U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Federal Office of Rural Health Policy
Policy Research Division

Rural Health Innovation and Transformation Technical Assistance

Funding Opportunity Number: HRSA-19-022
Funding Opportunity Types: New, Competing Continuation
Catalog of Federal Domestic Assistance (CFDA) Number: 93.155

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: February 22, 2019

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, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: November 23, 2018

Kerri Cornejo
Public Health Analyst, Policy Research Division
Telephone: (301) 443-4204
Email: kcornejo@hrsa.gov

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 Rural Health Innovation and Transformation Technical Assistance (RHIT-TA) program. The purpose of this program is to provide technical assistance (TA) to rural stakeholders and the public to help them understand and engage in the value-based care landscape in the context of rural health care.

Funding Opportunity Title:	Rural Health Innovation and Transformation Technical Assistance
Funding Opportunity Number:	HRSA-19-022
Due Date for Applications:	February 22, 2019
Anticipated Total Annual Available FY 2019 Funding:	$500,000
Estimated Number and Type of Award:	One cooperative agreement
Estimated Award Amount:	Up to $500,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2019 through July 31, 2022 (3 years)
Eligible Applicants:	Eligible applicants include domestic public, private, and nonprofit organizations. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. 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 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.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, December 19, 2018
Time: 3 – 4 p.m. ET
Call-In Number: 1-800-369-3168
Participant Code: 3587084
Weblink: https://hrsa.connectsolutions.com/rhitta
Playback Number: 1-866-441-8828
Passcode: 7648

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Health Innovation and Transformation Technical Assistance (RHIT-TA) program. The purpose of this program is to provide technical assistance (TA) to rural stakeholders and the public to help them understand and engage in the value-based care landscape in the context of rural health care.

In an effort to control health care costs and improve the quality of care, public and private payers have increasingly implemented initiatives to encourage value-based care. Value-based care programs reward health care providers for the quality of care through the realignment of financial incentives towards value over volume. Because of the unique economic factors affecting rural providers, the implementation and effects of value-based care initiatives may look different in rural, low-volume settings. For example, low patient volumes, along with low margins, in rural settings can make it more difficult to absorb the financial risks associated with value-based care. Start-up costs for value-based care may seem prohibitive for some, while small volumes may make it more difficult to measure value and may increase the risk of skewed outcomes. At the same time, value-based care initiatives are evolving towards risk-based models, and there is a need to help stakeholders and the public understand how these changes affect rural health care. Therefore, a major goal of this funding opportunity is to support the ability of rural providers to participate and succeed in current and emerging payment and delivery system models designed to provide value-based care.

Value-based care is one of the four priorities of the United States Department of Health and Human Services (HHS). Through the prioritization of value-based care, HHS is working to transform our healthcare system from one that pays for procedures and sickness to one that pays for outcomes and health, focusing on four areas:[1]
1. Maximizing the promise of health information technology (IT), including through promoting interoperability.
2. Boosting transparency around price and quality.
3. Pioneering bold new models in Medicare and Medicaid.
4. Removing government burdens and barriers, especially those impeding care coordination.

In 2018, the Centers for Medicare & Medicaid Services (CMS) issued its CMS Rural Health Strategy to elevate rural health as an important focus of its provider payment policies, including delivery system reform and innovation opportunities.[2] In alignment with the HHS priorities and the CMS Rural Health Strategy, this funding opportunity seeks to provide a mechanism for the federal government to work collaboratively with rural health care stakeholders on TA to achieve the following goals:

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[1] U.S. Department of Health and Human Services. Secretary Priorities. Available at: https://www.hhs.gov/about/leadership/secretary/priorities/index.html#value-based-healthcare
[2] Centers for Medicare & Medicaid Services. Rural Health Strategy. May 2018. Available at: https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Rural-Strategy-2018.pdf

1. Raise awareness of the unique considerations facing rural providers and communities in implementing value-based care in the current and emerging environments, with a particular focus on the four strategic areas identified above.
2. Engage stakeholders with strategies to help rural providers and communities participate in value-based care models.

2. Background

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

The Health Resources and Services Administration (HRSA), an agency of HHS, is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable. HRSA's mission is to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.[3]

HRSA's 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 plays two distinct but complementary roles within HHS. The first is to advise the HHS Secretary on rural policy issues across HHS, including interactions with the Medicare and Medicaid programs, and support policy-relevant research on rural health issues. The second is to administer grant programs focused on supporting and enhancing health care delivery in rural communities. FORHP is able to use its policy role to inform the development of grant programs and its grant role to provide community-level perspective when assessing the impact of HHS policy on rural areas. Information about current FORHP policy and research programs is located on the FORHP website: https://www.hrsa.gov/rural-health/research/index.html.

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 will include:

- Collaborating in the planning and development of the TA portfolio and of key areas of focus;
- Reviewing and providing input on activities and any findings or information generated under this award prior to public dissemination;

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[3] Health Resources and Services Administration. About HRSA. Available at: https://www.hrsa.gov/about/index.html

- Participating in the planning and implementation of any meetings or other working groups convened during the period of performance; and
- Consulting on dissemination strategies for delivering TA to varied audiences interested in rural health care delivery innovations.

The cooperative agreement recipient's responsibilities will include:

- Identifying key rural health policy issues and challenges related to value-based care to inform and engage rural health stakeholders;
- Participating in the planning and development of the work portfolio and the final selection of focus areas;
- Developing and providing TA on value-based care in rural settings and synthesizing the results into materials for public dissemination;
- Submitting materials for HRSA review and input and responding to requests for information from HRSA in a timely manner; and
- Designing and implementing dissemination strategies for analyses and TA to varied audiences interested in rural health care delivery innovations.

2. Summary of Funding

HRSA expects approximately $500,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is August 1, 2019 through July 31, 2022 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for RHIT-TA in subsequent fiscal years, satisfactory 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, private, and non-profit organizations, including tribes and tribal organizations, and domestic faith-based and community-based organizations.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

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. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

If you're reading this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO 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 For Applicants 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. 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 *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **65 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 workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count 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 Attachments 7-15: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

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, consistent with forms and attachments, 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*

  Briefly describe the purpose of the proposed project to provide technical assistance to rural stakeholders to support rural participation and success in value-based care.

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

  This section should clearly outline rural stakeholder needs for TA on value-based care.

  The narrative should clearly demonstrate a strong understanding of the distinct challenges facing rural providers, stakeholders, and the people they serve. This includes the unique economic factors affecting rural providers, which may entail distinct strategies or payment models that enable low-volume providers to deliver quality care at lower costs without compromising their ability to provide access to critical health care services in rural communities. TA provided may apply to current value-based care models built upon an underlying fee-for-service structure as well as emerging initiatives (e.g., advanced alternative payment models) requiring providers to bear more than a nominal amount of financial risk. Rural providers may face unique concerns assuming additional financial risk, and there is a need to understand and implement new models and TA that account for this. For example, new value-based care initiatives like the Pennsylvania Rural Health Model are emerging to balance access, quality, and cost in rural communities.[4]

  The application should describe how the proposal can meet both current and changing needs and should help reviewers understand how the proposed project will support rural health care stakeholders. The application should use and cite data whenever possible to support the information provided.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response*

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

  For the purposes of this funding opportunity, the term "stakeholders" may include, but is not limited to, rural health care providers, community-based organizations, foundations, third party payers, and public (e.g., state, local, and federal government) entities The application should specify the format(s) for delivering proposed TA activities. Proposed activities may consist of a variety of formats, including but not limited to, tools, resources, working groups, direct engagement, webinars, and/or presentations.

  TA should actively engage stakeholders to the extent possible and may include, but is not limited to, activities such as:
  - Analyzing and documenting existing and emerging value-based care programs.
  - Identifying, examining, and sharing strategies to support value in rural communities, which may include but is not limited to strategies to:

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[4] Center for Medicare & Medicaid Innovation. Pennsylvania Rural Health Model. Available at: https://innovation.cms.gov/initiatives/pa-rural-health-model/

- o Strengthen networks at the local, state, and/or regional levels in support of linkages to improve outcomes and control for the total cost of care.
        - o Reduce barriers to participation and success in value-based care models.
        - o Access and effectively use health IT in value-based models, including methods to support telehealth, population health, and interoperability.
        - o Optimize the rural workforce.
        - o Boost transparency around price and quality.
    - Translating and disseminating knowledge broadly through presentations (e.g., meetings, webinars), publications, and/or web-based resources.
    - Engaging various stakeholders to enable communication and collaboration between providers, community-organizations, and payers including the federal government.

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

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

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

1. Raise awareness of unique considerations facing rural providers and communities in implementing value-based care in the current and emerging environments, with a particular focus on the HHS priorities and objectives which include:
    a. Maximizing the promise of health IT including promoting interoperability;
    b. Boosting transparency around price and quality;
    c. Pioneering bold new models in Medicare and Medicaid; and
    d. Removing government burdens and barriers, especially those impeding care coordination.
2. Actively engage stakeholder groups and the public to share strategies to help rural providers participate in value-based care models.

TA provided under this award should not overlap directly with other federal resources directed to support value-based care in rural areas (e.g., Quality Payment Program Small, Rural and Underserved Support, Transforming Clinical Practice Initiative, Pennsylvania Rural Health Model TA). Instead, the purpose of this funding opportunity is to reach a broad range of stakeholders to help rural communities advance and succeed in the current and emerging value-based care environments. The work under this upcoming cooperative agreement should be data-driven and consider relevant research. TA under this award may

complement other TA efforts on value-based care in rural health care settings as appropriate, including other HRSA-sponsored projects.

In addition to the work plan, you must submit a logic model for designing and managing the project as an attachment to your proposal **(Attachment 1)**. Additional resources and information can be found in <u>Section VIII</u>. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this funding opportunity, the logic model should summarize the connections among the:

- Goals of the project (i.e., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (i.e., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
- Inputs (i.e., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (i.e., the individuals or organizations to be served);
- Activities (i.e., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

- *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 CRITERION #3 EVALUATIVE MEASURES*

Describe your strategy to monitor and analyze progress toward the outcomes of your proposed work plan. Include an overview of what metrics will be used to measure technical assistance effectiveness. Metrics may include, but are not limited to, the following:

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

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

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

NARRATIVE GUIDANCE

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.

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

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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. 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 HRSA selects the application 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.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 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." 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 FY, 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.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Logic Model [required]
  Attach the required logic model as instructed in the Project Narrative under the **Work Plan** section. Also, see Section VIII for more information.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide)* [required]
  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 timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel [required]
  Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Project Organizational Chart [required]
  Provide a one-page figure that depicts the organizational structure of the project, including subcontractors, and other significant collaborators (including HRSA). The chart should illustrate where project staff are located and reporting lines for each component of the project.

Attachment 5: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts [if applicable]
> Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 6: Indirect Cost Rate Agreement [if applicable, not counted towards page limit]
> Information on HHS indirect cost rates can be obtained from the Office of the Assistant Secretary for Administration and Management - Program Support Center at https://rates.psc.gov/

Attachments 7 – 15: Other Relevant Documents [optional]
> Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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*.

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the updated FAQs to learn more.

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 22, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

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

5. Intergovernmental Review

RHIT-TA is 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 period of performance of up to 3 years, at no more than $500,000 per year (inclusive of direct **and** indirect costs). 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 B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) 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 the following FY, 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(s) under the program will be 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 of applications and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical 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. See the review criteria 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 RHIT-TA program has six review criteria:

Criterion 1: NEED (15 points) – Corresponds to Section IV's INTRODUCTION and NEEDS ASSESSMENT

1. The extent to which the application demonstrates the purpose of and need for the requested analysis of and TA on key policy issues affecting rural health care delivery in value-based care systems.
2. The extent to which the application describes how the proposal meets that need and should help reviewers understand how the proposed project will support rural health care providers and other stakeholders.
3. The extent to which the application demonstrates a strong understanding of the distinct challenges facing rural providers, stakeholders, and the people they serve.

The application should use and cite data whenever possible to support the information provided.

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

Methodology (20 points)

1. The extent to which the application responds to the proposed purpose and proposes methods to provide TA on value-based care issues as they pertain to rural communities. Activities should include a data-driven emphasis on the evolving value-based care environment and may include tasks focused on:

a. Analyzing and documenting existing and emerging value-based care programs.
   b. Identifying, examining, and sharing strategies to support value in rural communities, which may include but is not limited to ways to:
      - Strengthen networks at the local, state, and/or regional levels in support of linkages to improve outcomes and control for the total cost of care.
      - Reduce barriers to participation and success in value-based care models.
      - Access and effectively use health IT in value-based models, including methods to support telehealth, population health, and interoperability.
      - Optimize the rural workforce.
      - Boost transparency around price and quality.
2. The extent to which the application describes any innovative methods to address the stated needs and if any elements of the project could be sustainable after the period of federal funding ends.
3. The extent to which the work plan includes methods for translating and disseminating TA for an audience that may include a broad range of stakeholders to support rural participation and success in value-based care models.
4. The extent to which the proposed project demonstrates methods to identify and engage various stakeholders to enable communication and collaboration between providers, community-organizations, and payers including the Federal Government.

Work Plan (12 points)

1. The extent to which the work plan provides a succinct overview of the proposed project's goals, objectives, activities, staff responsible, timeframe, and projected process and outcome measures in a table format.
2. The extent to which the work plan clearly identifies the activities that achieve the goals and objectives of the project and depicts how program activities will support the proposed methodology.
3. The strength of the work plan in identifying meaningful support and collaboration with key stakeholders in designing, planning, and implementing all activities.
4. The extent to which the work plan provides a clear and feasible communication plan for collaborating and sharing information with stakeholders.
5. The extent to which the application includes a complete logic model, and the strength of that model in terms of its alignment with the program purpose and objectives, with a particular focus on the outputs and outcomes provided.

Resolution of Challenges (3 points)

1. The strength of the response describing how the proposed solutions will address challenges and barriers in designing and implementing activities.

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

1. The extent to which the application clearly describes the plan for monitoring the progress of the program that will contribute to continuous quality improvement of services provided by the TA provider to the rural stakeholders described in the application.

2. The extent to which the application defines metrics to evaluate the effectiveness of TA provided under this award.

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

The strength of the proposed methods, work plan, communications plan, and resolution of challenges in terms of their relationship to the project purpose and in achieving the following goals and objectives:
1. Raising awareness of unique considerations facing rural providers and communities in implementing value-based care in the current and emerging environments.
2. Actively engaging stakeholder groups and the public to share strategies to help rural providers participate in value-based care models.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY and ORGANIZATIONAL INFORMATION

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

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

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

2. Review and Selection Process

The 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. 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 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).

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.

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.

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of August 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of August 1, 2019. 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*.

Requirements of Subawards

The terms and conditions in the Notice of Award (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. See 45 CFR § 75.101 Applicability for more details.

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 on an **annual** basis. This includes progress on activities implemented by the award recipient and subrecipients. HRSA may also require the award recipient to report on progress quarterly. The award recipient must submit this information in the HRSA Electronic Handbooks (EHBs). Further information will be available in the award notice.

2) **Final Report**. A final report is due within 90 days after the end of the period of performance. The award recipient must submit a final report online in the EHBs system at https://grants.hrsa.gov/webexternal/home.asp. Further information will be available in the award notice in the final year of funding.

3) **Integrity and Performance Reporting.** The 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 and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Benjamin White
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 945-9455
Email: bwhite@hrsa.gov

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

Kerri Cornejo
Public Health Analyst, Policy Research Division
Attn: RHIT-TA
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17N166D
Rockville, MD 20857
Telephone: (301) 443-4204
Email: kcornejo@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
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

Logic Models

You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find information on how to distinguish between a logic model and work plan at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, December 19, 2018
Time: 3 – 4 p.m. ET
Call-In Number: 1-800-369-3168
Participant Code: 3587084
Weblink: https://hrsa.connectsolutions.com/rhitta
Playback Number: 1-866-441-8828
Passcode: 7648

Tips for Writing a Strong Application

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