

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Health Resources & Services Administration

Federal Office of Rural Health and Policy  
Hospital State Division

***Medicare Rural Hospital Flexibility Program Evaluation Cooperative Agreement***

**Funding Opportunity Number: HRSA-18-037**

**Funding Opportunity Types: New, Competing Continuation**

**Catalog of Federal Domestic Assistance (CFDA) Number: 93.241**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2018

**Application Due Date: February 23, 2018**

*Ensure your 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 1 month to complete.*

**Issuance Date: December 21, 2017**

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Authority: §711(b) 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 is accepting applications for fiscal year (FY) 2018 Medicare Rural Hospital Flexibility Program Evaluation Cooperative Agreement. The purpose of this program is to provide data and conduct analysis to inform improvement efforts in Critical Access Hospitals (CAHs). CAHs will benefit by having resources related to financial and operational improvement, quality of care reporting and improvement, Emergency Medical System (EMS) integration and population health activities. CAHs will have access to analyses of relevant data and evidence-based best practices to improve their outcomes. Additionally, work evaluating CAH-focused improvement efforts will inform CAHs and state Flex programs. The FY 2018 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds a timely manner. You should note that this program may be cancelled prior to award recommendations.

Funding Opportunity Title:	Medicare Rural Hospital Flexibility Program Evaluation Cooperative Agreement
Funding Opportunity Number:	HRSA-18-037
Due Date for Applications:	February 23, 2018
Anticipated Total Annual Available FY18 Funding:	\$1,500,000
Estimated Number and Type of Award:	1 cooperative agreement
Estimated Award Amount:	Up to \$1,500,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	July 1, 2018 through June 30, 2023 (5 years)
Eligible Applicants:	Eligible applicants include domestic public or private, non-profit entities. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.

### **Application Guide**

You (the applicant organization/agency) 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 NOFO to do otherwise. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

## **Technical Assistance**

The following technical assistance webinar has been scheduled:

### *Webinar*

Day and Date: Thursday, January 18, 2018

Time: 2 - 3 p.m. ET

Call-In Number: 1-888-391-6757

Participant Code: 8857372

Weblink: <https://hrsa.connectsolutions.com/ta-nofo/>

Playback Number: 1-888-568-0673

Passcode: 9675

## Table of Contents

<b>I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION .....</b>	<b>1</b>
1. PURPOSE.....	1
2. BACKGROUND.....	1
<b>II. AWARD INFORMATION .....</b>	<b>2</b>
1. TYPE OF APPLICATION AND AWARD .....	2
2. SUMMARY OF FUNDING .....	3
<b>III. ELIGIBILITY INFORMATION .....</b>	<b>3</b>
1. ELIGIBLE APPLICANTS .....	3
2. COST SHARING/MATCHING.....	3
3. OTHER.....	3
<b>IV. APPLICATION AND SUBMISSION INFORMATION .....</b>	<b>4</b>
1. ADDRESS TO REQUEST APPLICATION PACKAGE .....	4
2. CONTENT AND FORM OF APPLICATION SUBMISSION .....	4
i. Project Abstract .....	5
ii. Project Narrative .....	5
iii. Budget.....	9
iv. Budget Narrative .....	10
v. Attachments. ....	10
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT.....	12
4. SUBMISSION DATES AND TIMES .....	12
5. INTERGOVERNMENTAL REVIEW .....	13
6. FUNDING RESTRICTIONS .....	13
<b>V. APPLICATION REVIEW INFORMATION .....</b>	<b>14</b>
1. REVIEW CRITERIA.....	14
2. REVIEW AND SELECTION PROCESS .....	18
3. ASSESSMENT OF RISK AND OTHER PRE-AWARD ACTIVITIES.....	18
4. ANTICIPATED ANNOUNCEMENT AND AWARD DATES.....	19
<b>VI. AWARD ADMINISTRATION INFORMATION .....</b>	<b>19</b>
1. AWARD NOTICES.....	19
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	19
3. REPORTING .....	19
<b>VII. AGENCY CONTACTS.....</b>	<b>20</b>
<b>VIII. OTHER INFORMATION .....</b>	<b>21</b>
<b>IX. TIPS FOR WRITING A STRONG APPLICATION.....</b>	<b>21</b>

# **I. Program Funding Opportunity Description**

## **1. Purpose**

This notice solicits applications for the Medicare Rural Hospital Flexibility Program Evaluation Cooperative Agreement. The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2018 Medicare Rural Hospital Flexibility Program Evaluation Cooperative Agreement. The purpose of this program is to provide data and conduct analysis to inform improvement efforts in Critical Access Hospitals (CAHs). CAHs will benefit by having resources related to financial and operational improvement, quality of care reporting and improvement, emergency medical service (EMS) integration and population health activities. CAHs will have access to analyses of relevant data and evidence-based best practices to improve their outcomes. CAH focused improvement efforts will also inform other CAHs and state Flex programs.

## **2. Background**

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

There are approximately 1,340 CAHs throughout the country, that serve as first line health care providers to patient populations living in rural communities. As the health care environment is changing, there is increased pressure on CAHs to become more efficient and effective in meeting the health needs of their communities so that they can remain financially viable and continue to provide needed services within their communities. Data collected by this program can help CAHs better understand areas for improvement and information about effective improvement interventions can help them efficiently target limited resources.

HRSA supports several programs to help support CAHs, and the activities under this cooperative agreement will further enhance those efforts. The Medicare Rural Hospital Flexibility (Flex) Grant funds 45 states with CAHs supporting activities around quality improvement, financial and operational performance, EMS integration and population health. The Medicare Rural Hospital Flexibility Program Evaluation Cooperative Agreement monitors and evaluates state-level grant activities to make national recommendations for improving Flex program areas. Flex has an emphasis in quality improvement, which 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. The Technical Assistance and Services Center (TASC) provides broad training to assist CAHs and state Flex programs in more effectively meeting their performance goals. The Rural Quality Improvement Technical Assistance Cooperative Agreement (RQITA) provides in depth TA to benefit CAHs on quality reporting and improvement challenges.

Moreover, the Flex Program presents an opportunity to tackle emerging public health challenges. The Medicare Rural Hospital Flexibility Evaluation Program Cooperative

Agreement provides data and analysis to inform Critical Access Hospital improvement efforts. Analysis should include national, state, and hospital-level data, specifically quality and financial data and population health activities, including topics related to the following clinical priorities: mental health, opioid abuse, and childhood obesity.

For more information about HRSA's rural health programs, please visit <http://www.hrsa.gov/ruralhealth>.

## II. Award Information

### 1. Type of Application and Award

Types of applications sought: New, Competing Continuation

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

HRSA Program involvement may include:

- Participating in the planning and development of the annual program evaluation portfolio, to include advising awardee on: topic, scope, and the number of projects to be completed each year.
- Reviewing and approving the products prior to public dissemination.
- Facilitating the collaboration on work with the Flex program, TASC, and RQITA.
- Providing the information related to state Flex programs and CAH-level performance activities.

The cooperative agreement recipient's responsibilities will include:

- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the HRSA's [SF-424 Application Guide \(Acknowledgement of Federal Funding\)](#).
- Provide data and analysis to inform CAH improvement efforts.
- Conduct Flex evaluation research activities to inform state Flex programs and CAHs of effective investments.
- Share pertinent findings and evidence-based best practices regarding state Flex program-level and CAH-level performance activities to key stakeholders.
- Identifying expert workgroups that ensure representation across appropriate expertise areas and organizations to broaden the value to data analysis for CAHs.
- Collaborate with Flex program partners such as TASC and RQITA to link research to targeted technical assistance.
- Advise HRSA in crafting Flex measures to inform internal and external progress as awardees use data to improve the efficiency of their programs.

- Conduct statewide and national monitoring and evaluation research projects that can inform overall Flex program impact.
- Establish or maintain a national CAH Database reflective of the most recent measure reporting.
- Conduct short turnaround data requests.
- Conduct trend data analysis and long-term national evaluative studies.

## **2. Summary of Funding**

Approximately \$1,500,000 is expected to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to \$1,500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. The FY 2018 President's Budget does not request funding for this program. 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, applications can be processed, and funds awarded in a timely manner. The project period is July 1, 2018 through June 30, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, satisfactory award recipient performance, 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 or for-profit organizations. Institutions of higher education, faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. Applicants may be a single entity or a consortium.

### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

### **3. Other**

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

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

**Effective December 31, 2017** - You **must** use the [Grants.gov Workspace](#) to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [Find Grant Opportunities](#) page for all information relevant to desired opportunities.*

### 2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, 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. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. Applications must be submitted in the English language and must be in the terms of U.S. dollars (45 CFR § 75.111(a)).

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 NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. 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 take appropriate measures to ensure your application 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 this notice.**

**Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is 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. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment #10: 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), 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.

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***  
The applicant should provide a brief overview of how the proposed project aligns with the purpose of this cooperative agreement to provide data and analysis to inform Critical Access Hospital improvement efforts.
- ***NEEDS ASSESSMENT -- Corresponds to Section V’s Review Criterion #1 Need***  
The applicant should provide a detailed discussion of the information gaps related to the Flex program areas of quality improvement, financial and operational improvement, and population health, including health system development and EMS integration, and advancement of innovative models. The issues, challenges, and data needs of CAHs should be clearly articulated.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response*  
Propose methods that you will use to address the stated needs and meet each of the previously described program requirements outlined on page 3. As appropriate, include development of effective tools and strategies for ongoing outreach to CAHs and collaborations with TASC and RQITA, and state Flex awardees. Include a plan to disseminate reports and products, so project information is provided to key target audiences and rural stakeholders.

The applicant should discuss the proposed methodology for meeting the following requirements of this program:

- Provide data and analysis to inform Critical Access Hospital improvement efforts. Analysis should include national, state, and hospital-level data, specifically quality and financial data and population health activities, including topics related to the clinical priorities of mental health, opioid abuse, and childhood obesity.
- Propose Flex evaluation research activities that will be conducted to inform state Flex programs and CAHs of service gaps and highlight effective investments in response.
- Develop a communication strategy that will be used to share pertinent findings and evidence-based best practices related to state Flex program-level and CAH-level performance activities.
- Identify expert workgroups that will ensure representation across appropriate expertise areas and organizations that will highlight the importance of CAH and provider-based rural health clinics data analysis.
- Propose a collaboration strategy to include work with TASC and RQITA on linking relevant CAH research to targeted technical assistance efforts.
- Describe the internal process that will be implemented to create Flex measures in partnership with HRSA. The measures created should be able to highlight Flex awardee progress.
- Provide a strategy for conducting statewide and national monitoring and evaluation research projects that inform state Flex programs and CAHs of effective investments and overall Flex program impact. Include a plan to establish or maintain a National CAH Database reflective of the most recent measure reporting.
- Describe a process that will be used to produce short turnaround qualitative or quantitative analysis which address and respond to emerging CAH system-related questions and issues (e.g. timeline for this should be from 3-12 months depending on the issue at hand).
- Highlight a methodology that will be used to conduct trend data analysis and long-term national evaluative studies.

If applicable, the applicant should describe the ability to maintain a program website that will serve as a repository for products completed under this cooperative agreement. The method for tracking the use of released products must also be detailed.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all research activities.

This section provides a format for applicants to demonstrate the clarity, feasibility, and scope of the proposed goals and their objectives. The goals and objectives should clearly demonstrate the progression of implementation through final outcomes. These outcomes should include as appropriate short, intermediate, and long-term outcome measures reflective of the intent of the goals and objectives. The work plan's goals and objectives should be aligned with, and appropriate for, the need, proposed budget, and the applicant's organizational capacity. There are two components to this section: a) Work Plan Matrix, which depicts the relationship between program goals, objectives, responsible person(s), timelines, budget, and measures of success; and b) Work Plan Narrative, which expands on the work plan matrix to provide details of program implementation. Both sections should be succinctly organized by goals and objectives.

1) *Work Plan Matrix*

The work plan matrix should represent year one of the project period and should provide goals, objectives, and activities as they correlate with budget, personnel responsible, and timelines (when available). The applicant's work plan must include written products ranging between four and seven projects for budget year one (including any annual data analysis). The matrix should be in a table format.

2) *Work Plan Narrative*

The work plan narrative should cover a 5-year project period explaining activities to begin July 1, 2018 and going no longer than June 30, 2023. The work plan should indicate whether a project is a one-year or multi-year project. This narrative should expand upon the work plan matrix. In the work plan narrative, provide the following information:

- a) Propose a strategy, which describes how each project will be developed and implemented.
- b) Describe how each activity within each proposed project will build on knowledge base of CAHs and state Flex programs.
- c) Explain potential use of data analysis to improve CAH-level performance.
- d) Discuss possible collaborations with TASC and RQITA to link research to targeted technical assistance.

The applicant must also submit a full description of each project proposed, as outlined in **Attachment 1**.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response*

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

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resources/Capabilities*

You must describe the plan for the program performance evaluation that will contribute to continuous CAH-level performance improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project, including how projects provide context for improvement activities. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

You must describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

The evaluation plan should also include, but not limited to, the tracking of:

- Types of requests for more information as related to products, including challenges in understanding and use of data and analysis
- Number of visits to the project website and integrated data system
- Number of reports disseminated
- Number of presentations in conferences and meetings related to the work completed under the cooperative agreement

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

Succinctly describe your organization's current mission and structure, scope of current activities, including an organizational chart, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Discuss how the organization will, properly account for the federal funds and document all costs.

Describe the organization's current experience and skills, staffing, of performing previous work of a similar nature. Please include any relevant published materials or experience from key individuals on staff. Describe access to data sets currently maintained by the applicant that will contribute to the ability of the organization to meet program expectations and analysis.

Applicants are encouraged to describe any experience with relevant data sources that include state-level and Critical Access Hospitals. Some examples include the following data sources: AHA Annual Survey of Hospitals, County Health Rankings, Hospital Compare Quality Data, and Hospital Cost Reporting Information System.

The applicant may also describe any established relationships or previous collaboration with other important Flex program partners and stakeholders such as, but not limited to:

- State Offices of Rural Health (SORH)
- State Flex programs
- TASC
- Quality Improvement Organizations (QIO)
- RQITA
- CAHS and other rural providers.

The applicant can be a single entity or a consortium of organizations or universities. If a consortium is proposed, describe the rationale for the inclusion of each of the entities in the consortium arrangement, strengths and experience of each entity, and discuss which entity will be primarily responsible for the administrative management of the cooperative agreement award. Also, describe how the entities relate to each other in terms of roles, responsibilities, and program management. Describe the approach for collaboration on projects and the process for project review prior to submission to HRSA for final review and approval.

<b>NARRATIVE GUIDANCE</b>	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

**iii. Budget**

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov.

Please follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if the application is selected for funding, you will have a well-organized plan and by carefully following the approved plan can 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) incurred by the recipient to carry out a HRSA-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, as applicable.

Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202, 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 may apply in FY 2018, as required by law.

**iv. Budget 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. The work plan should be a table that identifies the proposed projects and indicates the Flex program core area; responsible personnel; anticipated product(s) (e.g. policy brief, briefing paper) and whether they will be submitted for journal publication; and the anticipated completion date. The work plan should also indicate whether a project is a one-year or multi-year project.

*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. Also, please include a description of your organization’s time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

*Attachment 3: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual who is not yet hired,

please include a letter of commitment from that person with the biographical sketch.

*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. Letters of agreement must be signed and dated.

*Attachment 5: Project Organizational Chart*

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

*Attachment 6: Table, Project proposals*

Each of the four to seven proposed projects submitted by the applicant should include a full project proposal description that will serve to provide more detailed information about each written product that will be developed. Each individual full proposal description should be limited to four pages in length. Each full project description should include the following information: proposed title; objectives of the project; background; relevance to the Flex program; overview of the project being proposed; brief description of the design of the project; products and dissemination strategy; references (if applicable). If multi-year projects are proposed, there should be a brief description of the expected phases of the multi-year project in future years as well as a discussion of how progress will be tracked each project period.

*Attachment 7: Letters of Support*

Include only letters of support that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

*Attachment 8: For Multi-Year Budgets--5<sup>th</sup> Year Budget (NOT counted in page limit)*

After using columns (1) through (4) of the SF-424A Section B for a 5-year project period, you will need to submit the budget for the 5<sup>th</sup> year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

*Attachment 9: Organizational Experience*

Organizational experience of all applicants is carefully considered; therefore, you are advised to include previous experience in the stated goals and objectives in your application and emphasize the accomplishments made in attaining these goals and objectives.

Include a brief presentation of the accomplishments, in relation to the objectives of the program. This attachment should include:

(1) The period covered (dates) of experience

(2) Specific Objectives - Briefly summarize the specific objectives of the project.

- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

*Attachments 10 – 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.).

### **3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You 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 you have 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 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 three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- 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](#).

**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 due date for applications under this NOFO is *February 23, 2018 at 11:59 p.m. Eastern Time*.



See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s [SF-424 Application Guide](#) for additional information.

## 5. Intergovernmental Review

Medicare Rural Hospital Flexibility Program Evaluation Cooperative Agreement is not a program 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 project period of up to five (5) years, at no more than \$1,500,000 per year (inclusive of direct **and** indirect costs). The FY 2018 President’s Budget does not request funding for this program. 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 in a timely manner. 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 notice may not be used for the following purposes:

- 1) Purchasing or improving real estate
- 2) Foreign Travel

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) 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 2018, 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 use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award under the program will be addition. Post-award requirements for program income can be found at [45 CFR § 75.307](#).

## 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 you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The Medicare Rural Hospital Flexibility Program Evaluation Cooperative Agreement has (6) review criteria:

*Criterion 1: NEED (10 points) – Corresponds to Section IV’s Introduction, Needs Assessment, and Methodology*

The extent to which the application demonstrates:

- A. An understanding of the purpose of this cooperative agreement to provide data and analysis to inform CAH improvement efforts.
- B. A clear understanding for the usefulness of CAHs’ access to relevant data and evidence-based best practices to improve their outcomes.
- C. A broad understanding of the challenges that critical access hospitals face and the communities they serve, and accordingly conducts appropriate data analysis and evaluation aimed at improving the Flex program, while informing TASC and RQITA.
- D. Knowledge of the information gaps related to relevant state-level programs. Applicants are encouraged to describe any information gaps in the areas of quality improvement, financial and operational improvement, and population health, including health system development and EMS integration, and advancement of innovative models.

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

The extent to which the proposed project responds to the “Purpose” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

## Methodology (15 points)

The extent to which the application:

- A. Proposes a strong and sound methodology to provide data and analysis to inform CAH improvement efforts, including how to measure the impact of the Flex program.
- B. Provides specific examples of rural reports and other products that may be relevant to address the needs of the Flex program.
- C. Provides a dissemination plan for how they intend to distribute reports and other products created under this program. Discussion must include the ability of the applicant to maintain a program website as well as a national CAH database.
- D. Provides clear examples demonstrating their ability to execute short-turnaround qualitative or quantitative analysis on timely and emerging state-level critical access hospital issues.
- E. Provides a collaboration plan that describes ways in which applicants will collaborate with HRSA and other entities engaged in rural health work, such as TASC and RQITA.
- F. Proposes members for the expert workgroup that ensures representation across appropriate Flex-related expertise areas and organizations and provides a detailed description of how workgroups will be used to fulfill the needs of this program.
- G. Devises a communication strategy to share pertinent findings and evidence-based best practices related to state Flex program-level and CAH-level performance activities.
- H. Proposes feasible statewide and national monitoring and evaluation research projects that inform overall Flex program investments and measure impact.

## Work plan (10 points)

The extent to which the application proposes:

- A. A reasonable timeline that includes each project and identifies the responsible staff for each project and approximate budget.
- B. Appropriate anticipated completion dates as well as whether a project is a one-year or multi-year project.
- C. Well-developed projects that will conduct national analysis of quality reporting and quality improvement, financial and operational performance of CAHs, including annual data analysis.
- D. Projects that clearly articulate the progression of implementation through final outcomes (short, intermediate, and long-term outcomes).
- E. Projects that are national in scope, as well as smaller scale case studies
- F. A complete work plan matrix that represents year one of the project period that includes goal(s), objective(s), and activities as they correlate with budget, personnel responsible, and timelines.
- G. A complete work plan narrative that covers a 5 year project period explaining activities to begin July 1, 2018 and going no longer than June 30, 2023 and expands upon the work plan matrix and collaborations with TASC and RQITA to link research to targeted technical assistance.

### Resolution of Challenges (5 points)

The extent to which the applicant:

Identifies and discusses potential challenges that may be encountered in implementing the program activities as well as the approaches that would be used to address such challenges, such as delayed projects.

### *Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity*

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess to what extent the program objectives have been met.

Please provide or propose a reporting mechanism in place to track and report:

- Types of requests for more information as related to products, including challenges in understanding and use of data and analysis
- Number of visits to a project website and integrated data system
- Number of reports disseminated
- Number of presentations in conferences and meetings related to the work completed under the cooperative agreement

### *Criterion 4: IMPACT (20 points) – Corresponds to Section IV's Work Plan*

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope.

- A. Discusses how the work plan will lead to the goals and objectives of this cooperative agreement.
- B. Demonstrates a clear understanding of the intent of research products and highlights areas of collaboration with TASC and RQITA.
- C. Demonstrates an understanding of the need for flexibility and responsiveness to the data needs of CAHs and discusses any challenges and how they will be addressed.
- D. If applicable, includes the applicant's strategy to track research products and relevant past and future efforts. These could include but are not limited to, reports, presentations, seminars, workshops, and other relevant events.

### *Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information sections*

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

### Staff Expertise (10 points)

- A. The application's Staffing Plan (Attachment 2) and Position Descriptions (Attachment 2) provide sufficient detail about the role and responsibilities of each grant-supported staff position.
- B. Proposes project personnel that are qualified by training and/or experience to implement and carry out their roles.
- C. Staffing Plan as evidenced by biographical sketches/resumes (Attachment 3) that document the education, experience, and skills relevant and necessary for successfully carrying out the proposed project.
- D. Demonstrates available non-staff resources required to support successful implementation of the project.

### Organizational Capacity (5 points)

- A. 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.
- B. The extent to which the application clearly describes the capability of the organization to follow the proposed work plan, and properly account for the federal funds.
- C. The extent to which the application clearly provides the organization's capability to collaborate with TASC to effectively pair research findings to performance improvement activities.

### Integrated Database (5 points)

- A. Capacity to build or maintain a database that integrates updated CAH financial and quality data, as well as community health measures.
- B. If applicable, the capacity to produce CAH financial and quality data, as well as community health summary reports from using an integrated database system.

### Organizational Experience (10 Points)

- A. Establishes previous effective experience in measuring the impact of programs that support CAHs (Attachment 9), preferably in the areas of quality improvement, financial and operational improvement, population health, including health system development and EMS integration, and advancement of innovative models .
- B. Summarizes previous experience and associated activities, both ongoing and completed, as it relates to monitoring and evaluating investments to support CAHs (Attachment 9).
- C. Discusses the experience with relevant national databases that is required to effectively fulfill the requirements of this program.
- D. Discusses experience in rural-specific data analysis at the national, state, and CAH levels.
- E. Demonstrates a history of collaboration and established relationships with recognized national and state-level rural technical assistance providers, such as TASC and RQITA, State Offices of Rural Health.

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

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research 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 key personnel have adequate time devoted to the project to achieve project objectives.

## **2. Review and Selection Process**

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA’s [SF-424 Application Guide](#) for more details.

### **Assessment of Risk and Other Pre-Award Activities**

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](#)).

Applications receiving a favorable objective review are reviewed 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. You may be asked 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 an award will be made. Following review of all applicable information, HRSA’s approving and business management officials will determine whether an award can be made, 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.

Effective January 1, 2016, 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 any of 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 posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

### 3. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of July 1, 2018.

## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2018. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

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### 2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's [SF-424 Application Guide](#).

### 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 Reports.** The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **Quarterly Reports.** The awardee must submit a quarterly progress report through EHB. The quarterly report will be used to demonstrate the award recipient's progress on research objectives within the quarter and to discuss issues that impact the Work Plan timeline.
- 3) **Federal Financial Report.** The Federal Financial Report (SF-425) is required no later than October 30th for each budget period. 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 Notice of Award.
- 4) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).

## VII. Agency Contacts

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

Kimberly Dews  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-0655  
Email: [kdews@hrsa.gov](mailto:kdews@hrsa.gov)

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

Owmy Bouloute  
Public Health Analyst, Hospital State Division  
Attn: Medicare Rural Hospital Flexibility Program Evaluation Cooperative Agreement  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 17W59D  
Rockville, MD 20857  
Telephone: (301) 945-9675  
Fax: (301) 443-2803  
Email: [obouloute@hrsa.gov](mailto:obouloute@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  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients 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 Contact Center, Monday-Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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



## **VIII. Other Information**

### **Technical Assistance**

The following technical assistance webinar has been scheduled:

#### *Webinar*

Day and Date: Thursday, January 18, 2018

Time: 2 - 3 p.m. ET

Call-In Number: 1-888-391-6757

Participant Code: 8857372

Weblink: <https://hrsa.connectsolutions.com/ta-nofo/>

Playback Number: 1-888-568-0673

Passcode: 9675

## **IX. Tips for Writing a Strong Application**

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