

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Federal Office of Rural Health Policy

Rural Strategic Initiatives Division

Rural Communities Opioid Response Program-Neonatal Abstinence Syndrome

Funding Opportunity Number: HRSA-23-094

Funding Opportunity Type(s): New

Assistance Listings Number: 93.912

Application Due Date: March 8, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: December 7, 2022

Gianna Jackson

Public Health Analyst, Federal Office of Rural Health Policy

Phone: (301) 443-0473

Email: ruralopioidresponse@hrsa.gov

See [Section VII](#) for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 Rural Communities Opioid Response Program-Neonatal Abstinence Syndrome (RCORP-NAS). The purpose of this program is to reduce the incidence and impact of neonatal abstinence syndrome (NAS) in rural communities by improving systems of care, family supports, and social determinants of health, in order to improve health care in rural areas.

Funding Opportunity Title:	Rural Communities Opioid Response Program-Neonatal Abstinence Syndrome
Funding Opportunity Number:	HRSA-23-094
Due Date for Applications:	March 8, 2023
Anticipated FY 2023 Total Available Funding:	\$20,000,000
Estimated Number and Type of Award(s):	Approximately 40 awards
Estimated Annual Award Amount:	Up to \$500,000 per award per year , subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023 through August 31, 2026 (3 years)
Eligible Applicants:	All domestic public, private, non-profit, and for-profit entities are eligible to apply, including faith-based and community-based organizations. Tribes and tribal organizations are eligible to apply for these funds. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA's SF-424 Application Guide](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Wednesday, January 4, 2023

2-3 p.m. ET

Weblink: <https://hrsa.gov.zoomgov.com/j/1618980671?pwd=TS85RUZvS0lUVUFUT3hCeTFwTkx6dz09>

Attendees without computer access or computer audio can use the dial-in information below. You do not need to register for this webinar.

Call-In Number: (833) 568-8864

Meeting ID: 161 898 0671

Passcode: 30048175

HRSA will record the webinar. Please contact ruralopioidresponse@hrsa.gov for a copy of the recording.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Communities Opioid Response Program-Neonatal Abstinence Syndrome (RCORP-NAS). The purpose of this program is to reduce the incidence and impact of neonatal abstinence syndrome (NAS) in rural communities by improving systems of care, family supports, and social determinants of health. NAS is a group of conditions that can occur when newborns withdraw from certain substances, including opioids, that they were exposed to before birth.¹

Over the course of a three-year period of performance, RCORP-NAS award recipients will form multi-sectoral consortia to achieve the following goals within a [HRSA-designated rural service area](#):

1. Reduce structural- and systems-level barriers (e.g., transportation challenges, limited workforce, reimbursement issues, etc.) to
 - a. Increase access to behavioral health care, especially substance use disorders, including opioid use disorder (SUD/OD), services for rural pregnant and postpartum persons and their families; and
 - b. Address community risk factors and social determinants of health.
2. Strengthen the quality and sustainability of behavioral health care services for rural pregnant and postpartum persons and their families by implementing coordinated, evidence-based, trauma-informed, family-centered SUD/OD and other services.

RCORP-NAS award recipients will implement activities in support of these goals that target rural individuals with SUD/OD who are at risk of becoming pregnant, are currently pregnant, and/or have recently given birth, as well as their families. Applicants are encouraged to include populations that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population, including, but not limited to: racial and ethnic minorities, adolescents, LGBTQ+ individuals, veterans, limited English proficient individuals, socioeconomically disadvantaged populations, individuals with disabilities, individuals with a history or current risk of homelessness, individuals with prior justice involvement, etc.

HRSA is particularly interested in innovative approaches to service provision. For example, many rural hospitals may have excess space given declining inpatient utilization. An award recipient could use the funds to work with a rural hospital to

¹ <https://www.cdc.gov/pregnancy/opioids/basics.html>

provide NAS services in a wing of the rural hospital that is not currently in use. This could help promote integration of care and efficient use of available space.

[For more details, see Program Requirements and Expectations.](#)

2. Background

RCORP-NAS is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)).

[RCORP](#) is a multi-year, over \$500 million initiative administered by HRSA that provides direct grants and technical assistance to address behavioral health care needs of rural communities. HRSA funded its first cohort of RCORP-NAS award recipients in FY 2020 under [HRSA-20-106](#). For a list of current RCORP-NAS award recipients and information regarding their projects, please visit the [HRSA Data Warehouse](#).

This funding opportunity will address the ongoing need for behavioral health care and support services for rural pregnant and postpartum persons and their families. Although the consequences of NAS span across the country, rural communities feel the burden of NAS disproportionately higher than communities in urban areas. According to data gathered from the Agency for Healthcare Research and Quality (AHRQ) Healthcare Cost and Utilization Project (HCUP), the rate of SUD-related deliveries was higher for patients in rural areas than urban areas (35.7 versus 22.5 per 1,000 stays).² Several local conditions make it difficult for rural communities to reduce the incidence and consequences of NAS. For example, more than half of rural counties lack hospital-based obstetric care, a key service to improve maternal and child health.³ Similarly, rural communities face a number of challenges in providing and accessing appropriate SUD/OD services. Nearly 37 percent of rural counties nationwide lack at least one clinician with a Drug Enforcement Administration waiver⁴ and rural communities face barriers such as stigmatization, transportation, and costs associated with setting up Medication-Assisted Treatment (MAT) and other SUD/OD services.⁵

RCORP-NAS aligns with, and advances, several Administration priorities, including the [HHS Overdose Prevention Strategy](#), the President's [National Drug Control Strategy](#) and

² Soni et al (2019), "Obstetric Delivery Inpatient Stays Involving Substance Use Disorders and Related Clinical Outcomes, 2016" AHRQ Healthcare Cost and Utilization Project, <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb254-Delivery-Hospitalizations-Substance-Use-Clinical-Outcomes-2016.pdf>

³ Minnesota RHRC (2017). Closure of hospital obstetric services disproportionately affects less-populated counties, ruralhealthresearch.org/publications/1106.

⁴ <https://www.ruralhealthresearch.org/publications/1426>

⁵ See, e.g., *Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care: Environmental Scan Volume 1*, AHRQ, https://integrationacademy.ahrq.gov/sites/default/files/mat_for_oud_environmental_scan_volume_1_1.pdf

[related report](#) on improving pregnancy outcomes, and the [President's National Mental Health Strategy](#).

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$20,000,000 to be available annually to fund approximately 40 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to \$500,000 **per year** (reflecting direct and indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. There is no competitive advantage or disadvantage associated with requesting less than \$500,000 per year and applicants are encouraged to apply for the full amount, if needed.

The period of performance is September 1, 2023 through August 31, 2026 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for RCORP-NAS in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

III. Eligibility Information

1. Eligible Applicants

All domestic public, private, non-profit, and for-profit entities are eligible to apply, including faith-based and community-based organizations. Tribes and tribal organizations are eligible to apply for these funds.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)
- Exceeds the page limit
- Fails to propose a service area that is entirely rural, as defined by the [Rural Health Grants Eligibility Analyzer and/or lists any non-HRSA-designated rural counties and census tracts in Attachment 5](#). All service delivery sites supported by RCORP-NAS, must be exclusively located in HRSA-designated rural counties and rural census tracts. Within partially rural counties, activities and services supported by this award may only occur in the HRSA-designated rural census tracts. Please reference the [Program Requirements and Expectations](#) section for additional guidance.

NOTE: Multiple applications from an organization or associated with the same Unique Entity Identifier (UEI), and/or EIN are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov [application due date](#).

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-094 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately*
HRSA-23-094

responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's [SF-424 Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's [SF-424 Application Guide](#). You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **60 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-094, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-094 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 6: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Program Requirements and Expectations

Service Area

All service delivery sites participating in the RCORP-NAS project must be physically located in HRSA-designated rural counties and rural census tracts, as defined by the [Rural Health Grants Eligibility Analyzer](#). Within partially rural counties, services supported by this award may only be delivered within HRSA-designated rural census tracts. Applicants should clearly define the target rural service area and **only** list HRSA-designated rural counties and census tracts in **Attachment 5** to avoid being deemed non-responsive. **Applications proposing target rural service areas that are not fully rural will be considered non-responsive.** This includes applications that propose to serve partially rural counties but do not specify the specific rural census tracts that will be served within that partially rural county.

Target Population

RCORP-NAS is primarily intended to benefit individuals with SUD/ODU within the target rural service area who are at risk of becoming pregnant, are currently pregnant, and/or have recently given birth, as well as their families. However, positive spillover effects are acceptable (i.e., individuals outside the target population may also benefit from the RCORP-NAS-funded services), and no individual should be denied services on the basis of age, race/ethnicity, limited English proficiency, gender identity, sexual orientation, location, ability to pay, or other sociodemographic characteristics.

Applicants are strongly encouraged to include rural populations that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population. Examples of these populations include, but are

not limited to: racial and ethnic minorities, veterans, LGBTQ+ individuals, limited English proficient individuals, socioeconomically disadvantaged populations, individuals with a history or current risk of homelessness, individuals with prior justice involvement, individuals with disabilities, etc.

Service Provision

RCORP-NAS award recipients are expected to begin direct, clinical services by the end of the first year of the award and to increase the number of individuals receiving services each subsequent year of the grant. Recipients should ensure that care is provided in an integrated and coordinated manner, using a “whole-person” approach that accounts for the specific needs and characteristics of the impacted population.

Every effort should be made to ensure that the services provided through the RCORP-NAS grant are accessible and available to the target population, including (but not limited to) offering extended hours (such as nights and weekends) and **not** requiring abstinence/detoxification as a pre-requisite from treatment.

MAT Provision

For the purposes of this program, MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-person” approach to the treatment of substance use disorders. **Both SAMHSA and the American College of Obstetricians and Gynecologists (ACOG) recommend treatment with buprenorphine (without naloxone) or methadone as first-line therapy options for pregnant individuals with OUD, in conjunction with behavioral therapy and other medical services.**⁶ Award recipients may use RCORP-NAS funding to establish these treatment options if they are not currently available within the proposed consortium. Medically supervised withdrawal, by contrast, is associated with high relapse rates and poorer outcomes.⁷ Coordination of care between an obstetrician-gynecologist (OB-GYN) and an addiction specialist is important for pregnant women with OUD.⁸

Additionally, award recipients should provide the best treatment option(s) for the individuals they are serving. This may include offering a single, or multiple, treatment options, depending on their needs, though it is encouraged that multiple treatment options are offered.⁹

Third Party Reimbursement

Award recipients should ensure that all services covered by reimbursement are billed and every reasonable effort is made to obtain payment from third-party payers. Award

⁶ <https://www.cdc.gov/pregnancy/opioids/treatment.html>

⁷ <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>

⁸ <https://www.cdc.gov/pregnancy/opioids/treatment.html>

⁹ "Where Multiple Modes of Medication-Assisted Treatment Are Available", Health Affairs Blog, January 9, 2018.

recipients should be continually working with the patient population to enroll and or re-enroll in Medicaid, and postpartum in CHIP, if eligible, as a key part of their sustainability strategy. Only after award recipients receive a final determination from the insurer regarding lack of full reimbursement should RCORP-NAS funds be used to cover the cost of services for underinsured individuals. At the same time, award recipients may not deny services to any individual because of an inability to pay.

Consortium

Given the complex and multifaced nature of NAS and maternal behavioral health, HRSA requires award recipients to establish a formal, multi-sectoral consortium to implement project activities. Consortiums must consist of at least four separately-owned entities that represent a diversity of sectors relevant to behavioral and maternal health care. HRSA strongly encourages applicants to consider engaging consortium members from the following sectors:

- Child Welfare
- OB-GYN
- State Medicaid agency
- Criminal justice
- Primary Care (including pediatric and family medicine practices)

At least 50 percent of consortium members must be located in [HRSA-designated rural areas](#). Each consortium member should be fully integrated into the project, with clear roles and responsibilities in the execution of the proposed work plan. Consortium members should commit to meeting regularly (at least once a quarter), coordinating project efforts, sharing aggregate data for performance reporting, sustaining services after the period of performance concludes, and developing approaches to ensure continuity of operations and minimize the impact of potential service disruptions such as public health emergencies or natural disasters. HRSA strongly encourages applicants to consider budgeting RCORP-NAS funds to support consortium member participation in the project. You must provide a letter of support from each consortium member (see **Attachment 4**); if awarded, a formal (e.g., signed and dated) letter of commitment establishing the consortium must be submitted within 90 days of the project start date.

Technical Assistance and Evaluation

Award recipients are required to cooperate with a HRSA-funded technical assistance provider and evaluator throughout the duration of the grant. Technical assistance is intended to guide program development, implementation, and sustainability and provide subject matter expertise through a variety of formats, including regular 1:1 calls/check-ins, webinars, and site visits. It is expected that award recipients respond to inquiries and requests from these entities in a timely manner. Note that both HRSA-funded

services (technical assistance and evaluation) are provided free of charge to the award recipients.

NOTE: You will be expected to submit a copy of your RCORP-NAS application to the HRSA-funded RCORP technical assistance provider and evaluator to provide them with background and context for your proposed project.

Award recipients are not required to conduct their own project evaluations. Instead, they will contribute to a program-wide evaluation. HRSA performance metrics will assess the extent to which the proposed project has improved access, capacity, and sustainability of behavioral health care services within the target rural service area and will be shared with award recipients during the period of performance. It is the applicant organization's responsibility to ensure compliance with HRSA reporting requirements. Applicants should make every reasonable effort to track, collect, aggregate, and report HRSA-required data and information throughout the period of performance. Award recipients may use grant funds to recruit/hire a data coordinator to manage this process.

All award recipients are required to participate in the RCORP-NAS Learning Collaborative, facilitated by the RCORP Technical Assistance provider. The Learning Collaborative will offer the opportunity to network, share best practices, address challenges, and receive targeted technical assistance to advance the efforts of all participants. You must designate one individual to serve as the point of contact for the learning collaborative in your staffing plan.

Sustainability

HRSA expects that RCORP-NAS award recipients will work towards sustaining services and decreasing reliance on federal funding. To that end, applicants' proposed work plans and budgets/budget narratives should reflect a shift from capacity building activities to service delivery and sustainability over the course of the three-year period of performance.

Award recipients should be continually working with the patient population to enroll and or re-enroll in Medicaid, and postpartum in CHIP, if eligible, as a key part of their sustainability strategy.

Additionally, applicants should at minimum, include activities that improve collaboration with Medicaid offices and reimbursement arrangements. Applicants who do not have a consortium member representing a Medicaid office (including state or local Medicaid offices and organizations), should detail their plans to establish the support of, and working relationship with, a Medicaid office by the end of the first year of the award. Applicants should also include activities to leverage local/community, state, and regional partnerships and leverage other funding sources.

Program-Specific Instructions

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

i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. **Project Narrative**

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

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

- **INTRODUCTION** -- Corresponds to Section V's Review Criterion #1--[NEED](#)

In this section, you should provide a clear, succinct description of how your project will reduce the incidence and impact of NAS in the target rural service area in an effective, appropriate, equitable, and sustainable manner.

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion #1--[NEED](#)

In this section, you should clearly and compellingly outline the unmet needs within the target rural service area that you are proposing to fill with these funds using timely, relevant, and accurate data sources. Include the following information:

- **Demographic characteristics of the target rural population¹⁰, including the identification of sub-populations at greatest risk for SUD/ODU and SUD/ODU during pregnancy.** *(This can include, but is not limited to, breakdowns of the population by race/ethnicity, age, education level, insurance coverage, poverty level, LGBTQIA+ status, etc.)*
- **Data demonstrating the extent to which NAS is a concern within the target rural service area.** *(This can include, but is not limited to, the incidence and/or prevalence of NAS in the target rural service area as compared to the state, region, and/or country; the number and percentage of pregnant persons diagnosed with SUD/ODU; the percentage of persons in the target rural service area who are of child-bearing age and who are at risk of, or have been diagnosed with, SUD/ODU; etc.)*
- **Data and information highlighting the lack of availability and accessibility of prevention, treatment (including MAT), and recovery services within the target rural service area.** *(This should include the number of DATA 2000 waiver providers within the proposed consortium. This can also include, but is not limited to, the number and type of MAT access points in the target rural service area; the availability of buprenorphine at local pharmacies; the extent to which providers within the target rural service area are trained to screen and diagnose pregnant individuals with SUD/ODU and other related mental health disorders; the availability of peer recovery and other wrap-around support services, including housing and employment assistance, child care, etc.)*

¹⁰ As a reminder, RCORP-NAS is primarily intended to benefit individuals with SUD/ODU within the target rural service area who are at risk of becoming pregnant, are currently pregnant, and/or have recently given birth, as well as their families.

- **Data and information highlighting the lack of availability and accessibility of maternal and obstetric health care services within the target rural service area.** *(This can include, but is not limited to, the number of OB-GYN physicians, certified nurse midwives, etc. within the target rural service area; the number and type of access points offering preconception, pregnancy, labor and delivery, and postpartum health services within the target rural service area; of the extent to which there exists coordinated and continuum of care at various stages of pregnancy within the target rural service area; the extent to which behavioral health care is/is not integrated into primary and maternal health care; etc.)*
- **Data and information demonstrating the lack of available health and support services available to individuals post-delivery within the target rural service area.** *(This can include, but is not limited to, availability of home visiting programs and parenting and family support services within the target rural service area; the extent to which providers within the target rural service area are trained to screen, diagnose, and care for infants with NAS; the extent to which individuals discharged from labor and delivery are connected to needed behavioral health and social services; the availability of providers qualified to treat infants with NAS within the target rural service area; etc.)*
- **Please document any federally- or state-funded initiatives targeting SUD/ODU and/or NAS (including other RCORP grants) in the target rural service area and how your proposed project will complement versus duplicate those efforts.**

▪ **METHODOLOGY -- Corresponds to Section V's Review Criterion #2--[RESPONSE](#)**

In this section, you will describe the overarching strategies your consortium will utilize to provide services to individuals with SUD/ODU within the target rural service area who are at risk of becoming pregnant, are currently pregnant, and/or have recently given birth, as well as their families. Please justify the selection of each strategy that you describe.

Please use the following sub-headings when completing this section:

- **Methods for Addressing Preconception Needs in Target Rural Service Area**
 - At a minimum, describe how your consortium will:
 - Increase access to contraception and infectious disease testing to individuals of childbearing age, who have, or are at risk for, SUD/ODU.

- Educate key groups on best practices that improve the engagement and/or early intervention of individuals of childbearing age into treatment. *(Education topics may include, but are not limited to, seminars and trainings related to screening and referral tools, motivational interviewing, trauma-informed care, care coordination, stigma reduction, managing medical complications in children with NAS, and harm reduction programs.)*
 - Improve engagement between the target population and behavioral health services, through cross-sectoral, collaborative programs designed to increase points of service entry. **At a minimum, this should include efforts to integrate behavioral health care with primary care and obstetrics and gynecology.** *(Other examples include, but are not limited to, integration of behavioral health care within the criminal justice system, social services, and emergency rooms by leveraging or expanding peer programming, establishing treatment courts, improving Syringe Services Programs (SSPs), coordinating treatment engagement among first responders, and other evidence-based strategies.)*
- **Methods for Addressing Prenatal and Labor/Delivery Needs of Target Population**
- At a minimum, describe how your consortium will:
 - Increase the number of OB-GYNs and other health and social service professionals who can screen, diagnose, and treat pregnant individuals with SUD/ODU and other related mental health conditions (e.g., depression, anxiety, etc.) through recruitment and training initiatives.
 - Increase the number of providers who are trained and waived to prescribe buprenorphine-containing products for the purpose of MAT.
 - Reduce physical and social barriers for pregnant individuals with SUD/ODU to enter, and adhere to, behavioral health care treatment, including providing MAT, **during the earliest stages of pregnancy.** *(This could include, but is not limited to, advancing telehealth, improving transportation, establishing co-location of care, utilizing mobile units, implementing culturally and linguistically appropriate campaigns and events designed*

to improve understanding and reduce stigma of SUD/OUd during pregnancy, etc.)

- Improve behavioral health financial systems to sustain the maternal and behavioral health workforce. *(Activities may include, but are not limited to, providing trainings to optimize reimbursement for treatment encounters through proper coding and billing across insurance types, collaborating with state agencies to address the complex challenges of those at risk of, or suffering from, SUD through Medicaid flexibilities, as well as novel payment models for integrated care, etc.)*

○ **Methods for Addressing Postpartum Needs of Target Population**

- At a minimum, describe how your consortium will:

- Increase the number of providers who can screen, diagnose, and treat infants with NAS.
- Ensure infants with NAS receive a discharge plan to facilitate proper care following release from the hospital/clinic. *(This can include, but is not limited to, connecting patients to home visits and other parenting support services; links to home nurses and social workers; referrals to healthcare workers who know about NAS and are available to the family immediately after discharge; etc.)*
- Ensure mothers receive adequate postpartum psychosocial support services, including SUD treatment and access to mental health services, following discharge, and are linked with needed health and social services, including, **at a minimum**, affordable rent and/or housing, employment programs, and education.

- **WORK PLAN** -- Corresponds to Section V's Review Criteria #2--[RESPONSE](#) and 4--[IMPACT](#)

This section describes the processes that you will use to achieve each of strategies listed in the "Methodology" section. Note that while the "Methodology" section of the Project Narrative centers on the overall strategy for fulfilling the program activities, the work plan is more detailed and focuses on the tasks, activities, and timelines by which you will execute your strategies.

It is recommended that your work plan should be in a **table format**, extend the full length of the project period (September 1, 2023-August 31, 2026), and include, at a minimum:

- Activities associated with each strategy outlined in the methodology section
- Responsible individuals/consortium members
- Expected outputs and outcomes
- Timeframe (note: timelines should be clear and specific; it is not acceptable to say “ongoing.”)

Your work plan should be included in **Attachment 1**. It is acceptable to reference reviewers to Attachment 1 instead of including the work plan twice in the application. **If your work plan is not included in Attachment 1, HRSA reserves the right to deem your application incomplete/non-responsive.**

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2--[RESPONSE](#)*

Describe challenges that you are likely to encounter in implementing the proposed work plan and the approaches you will use to resolve each challenge. You should highlight both internal challenges (e.g., maintaining cohesiveness among consortium members and/or referral agencies) and external challenges (e.g., stigma around SUD/ODU in the target rural service area, securing patient engagement in treatment, geographical limitations, policy barriers, etc.). You must also detail potential challenges to sustaining all grant-supported services after the period of performance ends and how you intend to overcome them.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3--[EVALUATIVE MEASURES](#), #4--[IMPACT](#), and #5--[RESOURCES AND CAPABILITIES](#)*

Describe the process (including staffing and workflow) for how you will track, collect, aggregate, and report data and information from all consortium members to fulfill HRSA reporting requirements. (NOTE: Applicants must designate at least one individual in the staffing plan to serve as a “Data Coordinator.” The Data Coordinator is responsible for tracking, collecting, aggregating, and reporting quantitative and qualitative data and information to fulfill HRSA’s reporting requirements. See “Organizational Information” for additional details.)

You must clearly demonstrate how the applicant organization will support and enable consortium members to collect accurate data in response to HRSA reporting requirements. Examples include, but are not limited to, allocating a portion of award funding to each consortium member to support data collection, and/or designating an individual at each member organization who will be responsible for collecting and reporting the HRSA-required data to the applicant organization.

Finally, please detail your plan for disseminating information regarding your project's impact and lessons learned to participating entities, the target rural service area, and the broader public.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5--[RESOURCES AND CAPABILITIES](#)*

In this section, you should clearly and comprehensively include the following information (note: it is appropriate to refer the reviewer to the relevant attachment versus include the information twice):

- **Organizational Overview**

Describe the following about the applicant organization, with a particular focus on the applicant organization's experience providing behavioral and maternal health services:

- Ability to provide overall project and financial management for the RCORP-NAS grant, including ability to properly account for federal funds and document all costs to avoid audit findings;
- Demonstrated ability to engage and coordinate with consortium members and other community organizations and service providers to ensure accessible and integrated services; and
- Clear, specific, demonstrated ability to implement activities and strategies as proposed in the methodology and work plan.

Additionally, please specify whether your proposed consortium includes a member representing a Medicaid office (including state or local Medicaid offices and organizations). If it does not, please detail your plans to establish the support of, and working relationship with, a Medicaid office by the end of the first year of the award.

- **Attachment 2: Staffing Plan (Note: If this information is not included in Attachment 2, HRSA reserves the right to deem your application incomplete/non-responsive)**
 - Provide a clear and coherent staffing plan that includes the information described in **Attachment 2**. NOTE: The staffing plan should have a direct link to the activities proposed in the work plan. All staffing plans must include the roles of Project Director, a Healthcare Navigator, a Data Coordinator, and an individual assigned to the Learning Collaborative (the roles can be shared), as described below. (Note: Individual position titles may differ from the name of the roles described below, but the functions of the role must be fulfilled.)

- **Project Director**: The Project Director is the point person on the award and makes staffing, financial, and other decisions to align project activities with project outcomes. You should detail how the Project Director will facilitate collaborative input and engagement across consortium members to complete the proposed work plan during the period of performance. The Project Director is a key staff member and an FTE of at least 0.25 is strongly recommended for this position. If awarded, the Project Director is expected to attend monthly calls with HRSA program staff and the HRSA-funded Technical Assistance team. If the Project Director serves as a Project Director for other federal awards, please list the federal awards as well as the percent FTE for that respective federal award. More than one Project Director is allowable in the staffing plan. However, only one Project Director can be designated in Box 8f of the SF-424A Application Page. If awarded, this is the Project Director who will be officially reflected in the Notice of Award (NOA). If there is more than one Project Director, a total FTE of at least 0.25 between the two Project Directors is strongly recommended.

- **Healthcare Navigator**: Applicants must designate at least one individual in the staffing plan to serve as a healthcare navigator to help enroll eligible individuals into health insurance, in order to maximize opportunities to bill for services. The applicant shall decide the job qualifications and percentage of effort needed to effectively fulfill these duties.

- **Data Coordinator**: Applicants must designate at least one individual in the staffing plan to serve as a “Data Coordinator.” The Data Coordinator is responsible for tracking, collecting, aggregating, and reporting quantitative and qualitative data and information to fulfill HRSA’s reporting requirements. The applicant shall decide the job qualifications and percentage of effort needed to effectively fulfill these duties.

- **Learning Collaborative Point of Contact**: Applicants must designate one representative as a point of contact for the Learning Collaborative. The Learning Collaborative is expected to begin around six months into the period of performance. Applicants should plan for this individual to participate in monthly meetings, mentorship, and one trip to the DC area. The applicant shall decide the percentage of effort needed to effectively fulfill these duties.

- If there are any positions that are vacant at the time of application include in the staffing plan a timeline and process for rapidly filling these positions, as well as a projected start date.
- Any given staff member, including the Project Director, may not bill for more than 1.0 FTE across federal awards.
- **Attachment 3: Staff Biosketches (note: If this information is not included in Attachment 3, HRSA reserves the right to deem your application incomplete/non-responsive)**
 - All proposed staff members should have the appropriate qualifications and expertise to fulfill their roles and responsibilities on the award. For each staff member reflected in the staffing plan, provide a brief biographical sketch that directly links their qualifications and experience to their designated RCORP-NAS project activities. If an individual is fulfilling multiple roles in the proposed project, a single biographical sketch may be used to address their qualifications for each role. The names reflected in the staffing plan must align with the names identified in the biographical sketches.
- **Attachment 4: Letters of Support from Consortium Members (Note: Applications that do not include a letter of support from each consortium member indicated in the work plan will be deemed non-responsive). See parameters for consortiums in “[Program Requirements and Expectations](#)” section.**
 - You should include **signed and dated** letters of support from **all consortium members included in your proposed work plan** documenting their commitment to participating in the project should your application be successful. Consortium members should come from multiple sectors and have a history of working together and engaging with the target population. Electronic signatures are acceptable. Each letter should outline:
 - The physical street address/location of the consortium member (note: at least 50 percent of all consortium members must be located in [HRSA-designated rural areas](#) and all service delivery sites must exclusively be located in [HRSA-designated rural areas](#));
 - The consortium member’s anticipated roles/responsibilities on the project;
 - The sector the consortium member represents;

- The extent to which the consortium member has the experience and/or capacity to work in the target rural service area and engage/serve the target population;
 - The extent to which the consortium member is equipped and qualified to implement the proposed project;
 - The qualifications and resources the consortium member possesses to execute its anticipated roles/responsibilities; and
 - The consortium member's commitment to meeting regularly (at least once a quarter) with other consortium members, sharing aggregate data with the applicant organization for performance reporting, and sustaining services after the period of performance concludes.
- If awarded funding, you will be required to submit a formal Letter of Commitment signed by all consortium members on the project. HRSA will provide additional guidance upon receipt of award.

iii. **Budget**

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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

In addition, RCORP-NAS requires the following:

- **Travel:**¹¹ You are expected to budget travel funds for up to two (2) program staff to attend a three-day program meeting in Washington, DC, once in every project year. You are also expected to budget for one trip during the period of performance for up to two (2) program staff to attend an in-person Learning Collaborative meeting. More information will be provided upon receipt of award.

Note that you may also propose to attend additional meetings that are directly related to the purpose of the RCORP-NAS program.

¹¹ If planned meetings must be held virtually due to extenuating circumstances, any unused funds may be re-allocated with the approval of your Project Officer and guidance on an alternate meeting platform.

- **Consortium Members:** HRSA strongly encourages applicants to consider budgeting RCORP-NAS funds to support consortium member participation in the project.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. **Budget Narrative**

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).

Applicants must provide information on each line item of the budget, and describe how it supports the goals and activities of the proposed work plan and project.

RCORP-NAS award recipients must allocate the award funding by budget period for the three-year period of performance. Award recipients will apply for Non-Competing Continuation during the end of each budget year. **Note: there is no competitive advantage or disadvantage to applying for less than the \$500,000 per year ceiling amount and applicants are encouraged to apply for the full amount, if needed.**

Minor Alteration and Renovation (A/R) Costs

Minor alteration and renovation (A/R) costs to enhance the ability of the recipient to deliver SUD/ODU services are allowable, but must not exceed \$150,000 per year over the three-year period of performance. Additional post-award submission and review requirements apply if you propose to use RCORP-NAS funding toward minor A/R costs. You may not begin any minor A/R activities or purchases until you receive HRSA approval. You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your minor A/R plans do not affect your ability to execute work plan activities on time.

Examples of minor A/R include, but are not limited to:

- Reconfiguring space to facilitate co-location of SUD, mental health, and primary care services teams;
- Adapting office space to deliver virtual care that supports accurate clinical interviewing and assessment, clear visual and audio transmission, and ensures confidentiality;
- Adapting office spaces and meeting rooms for individuals to participate in counseling and group visit services, and to access and receive training in self-management tools; and

- Modifying examination rooms to increase access to pain management options, such as chiropractic, physical therapy, acupuncture, and group therapy services.

The following activities are **not** categorized as minor A/R, and the costs of such activities are unallowable:

- Construction of a new building;
- Installation of a modular building;
- Building expansions;
- Work that increases the building footprint; and
- Significant new ground disturbance.

RCORP-NAS award funds for minor renovations may not be used to supplement or supplant existing renovation funding; funds must be used for a new project. Pre-renovation costs (Architectural & Engineering costs prior to 90 days before the budget period start date) are unallowable.

Mobile Units or Vehicles

Mobile units or vehicles purchased with RCORP-NAS award funds must be reasonably priced and used exclusively to carry out award activities. Additional post award submission and review requirements apply if you propose to use RCORP-NAS funding toward mobile units or vehicles. You may not begin any purchases until you receive HRSA approval. You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your mobile unit or vehicle purchase do not affect your ability to execute work plan activities on time.

Medication

Food and Drug Administration (FDA)-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination and buprenorphine mono-product formulations) for the maintenance treatment of OUD, opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use, and naloxone to treat opioid overdose are all allowable costs under RCORP-NAS. FDA-approved medications purchased with RCORP-NAS grant funds may **only** be offered for the disorder (OUD or AUD) for which they are approved.

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the [application page limit](#).** Your indirect cost rate agreement (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

Attachment 2: Staffing Plan

Attach the staffing plan that includes all of the information detailed in Project Narrative. As a reminder, all staffing plans must include a Project Director, a Healthcare Navigator, a Data Coordinator, and an individual assigned to the Learning Collaborative (the roles can be shared). Please refer to the information detailed in Section IV.2.ii. Project Narrative. The staffing plan should include the following (it is recommended you include this information in a table format):

- Name;
- Title;
- Organizational affiliation;
- Full-time equivalent (FTE) devoted to the project;
- List of roles/responsibilities on the project;
- Job function (e.g., Project Director, a Healthcare Navigator, a Data Coordinator, and an individual assigned to the Learning Collaborative); and
- Process and timeline for hiring if the position has not yet been filled.

Attachment 3: Biographical Sketches of Key Personnel

For each staff member reflected in the staffing plan, provide a brief, one-page biographical sketch that directly links their qualifications and experience to their designated RCORP-NAS project activities.

Attachment 4: Letters of Support from Consortium Members

Include signed and dated letters of support from all consortium member included in your proposed work plan documenting their commitment to participating in the project should your application be successful. Consortium members should represent multiple sectors and have a history of working together and engaging with the target population. Electronic signatures are acceptable. Each letter should outline:

- The physical street address/location of the consortium member (note: at least 50 percent of all consortium members must be located in [HRSA-designated rural areas](#) and all service delivery sites must exclusively be located in [HRSA-designated rural areas](#));
- The consortium member’s anticipated roles/responsibilities on the project;
- The sector the consortium member represents;

- The extent to which the consortium member has the experience and/or capacity to work in the target rural service area and engage/serve the target population;
- The extent to which the consortium member is equipped and qualified to implement the proposed project;
- The qualifications and resources the consortium member possesses to execute its anticipated roles/responsibilities; and
- The consortium member's commitment to meeting regularly (at least once a quarter) with other consortium members, sharing aggregate data with the applicant organization for performance reporting, and sustaining services after the period of performance concludes.

Attachment 5: General Project Information

Include the following information regarding your RCORP-NAS proposal:

- Project Title
- Name of Applicant Organization
- Requested Award Amount
- Project Director Name, Organizational Affiliation, and Contact Information (phone/email) -- Note: this should be the same individual designated in box 8f of the SF-424 Application Form.
- Data Coordinator Name, Organizational Affiliation, and Contact Information (phone/email)
- Name, Entity Type (e.g., Rural Health Clinic, School System, Health Center, Critical Access Hospital, Public Health Department, Non-Profit, Community Action Organization, etc.), Physical Street Address of Each Consortium Member, and Whether the Consortium Member is Located in a HRSA-designated Rural Service Area (Y/N) **(table format is recommended)**
- Target Rural Service Area (should **only** include [HRSA-designated rural counties and rural census tracts within rural counties](#))
 - Entirely rural counties (list county and state name(s)); and, if applicable
 - Partially rural counties (list state, county name, and rural census tract)

- **NOTE:** Applications proposing target rural service areas that are not fully rural will be considered non-responsive. This includes applications that propose to serve partially rural counties but do not specify the specific rural census tracts that will be served within that partially rural county.
- How Did Applicant First Hear About Funding Opportunity? (Select one: State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department)
- Has the Applicant Received Funding from Previous RCORP Awards? If yes, list the awards, dates, and whether you were the applicant organization or a consortium member.
- How Award Will Address Health Equity within Target Rural Service Area (1-3 sentences)

Attachments 6-15: Other Relevant Documents

Include here any other documents that are relevant to the application, including indirect cost rate agreements, if applicable.

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

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.
- Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is **March 8, 2023 at 11:59 p.m. ET**. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

RCORP-NAS is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than \$500,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's SF-424 R&R Application Guide for additional information. Note that these and other restrictions will apply in the following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- To acquire real property;
- To purchase syringes and pipes;
- For construction;
- To pay for any equipment costs not directly related to the purposes for which this grant is awarded;
- To pay down bad debt. Bad debt is debt that has been determined to be uncollectable, including losses (whether actual or estimated) arising from uncollectable accounts and other claims. Related collection and legal costs arising from such debts after they have been determined to be uncollectable are also unallowable;
- To pay the difference between the cost to a provider for performing a service and the provider's negotiated rate with third-party payers (i.e., anticipated shortfall); and
- To supplant any services/funding sources that already exist in the service area(s).

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank RCORP-NAS applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (15 points) – Corresponds to Section IV's [Introduction](#) and [Needs Assessment](#)

- The clarity and comprehensiveness of the applicant's description of how their RCORP-NAS project will reduce the incidence and impact of NAS in the target rural service area in an effective, equitable, and sustainable manner.
- The extent to which the applicant uses timely and relevant quantitative and qualitative data and information to depict the target population and their behavioral and maternal health needs.
- The extent to which the applicant demonstrates that the prevalence and incidence of NAS is a compelling and urgent issue within the target rural service area.
- The extent to which the applicant clearly and compellingly depicts gaps in existing maternal, obstetric, and behavioral health care resources and service lines within the target rural service area.
- The extent to which the applicant makes a clear and compelling case for why additional maternal, obstetric, and behavioral health resources are needed in the target rural service area.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)

Methodology and Work Plan (35 points)

- The extent to which the applicant outlines clear, feasible, and effective methods for providing behavioral health care services throughout the preconception,

prenatal, labor and delivery, and postpartum stages. [Note: the applicant should address the minimum requirements of each [Methodology sub-section \(Preconception, Prenatal and Labor/Delivery, and Postpartum.\)](#)]

- The extent to which the applicant proposes clear, specific, and actionable strategies to address the full spectrum of SUD/ODU prevention, treatment, and recovery services, including MAT.
- The extent to which the applicant proposes methods to integrate behavioral health care into primary and obstetrics and gynecology settings.
- The extent to which the applicant includes methods for targeting/engaging with sub-populations that have historically faced poorer behavioral health outcomes and health disparities.
- The clarity and comprehensiveness of the work plan and extent to which it includes all the information requested in the [Work Plan](#) section of the Project Narrative.

Resolution of Challenges (5 points)

- The clarity and comprehensiveness with which the applicant describes potential challenges to implementing the proposed work plan.
- The quality and feasibility of the proposed solutions for addressing the challenges.
- The extent to which the applicant details potential challenges to sustaining all grant-supported services after the period of performance ends and how you intend to overcome them.

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

- The clarity and comprehensiveness of the applicant's description of the process (including staffing and workflow) for how they will track, collect, aggregate, and report data and information from all consortium members to fulfill HRSA reporting requirements.
- The clarity and comprehensiveness of the applicant's description of how it will support and enable consortium members to collect accurate data in response to HRSA reporting requirements.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s [Work Plan](#) and [Evaluation and Technical Support Capacity](#)

- The extent to which the proposed project will strengthen access to and quality of behavioral and maternal health services for rural pregnant and postpartum persons and their families and the project will be effective, if funded.
- The extent to which the applicant proposes work plan activities that will assist with the sustainability of the program beyond the federal funding.
- The quality of the applicant’s plan to disseminate the project impact and lessons learned to participating entities, the target rural service area, and the broader public.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV’s [Organizational Information](#) and [Evaluation and Technical Support Capacity](#)

Organizational Information (10 points)

- The clarity and comprehensiveness of the applicant’s description of their organization’s ability to provide overall project and financial management for the RCORP-NAS grant, including ability to properly account for federal funds and document all costs to avoid audit findings.
- The extent to which the applicant clearly and compellingly describes their organization’s demonstrated ability to engage and coordinate with consortium members and other community organizations and service providers to ensure accessible and integrated services.
- The clarity and specificity with which the applicant demonstrates its organization’s ability to implement activities and strategies proposed in the methodology and work plan.

Staffing Plan (5 points)

- The extent to which the applicant provides a clear and coherent staffing plan that includes all of the information for each proposed project staff member as requested in Section IV’s [Organizational Information – “Staffing Plan.”](#)
- The extent to which the staffing plans identifies a qualified Project Director with the recommended 0.25 or more FTE who meets the requirements as specified in Section IV’s [Organizational Information – “Staffing Plan.”](#)
- The extent to which the applicant designates individuals to fulfill the required positions in the project, as described in Section IV’s [Organizational Information – “Staffing Plan.”](#)
- The extent to which the staffing plan has a direct link to the activities proposed in the work plan.

- The extent to which all proposed staff members have the appropriate qualifications and expertise to fulfill their roles and responsibilities on the award, as described in their biographical sketches.
- If there are any positions that are vacant at the time of application, the extent to which the applicant includes in the staffing plan a clear timeline and specific, actionable process for rapidly filling these positions, as well as a projected start date.

Consortium Composition (10 points)

- The extent to which all consortium members cited in the Work Plan (Attachment 1) have included Letters of Support with the information requested Section IV's [Organizational Information—“Letters of Support from Consortium Members”](#)
- The extent to which the Letters of Support clearly demonstrate that the consortium is composed of multisectoral entities.
- The extent to which the Letters of Support clearly demonstrate that the proposed consortium members have the capacity and qualifications to execute the proposed work plan.
- The extent to which the applicant either has a consortium member representing a Medicaid office (including state or local Medicaid offices and organizations) or has detailed their plans to establish the support of, and working relationship with, a Medicaid office by the end of the first year of the award.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's [Budget Narrative](#)

- The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives and the scope of work and complexity of the project.
- The extent to which the budget and budget narrative clearly reflect a three-year period of performance.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide for more details](#).

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2023. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of [45 CFR part 75](#), currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an [HHS Assurance of Compliance form \(HHS 690\)](#) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights-for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights-for-individuals/nondiscrimination/index.html>.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights-for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights-for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience->

[protections/index.html](#) and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

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

and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Non-Competing Continuation (NCC) Progress Reports.** Award recipients must submit a Non-Competing Continuation Progress Report to HRSA on an annual basis. Submission and HRSA approval of your NCC triggers the budget period renewal and release of subsequent year funds. This report demonstrates award recipient progress on program-specific goals. Further information will be provided in the NOA.
- 2) **Performance Improvement and Measurement System (PIMS).** The award recipient must submit quantitative performance reports on an annual basis. These data should reflect the performance of all consortium members, not just the applicant organization.
- 3) **Behavioral Health Disparities Impact Statement.** This statement will build on the methods specified in the application and will describe how the recipient will reduce behavioral health care disparities in the target rural service area and continuously monitor and measure the project's impact on health care disparities to inform process and outcome improvements. This statement will be modeled from the [Substance Abuse and Mental Health Services Administration \(SAMHSA\) Disparities Impact Statement \(DIS\)](#), and will entail developing a plan to improve access to care, use of service and outcomes related to behavioral health care disparities of the identified subpopulation(s) within the target rural service area. If you are awarded, HRSA will provide additional guidance.
- 4) **Consortium Letter of Commitment.** You will be expected to submit a single Letter of Commitment signed and dated by each participating consortium member that outlines each member's roles/responsibilities and commitment to the RCORP-NAS project. If you are awarded, HRSA will provide additional guidance.
- 5) **Federal Financial Report (FFR).** Award recipients must submit the FFR (SF-425) no later than January 30 for each budget period. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically through EHBs. HRSA will provide more detailed information in the NOA.

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

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Bria Haley
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-3778
Email: Bhaley@hrsa.gov

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

Gianna Jackson
Public Health Analyst
Attn: RCORP-NAS
Federal Office of Rural Health Policy
Health Resources and Services Administration
Phone: (301) 443-0473
Email: ruralopioidresponse@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#).

Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center

Phone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application

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

Appendix A: NOFO Applicant Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified [page limit](#). ([Do not submit this worksheet as part of your application.](#)) The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit. Attachments should follow Section 4.2 of the [SF424 Application Guide](#) for formatting instructions.

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 1 : Work Plan	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 2: Staffing Plan	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 3: Staff Biographical Sketches	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 4: Letters of Support	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 5: General Project Information	<i>My attachment = ___ pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 6-15: Other relevant attachments	<i>My attachment = ___ pages</i>
Project/Performance Site Location Form	Additional Performance Site Location(s)	<i>My attachment = ___ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ___ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ___ pages</i>
# of Pages Attached to Standard Forms		<i>Applicant Instruction</i> Total the number of pages in the boxes above.
Page Limit for HRSA-23-094 is 60 pages		My total = ___ pages

APPENDIX B: Application Completeness Checklist

NOTE: This checklist is a tool available to assist in the process of creating an application for RCORP-NAS. Do not submit this tool with your application.

- ✓ Have I read this NOFO thoroughly and referred to the SF424-Application Guide where indicated?
- ✓ Is my organization part of a multi-sector consortium comprised of at least four separately owned entities, at least fifty percent of whom are located in HRSA-designated rural areas?
- ✓ Are all of my proposed service delivery sites physically located in HRSA-designated rural areas?
- ✓ Does my annual budget total \$500,000 (or less) per year, inclusive of direct and indirect costs? Does my total project budget total \$1,500,000 (or less) over the 3-year period of performance, inclusive of direct and indirect costs?
- ✓ Have I submitted a budget and budget narrative for each of the three years of the period of performance?
- ✓ Do my “Work Plan” and “Methodology” sections reflect the program goals outlined in the Purpose section of the NOFO?
- ✓ Does my work plan reflect a three-year period of performance?
- ✓ Have all consortium members reflected in the work plan provided letters of support?
- ✓ Have I designated a project director with appropriate FTE devoted to the project to ensure that all responsibilities of the role can be effectively fulfilled? Per Section IV’s Organizational Information – “Staffing Plan,” the Project Director is a key staff member and HRSA strongly recommends an FTE of at least 0.25 for this position.
- ✓ Have I completed all forms and attachments as requested in Section IV of this NOFO and in the SF-424 Application Guide?
- ✓ Will I apply at least 3 calendar days before the deadline to accommodate any unforeseen circumstances?
- ✓ Have I confirmed that my application does not exceed the 60-page limit?