U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Health Workforce
Division of Nursing and Public Health

Addiction Medicine Fellowship Program

Funding Opportunity Number: HRSA-20-013
Funding Opportunity Type: New

Assistance Listings (CFDA) Number: 93.732

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Letter of Intent Requested by: January 13, 2020

MODIFIED on January 17, 2020: Executive Summary; Section II.2 Summary of Funding
MODIFIED on December 16, 2019: Section I.1 Program Objectives; Section III.2 Cost Sharing; Section IV.2.iv Budget Justification Narrative; and Section VIII Program Specific Definitions; and various technical edits.

Application Due Date: February 25, 2020

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 26, 2019

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Authority: Section 760(a)(1) of the Public Health Service Act (42 U.S.C. § 294k(a)(1))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 Addiction Medicine Fellowship (AMF) Program.

The purpose of the AMF Program is to expand the number of fellows at accredited AMF and Addiction Psychiatry Fellowship (APF) programs trained as addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorders and substance use disorder (SUD) prevention and treatment services. The AMF Program encompasses both psychiatry and an addiction subspecialty for primary care doctors.

Funding Opportunity Title:	Addiction Medicine Fellowship Program
Funding Opportunity Number:	HRSA-20-013
Due Date for Applications:	February 25, 2020
Anticipated Total Annual Available FY 2020 Funding:	$ 26,700,000
Estimated Number and Type of Award(s):	Approximately 33 grants
Estimated Award Amount:	Up to $800,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	Match is only required where applicable, to cover any fellows' stipend costs beyond $100,000 per geographic reimbursement requirements set by the applicable educational institution or association.
Period of Performance:	July 1, 2020 through June 30, 2025 (5 years)
Eligible Applicants:	Eligible applicants include sponsoring institutions of accredited addiction medicine fellowship programs or accredited addiction psychiatry fellowship programs, or a consortium consisting of at least one teaching health center and one sponsoring institution of an addiction medicine or addition psychiatry fellowship program. If an entity applies as part of a Consortium, the entity is not eligible to submit a separate, stand-alone application. 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 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/default.aspx to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Addiction Medicine Fellowship (AMF) Program.

Program Purpose
The purpose of the AMF Program is to expand the number of fellows at accredited AMF and Addiction Psychiatry Fellowship (APF) programs trained as addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorder and substance use disorder (SUD) prevention and treatment services. The AMF Program encompasses both psychiatry and an addiction subspecialty for primary care doctors.

Program Goals
The AMF Program is designed to foster robust community-based clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings who see patients at various access points of care and provide addiction prevention, treatment, and recovery services across healthcare sectors.

Program Objectives

- Increase the number of board certified addiction medicine or addiction psychiatry sub-specialists produced per program annually by providing stipends for new[1] addiction medicine or addiction psychiatry fellowship slots and additional program support to sponsoring institutions.

- Collaborate and establish formal relationships with underserved, community-based settings (such as HRSA-supported health centers,[2] integrated behavioral health community health centers, Medication Assisted Treatment (MAT) facilities, and affiliated evidence-based substance use treatment centers) to provide training of AMF Program fellows at these sites.

- Develop or enhance training for faculty from collaborating programs to create an infrastructure of skills and expertise that supports training fellows to provide opioid use disorder (OUD) and other SUD prevention, treatment and recovery services on integrated, interprofessional teams.

[1] New addiction medicine fellowship or addiction psychiatry fellowship slots are defined in this NOFO as slots that (1) were unfilled, accredited slots or (2) expand beyond the currently approved accredited number of slots.
[2] https://www.findahealthcenter.hrsa.gov/ Health centers are defined in section 330 of the Public Health Service Act on page 237 at https://legcounsel.house.gov/Comps/PHSA-merged.pdf

HHS and HRSA Priorities

This program will build upon HRSA's existing OUD and other SUD investments and support the U.S. Department of Health and Human Services (HHS) initiative to combat the opioid crisis. It is expected that you address the first two priorities below and, if applicable, the third:

- Combatting the opioid crisis/Mental Health disorders
- Transforming the workforce –targeting the need
- Expanding telehealth services

2. Background

This Program is authorized by Section 760(a)(1) of the Public Health Service Act (42 U.S.C. § 294k(a)(1)). According to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Survey on Drug Use and Health, 19.3 million people aged 18 or older had a substance use disorder in 2018.[3] The Centers for Disease Control and Prevention (CDC) estimates that 72,000 Americans died from drug overdose in 2017,[4] and on average 115 Americans die of an opioid overdose every day.[5] In addition, it is estimated that the total economic burden of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.[6]

Over the past several decades, there has been an expanding awareness of the importance of substance use education for medical students, residents, and practicing physicians. The greater emphasis on SUD training corresponds with a wider perception of SUDs as chronic medical conditions that has led in part to the development of SUD fellowships.[7] Potentially as a result of this, the quantity and quality of medical education on SUDs has improved.[8]

Addiction Psychiatry is an official subspecialty of general psychiatry. The American Board of Psychiatry and Neurology, Inc. (ABPN) created the certification for Addiction Psychiatry in 1993. The ABPN is one of 24 member boards of the American Board of Medical Specialties (ABMS). ABPN offers certification in the subspecialty of Addiction Psychiatry to physicians who have completed accredited residency programs in general psychiatry. Addiction Psychiatry offers specialized training in the evaluation and management of individuals with substance use and co-occurring mental health

[3] Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

[4] Center for Disease Control and Prevention. (n.d.). *Drug Overdose Deaths*. Retrieved January 9, 2019, from https://www.cdc.gov/drugoverdose/data/statedeaths.html

[5] National Institute on Drug Abuse. (2018, March). *Opioid Overdose Crisis*. Retrieved January 9, 2019, from https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis.

[6] Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. Med Care. 2016;54(10):901-906. doi:10.1097/MLR.0000000000000625.

[7] Galanter M, Kaufmen E, Schnoll S, Burns J. Postgraduate medical fellowship training in alcoholism and drug abuse: national consensus standards. Am J Drug Alcohol Abuse. 1991;17:1–12.

[8] Fleming M, Barry K, Davis A, et al. Medical education about substance abuse: changes in curriculum and faculty between 1976 and 1992. Acad Med. 1994;69:362–369.

disorders.[9] Addiction psychiatrists see patients with all substance use disorders including alcohol, tobacco, cocaine, methamphetamine, benzodiazepines, opioids, cannabis, and designer drugs, often with other co-occurring mental health illnesses. Some addiction psychiatrists work primarily with individuals with behavioral addictions. In 2018, among the 19.3 million adults with a past year SUD, 9.2 million (47.7 percent) also had a mental illness in the past year[10]. Given the co-occurrence of mental health and substance use disorders, addiction psychiatrists are included in the AMF Program to build provider capacity to respond to the needs of the patient.

In 2015, the American Board of Medical Specialties (ABMS) officially recognized Addiction Medicine as a subspecialty. Despite these improvements in addiction training and care, the overall emphasis on SUDs varies across the medical academic continuum, and training on addiction care remains disproportionately low compared with other chronic medical disorders.[11,12,13,14,15]

There are approximately 70 accredited AMF programs nationwide, most of which are accredited by the Accreditation Council for Graduate Medical Education (ACGME), with the others being accredited by the American College of Academic Addiction Medicine (ACAAM). By 2021, all eligible AMF programs will solely be accredited by the ACGME. These programs are typically 12 months in duration and produce an average of 2 fellows per year, who are program graduates as board eligible Addiction Medicine Specialists, with the ability to provide medication assisted treatment.

The newly developed AMF Program aims to increase the number of board certified addiction medicine and addiction psychiatry sub-specialists serving in underserved, community-based settings over the 5-year period of performance by providing stipends for new AMF and APF slots and additional program support to sponsoring institutions.

The need for physicians with expertise and skills to provide OUD and other SUD prevention, treatment and recovery services is evident. Expanding the addiction medicine workforce can be expected to increase access to evidence-based prevention services, reduce the prevalence of SUD, and increase access to evidence-based treatment and recovery services.

You are encouraged to partner with HRSA-supported health centers to recruit physicians currently working in these health centers to become AMFs or APFs as well

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[9] Nihit Kumar,MD.Addiction Psychiatry Fellowships: How and When to Apply. University of Arkansas for Medical Sciences Supported by the AADPRT Recruitment Committee, August 2018; https://www.aadprt.org/application/files/1315/3624/6506/ADDICTION_PSYCHIATRY_FELLOWSHIP_HOW_AND_WHY_TO_APPLY.pdf

[10] Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

[11] Klamen DL. Education and training in addictive diseases. Psychiatr Clin North Am. 1999;22:471–480.

[12] Isaacson JH, Fleming M, Kraus M, et al. A national survey of training in substance use disorders in residency programs. J Stud Alcohol. 2000;61:912–915.

[13] Spangler JG, George G, Foley KL, Crandall SJ. Tobacco intervention training: current efforts and gaps in US medical schools. JAMA. 2002;288:1102–1109.

[14] Powers CA, Zapka JG, Bognar B, et al. Evaluation of current tobacco curriculum at 12 US medical schools. J Cancer Educ. 2004;19:212–219.

[15] Prochaska JJ, Fromont SC, Louie AK, et al. Training in tobacco treatments in psychiatry: a national survey of psychiatry residency training directors. Acad Psychiatry. 2006;30:372–378.

as to provide experiential training to these fellows. HRSA-supported health centers have significantly increased the number of providers working in interprofessional teams to provide primary care and mental health services, including OUD and other SUDs. There are nearly 1,400 HRSA-supported health centers operating across the United States. To find the location of the closest health center, utilize the locator tool (https://www.findahealthcenter.hrsa.gov/).

In addition, the Program aims to support fellows working in National Health Service Corps (NHSC) sites upon their graduation. The NHSC is committed to strengthening the primary care workforce through the recruitment and retention of high quality primary care providers at NHSC-approved sites. The NHSC Loan Repayment Program (LRP) provides loan repayment assistance to primary health care professionals in exchange for a commitment to serve in a Health Professional Shortage Area (HPSA). The NHSC plans to provide physicians who have completed a HRSA-funded AMF or APF program with priority status when applying for NHSC LRP awards. Details concerning the priority status for physicians who have completed the AMF Program will be announced in NHSC Application and Program Guidance (APG) beginning the first competitive cycle following the award of the grants or subsequent appropriate APG.

HRSA has a number of investments targeting OUD and other SUDs across its bureaus and offices that applicants may be able to leverage. For information on HRSA-supported resources, technical assistance, and training, visit here: https://www.hrsa.gov/opioids.

Program Definitions
A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the Health Workforce Glossary. In addition, a listing of other key terms that apply to the AMF Program can be found in the "Other Information" section (Section VIII).

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $26,700,000 to be available annually to fund 33 award recipients. You may apply for a ceiling amount of up to $800,000 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 2020 federal appropriation. 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.

The period of performance is July 1, 2020 through June 30, 2025 (5 years). Funding beyond the first year is subject to the availability of appropriated funds 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.

Limitations on indirect cost rates
Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include U.S. based sponsoring institutions of accredited addiction medicine or accredited addiction psychiatry fellowship programs, or a consortium consisting of at least one domestic teaching health center and one domestic addiction medicine or addiction psychiatry fellowship program.

The sponsoring institution of addiction medicine or addiction psychiatry fellowship programs must be accredited by ACGME or, until 2021, by ACAAM. Programs accredited by the ACAAM must demonstrate their ability to become ACGME accredited by 2021, when all program graduates must be from ACGME-accredited programs in order to be eligible for board certification. ACAAM-accredited programs not actively seeking ACGME accreditation will not be eligible for the AMF Program after 2021 as program graduates from ACAAM-accredited programs will not be eligible for addiction medicine certification through the American Board of Preventive Medicine (ABPM), a member board of the American Board of Medical Specialties (ABMS).

2. Cost Sharing/Matching

Match is only required, where applicable, to cover any fellows stipend costs beyond $100,000 per geographic reimbursement requirements set by the applicable educational institution or association. Award recipients may choose to provide higher stipend amounts by including funds from other non-federal sources, who must be identified in the application. 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.

3. Other

Verification of Accredited Board Certified AMF or APF Program
Section IV of this NOFO requires that applicants applying for the AMF Program must provide documentation of their institution's AMF or APF accreditation to support eligibility, specifying the dates covered by the active accreditation, including expiration date, as *Attachment 10*.

All applicants must provide proof of accreditation. HRSA may consider any application that fails to attach a copy of the required accreditation or certification documentation non-responsive, and may not consider it for funding under this notice. Applicants are required to maintain their accreditation throughout the period of performance and notify HRSA of change in status. Failure to maintain accreditation status may result in the termination of grant funding.

Ceiling Amount
HRSA will consider any application that exceeds the ceiling amount of $800,000 per year non-responsive and will not consider it for funding under this notice.

Deadline
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.

Maintenance of Effort
The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to the fiscal year for which the recipient receives the award, as required by PHS Act section 797(b). Complete the Maintenance of Effort information and submit as *Attachment 5*.

Multiple Applications
Multiple applications from an organization are not allowed. If an entity applies as part of a Consortium, the entity is not eligible to submit a separate, stand-alone application. An organization is the sponsoring institution of accredited addiction medicine fellowship program that has a unique DUNS numbers.

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.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

Beneficiary Eligibility
Fellows must be enrolled full or part-time in the sponsoring institution receiving the grant award in order to receive stipend support in HRSA's AMF Program. A fellow receiving support from grant funds must be a citizen of the United States or a foreign national

having in his/her possession a visa permitting permanent residence in the United States. Individuals on temporary or student visas are not eligible to receive stipend support.

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 Research and Related (R&R) workspace application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. 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.*

Content and Form of Application Submission
Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *SF-424 R&R 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 R&R 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 *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **60 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Proof of non-profit status (if applicable) does not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified 60 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) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 11*: Other Relevant Documents.

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

Program-Specific Instructions

Program Requirements

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

i. *Project Abstract*

See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

The Abstract must include:

1. Project Title;
2. A brief overview of the project as a whole;
3. Specific, measurable objectives that the project will accomplish;
4. Which of the clinical priorities will be addressed by the project, if applicable;
5. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project, and;
6. Statement indicating eligibility for funding priority and funding preference (if applicable).

The project abstract must be single-spaced and is limited to one-page in length.

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. It must address the goals and purpose of the NOFO and the strategies to be

used in attaining the goals and meeting the funding opportunity's purpose.

The section of the Public Health Service Act authorizing this Program, 760(b)(1)(A)(ii), discusses three different types of training tracks and states that grant recipients must provide at least one: "(I) a virtual training track that includes an in-person rotation at a teaching health center or in a community-based setting, followed by a virtual rotation in which the resident or fellow continues to support the care of patients at the teaching health center or in the community-based setting through the use of health information technology and, as appropriate, telehealth services; (II) an in-person training track that includes a rotation, during which the resident or fellow practices at a teaching health center or in a community-based setting; or (III) an in-person training track that includes a rotation during which the resident practices in a community-based setting that specializes in the treatment of infants, children, adolescents, or pregnant or postpartum women."

- If you choose to implement a virtual training track, provide a final program objective to establish or expand the use of innovative telehealth technology in the treatment of OUD and other SUDs to improve access to health services and patient outcomes.

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

- *PURPOSE AND NEED -- Corresponds to Section V's Review Criterion #1*

Describe the purpose and need for the proposed project, including:

- The needs of the physician workforce in the local community, including the training site's patient population, and a description of the expertise and training that the staff of your program will provide to address these needs;
- The OUD and other SUD prevention, treatment, and recovery needs of the community where fellows will train;
- The needs of your training program, how many fellowship applications your program receives, how many that could otherwise have been accepted are turned down due to lack of funding;
- Descriptions of the faculty on staff;
- The training needs for faculty to maintain and/ or develop an infrastructure of skills and expertise, that will support their ability to train fellows to provide OUD and other SUD prevention, treatment and recovery services on integrated, interprofessional teams.
- Utilization of at least one of the three different types of training tracks: (I) a virtual training track that includes an in-person rotation at a teaching health center or in a community-based setting, followed by a virtual rotation in which the fellow continues to support the care of patients at the teaching health center or in the community-based setting through the use of health information technology and, if applicable, telehealth services, (II) an in-person training track that includes a rotation, during which the fellow practices at a teaching health center or in a community-based setting; or (III) an in-person training track that includes a rotation during which the fellow practices in a community-based setting that

specializes in the treatment of infants, children, adolescents, or pregnant or postpartum women. Include the information shown in Table 1 in *Attachment 4*;
- Identification of gaps and barriers in preparing fellows to provide integrated team-based care with two or more health disciplines with a focus on OUD and other SUDs and at-risk populations; and
- Identification of the benefit to the community from the academic and community partnerships in the proposed project.

Table 1

Site Name	*Number of Proposed New Fellows funded by HRSA*	*Number of Physicians hours in rotation*	*Number of fellows to be trained in each training track*

- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*

- *(a) WORK PLAN -- Corresponds to Section V's Review Criterion #2 (a).*

Provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here: http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.):

1. Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.
2. Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section. Include the number of addiction medicine and/or addiction psychiatry fellows your program trains now, and the number of new fellows your program would train if funded.
3. Describe the activities and timeframe for faculty development and how these activities address the needs described in the Purpose and Need section.
4. Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.
5. Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the populations and communities served.
6. Describe any plans to leverage health care facilities in community-based settings (such as HRSA-supported health centers and/or other community-based settings that integrate primary care with mental health and substance use disorders prevention and treatment services), to support your proposed project and fellows.

7. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly used. Make a statement that you understand your organization must have policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding sub-awards, consortiums and contracts and sub-recipient monitoring.
8. Describe your process to track fellows after program completion/graduation for up to five years to assess career choices. At a minimum this must include tracking fellow's National Provider Identifier (NPI).
9. Maximize the completion rate of addiction medicine or addiction psychiatry fellows by prioritizing full-time programming.

The work plan must be submitted as *Attachment 6.*

- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2 (b).*

  You must describe how you will expand the number of addiction medicine or addiction psychiatry fellows as well as prepare the fellows to provide OUD and other SUD prevention, treatment, and recovery services, in underserved, community-based settings that provide integrated, interprofessional team-based care services. Also describe your objectives, proposed activities, and strategies, and provide evidence for how they (1) align with and drive the work plan, (2) incorporate each of the program goals and objectives; and (3) address the needs highlighted in the Purpose and Need section. Explain why your project is innovative and provide the context for why your project is innovative.

  Present a clear plan to:
  - Recruit and train new fellows beyond existing baseline levels of filled positions to increase the number of board certified addiction medicine or addiction psychiatry sub-specialists who are trained in providing integrated, interprofessional team-based care for the purposes of prevention, treatment, and recovery services for OUD and other SUD within underserved, community-based settings;
  - Identify the number of fellows and faculty that will be trained in the AMF program;
  - Deliver experiential training that models and develops competencies in integrated, interprofessional team-based care focusing on at-risk populations for OUD and other SUD prevention, treatment and recovery services;
  - Assist fellows upon program completion to obtain employment in facilities located in underserved, community-based settings;
  - Provide faculty development to create an infrastructure of knowledge, skills and expertise in support of integrated, interprofessional team-based care teams;
  - Maintain appropriate accreditation status for the AMF and/or APF program;
  - Collaborate and establish formal relationships with underserved, community-based settings (such as HRSA-supported health centers, integrated behavioral health community health centers, Medication Assisted Treatment

facilities, and affiliated detoxification units) to provide training of AMF and/or APF program fellows at these sites;
- Grant recipients are required to have all fellows obtain NPI numbers to aid long-term assessment of the Program's impact on access and delivery of quality behavioral health care services. Fellows who receive HRSA funds as a result of this award must apply for an NPI for the purpose of collecting post-completion employment demographics, and grant recipients are required to report the NPI numbers for all individuals participating in the Program to HRSA. Provide a clear plan for how you will have fellows obtain NPI numbers to aid in the collection of post completion employment demographics;
- If applicable, provide training for fellows to practice via telehealth with well-reasoned estimates of the number of patients that will receive care for each service during each year of the grant; and
- Demonstrate a holistic approach to health care that incorporates the social determinants of health.

Logic Model
Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., 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).

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. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. You can find additional information on developing logic models at the following website: https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches to resolve such challenges. This section must include:

1. Challenges related to program requirements, work plan, project implementation, and achievement of the proposed goals and objectives (e.g., program

performance evaluation and performance measurement requirements);
2. Challenges related to the workforce development, such as recruitment and retention, and education and training of fellows and faculty;
3. Obstacles to obtaining placements in experiential training sites in underserved, community based settings that integrate primary care with mental health disorders and SUD prevention and treatment services, and hiring faculty with the principal focus on Addiction Medicine and/or Addiction Psychiatry; and
4. Resources and plans to resolve and overcome these challenges and obstacles.

- ***IMPACT*** *– This section includes two sub-sections – (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability – both of which correspond to Section V's Review Criteria #3 (a) and (b).*

- *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY – Corresponds to section V's Review Criterion #3 (a)*

Describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation personnel and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported.

The plan must include:
1. How you will monitor ongoing processes and progress toward meeting goals and objectives of the project;
2. An approach for utilizing both quantitative and qualitative data efforts to periodically review program outcomes;
3. Descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources), key processes, and variables to be measured;
4. Expected outcomes of the funded activities; and
5. Description of how all key evaluative measures will be reported and disseminated.

Submit as *Attachment 1* a complete staffing plan and job descriptions for key personnel. Bio sketches of key personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form. Demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

Performance Reporting Plan: HRSA will produce an annual report based on the data submitted. Describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. The following link includes examples of the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html.

Describe the data collection strategy to collect, manage, analyze and track data to measure the impact/outcomes of the work plan in a way that allows for accurate and timely reporting of performance outcomes.

Describe potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

Describe your process to track fellows after program completion/graduation for up to five years, to include collection of fellows' National Provider Identifiers (NPI). (Note: fellows who receive HRSA funds as a result of this award must apply for an NPI for the purpose of collecting post-graduation employment demographics). You must collect the NPI numbers of fellows who receive HRSA funds.

Following are the required data measures. Describe your capacity to collect, validate, and report these data:

- Total number of addiction medicine and/or addiction psychiatry fellows to whom your program has provided support for experiential training via this grant;
- Total number of eligible applicants that applied to your addiction medicine and/or addiction psychiatry fellowship program and the number you were unable to enroll due to lack of funding;
- Total number of implemented integrated, interprofessional trainings developed by your organization;
- Number of fellows trained in addiction medicine and/or addiction psychiatry per year:
    - Number trained via full-time program
    - Number trained via part time program
- Data concerning fellows such as: demographics of fellows trained, number who complete training during the period of performance, and number of program graduates who pursue employment working in primary care, rural or underserved communities;
- Employment settings of program graduates (e.g., HRSA-supported community health centers, hospitals, community mental health clinics, academic institutions, etc.) in underserved, community-based settings;
- Number of hours fellows trained in rotations working with patients with or at-risk of developing OUD and other SUD;
- Number of staff who received faculty development in addiction medicine or addiction psychiatry via this grant;
- If applicable, number of rotations offering telehealth, and
- If applicable, number of encounters for OUD and other SUD prevention, treatment, and recovery services utilizing telehealth.

(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion #3 (b)

Provide a clear plan for project sustainability after the period of federal funding ends.

The sustainability plan must include:

(a) Description of specific actions you will take to highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in training and improving OUD and other SUD prevention, treatment and recovery services;

(b) Description of actions to maintain relationships between academic institutions, experiential training sites and other interprofessional partners, including behavioral health organizations, community-based organizations, and non-traditional community organizations that integrate primary care with mental health and SUDs prevention and treatment services;

(c) Proposed actions to obtain future sources of potential funding, specifically for maintaining the additional training slots created through this program;

(d) Timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population; and

(e) Discussion of challenges that are likely to be encountered in sustaining the program, and approaches that will be used to resolve such challenges.

- *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES -- Corresponds to Section V's Review Criterion #4*

Succinctly describe your capacity to manage effectively the programmatic, fiscal, and administrative aspects of the proposed project, including:

1. Information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to expand the number of AMF and/or APF fellows supported as well as other AMF Program goals and objectives;
2. A project organizational chart as *Attachment 3*. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings.
3. Evidence of the capacity to provide didactic and experiential training and supervision to both baseline number and HRSA-AMF supported fellows;
4. Evidence of an adequate staffing plan as *Attachment 1* and project organizational chart as **Attachment 3**;
5. Evidence of institutional support, e.g., letters of agreement and support and resource (commitment to provide financial or in-kind resources, including institutional policy) provided in *Attachment 9*.

The staffing plan and job descriptions for key faculty/staff must be included in *Attachment 1* (Staffing Plan and Job Descriptions for Key Personnel). However, the

biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile (Expanded) form, which can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. 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. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
    - Institution and location
    - Degree (if applicable)
    - Date of degree (MM/YY)
    - Field of study
- *Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award. There can only be one Project Director. The Project Director must be employed by the awarded applicant organization and should dedicate approximately 20 percent of his/her time (may be in-kind or funded) to grant activities and is encouraged to have a minimum of three (3) years of experience in the provision of services for OUD and other SUD in prevention, treatment and recovery services.
- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (*optional)* **Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the

overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

Narrative Section	Review Criteria
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) 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 R&R Application Guide*. Please note: the directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Follow the instructions included in the *R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R 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. All applicants must provide a plan and budget reflective of the number of new addiction medicine fellows that will be trained per year.

Subawards/subcontracts

The SF-424 R&R Subaward Budget Forms are required for each subaward. Subaward budgets are uploaded to attachment 11, other relevant documents.

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 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and sub-grants and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

You should reference Section IV.2. iv. Budget Justification Narrative, Section IV.6. Funding Restrictions, and the SF-424 R&R Application Guide to ensure appropriateness of proposed budget.

iv. *Budget Justification Narrative*

See Section 4.1.v of HRSA’s *SF-424 R&R Application Guide*. The budget justification narrative must describe all line-item federal funds (including subawards), proposed for this project. Please note: all budget justification narratives count against the **60 page limit**. Each year must be clear and concise, with totals for each section that aligns with the SF-424 R&R budget form and MUST include a total requested per year.

All applicants must provide a plan and budget reflective of the number of fellows that will be trained under this grant per year.

Administration and Program Management: Over the 5-year period of performance, no more than 50 percent of total funding can be used for the administration and program management or other recipient activities (e.g., project staff salaries and fringe, faculty development, conferences, travel related expenses, indirect costs and other program support costs).

Participant/Trainee Support Costs fall under Administration and Program Management. For application budgets with participant/trainee support costs (other than stipends), list tuition/fees/health insurance, travel, subsistence, other, and the number of fellows. Ensure that your budget breakdown separates these fellows cost and includes a separate sub-total entitled “Participant/Trainee Support Costs”.

Stipends: Over the 5-year period of performance, no less than 50 percent of the total funding must be dedicated to Stipends for Fellows (direct cost stipend support only). Stipend levels may not exceed $100,000 per fellow. Award recipients may choose to provide higher stipend amounts by including funds from other non-federal sources to cover any greater geographic reimbursement requirements set by the applicable educational program/institution. You will need to identify what non-federal resource will be providing the match in the budget justification. Include a disbursement plan for the stipends which includes a schedule of disbursement (e.g., monthly or quarterly) as well as a point of contact. Stipends are subsistence allowances for fellows to help defray living expenses during the training experience, and are not provided as a

condition of employment. Grant recipients may not offset the amount of stipends for tuition, fees, health insurance, or other costs associated with the training program.

No more than one year or 12 consecutive months of stipend support is allowed per full-time fellow. Part-time fellows are allowed to receive a stipend prorated at one-half of the requested amount for no more than 24 consecutive months. Please note, to ensure the goal of increasing the number of board certified addiction medicine or addiction psychiatry sub-specialists is met as quickly as possible, you are encouraged to prioritize the training of full-time AMFs or APFs.

Please Note: Fifty percent of the total award amount is for stipends only. All other requested participant support costs are budgeted out of administration and program management.

Prepare a budget for each of the funding years. No more than 50 percent of funding over the 5-year period of award can be used for administration and program management.

To allow for project flexibility, within a given budget year you can spend up to 60 percent of annual funding on administration and program management to allow for infrastructure development, as long as the 5 year average remains no more than 50 percent. For example, including a budget with more than 60 percent towards administration/program management in any budget year is unallowable. An example of how this may look is as follows:

	Year 1	Year 2	Year 3	Year 4	Year 5	5 year average
Administration/Program Management	60%	60%	50%	40%	40%	50%
Stipends	40%	40%	50%	60%	60%	50%

In this example, year 1 and year 2 costs are split 60/40 between Administration/Program Management, and fellow stipends; in year 3 costs are split 50/50; and in years 4 and 5 costs are split 40/60 between Administration/Program Management, and fellow stipends.

No more than one year or 12 consecutive months of stipend support is allowed per full-time fellow. Part-time fellows are allowed to receive a stipend prorated at one-half of the amount for no more than 24 consecutive months. Please note, however, to ensure the goal of increasing the number of board certified addiction medicine or addiction psychiatry sub-specialists is met as quickly as possible, you are encouraged to prioritize the training of full-time AMFs or APFs.

For stipends that are beyond the $100,000, you need to identify what non-federal resource will be providing the match in the budget justification.

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 60 page limit. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. Clearly label each attachment.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel *(Required) (see Section 4.1.vi. of HRSA's SF-424 R&R 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 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts *(As 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 partner organizations. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Attachment 3: Project Organizational Chart *(Required)*
Provide a one-page figure that depicts the organizational structure of *the project (not the applicant organization)*.

Attachment 4: Experiential Training Site Documentation *(Required)*
Provide a description of the experiential training site(s) as depicted in Table 1 in the PURPOSE and NEED section, including the number of hours per week/rotation where each fellow will participate. All data submitted is subject to verification.

Attachment 5: Maintenance of Effort Documentation *(Required)*
Provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MoE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES

FY 2019 (Actual) Actual FY 2019 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	FY 2020 (Estimated) Estimated FY 2020 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 6: Work Plan *(Required)*
Attach the work plan for the AMF Program that includes all information detailed in Section IV.2.ii. Project Narrative. Include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 7: Tables, Charts, etc. *(As Applicable)*
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 8: Request for Funding Priority and/or Funding Preference *(As Applicable)*
To receive a funding priority and/or preference, include a statement that you are eligible for a priority and/or funding preference and include supporting information/data, as outlined in Section V.2.

Attachment 9: **Letters of Support** *(As Applicable)*
Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 10: Documentation of Accreditation *(Required)*
Provide documentation of accreditation. Addiction Medicine Fellowship programs must be accredited by ACAAM or ACGME, as board certified Addiction Medicine Fellowship programs. Addiction Psychiatry Fellowship programs must be accredited by ACGME, as board certified Addiction Psychiatry Fellowship programs. The applicant organization must provide: (1) a statement that they hold an initial or continuing accreditation from the relevant accrediting body/bodies and are not on probation, (2) name of the accrediting body/bodies, (3) a copy of the document or a web link to the accreditation document (if available), and (4) the accreditation start and expiration dates.

Attachment 11: Other Relevant Documents
Include here any other document that is relevant to the application.

2. 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 it is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- Dun and Bradstreet (http://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 R&R 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 about this and the current login process for SAM.gov.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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.

3. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is ***February 25, 2020 at 11:59 p.m. ET.*** HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

4. Intergovernmental Review

The AMF Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

5. Funding Restrictions

You may request funding for a period of 5 years, at no more than $800,000 per year (inclusive of direct **and** indirect costs). Funding beyond the first year is subject to the availability of appropriated funds for the AMF Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is 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) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Awards will be made subsequent to enactment of the FY 2020 appropriation. The NOA will reference the FY 2020 appropriation act and any restrictions that may apply. Note that these or other restrictions may be updated, as required by law, upon enactment of a FY 2020 appropriations act.

Unallowable Costs: Funds under this notice may not be used for purposes specified in HRSA's *SF-424 R&R Application Guide*. In addition, grant funds may not be used for construction and foreign travel, or for the following purposes:

Accreditation costs (i.e., renewals, annual fees, etc.) of any kind are not allowable under this program.

Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits for fellows is an unallowable cost. Health Insurance for fellows is an allowable participant support cost as an administration/program support cost.

Administration and Management: No more than 50 percent of funding over the 5-year period of award can be used for the administration and management of the

program, and may be dedicated to recipient activities other than stipend support. Refer to Section IV.2.iv Budget Justification Narrative for details.

Funding for the administration and management of the program may be dedicated to recipient activities other than stipend support; i.e., physician fellow support costs including health insurance, travel, attendance at professional conferences, preparation for licensing exams, licenses, other allowable fellow-related expenses, 8 percent indirect cost, and other expenses that support the programmatic requirements described in this NOFO.

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.

6. Other Submission Requirements

Letter of Intent to Apply
The letter should identify your organization and its intent to apply, and briefly describe the proposal. HRSA will ***not*** acknowledge receipt of letters of intent.

Send the letter via email by *January 13, 2020* to:

HRSA Digital Services Operation (DSO)
Please use the HRSA opportunity number as email subject (HRSA-20-013)
HRSADSO@hrsa.gov

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has 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.

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 AMF Program has five (5) review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: PURPOSE AND NEED (25 points) *– Corresponds to Section IV's Purpose and Need*

Reviewers will consider whether you have presented a clear purpose and evidence of a significant and compelling need to train additional physicians (MD and DO) working in primary care with mental health disorder and SUDs prevention and treatment services in underserved, community-based settings.

Applicants will receive up to 25 points based upon the quality, relevance, and extent to which you:

- Describe the needs of the physician workforce in the local community, including the training site's patient population, and a description of the training and services that the staff of your program will provide to address these needs;
- Describe the OUD and other SUD prevention, treatment, and recovery needs of the underserved, community-based settings where fellows will practice, including the information shown in Table 1, Attachment 4;
- Describe the needs of the applicant training program, including how many applicants your program receives and how many are turned down due to lack of funding, including faculty;
- Describe training needs of the faculty to maintain and/or develop an infrastructure of skills and expertise that makes them qualified to support training fellows to provide OUD and other SUD prevention, treatment and recovery services on integrated, interprofessional teams;
- Describe academic and community partnerships, (for example, integrated behavioral health community health centers and affiliated detoxification units, etc.) that are in place and sufficient to foster integrated, interprofessional training experiences for the fellows and impact the quality and access to OUD and other SUD prevention, treatment and recovery services in the community; and
- Describe, if applicable, how telehealth will be utilized to meet health and treatment needs of the target population.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 points) *– Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges*

Criterion 2 (a): WORK PLAN (15 points) *– Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan*

The extent to which you:

- Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.
- Describe the timeframes, deliverables, including baseline (starting point used for comparisons) and planned number of trained addiction medicine or addiction psychiatry fellows, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section. Include the number of addiction medicine and/or addiction psychiatry fellows your program currently trains, and the number of new fellows your program would train if funded.
- Describe the activities and timeframe for faculty development and how these activities address the needs described in the Purpose and Need section.
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.
- Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the populations and communities served.
- Describe any plans to leverage health care facilities in underserved, community-based settings (such as HRSA-supported health centers and/or other community-based settings that integrate primary care with mental health and SUD prevention and treatment services), to support your proposed project and fellows.
- If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented, and that your application includes a statement that you understand your organization must have policies and procedures in place that meet or exceed the requirements in 45 CFR part 75 regarding subawards, consortiums and contracts and subrecipient monitoring.
- Describe your process to track fellows after program completion for up to five years, which must include, at least, fellows' NPI.
- The extent to which the work plan maximizes the completion rate of addiction medicine or addiction psychiatry fellows by prioritizing full-time programming.

Criterion 2 (b): METHODOLOGY/APPROACH (15 points) *– Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach*

Reviewers will consider the extent to which the application proposes a work plan, as *Attachment 6*, that (1) incorporates the program requirements and expectations of the NOFO; (2) addresses the needs in the Purpose and Need section; and (3) provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives.

Reviewers will consider whether the methodology addresses the stated purpose, needs, goals, and objectives of the proposed project. The methodology should include approaches, tools, strategies, rationales, and the extent to which you address the following:

- The number of rotations that will be established for fellows with purposes of providing OUD and other SUD prevention, treatment and recovery services in underserved, community-based settings;
- How fellows will be recruited;
- How the project and training are connected to the public systems of health, OUD and SUD in the community;
- The extent to which the proposed project is innovative with supporting context;
- The sophistication and plausibility of the logic model proposed, which explains the linkages among project elements;
- The implementation of telehealth solutions, as appropriate;
- The curricula, tools, and strategies for training fellows to work with the OUD and other SUD populations in integrated, interprofessional and/or integrated team-based care;
- How the faculty development plan will benefit the training program and help address the OUD and other SUD epidemic in the community;
- How fellows will obtain an NPI to ensure adequate tracking after completion of the fellowship program;
- How the project will demonstrate a holistic approach to health care that incorporates the social determinants of health; and
- How you will maintain accreditation status for the AMF and/or APF program.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) *– Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges*

Reviewers will consider the extent to which an application demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.

Reviewers will consider:

- Challenges related to project implementation and the achievement of the proposed goals and objectives;
- Challenges related to workforce development, including recruitment, retention, academic course work and rotational experience;

- Challenges related to leveraging academic and community partnerships including development of experiential training sites where fellows provide the OUD and other SUD prevention, treatment and recovery services; and
- Available resources and plans to resolve and overcome these challenges and obstacles.

Criterion 3: IMPACT (20 points) *– Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability*

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) *– Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity*

Reviewers will consider the extent to which the application describes a manner to effectively evaluate and report the measurable outcomes for program performance that includes both the applicant's internal program performance evaluation plan and HRSA's required performance measures.

Reviewers will consider the following:

- The overall quality of the evaluation plan that demonstrates expertise, experience, and the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement, and the ability to comply with HRSA's performance measurement requirements;
- The evaluation plan's inclusion of necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how the organization will collect data in such a way that allows for accurate and timely reporting, and program needs/gaps to be filled;
- The quality of the plan's methodology and proposed approach for utilizing both quantitative and qualitative data efforts to review program outcomes;
- The feasibility and effectiveness of plans for dissemination of project results, including the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding;
- The strength of the strategy to utilize telehealth networks where applicable; and
- The quality of the plan to address social determinants of health during the training program.

Criterion 3 (b): PROJECT SUSTAINIBILITY (10 points) *– Corresponds to Section IV's Impact Sub-section (b) Project Sustainability*

Reviewers will consider whether the applicant describes a plan for project sustainability after the period of federal funding ends.

Reviewers will consider if the plan includes:

- Sustained key elements of the grant projects, e.g., training methods or strategies, which have been effective in improving practices and tangible next steps for

continuing the effort described in the application beyond the duration of the period of performance;
- Identification of challenges to be encountered in sustaining the program, and description of logical approaches to resolving such challenges;
- Identification of other sources of income and/or future funding initiatives for maintaining the additional training slots created through this program, as well as a timetable for becoming self-sufficient, including evaluation of the program, collection of needed program information, and dissemination of findings to appropriate audiences; and
- How the applicant will enhance relationships between academic institutions, and underserved, community-based settings (such as HRSA supported health centers, and/or other community-based settings that integrate primary care with mental health disorder and SUD prevention and treatment services), and other interprofessional partners.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (10 points) *– Corresponds to Section IV's Organizational Information, Resources and Capabilities*

Reviewers will consider if the applicant has the organizational mission, structure, resources and capabilities in place to implement and complete the project by the timeframe set in the period of performance to ensure that the program objectives and expectations of the NOFO are met, and has an understanding of potential obstacles and challenges during the design and implementation of the project.

Reviewers will consider the following information:
- Project personnel are qualified by training and/or experience to implement and carry out the project per the project narrative and Attachments;
- The capabilities of the applicant organization to support new fellows and the quality, expertise, and availability of facilities and personnel to fulfill the needs and requirements of the proposed project including the experiential training in OUD and other SUD prevention, treatment and recovery services in an integrated team-based care setting;
- Evidence of the capacity to provide rotations and supervision that includes the new incoming fellows;
- Evidence of an adequate staffing plan for the proposed project including the project organizational chart;
- The activities, timeline, and responsible staff to achieve each of the objectives proposed during the period;
- Meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities;
- Evidence of support and commitment by underserved, community-based settings. This may be demonstrated by resources and/or letters of agreement (i.e., commitment to provide financial or in-kind resources); and
- Evidence of your organization's successful experience administering grant programs of similar size and scope including meeting all performance indicators and reporting requirements.

Criterion 5: SUPPORT REQUESTED (10 points) *– Corresponds to Section IV's Budget Justification Narrative and SF-424 R&R budget forms*

The reviewers will consider the reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives 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; and
- The extent to which the proportion of the AMF or APF stipend support is in line with the NOFO guidelines, and the extent to which other participant/fellow support costs are reasonable and supportive of the project objectives;
- The extent to which the application follows the program-specific budget guidelines under Section IV and the *SF-424 R&R Application Guide,* costs are clearly justified by a narrative description, includes an itemized cost breakdown, including the allowable indirect cost; and
- The extent to which the budget justification is clear and aligned with the proposed budget for each budget year, and includes a narrative description of all costs and itemized detailed cost breakdown.

2. The Review and Selection Process

The objective 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. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., funding priorities and funding preference) described below in selecting applications for award.

See Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

Funding Priorities (5 points)
This Program includes a funding priority, as required by PHS Act section 760(d)(1). A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. The AMF Program has three funding priorities listed below. You will only be awarded a maximum of five (5) priority points total even if you satisfy multiple priority qualifications.

Priority 1: Team-Based Care (5 points)
You will be granted a funding priority if you demonstrate experience in training providers to practice team-based care that integrates mental health disorder and SUD prevention and treatment services with primary care in community-based settings;

Qualification:
In order to qualify for this priority, applicants will need to demonstrate that at least 40 percent of their addiction medicine or addiction psychiatry fellow program graduates in the past two academic years (AY 2017-2018 and AY 2018-2019) were trained in interprofessional teams that include at least two additional disciplines for at least 1 training rotation.

OR

Priority 2: Health Information Technology (5 points)
You will be granted a funding priority if you demonstrate that your AMF and/or APF program can demonstrate experience in training fellows to use health information technology and, as appropriate, telehealth to support either:

- The delivery of mental health and SUD services at a teaching health center or the sponsoring institution of the AMF and/or APF program.
- Within community health centers to integrate primary care and mental health and SUD treatment.

Qualification:
In order to qualify for this priority, applicants will need to demonstrate that at least 25 percent of the existing curriculum or rotations for addiction medicine or addiction psychiatry fellows integrate the use of telehealth or health information technology in one of the two settings listed above
OR

Priority 3: Rural, Tribal or Underserved Communities (5 points)
You will be granted a funding priority if you have the capacity to expand access to mental health and SUD services in areas with demonstrated need, as determined by the Secretary, such as tribal, rural, or other underserved communities.

Qualification:
In order to qualify for this priority, applicants will need to demonstrate an ability to train addiction medicine or addiction psychiatry fellows in an area with demonstrated need, defined for the purposes of this NOFO as a federally-designated tribal area or an underserved community which meets one of the two criteria below:

1. The training site(s) is/are located in Mental Health or Primary Care, HPSAs with a score of 16 or above as found in the HPSA Find tool (https://data.hrsa.gov/tools/shortage-area/hpsa-find) or
2. The training site(s) is/are located in a county with a drug overdose rate higher than the national average of 21.7 per 100,000 population (2017 CDC). County overdose rate must be in terms of population per 100,000 and indicate the source of your data.

Information for this priority can be provided in Table 2 in Attachment 8:
Table 2

Site Name	*Experiential Site Address (EXAMPLE: XX Main Street, Town, State, Zip code)*	*Mental Health or Primary Care HPSA score using the HPSA Find Tool*	*County Overdose Rate (Provide Rate per 100,000 population)*	*Name and Link to Site from which County Overdose Rates were obtained*
1				
2				

Applicants will not receive funding priority points for this priority if (1) they fail to include the specific addresses for the partnering training sites; (2) the address of the training site is not found in the HPSA Find tool; (3) the county overdose rate is not provided in terms of population per 100,000; or (4) the source of the data is not provided or is inaccurate. All data is subject to verification.

Funding Preference

This Program provides a funding preference for some applications as authorized by Section 791 of the Public Health Service Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Section 791 of the Public Health Service Act requires a funding preference for any qualified application ranked at or above the 20th percentile of proposals that have been recommended for approval by the peer review group that:

- Has a high rate for placing program graduates in practice settings having the principal focus of serving residents of medically underserved communities (**Qualification 1- High Rate** as described below); or
- During the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing program graduates in such settings (**Qualification 2- Significant Increase** as described below).

Qualification 3 serves as a pathway for new programs (defined in Section 791(c)(2) as those having graduated fewer than three classes) to compete equitably. New programs that meet at least four of the criteria described under **Qualification 3- New Program** below shall qualify for a funding preference under this section.

In order to qualify for a funding preference under this funding notice, applicants must specify which of the following **Qualifications** they meet and submit as *Attachment 8* any information and/or data to support the requested funding preference:

- **Qualification 1 High Rate** – Applicants who wish to request funding preference under this qualification must demonstrate that the percentage of program graduates placed in practice settings serving medically underserved communities for Academic Year (AY) 2017-2018 and AY 2018-2019 is greater than or equal to fifty (50) percent. You must submit the following documentation in *Attachment 8*.

Graduate(s)	Practice Setting Address	Use the following link to document the federal designation(s) used to determine graduate's/program completer's practice in medically underserved communities: https://data.hrsa.gov/ **(Indicate Federal Designations for Graduate Practice) Medically Underserved Communities (MUCs)** • Health Professional Shortage Area • Medically Underserved Area • Medically Underserved Population or • Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA
1		
2		
3		

$$\text{High Rate} = \frac{\text{\# of Program Graduates in AY17-18 Employed in MUCs Plus \# of Program Graduates in AY18-19 Employed in MUCs}}{\text{Total \# of Program Graduates in AY 17-18 Plus Total \# of Program Graduates in AY 18-19}} \times 100$$

- **Qualification 2 Significant Increase–**During the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing program graduates in such settings.

  Applicants who wish to request funding preference under this qualification demonstrate a twenty five (25) percent increase of placing program graduates in medically underserved communities from AY 2018-2019 and AY 2017-2018. Applicants who wish to request funding preference under Qualification 2 must submit as *Attachment 8* the following documentation:

Graduate(s)	Practice Setting Address	Use the following link to document the federal designation(s) used to determine graduate's/program completer's practice in medically underserved communities: https://data.hrsa.gov/ **(Indicate Federal Designations for Graduate Practice) Medically Underserved Communities (MUCs)** • Health Professional Shortage Area • Medically Underserved Area

		• Medically Underserved Population or • Governor's Certified Shortage Area for Rural Health Clinic purposes HPSA
1		
2		
3		

$$\text{Significant Increase} = \frac{\text{\# of Program Graduates in AY 18-19 Employed in MUCs}}{\text{Total \# of Program Graduates in AY 18-19}} \text{ Minus } \frac{\text{\# of Program Graduates in AY 17-18 Employed in MUCs}}{\text{Total \# of Program Graduates in AY 17-18}} \times 100$$

- **Qualification 3 New Programs** – To permit new programs to compete equitably for funding under this section, those new programs that meet at least four (4) of the criteria shall qualify for a funding preference. New program means any program that has graduated/completed less than three classes. Applicants who wish to request funding preference under Qualification 3 must submit as *Attachment 8* documentation that they have graduated/completed less than three (3) classes and meet at least four (4) of the following criteria:
    1. The training organization's mission statement includes preparing health professionals to serve underserved populations.
    2. The curriculum of the program includes content that will help to prepare practitioners to serve underserved populations.
    3. Substantial clinical training in MUCs is required under the program.
    4. A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
    5. The entire program or a substantial portion of the program is physically located in a MUC.
    6. The program provides a placement mechanism for helping program graduates find positions in MUCs.

To award funding preference, HRSA staff will review data submitted in *Attachment 8* by any applicant that requests a funding preference, and will determine whether the applicant meets the preference. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process.

3. Assessment of Risk

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

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

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

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).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2020. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 R&R Application Guide*.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See 45 CFR § 75.101 Applicability for more details.

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 R&R 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. HRSA will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

   The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

   The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report.

   Further information will be available in the NOA.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the EHBs on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this Program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

   The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends.

3) **Final Program Report.** A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the Electronic Handbook system at https://grants.hrsa.gov/webexternal/home.asp.

   The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report includes the following sections:

   - Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
   - Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
   - Summary Information:
   - Project overview.
   - Project impact.
   - Prospects for continuing the project and/or replicating this project elsewhere.
   - Publications produced through this grant activity.
   - Changes to the objectives from the initially approved grant.

   Further information will be provided in the NOA.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the *SF-424 R&R Application Guide*. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHBs system. More specific information will be included in the NoA.

5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

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

Nandini Assar
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4920
Email: Nassar@hrsa.gov

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

Miryam C. Gerdine, MPH
Social Science Research Analyst/Project Officer
Behavioral and Public Health Branch,
Division of Nursing and Public Health
Attn: Addiction Medicine Fellowship Program
Bureau of Health Workforce
Health Resources and Services Administration
Email: AMF@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

1. Program Specific Definitions

Accreditation of Board Certified Addiction Medicine Fellowship Programs – Addiction Medicine programs that have been accredited by the American College of Academic Addiction Medicine (ACAAM) or the Accreditation Council for Graduate Medical Education (ACGME), as Addiction Medicine Fellowship programs preparing program graduates for board certification.

Accreditation of Board Certified Addiction Psychiatry Fellowship Programs -- Addiction Psychiatry programs that have been accredited by the Accreditation Council for Graduate Medical Education (ACGME), as Addiction Psychiatry Fellowship programs preparing program graduates for board certification.

Addiction Medicine – A subspecialty of medicine dealing with the prevention and treatment of substance use disorders and addiction.

Addiction Psychiatry – A subspecialty of general psychiatry that focuses on the evaluation, diagnosis, and treatment of people who are suffering from one or more disorders related to addiction.

Addiction Medicine Fellowship Consortium – Is comprised of at least one teaching health center and the sponsoring or parent institution of a fellowship in addiction medicine. The relationship between the addiction medicine training program and the consortium must be legally binding, and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

Addiction Psychiatry Fellowship Consortium – Is comprised of at least one teaching health center and the sponsoring or parent institution of a fellowship in addiction psychiatry program. The relationship between the addiction psychiatry training program and the consortium must be legally binding, and the agreement establishing the relationship must describe the roles and responsibilities of each entity.

Board Certification – Board Certification is the process of examining and certifying the qualifications of a physician or other professional by a board of specialists in the field.

Community-based setting – Organizations centered in and around a particular community. They are designed to reach people outside of traditional health care settings. This includes, but is not limited to, a teaching health center, or a federally qualified health center.

DATA-waived – The Drug Addiction Treatment Act of 2000 (DATA 2000) expands the clinical context of medication-assisted opioid dependency treatment. Qualified physicians are permitted to dispense or prescribe specifically approved Schedule III, IV, and V narcotic medications (medications that have a lower risk for abuse, like buprenorphine) in settings other than an opioid treatment program (OTP) such as a methadone clinic. OTPs provide medication-assisted treatment (MAT) for people diagnosed with an opioid use disorder. In order to prescribe or dispense

buprenorphine, physicians must qualify for a physician waiver, which includes completing eight hours of required training, and applying for a physician waiver. Physicians are then permitted to treat opioid dependency with narcotic medications approved by the Federal Drug Administration (FDA), including buprenorphine, in treatment settings other than opioid treatment programs.

Faculty — An individual or group of individuals who are deemed qualified by an accredited institution to provide educational or clinical instruction to others on a specific topic area. The faculty is responsible for the daily teaching and assignment of individuals to be cared for, supervision, and participation in the evaluation of the fellow.

Health centers – Are community-based and patient-directed organizations that deliver accessible, affordable, quality primary health care services. Health centers often integrate access to pharmacy, mental health, SUD, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care.

Health disparities – Differences in health outcomes that are closely linked with social, economic, and environmental disadvantage.

Interprofessional Care – occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers [caregivers], and communities to deliver the highest quality of care across settings. (WHO, 2010)

Medication-Assisted Treatment (MAT) – MAT, including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat SUD.

Medically Underserved Community (MUC) – A geographic location or population of individuals eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes.

As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing. MUC may be identified using the tool at https://data.hrsa.gov/tools/shortage-area

New slots: New addiction medicine fellowship or addiction psychiatry fellowship slots are defined in this NOFO as slots that (1) were unfilled, accredited slots or (2) expand beyond the currently approved accredited number of slots. For example, a program may have been accredited to have 5 slots, but only 2 were filled. New slots in this NOFO would refer to the 3 slots that were not yet filled by fellows. It could also refer to slots for which the applicant will seek and/or have sought and received approval from the accrediting institution in addition to those for which it is already approved.

Opioid Use Disorder (OUD) – A problematic pattern of opioid use leading to clinically significant impairment or distress occurring within a 12-month period.

Part-time – The number of days per week and/or months per year representing part-time effort at the applicant/recipient organization, as specified in organizational policy. It

means a fellow who is enrolled part-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support. Part-time fellows are allowed to receive a stipend prorated at one-half of the amount per budget year for no more than twenty-four (24) consecutive months.

Rural area – A jurisdiction that is not located in a metropolitan statistical area (MSA), as defined by the Office of Management and Budget http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html or any jurisdiction located in an MSA, but in a county or tribal jurisdiction that has a population less than 50,000. Special rules apply for independent cities and townships.

Substance Abuse and Mental Health Services Administration (SAMHSA) – An agency with the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. More information can be found at: www.SAMHSA.gov.

Substance Use Disorder (SUD) – A cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance related problems.

Teaching Health Center (THC) – A community-based, ambulatory patient care center that operates a primary care residency program, including, but not limited to: Federally qualified health centers (FQHCs); community mental health centers (CMHCs); rural health clinics; health centers operated by the Indian Health Service (IHS), by tribes or tribal organizations, or by urban Indian organizations; and, entities receiving funds under Title X of the PHS Act (section 749A(f)(3) of the PHS Act [42 U.S.C. 293l-1]).

Team-based care - Delivered by intentionally created work groups of at least three types of health providers, of which themselves and others recognize as having a collective identity and shared responsibility for a patient, group of patients, their families, and/or communities to improve health outcomes. Characteristics of team-based care include: respect for diversity of skills and knowledge of team members, an open environment in which to raise concerns and make suggestions, an emphasis on comprehensive patient care and quality improvement, and team member willingness to take on additional roles and responsibilities.

2. **Logic Models***:*

Additional information on developing logic models can be found at the following website: https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

3. Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/ to learn more about the resources available for this funding opportunity.

4. Other Resources

The Health Workforce Connection, connects skilled health professionals to communities in need; nearly 22,000 NHSC and NURSE Corps eligible sites represent 5,000 medical, dental and mental/behavioral health positions nationwide

To identify best or promising practices in effectively integrating your proposed grant project into your existing health care practice, you are encouraged to work with your Regional Telehealth Resource Center (http://www.telehealthresourcecenter.org/who-your-trc). You may wish to review the Agency for Healthcare Research and Quality's technical brief, Medication Assisted Treatment (MAT) Models of Care for OUD in Primary Care Settings (https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/opioid-use-disorder_technical-brief.pdf) or the Rural Health Information Hub's Community Health Gateway (https://www.ruralhealthinfo.org/community-health) for models that specifically incorporate telehealth or could be modified to include a telehealth component.

5. Tips for Writing a Strong Application

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

Frequently Asked Questions (FAQs) can be found on the program website, and are often updated during the application process.

In addition, a number of helpful tips have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at http://www.hrsa.gov/grants/apply/write-strong/index.html.