Developing and/or maintaining a national repository for telementoring resources and curriculum

    o Assistance selecting the appropriate equipment and services to participate in a telementoring program

    o Examining and explaining telementoring support mechanisms

    o Sharing successful strategies/best practices for establishing and maintaining telementoring programs that support rural providers

    o Support for academic medical centers and other centers of excellence in developing relationships with rural health care delivery sites

- Describe how you will work closely with HRSA to adapt your TA approach as needed in response to stakeholder feedback and changing priorities in the rural health care landscape.

- Explain how you will solicit, review, compile, and disseminate best practices to medical educators and professionals to promote telementoring models that provide high quality continuing training and support for rural providers.

- Include a granular and clear description of at least four telementoring models you will support through technical assistance and resource dissemination. Include a discussion about the implications relevant policies/regulations have on the viability of each telementoring modality as it pertains to rural providers.

- Detail a reasonable and effective approach for how you will actively recruit health care organizations (including rural primary care providers, academic medical centers, and other centers of excellence) that would benefit from technical assistance to start or enhance a telementoring program.

WORK PLAN -- Corresponds to Section V's Review Criterion 2B: [Response](#)

Provide a work plan narrative that details how you will achieve the objectives described in the Methodology section. The narrative should provide clear evidence that you have a well-considered and achievable plan to train academic medical centers and other centers of excellence to create or expand telementoring programs to support rural primary care providers nationwide. Explain how the proposed work plan aligns with the overall timeline for the cooperative agreement.

At minimum, your work plan narrative should include:

- Proposed plans for project implementation, including specific action steps and responsible key personnel.

- Timelines associated with the work plan for each year of the three-year period of performance.

- Detailed description of outreach plan to engage with key stakeholders to promote RTTC resources and technical assistance. Key stakeholders should include academic medical centers and other centers of excellence, rural providers, and state and national entities that work in support of rural health care providers such as State Offices of Rural Health, State Rural Health Associations or Telehealth Resource Centers.

- Plan to ensure all materials produced under the RTTC Program adhere to Section 508 of the Rehabilitation Act of 1973, as amended.

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

RTTC Evaluation and Program Monitoring

- Propose clearly defined, viable measurements of success for an RTTC of this scope, including:

    o Process and outcomes indicators for evaluating whether activities are being implemented as planned

    o Whether the activities are achieving the expected effects/changes in the short and long-term

    o Identify and present clear benchmarks of success for the period of performance (September 1, 2023 through August 31, 2026)

    o Number of new telementoring programs created

    o Number of telementoring programs that were expanded

    o Number and characteristics of organizations (e.g., academic medical centers and other centers of excellence) who utilize the RTTC's services

    o Additional process and outcome indicators for evaluating whether activities are being implemented as planned

    o Describe your strategy (including staffing, workflow and frequency) for collecting, analyzing and tracking data to measure program outcomes. Explain how you will use the data to inform resource development and technical assistance delivery

Telementoring Program Evaluation

- Describe how you will develop or maintain a standardized telementoring measure set and evaluation toolkit that is practical and adaptable for a wide range of rural communities and their partnering academic medical centers/centers of excellence to implement.

- Describe how you will promote a standardized telementoring measure set and evaluation toolkit among academic medical centers/other centers of excellence and key rural stakeholders.

Technical Support Capacity

- Describe your experience providing technical assistance to support the establishment of new rural telementoring programs as well as your experience providing technical assistance to strengthen or expand existing rural telementoring programs. Provide specific examples.

RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 4:
Impact

- Describe the barriers to developing or expanding/enhancing existing telementoring programs aimed at supporting rural providers and how you will address these barriers. Include the perspectives of the academic medical centers/other centers of excellence and the rural providers. Include a description of:
  - Challenges associated with establishing and sustaining rural telementoring programs
  - Challenges from a policy and reimbursement perspective
  - Challenges from a technology and infrastructure perspective

- Discuss any additional challenges both internal and external to your organization that may directly or indirectly affect successful execution of the cooperative agreement and provide details and strategies for how these will be resolved.

ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5:
Resources/Capabilities

This section should clearly describe how your organization or consortium of organizations has the technical expertise and resources necessary to carry out the proposed activities under this cooperative agreement.

- Describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed projects.

- Describe your capacity to exist as a nation-wide resource (i.e., broader than a local, single state, multi-state or regionally focused project). At minimum, discuss established relationships and collaborations across all census regions.

- Describe your experience developing evaluation measures/approaches to measure the effectiveness of rural telementoring programs. Provide specific examples.

- Provide information on your resources and capabilities to support provision of culturally and linguistically competent services that are adaptable to culturally and regionally diverse rural populations.

- Describe your expertise and experience in telementoring, continuing training for rural health care providers, and knowledge of policy and payment considerations affecting the viability and sustainability of rural telementoring programs nationally.

- Biographical sketches for key personnel must be included in Attachment 1 (*Staffing Plan and Job Descriptions for Key Personnel*). The biographical sketches for key personnel must be included in Attachment 2.

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*.

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 (see Section 4.1. of HRSA's SF-424 Application Guide)

Keep each job description to one page in length. Include the role, responsibilities, full time equivalents (FTE), and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs. Key Personnel is defined as persons funded by this award or persons conducting activities central to this program, i.e., project directors, research coordinators, research scientists, and research associates. If the Project Director (PD) serves as a PD for other federal awards, please list the federal awards and the percent FTE for each federal award.

Attachment 2: Biographical Sketches for Key Personnel

Include biographical sketches for individuals occupying the key positions described in the Staffing Plan (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. Please include the following:

- Senior/key personnel name
- Position title
- Education/training
  - Institution name and location
  - Degree (if applicable)
  - Date of degree (MM/YY)
  - Field of Study
- Personal Statement
  - Briefly describe why the individual's experience and qualifications make them particularly well-suited for the role (e.g. Project Director) funded through this cooperative agreement
- Positions and Honors
  - List in chronological order previous positions, concluding with the present position
  - List any honors
  - Include present membership on any Federal Government public advisory committees
- Other support (optional)
  - List both selected ongoing and completed (within the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to this cooperative agreement.

Attachment 3: Project Organizational Chart

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

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

Provide any documents that describe working relationships between your organization and other entities 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.

Attachments 5–12: Other Relevant Documents

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

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

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 *January 9, 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

The Rural Telementoring Training Center 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 3 years, at no more than $750,000 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. HRSA will review each application for completeness and eligibility, all required documents, and compliance with the requirements outlined in this NOFO.

Six review criteria are used to review and rank the Rural Telementoring Training Center Program applications. Below are descriptions of the review criteria and their scoring points. Reviewers will evaluate and score the merit of your application based upon these criteria. The entire proposal will be considered during objective review.

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

Extent to which the application:

- Clearly describes the purpose of the proposed project and identifies specific goals and objectives to achieve that purpose

- Demonstrates (using quantitative data where applicable) a clear understanding of the need for telementoring services to support health care providers in rural communities, including the larger contextual challenges faced by rural communities to recruit, train and retain health care professionals

- Clearly and accurately outlines the needs and issues that affect the development of rural telementoring programs and the ability of academic medical centers and other centers of excellence to offer additional training to primary care providers in rural communities

- Provides quantifiable information on existing services/programs available to support telementoring training at the state or national level, and how the applicant will meaningfully contribute to fill gaps in existing services

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's subsections [Methodology](#) and [Work Plan](#)

Criterion 2A: Corresponds to Section IV's Methodology – (20 points)

The extent to which the application:

- Includes a clear and attainable vision for how the organization or consortium will provide freely accessible and nationwide TA to new and existing telementoring programs, including developing and/or maintaining a national repository for telementoring resources and curriculum

- Clearly describes an effective plan for TA activities including (but not limited to):
  - Identifying the most effective telementoring modality to meet the needs and capabilities of rural communities and academic medical centers/other centers of excellence
  - Assistance selecting the appropriate equipment and services to participate in a telementoring program
  - Examining and explaining telementoring support mechanisms
  - Sharing successful strategies/best practices for establishing and maintaining telementoring programs that support rural providers
  - Support for academic medical centers and other centers of excellence in developing relationships with rural health care delivery sites

- Clearly communicates how the organization/consortium will work closely with HRSA to adapt their TA approach as needed in response to stakeholder feedback and/or changing priorities in the rural health care landscape

- Describes an effective approach for soliciting, reviewing, compiling, and disseminating telementoring best practices to promote high quality continuing training and support for rural providers

- Demonstrates a clear and detailed understanding of the intricacies of multiple telementoring models (i.e., Project ECHO, ECHO-like models, distance learning, and clinical decision support)

- Demonstrates a clear and detailed understanding of the implications relevant policies/regulations have on the viability of each telementoring modality for rural providers

- Details a reasonable and effective approach for actively recruiting health care organizations (including rural primary care providers, academic medical centers, and other centers of excellence) that would benefit from technical assistance to start or enhance a telementoring program

Criterion 2B: Corresponds to Section IV's <u>Work Plan</u> – (15 points)

Extent to which the application:

- Displays a realistic, feasible approach to providing TA, training, and support for academic medical centers and other centers of excellence to develop or expand telementoring services

- Describes a proposed work plan that aligns with the overall timeline for the cooperative agreement and includes reasonable timelines for each year of the three-year period of performance

- Clearly aligns activities in the work plan to the programmatic goals of the cooperative agreement

Extent to which the proposed work plan effectively describes:

- Specific action steps and responsible key personnel

- A detailed description of the outreach plan to engage with key stakeholders (e.g. academic medical centers and other centers of excellence, rural providers, and other state and national entities that work in support of rural health care providers such as State Offices of Rural Health, State Rural Health Associations, and Telehealth Resource Centers) to promote RTTC resources and technical assistance

- A plan to ensure all materials produced under the RTTC Program adhere to Section 508 of the Rehabilitation Act of 1973, as amended

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's <u>*Evaluation and Technical Support Capacity*</u>

The extent to which:

- The application includes clear benchmarks of success for the period of performance (September 1, 2023 through August 31, 2026)

- The applicant organization proposes clearly defined, viable measures of success for the RTTC including:

  o Number of new telementoring programs created
  o Number of telementoring programs that were expanded
  o Number and characteristics of organizations (e.g., academic medical centers and other centers of excellence) who utilize the RTTC's services
  o Additional process and outcome indicators for evaluating whether activities are being implemented as planned
  o Whether the activities are achieving the expected effects/changes in the short and long term

- The application describes a clear strategy (including staffing, workflow and frequency) for collecting, analyzing, and tracking data to measure program outcomes

- The applicant organization effectively explains how they will use data to inform resource development and technical assistance delivery

- The applicant organization can track the outcome of their services and determine if a new telementoring site or service was established due to the activities funded through this cooperative agreement

- The applicant organization clearly describes how they will develop or maintain a standardized telementoring measure set and evaluation toolkit that is practical and adaptable for a wide range of rural communities and their partnering academic medical centers/other centers of excellence to implement

- The application clearly describes a plan to promote a standardized telementoring measure set and evaluation toolkit among academic medical centers/other centers of excellence and key rural stakeholders

- The applicant organization provides specific examples demonstrating experience providing technical assistance to support the establishment of new rural telementoring programs as well as experience providing technical assistance to strengthen or expand existing rural telementoring programs

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Resolution of Challenges

Extent to which the application:

- Accurately identifies and clearly describes the barriers to developing telementoring programs for rural providers including (but not limited to):
  - Policy
  - Reimbursement
  - Technology
  - Infrastructure

- Includes the perspectives of the academic medical centers/other centers of excellence and rural providers
- Provides a clear and detailed description of any additional challenges both internal and external to the applicant organization that may directly or indirectly affect successful execution of the cooperative agreement

- Identifies and explains effective approaches to mitigate or resolve the identified challenges/barriers

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Organizational Information, Attachment 1 (Staffing Plan and Job Descriptions for Key Personnel), Attachment 2 (Biographical Sketches for Key Personnel), Attachment 3 (Project Organizational Chart) and Attachment 4 (Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts)

The extent to which the application clearly demonstrates:

- The organization or consortium's capacity to manage the programmatic, fiscal, and administrative aspects of the proposed project

- The staffing plan is well justified and includes the necessary personnel

- The ability of key personnel and proposed project staff to successfully execute the proposed project based on their qualifications and available resources

- Key personnel have adequate time devoted to the project to achieve project objectives

- The organizational structure of the proposed RTTC is logical and will support a nation-wide telementoring technical assistance program

The extent to which the applicant organization:

- Clearly describes their capacity to exist as a nation-wide resource and, at minimum, describes established relationships and collaborations across all census regions

- Provides specific evidence of their experience developing evaluation measures/approaches to measure the effectiveness of rural telementoring programs

- Demonstrates their resources and capabilities to support provision of culturally and linguistically competent services that are adaptable to culturally and regionally diverse rural populations

- Demonstrates expertise and experience in telementoring, continuing training for rural health care providers, and knowledge of policy and payment considerations affecting the viability and sustainability of rural telementoring programs nationally

If applicable:

- The extent to which the application provides documentation that clearly describes the working relationships between the applicant organization and other entities and programs cited in the proposal

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

The extent to which:

- The budget justification logically documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed award funded activities

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work

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 September 1, 2022. 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 will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide

meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- 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 https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

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) **Progress Report**(s). The recipient must submit a progress report to HRSA annually as part of the noncompeting continuation application process. More information will be available in the NOA.

2) **Federal Financial Status Report (FFR).** A Federal Financial Report (FFR) is required at the end of each budget period. The report is an accounting expenditures under the project that year. Financial reports must be submitted electronically through the Payment Management System (PMS). Further information will be provided in the NOA.

3) **Final Report.** Award recipients are required to submit a final report at the end of their period performance that would show, explain, and discuss their results and outcomes. Further information will be provided by HRSA during the first budget period.

4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, 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:

Olusola Dada
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: 301-443-0195
Email: ODada@hrsa.gov

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

Danielle Chestang
Public Health Analyst
Attn: Rural Telementoring Training Center Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
Phone: 301-443-3890
Email: DChestang@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*.

Appendix: Telehealth and Broadband Resources

Additional information on telehealth can be found at Telehealth.HHS.gov. In addition, if you use broadband or telecommunications services for the provision of health care, HRSA strongly encourages you to seek discounts through the Federal Communication Commission's Universal Service Program. For information about such discounts, see Rural Health Care Program. Qualified low-income patients may also be eligible for a monthly discount on phone, internet, or bundled package bills which can give them the tools to access telehealth through Lifeline. The Affordable Connectivity Program also helps ensure that households can afford the broadband they need for health care. Patients living on tribal lands may be eligible for additional benefits.