U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Federal Office of Rural Health Policy
Office for the Advancement of Telehealth

Telehealth Network Grant Program

Funding Opportunity Number: HRSA-20-036
Funding Opportunity Types: New; Competing Continuation
Assistance Listings (CFDA) Number: 93.211

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: May 1, 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: February 11, 2020

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Authority: Section 330I(d)(1) of the Public Health Service Act (42 USC 254c-14(d)(1)), as amended.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 Telehealth Network Grant Program (TNGP).

The purpose of this program is to demonstrate how telehealth networks are used to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making. In particular, this funding opportunity is aimed towards **promoting rural Tele-emergency services by enhancing telehealth networks to deliver 24-hour Emergency Department (ED) consultation services via telehealth to rural providers without emergency care specialists.**

Funding Opportunity Title:	Telehealth Network Grant Program
Funding Opportunity Number:	HRSA-20-036
Due Date for Applications:	May 1, 2020
Anticipated Total Annual Available FY 2020 Funding:	$8,700,000
Estimated Number and Type of Awards:	Up to 29 grants
Estimated Award Amount:	Up to $300,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through August 31, 2024 (4 years)
Eligible Applicants:	Eligible applicants include public and private non-profit entities, including faith-based and community organizations, as well as federally-recognized Indian tribal governments and organizations.

See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information. |

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

The Federal Office of Rural Health Policy will hold a technical assistance webinar on **Monday, February 24, 2020** at **2-3:30 p.m. Eastern Standard Time** to assist applicants in preparing their applications. The technical assistance webinar is open to the general public.

The purpose of the webinar is to review the NOFO, and to provide clarifying information that may be necessary. There will be a Q & A session at the end of the call to answer any questions. FORHP strongly recommends that potential applicants thoroughly read this NOFO prior to the webinar and have the NOFO available during the webinar. While participation on the webinar is not required, it is highly recommended that anyone who is interested in applying for this program plan to attend the webinar. FORHP has found that it is most useful to the applicants when the NOFO is easily accessible during the webinar and questions are written down ahead of time for easy reference.

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Monday, February 24, 2020
Time: 2-3:30 p.m. ET
Call-In Number: 1-888-843-6163
Participant Code: 6066171
Weblink: https://hrsa.connectsolutions.com/telehealth_network_grant/
Playback Number: 1-800-873-1933
Passcode: 3192

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Telehealth Network Grant Program (TNGP). The funding opportunity is aimed towards promoting rural Tele-emergency services with an emphasis on tele-stroke, tele-behavioral health, and Tele-Emergency Medical Services (Tele-EMS). This will be achieved by enhancing telehealth networks to deliver 24-hour Emergency Department (ED) consultation services via telehealth to rural providers without emergency care specialists.

Tele-emergency is defined as "an electronic, two-way, audio/visual communication service between a central emergency healthcare center (Tele-emergency hub) and a distant hospital emergency department (ED) (remote ED) designed to provide real-time emergency care consultation."[1] These services may include assessment of patients upon admission to the ED, interpretation of patient symptoms and clinical tests or data, supervision of providers administering treatment or pharmaceuticals, or coordination of patient transfer from the local ED.

The overarching goals for the Telehealth Network Grant Program are to:
- Expand access to, coordinate, and improve the quality of health care services;
- Improve and expand the training of health care providers; and
- Expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making.

In addition, TNGP recipients will support a range of Tele-emergency service programs that will allow for the analysis of a significant volume of patient encounters. The goal is for each TNGP recipient, under this NOFO, to analyze the provision of Tele-emergency services under common metrics and protocols that will allow for a multi-site analysis of the effectiveness of those services. Each of the recipients will participate in a broad-scale analysis and evaluation of the program coordinated by the Federal Office of Rural Health Policy (FORHP) as well as individual award recipient analysis and evaluation.

2. Background

This program is authorized by Section 330I(d)(1) of the Public Health Service Act (42 USC 254c-14(d)(1)), as amended. The Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within HHS.

The Office for the Advancement of Telehealth (OAT) is located within FORHP and supports a wide range of telehealth activities, including the TNGP.

The focus on Tele-emergency services for the TNGP is a result of research that supports the effectiveness of tele-stroke and tele-behavioral health and evidence that

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[1] MacKinney, A. Clinton MacKinney, Marcia M. Ward, Fred Ullrich, Padmaja Ayyagari, Amanda L. Bell, and Keith J. Mueller. 2015. "The Business Case for Tele-emergency." *Telemedicine and e-Health* 201, no. 21 (December): 1005-1011. https://DOI.org/10.1089/tmj.2014.0241.

indicates a low volume of telehealth utilization of services in emergency departments. Over the course of two decades, hospital charges have increased significantly for ED care[2]. And, according to the Center for Disease Control and Prevention, across a 15 year period, the number of Emergency Department (ED) visits increased by 34 percent (from 97 million to 130 million), but at the same time, the number of EDs in the U.S. decreased by 11 percent, greatly exceeding capacity at many existing EDs[3]. A recent study states "76 percent of U.S. hospitals connect with patients and consulting practitioners at a distance through the use of video and other technology."[4] However, telehealth services are only being delivered to about 8 percent of emergency departments (ED).[5] Most recent research suggests telehealth consultations may be able to reduce mortality for patients with heart attacks, and can also reduce a patient's wait time in an ED[6]. It has also been determined that telehealth "has the potential to reduce the number of transfers from rural emergency departments, retaining some revenue for rural hospitals despite associated technology costs, while incurring substantial patient savings".[7]

OAT defines telehealth as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. This authorization states that grant activities must serve rural communities, although applicants may be located in either urban or rural areas.

To learn more about previously and currently funded Office for the Advancement of Telehealth projects, including the Telehealth Network Grant Program projects, please see the latest profiles. You may also find evidence-based toolkits (e.g., obesity prevention, care coordination, mental health and substance abuse, etc.) and program models at https://www.ruralhealthinfo.org/community-health.

Applicants are also encouraged to visit the HRSA Training and Technical Assistance Hub website, which houses all HRSA training and technical assistance resources to extend the reach of our training and technical assistance resources and further the impact of HRSA award recipients and stakeholders. Resources are organized by topic and some resources may be listed under multiple topics.

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[2] Selden, Thomas M. 2020. "Differences Between Public And Private Hospital Payment Rates Narrowed, 2012–16." *Health Affairs* 39 (January): 94-99. https://doi.org/10.1377/hlthaff.2019.00415.

[3] Centers for Disease Control and Prevention. *Health, United States, 2012: With Special Feature on Emergency Care.* Washington, DC: 2013 https://www.cdc.gov/nchs/data/hus/hus12.pdf

[4] American Hospital Association. February 2019. *Fact Sheet: Telehealth.* Accessed May, 2019, https://www.aha.org/system/files/2019-02/fact-sheet-telehealth-2-4-19.pdf

[5] Mueller, Keith J., Andrew J. Potter, A. Clinton MacKinney, and Marcia M. Ward. 2014. "Lessons from Tele-emergency: Improving Care Quality and Health Outcomes by Expanding Support for Rural Care Systems. *Health Affairs* 33 (February): 228-234. https://doi.org/10.1377/hlthaff.2013.1016.

[6] Agency for Healthcare Quality and Research. *Comparative Effectiveness Review Number 216: Telehealth for Acute and Chronic Care Consultations.* Washington, DC: 2019 https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/cer-216-telehealth-final-report.pdf

[7] Natafgi, Nabil, Dan M. Shane, Fred Ullrich, A. Clinton MacKinney, Amanda Bell, Marcia M. Ward. 2017. "Using Tele-emergency to avoid patient transfers in rural emergency departments: An assessment of costs and benefits." *Journal of Telemedicine and Telecare* 24 (March): 193-201. https://doi.org/10.1177/1357633X17696585.

II. Award Information

1. Type of Application and Award

Types of applications sought: New, Competing Continuation

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $300,000 to be available annually to fund up to 29 recipients. You may apply for a ceiling amount of up to $300,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2020 through August 31, 2024 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for TNGP in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Applicants who receive funding from HRSA for the TNGP program but fail to bring on board network partners as indicated in their applications may receive administrative sanctions, including terminations or reductions in awards in future funding years.

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

The limitation on indirect cost rates is 15 percent (Section 330I(l)(7) of the Public Health Service Act).

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include rural or urban nonprofit entities that will provide direct clinical services through a telehealth network. Each entity participating in the networks may be a nonprofit or for-profit entity. Faith-based, community-based organizations and tribal organizations are eligible to apply. **Services must be provided to rural areas**, although the applicant can be located in an urban area.

  A. Geographic Requirements:

  The applicant organization and Telehealth Network's Distant Site(s) may be located in an urban or rural area but Telehealth Network's Originating Site(s) (see Appendix A for definition) **must be in rural areas in order to receive funds through this award. Urban Originating Site(s) are NOT eligible to receive grant funding through this award. Specifically,** the applicant's proposed Originating Site must be located in a non-metropolitan county or in a rural census tract of a metropolitan county. All services must be provided in a non-metropolitan county or rural census

tract. To ascertain rural eligibility, please refer to HRSA's Rural Health Grants Eligibility Analyzer. This webpage allows you to search by county or street address and determine your rural eligibility. If the proposed Originating Site Organization is owned by or affiliated with an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the award funds in the rural area.

In addition to the 50 states, only organizations in Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are eligible.

B. Composition of the Telehealth Network:

The telehealth network shall include at least two (2) of the following entities (at least one of which shall be a community-based health care provider):

a. Community or migrant health centers or other Federally Qualified Health Centers.
b. Health care providers, including pharmacists, in private practice.
c. Entities operating clinics, including rural health clinics.
d. Local health departments.
e. Nonprofit hospitals, including community access hospitals.
f. Other publicly funded health or social service agencies.
g. Long-term care providers.
h. Providers of health care services in the home.
i. Providers of outpatient mental health services and entities operating outpatient mental health facilities.
j. Local or regional emergency health care providers.
k. Institutions of higher education.
l. Entities operating dental clinics.

The applicant's proposed telehealth network may also consist of other entities such as rural emergency departments (ED), emergency medical services (EMS) that serve rural populations and ambulances that serve rural entities.

For-profit organizations are not eligible to be the applicant organization but are eligible to be a rural Originating Site. **However, any proposed for-profit Distant Site, or Originating Site (Appendix A), are NOT allowed to receive TNGP award dollar support.**

C. Proof of Nonprofit or Public Status

One of the following documents must be included in Attachment 11: Proof of Non-profit Status to document the applicant's nonprofit status (*will **not** count toward the page limit*):

- A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3);
- A copy of a currently valid IRS tax exemption certificate;
- Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the next earnings accrue to any private shareholders or individuals;
- A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or
- If the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c)(3) Group Exemption Letter, and if owned by an urban parent, a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

Current and former Telehealth Network Grant Program recipients are eligible to apply for funds through this announcement for the FY 2020 cycle if the proposed project is a new proposal (entirely new project). **If previously funded through the TNGP, then the new TNGP proposed project should not supplant an existing program.** The proposal should differ significantly from the previous projects by expanding the service area of the project and providing a new service(s) to rural emergency departments.
In order to apply, if the applicant organization has a history of receiving funds under the Telehealth Network Grant Program award, they must propose a project that is different from what the previously funded project and have two (2) new network members. Applicants must submit abstracts from previous Telehealth Network Grant Program awards in Attachment 5.

Each state has a State Office of Rural Health (SORH), and the Federal Office of Rural Health Policy recommends contacting the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide some consultation to you including information on model programs, data resources, technical assistance for consortiums, evaluation, introductions to partner organizations, or support of information dissemination activities. A TNGP applicant should make every effort to seek consultation from its State Office of Rural Health.

Applicants are also encouraged to reach out to their regional Telehealth Resource Center and one of the two HRSA Telehealth Centers of Excellence. They serve as national clearinghouses for telehealth research and resources, including technical assistance.

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 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. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace

application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) 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 13: Other Relevant Documents.

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

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

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 Application Guide*. The project abstract must be single-spaced, and limited to one page in length. Please include the following information at the top of the abstract:
  a. Project title;
  b. Applicant organization name;
  c. Applicant organization address (street, city, county, state, ZIP code);
  d. Applicant organization website, if applicable;
  e. Requested award amount;
  f. Applicant organization facility type (See Section III.1.B for examples);
  g. Project Director name and title;
  h. Project Director contact information (phone and e-mail);
  i. **Funding Preferences** – A funding preference will be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference listed (see Section V.2). If you are requesting a funding preference, please state it here.
  j. **Service Area** – Briefly identify the geographic service area that the telehealth network serves or will serve, including its size and population. Note how many full and partial Health Professional Shortage Areas (HPSAs) and full and partial

Medically Underserved Areas (MUAs) the service area contains. Also, note any mental health and/or dental HPSAs. Note any other critical characteristics of the service area and its population.

k. **Needs, Objectives, and Projected Outcomes** – Briefly describe the identified needs and expected demand for services, project objectives, and expected outcomes.

l. **Indicate the number of rural Originating Sites to be supported through this TNGP opportunity**.

m. **Clinical Services to be provided** – List proposed clinical services.

n. **Actual Patients/Persons Served** – Specify the actual number of unduplicated patients/ persons served throughout 2019 (January 1 – December 31, 2019) at the Network Sites proposed for the Tele-emergency TNGP project. Estimate (by site and year) the number of unduplicated patients/persons to be served at each network site during the first year of the program and in subsequent years 2, 3, and 4.

o. **Self-Assessment** – Briefly describe how the applicant plans to measure their progress achieving the goals stated in their application.

p. **Outcomes - Telehealth Services** – Describe the project's anticipated added value to healthcare using telehealth resulting from the evaluation of the proposed services (e.g., clinical Tele-emergency).

q. **Additional Activities** – Describe any additional services and activities for which the network is being utilized or will be utilized and include an estimated amount of time (administrative meetings, community meetings, etc.). **Note**: Applicants that strictly propose such additional services, and exclude direct delivery of clinical services to patients in rural communities, via telemedicine, will not be considered eligible for award funding support (Section III.3).

r. **Sustainability** – Briefly describe activities to sustain the telehealth network once federal funding ends.

s. Indicate if you are a recipient of a current TNGP award, and whether you serve/d as the applicant organization or a Originating Site;

t. Indicate whether you have applied for a TNGP award, and whether you applied as the applicant organization or an Originating Site;

u. How the applicant learned about this funding opportunity (e.g., Telehealth Resource Centers, State Office of Rural Health, Grants.gov, HRSA news release, FORHP weekly announcements, etc.).

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.

Applicants are encouraged to focus on tele-stroke, tele-behavioral health, and tele-EMS, and other telehealth clinical service area(s) they will provide to rural emergency departments. Applicants may also incorporate telehealth into an ambulance setting as it relates to coordination with tele-stroke, tele-behavioral health, and tele-EMS in the emergency department setting. In doing so, applicants will be required to set a

baseline of data for those conditions that are the focus of their projects and then measure how their use of telehealth services affects the health status of those emergency department patients and the cost-effectiveness of the telehealth services provided. It should be emphasized that the TNGP will seek to select projects that have demonstrated skill in evaluation. In addition, applicants must show evidence of successful records of accomplishments in providing telehealth services in emergency departments and demonstrate how the proposed funds will expand services to new communities and/or populations.

Applicants must also provide a thorough description of their technical expertise and experience in taking part in broad quantitative evaluations and describe how their staffing plans will contribute to the larger program evaluation. Tele-emergency recipients will report data on HRSA Metrics provided in Appendix C and Appendix D.

Lastly, all TNGP recipients will work closely with Technical Assistance (TA) providers throughout the four-year period of performance. The targeted TA will assist recipients with achieving TNGP program outcomes and will focus on planning for sustainability beyond the period of performance. This TA will be provided to recipients at no additional cost. This support is an investment made by FORHP in order to ensure the success of the awarded projects. FORHP has found that most recipients benefit greatly from the support provided through TA collaborations.

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

- *INTRODUCTION -- Corresponds to Section V's Review Criteria #1 Need*
  This section should succinctly describe the purpose of the proposed project and how the project will expand its Tele-emergency services to help analyze the clinical effectiveness of this application of telehealth technology to support improved emergency medical outcomes for small rural hospitals and the underserved populations they serve. The section should also describe how the project will generate significant patient encounters across proposed rural Originating Sites to help inform a broad-scale evaluation and analysis. You should also provide an overview of the organization and activities of your current Tele-emergency network and how they relate to the proposed project. This section should explain how this project will rely on lessons learned from previous telehealth and Tele-emergency research and the applicant's previous experience in providing Tele-emergency services.

  The applicant should also provide evidence of success in prior initiatives and specify, for 2019:

  - The actual number of unduplicated patient served during Calendar Year 2019 at the sites that would participate in the Tele-emergency TNGP project.
  - List the projected number of unduplicated patients to be served at each of the Originating Sites during the first year of the period of performance.
  - Provide an estimate of the projected number of unduplicated patients to be served at each of the Originating Sites for year 2, 3, and 4.

Applicants that receive a TNGP award will be required to report annual data into the Performance Improvement Measurement System (PIMS) common telehealth measures (Appendix D) to help monitor recipient respective projects. **In addition, applicants will be required to report data to specific Tele-emergency measures outlined in Appendix C.** These measures would demonstrate health status improvement and include baseline data. Baseline PIMS and Tele-emergency data will be reported 60 days after the period of performance start date.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criteria #1 Need*
  This section should describe the community and provider needs that will be met through the proposed Tele-emergency project. This section should present evidence of significant demand for specialized emergency care among practitioners and patients in the network's service area. Demand may be demonstrated by statistics showing elevated bypass of or transfer rates from proposed Originating Rural Sites and patient volumes across the network to generate a significant number of patient encounters. The applicant should demonstrate that this demand would be met through the proposed project. The application should provide a clear explanation and justification of how existing Network Sites were included and how they will provide the sufficient volume of patient encounters to inform an evidence-based evaluation and analysis.

  The target population of the project must be sufficiently large to permit rigorous analysis. Please use the following three sub-headings in this section as you complete your narrative: 1) Target Population Details, 2) Program Development/Target Population Involvement, and 3) Tele-emergency care in Service Area.

  1) Target Population Details:
     a. Describe the target population. Consider any disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant elements. You should also consider populations that may otherwise be overlooked when identifying target populations.
     b. Describe the population's demographics using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), and identify the target rural service area, and describe the target population to be served by this project. Where possible, compare population demographics to data for the general population regionally, statewide, and/or nationally. At a minimum, include the following information for the target rural service area:
        i. Total population size;
        ii. Percentage of target population with health insurance coverage and estimated proportion of major payers within this population (e.g., any commercial health plan, Medicare,

Medicaid, dual Medicare- Medicaid, CHIP, TRICARE, Indian Health Service, uninsured/self- pay, etc.);
iii. Percentage of target population without health insurance coverage that is likely eligible for health insurance coverage;
iv. Percentage of target population living below the federal poverty line;
v. Percentage of target population who are unemployed;
vi. Breakdown of target population by race/ethnicity; and
vii. Breakdown of target population by sex and age.

2) Program Development/Target Population Involvement:
a. Describe how the needs of the target population were identified. Further, describe the involvement of the target population in the project development and future plans to ensure the project is responding to the target population's needs.
b. Discuss the manner and degree to which the target population was included in planning for the activities of the project. Also, describe the involvement of representatives of local, regional, tribal and/or state government that were involved in the planning process, as well as the involvement of local non-government organizations.

3) Tele-emergency care in Service Area:
a. Describe the Tele-emergency services available in or near the target service area. How does the proposed project complement the current services in the community?
b. Describe the potential impact of the project on existing providers who are not part of the project (e.g., changes in referral patterns, practice patterns, provider reimbursement impact, etc.) and the community (e.g., economic impact etc.). Include a map within the narrative that shows the location of Tele-emergency network members, the rural geographic area served by the network, and any other information that will help reviewers visualize and understand the scope of the proposed activities (Attachment 13).
c. Describe how this project will address a health gap in the community that would not otherwise have been addressed if it were not for this award opportunity.

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

This section outlines the methods that the applicant organization will use to address the stated need and meet each of the previously described program requirements and expectations in this NOFO.

The following headings must be addressed within the methodology sections. Please address these headings: "Methods for Fulfilling Goals and Objectives"; "Methods for Maintaining Rural Originating Site and Stakeholder Commitment"; "Methods for Implementing a Promising Practice Model"; and "Methods for Sustaining Project Beyond Period of Performance".

1. **Methods for Fulfilling Goals and Objectives:**
   - Define the specific goals and objectives.
   - The stated goals and objectives should be measurable and align with the intent to the TNGP period of performance.
   - These goals and objectives should directly relate to the information presented in the prior section, or "Needs Assessment".
   - Collaborate and coordinate with state Medicaid agencies and other payers to explore payment and reimbursement options to support the Tele-emergency project, including potential methods for reducing costs.
   - The modality by which Tele-emergency services will be delivered, including the required telecommunications infrastructure (e.g., equipment, bandwidth) required to support service delivery.
   - Describe how the proposed project will promote the use of Tele-emergency care.
   - Describe the process providers will use to determine whether telehealth services are needed when a patient presents at the ED.
   - Describe whether the proposed project will be able to gather information in alignment with to-be determined measures related to changes in patient travel time, personal savings to patients through avoided transfer, rates of hospital admission, readmission, and transfer, transfer time to tertiary facilities, patient outcomes, performance on clinical quality measures, cost efficiency, and patient and provider satisfaction.

2. **Methods for Maintaining Rural Originating Site and Stakeholder Commitment:**
   - Describe how your Tele-emergency network will maintain rural Originating Site commitment throughout the period of performance.
   - Describe how the Tele-emergency network will build and maintain stakeholder involvement and commitment throughout period of performance.

3. **Methods for Implementing a Promising Practice Model:**
   - Identify a promising practice model that has been shown to be effective in addressing Tele-emergency care in rural communities.
   - Please describe how the promising practice model is appropriate for your proposed project, and effective in meeting the rural target population's need.

4. **Methods for Sustaining Project Beyond Period of Performance:**
   - Describe the methods by which you will sustain program activities beyond the period of performance. Some examples include:

- o Sustain the rural Originating Sites;
- o Secure target population support and engagement;
- o Maximize reimbursement for services across insurance types;
- o Incorporate diverse strategies that include absorption of some activities by telehealth network partners (i.e., Originating Site takes on a award funded activity beyond the period of performance as part of their standard practice), earned income through third-party reimbursement or fees for services rendered, and other awards and charitable contributions;

- Describe some of the potential sources of support for achieving sustainability. Sources of support could include but are not limited to financial, in-kind, or the absorption of activities by telehealth network partners.

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

  Describe the activities or steps that will be used to achieve each of the activities proposed during the entire period of performance in this section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. Provide a clear and coherent work plan that aligns with the project's goals and objectives. Present a matrix that illustrates the project's goals, strategies, activities, and measurable process and outcome measures (please provide this information in a table format). The work plan must outline the individual and/or organization responsible for carrying out each activity and include a timeline for all four-years of the award. The applicant should include the work plan as Attachment 3.

  Describe the following elements for your project model:

  1. **Impact:**
     - Describe the expected impact on the target population and the state/regional telehealth network
     - Describe the expected or potential long-term changes and/or improvements to the program. Examples of potential long-term impact could include:
       - o changes in morbidity and mortality,
       - o maintenance of desired behavior,
       - o policy implications,
       - o reductions in social and economic burdens associated with uninsured status,
       - o mitigation in access to care barriers

  2. **Dissemination Plan:**
     Describe the plans and methods for dissemination of project results. You must include a plan that describes how the information collected throughout the period of performance will be disseminated to

stakeholders. The dissemination plan should describe strategies and activities for informing respective target audiences and stakeholders (i.e., policymakers, research community, etc.) of project progress and results throughout the period of performance.

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

Discuss potential challenges and approaches some examples may include:
   a. Designing and implementing the activities described in the work plan, including the data collection and dissemination capacity at each rural Originating Site.
   b. How new Telehealth Network Sites or expansion of existing Tele-emergency Sites will be integrated into their networks and begin service delivery.
   c. Broadband and other infrastructural issues related to standing up the networks.
   d. Addressing high start-up costs and encouraging patient and provider buy-in for services that will be delivered through the proposed project.
   e. Low reimbursement under traditional payment structures and sustainability of the proposed project following end of period of performance.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures*

The program performance evaluation should be inclusive of ongoing Tele-emergency performance evaluation processes able to document progress towards proposed project goals and objectives. Which should include the following items:
   a. A description which details the systems and processes planned to support management of project performance, including ability of the project to effectively track performance outcomes, how data will be collected and managed (e.g., assigned skilled staff, data management software, etc.) should also be included in response to this section.
   b. Describe, as appropriate, the data collection strategies planned for the collection, analysis and tracking of project data to measure project process, outcomes and impact. Any potential obstacles identified for implementation of the proposed project's performance evaluation, including how potential obstacles will be addressed should be provided in the description response to this section.
   c. Applicants should clearly describe the process of staffing, workflow, and frequency by which quantitative and qualitative data/information for the measures outlined in Appendix C and Appendix D will be identified, collected, monitored, analyzed, secured, and utilized for quality improvement.
   d. Describe the process and frequency by which evaluation results and lessons learned will be communicated to both internal and external audiences and how the applicant organization will leverage HRSA

technical assistance resources to promote dissemination of this information.

FORHP TNGP Program Specific Performance Improvement Measurement System (PIMS):

- FORHP developed standard measures to assess the impact that FORHP programs have on rural communities and to enhance ongoing quality improvement. FORHP has incorporated these performance measures as a requirement for all FORHP award programs in order to achieve the stated objectives. Recipients are required to report on the Performance Improvement Measurement System (PIMS) through HRSA's Electronic Handbook (EHB) after each period of performance. Recipients will be required to provide data on these measures annually for continued funding (please see Appendix D). These PIMS measures are subject to change and final PIMS measures will be shared upon Notice of Award.
- In addition to the standard measures described above, the PIMS measures also include Tele-Emergency measures (Appendix C).
- All baseline PIMS data will be collected 60 days after the start of the period of performance.
- This reporting is also referenced in Section VI.3.3.

NOTE: TNGP award recipients will be expected to work with a HRSA-funded technical assistance provider during the period of performance (and potentially share project updates and information with them after the period of performance ends). HRSA will provide additional guidance on the technical assistance components of the project throughout the period of performance.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria #5 Resources and Capabilities*

This section provides insight into the organizational structure of the applicant's existing and established telehealth network and its ability to implement the activities outlined in the work plan. As a reminder, for the purposes of TNGP, the composition of the telehealth network is defined as an arrangement among three or more separately owned domestic public or non-profit entities, including the applicant organization, with established working relationships, and at least two Originating Sites (required composition outlined in Section III.1.B.), that must be located in a HRSA-designated rural area (as defined by Rural Health Grants Eligibility Analyzer.

Applicants should include the following staffing and network information using the following subheadings: Telehealth Network Site Identification, Memorandum of Agreements, Organizational Chart, Resources and Capabilities, and Network Strength and Capacity:

1. **Telehealth Network Site Identification: For each Telehealth Network Site, the applicant must include the following information (list the Applicant Organization Site first) in a table format (include as Attachment 4):**

a. Name of Site – List the name of the Telehealth Network Member Site;
b. Street Address – Include City, State and Zip Code;
c. Name of County;
d. Rural Site: Specify (yes/no) whether this site is located in a HRSA-designated rural county or rural census tract of an urban county, as defined by the Rural Health Grants Eligibility Analyzer;
e. Designated Point of Contact person, direct phone number, and primary email.
f. Site's Uniform Resource Locator (URL).
g. Population of County where site is located;
h. Is this a Telehealth Network Originating Site (O) or Distant Site (D)? O/D
i. Do application attachment numbers 6 (MOA's) & 10 (Letters of Support) contain evidence that each Network Member Site is committed to the project for Year 1? Yes/No;
j. Site Employee Identification Number (EIN). Tribal entities may be exempt from this requirement;
k. National Provider Identifier (NPI) and Primary Taxonomy if the site bills for service. See https://npiregistry.cms.hhs.gov/ . If the site name or address do not match the NPI registration, please explain;
l. Health Care Provider (HCP) number (if the site receives Universal Service funding). See http://www.usac.org/rhc ;
m. Indicate whether this is a currently active or new distant or originating site (Note: if a new site, indicate the year it will be added to the network);
n. Indicate whether the applicant site is located in the following areas:
    i. An urban or rural area;
    ii. A Health Professional Shortage Area (HPSA);
    iii. A Partial Health Professional Shortage Area (p-HPSA);
    iv. A Medically Underserved Area (MUA);
    v. A Partially Medically Underserved Area (p-MUA).
o. Description of the site's facility (Section III.1.B)
    a. Community or migrant health centers or other Federally Qualified Health Centers.
    b. Health care providers, including pharmacists, in private practice.
    c. Entities operating clinics, including rural health clinics.
    d. Local health departments.
    e. Nonprofit hospitals, including community access hospitals.
    f. Other publicly funded health or social service agencies.
    g. Long-term care providers.
    h. Providers of health care services in the home.
    i. Providers of outpatient mental health services and entities operating outpatient mental health facilities.
    j. Local or regional emergency health care providers.
    k. Institutions of higher education.
    l. Entities operating dental clinics.

    The applicant's proposed telehealth network may also consist of other entities such as rural emergency departments (ED), emergency medical

services (EMS) that serve rural populations and ambulances that serve rural entities.

    p. Indicate whether they are a National Health Service Corps (NHSC) Site or NHSC–eligible Site (see https://nhsc.hrsa.gov/sites/eligibility-requirements.html for more details);

    q. Indicate one, or more, of the following numbers if this site has applied for a TNGP award in previous years, and whether they applied as the Applicant Organization or a Network Member Site. Mark N/A if not applicable:
1)   Telehealth Network Grant Program
2)   Rural Child Poverty Telehealth Network Grant Program
3)   Substance Abuse Treatment Telehealth Network Grant Program
4)   School-Based Telehealth Network Grant Program
5)   Evidence-Based Tele-emergency Network Grant Program
6)   Evidence-Based Tele-Behavioral Health Network Grant Program

Successive Network Member Sites:
Successive pages of information should be used to identify each individual Network Member Site in the network, by including the information listed above for each site. At the top of each successive Network Member Site, label each Network Member Site appropriately (Site #2 of total # of Sites, Site #3 of total # of Sites, and so on).

2. **Memorandum of Agreements (include as Attachment 6)**
Provide any documents that describe working relationships between the applicant agency and each member of the network, as part of the application for this NOFO. Each Memorandum of Agreement (MOA) shall be executed by the listed contact in the application or other appropriate official from the Originating Site with authority to obligate the Originating Site to the project. The MOA will include a cover page on the letterhead of each respective Originating Site. Each memorandum will be tailored to the particular Originating Site and contain, as a minimum, the Originating Site's (a) clearly defined roles and specific set of responsibilities for the project; (b) clearly defined resources (e.g., funding, space, staff) to benefit the network; (c) past and current activities in participating in planning and implementing the Telehealth project; and, (d) the Originating Site's resource contribution, and decisions on equipment placement and responsibility for maintenance throughout the period of performance and beyond. All Memorandum of Agreements must be dated and include the year 2020 (i.e., MM/DD/2020), and contain original signatures from the authorized representatives. MOAs containing generic information not referencing and relevant to the proposed Telehealth Network Grant Project, are not acceptable. Note: Evidence must be provided that all network partners, including health and human/social service organizations, are committed to the project and are ready to implement the project on September 1, 2020, for Budget Period 1. Signed Memorandum of Agreements (MOA) from those network partners committed to the proposed project must be included in the application.

Applicants failing to submit verifiable information with respect to the commitment of network partners, including specific roles, responsibilities, and services being provided, will be deemed incomplete and will not be considered for funding. In addition, applicants who receive funding from HRSA for this program but fail to bring on board network partners, as indicated in their application, may receive a reduction in award amount, in subsequent budget periods, of the period of performance.

3. **Organizational Chart (include as Attachment 9):**
   Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators. The organizational chart should illustrate where project staff are located and reporting lines for each component of the project. The relationship between all telehealth network members on the project (if any) and the applicant should be shown. The application should designate a project director, employed by applicant organization, who has day-to-day responsibility for the technical, administrative, and financial aspects of the project and a principal investigator, who has overall responsibility for the project and who may be the same as the project director.

4. **Resources and Capabilities**
   a. Describe a clear and coherent plan detailing the staffing requirements and competencies necessary to run the project differentiating between year 1 and years 2-4.
   b. Clinician Support
      i. Commitment, involvement and support of senior management and clinicians in developing and operating the project.
      ii. Clinicians' understanding of the challenges in project implementation and their competence and willingness to meet those challenges.
   c. A staffing plan is required and should be included in Attachment 7. Specifically, the following should be addressed:
      • The job descriptions for key personnel listed in the application;
      • The number and types of staff, qualification levels, and FTE equivalents;
      • The information necessary to illustrate the capabilities (current experience, skills, knowledge, and experience with previous work of a similar nature) of key staff already identified, competencies and the requirements that the applicant has established to fill other key positions if the award is received.
      • Staff resumes and/or biographical sketches (Attachment 8): For each proposed project staff member, provide their resume and/or biographical sketch that details their qualifications and relevant experience (not to exceed one page per staff member).

Project Director: The Project Director is typically the point person on the award, and makes staffing, financial, or other adjustments to align project activities with the project outcomes. You should detail how the Project Director will facilitate collaborative input across network members to fulfill the proposed project activities in the work plan and HRSA-required reporting requirements. **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.** Project staff cannot bill more than 1.0 FTE across federal awards. If there will not be a permanent Project Director at the time of the award, recipients should make every effort to hire a Project Director in a timely manner and applicants should discuss the process and timeline for hiring

a. Project Director (i.e., the number of known candidates, the projected start date or the position, etc.).
b. Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application. You should:
   - devote at least 0.25 FTE to the project director position;
   - have at least one permanent staff at the time an award is made; and
   - have a minimum total equal to 2.0 FTE allocated for implementation of project activities, met across two or more staffing positions, including the project director position.

5. Network Strength and Capacity
   a. Describe strength, capacity and value of your network. Describe how your network has the capacity, and collective mission and vision to collaborate effectively to achieve the goals of the TNGP program. Detail the history of collaboration among your telehealth network members and detail the strengths of your network.
   b. Describe the extent of your network's relationship with a state Medicaid agency and/or the (proposed) methods for engaging with this office for the purposes of the TNGP program. If there is an existing relationship, describe how the state Medicaid agency will assist in the development of innovative reimbursement strategies.
   c. Given the respective roles of various members, document the technical and organizational ability to implement the proposed project in the following areas:
      i. Network development, i.e., the ability to build partnerships and community support.
      ii. Network governance, including effective coordination of network member activities in the project.
      iii. Network operation and management. Start-up projects with no demonstrable telehealth experience will not be competitive. Projects with prospective network partners (i.e., Distant Sites, Rural Originating Sites) not committed to the project will not be funded.
   d. Knowledge of technical requirements and rationale for cost-effective deployment and operation (including consideration of various feasible alternatives).

e. Plans and activities to implement the technology:
- that the technology complies with existing federal and industry standards;
- that the technologies are interoperable (i.e., are an "open architecture") to use multiple vendors and easily communicate with other systems;
- that the proposed technology can be easily integrated into health care practice;
- and, that the actions to be taken to assure the privacy of patients and clinicians using the system and the confidentiality of information transmitted via the system, including how the applicant will comply with federal and state privacy and confidentiality, including HIPAA regulations (implementing the Health Insurance Portability and Accountability Act of 1996 - see http://www.hhs.gov/ocr/hipaa/).

f. As appropriate, efforts to receive funding assistance offered by the Universal Service Administrative Company (USAC) for Rural Health Care (see http://www.universalservice.org/default.aspx).

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any 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
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

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

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

In addition, the Telehealth Network Grant Program requires the following: Applicants must submit a separate program-specific line item budget for each year of requested funding of the proposed period of performance, and upload it as Attachment 2. The program specific line item budget should reflect allocations for each 12-month period of performance. Applicants must provide a consolidated budget that reflects all costs for proposed activities, including those for contractors.

Allowable Costs [Section 330I(k)(1)]
Use of Award Funds:

Award funds may be used for salaries, limited equipment, and operating or other costs, including the cost of:

1. Developing and delivering clinical telehealth services that enhance access to community-based health care services in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations;
2. Developing and acquiring, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other equipment that furthers the objectives of the Telehealth Network Grant Program;
3. Developing and providing distance education, in a manner that enhances access to care in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations; or
4. Mentoring, preceptorship, or supervising health care providers and students seeking to become health care providers, in a manner that enhances access to care in the areas and communities, or for the populations described above.
5. Developing and acquiring instructional programming;
6. Providing for transmission of medical data, and maintenance of equipment; and
7. Providing for compensation (including travel expenses) of specialists, and referring health care providers, who are providing telehealth services through the telehealth network, if no third party payment is available for the telehealth services delivered through the telehealth network;

8. Developing projects to use telehealth technology to facilitate collaboration between health care providers;
9. Collecting and analyzing usage statistics and data to document the cost-effectiveness of the telehealth services.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-194), Division A, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*
See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, the Telehealth Network Grant Program requires the following:

Detailed Budget Information is needed to capture information specific to the proposed telehealth emergency department activities. It provides a detailed breakout of how each Network Site will expend funds requested for each Object Class Category. The Detailed Budget Information allows the applicant to identify how federal funds will be expended for each proposed site within the network.

The initial budget period for this funding opportunity is from 09/1/2020 – 8/31/2021. The applicant must provide a budget for each year of requested funding for each Object Class Category that reflects the cost for proposed activities for each Network Member/Site. Based on the budget for each Object Class Category, the applicant will develop a consolidated budget. The submission for the Detailed Budget should be submitted as Attachment 2.

Important - Each Object Class Category should be reported on a separate page (or multiple pages if needed based on the number of Network Sites). The Object Class Categories that should be reported are as follows: Personnel/Fringe Benefits, Travel, Equipment, Supplies, Subcontracts, Other, and Indirect Costs. Each page should identify the Object Class Category and the Name of the Applicant and Network Member Site. For each site, indicate if it is located in an urban area or a rural area. The definition of Rural Sites is based on HRSA's Rural Health Grants Eligibility Analyzer (see Attachment 1).

Combined Object Class Totals: On one page, using the identical format for the Detailed Budget discussed above, summarize federal and non-federal costs for combined costs of all object classes for the applicant and each Network Member Site. *Please include indirect costs in the summary worksheets when calculating these totals.*

It is recommended that you present your line item budget in table format, listing each Object Class Category for each Network Member Site's name (Applicant Site first) on the left side of the document, and the program corresponding costs (i.e., federal

dollars, other federal dollars, federal subtotal, applicant/network partners non-federal dollars, state non-federal dollars, other non-federal dollars, non-federal subtotal dollars, and total dollars) across the top. Please label each site as being rural or urban. Under Personnel, please list each position by position title and name, with annual salary, FTE, percentage of fringe benefits paid, and salary charged to the award for each site. Equipment should be listed under the name of the site where the equipment will be placed. List the types of equipment to be funded at each site. Only equipment expenditures should be listed here (personnel costs for equipment installation should be listed in the "Other" category). Equipment expenditures are limited to a 40 percent cap per year by statute (Section 330I(l)(2) of the Public Health Service Act).

Provider Reimbursement: Applicants may use award funds to pay practitioners for telehealth services only if they can document that third-party reimbursement is not available. Clinician payments from the award are limited to the following amounts per session, per Budget Period, as outlined in the table below, and should be listed in the "Other" category:

Budget Period (BP)	Distant Site clinician ONLY payment amount:
BP1 (9/1/2020 – 8/31/2021)	limited to **$115** per session/encounter at each site for the proposed telehealth network
BP2 (9/1/2021 – 8/31/2022)	limited to **$100** per session/encounter at each site for the proposed telehealth network
BP3 (9/1/2022 – 8/31/2023)	limited to **$85** per session/encounter at each site for the proposed telehealth network
BP4 (9/1/2023 – 8/31/2024)	limited to **$70** per session/encounter at each site for the proposed telehealth network

Indirect costs are for Applicant Sites only and are limited, by statute, to 15 percent of the total budget [Public Health Service Act Section 330I(l)(7)]. The amount requested on the SF-424A and the amount listed on the line item budget must match. It is recommended that Attachment 2 be converted to a PDF to ensure page count does not change when the document is uploaded into www.grants.gov.

For Revenues by Site (for the budget period): On a single separate page, report as two vertical columns. The left column should list each Network Site starting with the Applicant Site on the top followed downward by each Network Member Site; and the right column should list a revenue total corresponding to each Applicant/Network Member Site. Include this document in Attachment 2.

Note: *Indicating past or current federal support in the non-federal contribution columns:* When filling out the SF-424A budget form, equipment previously purchased with federal funds, and personnel supported within the budget year with funds from a federal agency other than HRSA, are counted as recipient dollars.

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested period of performance at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the period of performance. The budget justification **must** be concise. Do **not** use the justification to expand the project narrative. **Travel should include sufficient funds to support travel costs for up to three (3) individuals to attend a recipient partnership meeting for recipients in the Washington DC metropolitan area, each year they are funded.**

Transmission Costs: Award dollars may be used to pay for transmission costs, such as the cost of broadband or telecommunications directly related to the purposes of the project. However, **TNGP** network members must either a) first apply for the Universal Service Administrative Rural Health Care Program to obtain lower transmission rates, or b) document why it is not applicable. For additional information about the provider subsidy program, see the Universal Service Administrative Company (USAC) website at http://www.usac.org/rhc/. *Applicants currently being supported by USAC should indicate what is supported and the amount of support.*

Clinician Payments: Applicants should seek third-party reimbursement for services, if applicable. The National Telehealth Policy Resource Center, known as the Center for Connected Health Policy, fifty-state survey of state telehealth laws and Medicaid program policies, notes the following key findings:

- 50 states and Washington, DC provide reimbursement for some form of live video in Medicaid fee-for-service.
- 14 states provide reimbursement for store-and-forward.
- 22 state Medicaid programs provide reimbursement for remote patient monitoring (RPM).
- 34 state Medicaid programs offer a transmission or facility fee when telehealth is used.
- 39 states and DC currently have a law that governs private payer telehealth reimbursement policy.
- 14 states allow the home as an eligible Originating Site.

Given expanding reimbursement for telehealth services, applicants are encouraged to build their sustainability plan around obtaining reimbursement. Applicants for telehealth services that could be reimbursed by Medicaid should highlight their ability to catalyze a sustainable network through their state's reimbursement environment.

Applicants may allocate funding from the award to pay practitioners for telehealth services but only after documenting that the recipient has attempted to seek third-party reimbursement, if possible. If a third-party payer, including Medicaid and Medicare, can

be billed for an encounter, the recipient may not provide the clinician with TNGP award dollar payments. This requirement applies even if the recipient has not yet established its own internal procedure to bill third-party payers. **Note:** Clinician payments for services provided by, or, to entities outside the proposed TNGP project, will not be covered.

Award money may not be used for such payments if any other payer partially reimburses for the consultation.

Recipients will develop an agreement with HRSA that specifies the bound of award payment for services after award. In those cases, the payments are restricted **to the following amounts, per practitioner, per telemedicine session/encounter, per site:**

Budget Period (BP)	Distant Site clinician ONLY payment amount:
BP1 (9/1/2020 – 8/31/2021)	limited to **$115** per session/encounter at each site for the proposed telehealth network
BP2 (9/1/2021 – 8/31/2022)	limited to **$100** per session/encounter at each site for the proposed telehealth network
BP3 (9/1/2022 – 8/31/2023)	limited to **$85** per session/encounter at each site for the proposed telehealth network
BP4 (9/1/2023 – 8/31/2024)	limited to **$70** per session/encounter at each site for the proposed telehealth network

Practitioners may include a range of health professionals, such as physicians, dentists, nurse practitioners, physician assistants, clinical social workers, clinical psychologists, speech therapists, dietitians, as long as they are actively participating in the telemedicine consult/encounter.

For this program, indirect costs are limited to 15 percent of the total award funds and must apply to the activities funded under this program [Public Health Service Act Section 330I(l)(7)]. A copy of the most recent indirect cost agreement must be provided as Attachment 12.

Program Income: Discuss the planning assumptions used to determine the amount of estimated program income indicated in the total project budget. *'Program Income'* is defined as gross income—earned by a recipient, sub-recipient, or a contractor under an award—directly generated by the award-supported activity or earned as a result of the award.

Treatment of Program Income: Under the Telehealth Network Grant Program, the program income shall be added to funds committed to the project and used to further eligible program objectives.

Note: The applicant should describe third party telehealth payment opportunities for the respective state(s) or programs for the proposed sites of this project. Documentation of unavailable third party payment must be provided if clinical payments are provided by the Telehealth Network Grant Program. Applicants should demonstrate awareness of evolving policies regarding reimbursement for telehealth services and monitor policy changes during the period of performance.

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Rural Identification (ID) Eligibility

All applicants are required to submit information regarding each site that will be supported during this project (i.e., Distant Site(s), Network Partner Originating Sites). Only Telehealth Network Partner Rural Originating Sites (Network Sites that receive Telehealth services through the existing telehealth network and/or supported with TNGP award funds) will be considered in meeting the rural eligibility test. Respond to each heading below for each Telehealth Network Partner Rural Originating Site.

An eligible Telehealth Network is comprised of a Network Distant Site(s) that provides, or facilitates healthcare and clinical/human/social services to a number of Network Partner Rural Originating Sites. The applicant organization and Network Distant Site(s) may be located in an urban or rural area but Telehealth Network Partner Rural Originating Site(s) must be in rural areas in order to receive funds through this award. Urban Originating Site (s) are not eligible to receive funding support through this award.

For purposes of this funding opportunity, "rural" means all counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB). In addition, FORHP uses the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture's Economic Research Service, to designate "Rural" areas within MAs. This rural definition can be accessed via HRSA's Rural Health Grants Eligibility Analyzer weblink. If the county is not entirely rural or urban, then follow the link for "Check Rural Health Grants Eligibility by Address" to determine if a specific site qualifies as rural based on its specific census tract within an otherwise urban county.

Rural ID Eligibility Headings-- *HEADINGS REQUIRING RESPONSES:*
- **Name of Site –** List the name of the Network Member Site.
- **Street Address –** Include City, State and Zip Code.
- **County –** List name of County.
- **Is this a Telehealth Network Rural Originating Site or Distant Site?**
- **Do application attachment numbers 6 & 10 contain evidence that each Network Member Site is committed to the project for Year 1?** Yes/No

Attachment 2: Detailed Budget Information

Include the program-specific line item budget and the Revenue Summary for each year of the proposed period of performance (see Section IV.2.iv Budget Narrative for additional information). It is recommended that Attachment 2 be converted to a PDF to ensure page count does not change when the document is uploaded into www.grants.gov.

[Attachment 3: Work Plan](#)
Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. This attachment **will count** towards the 80-page limit.

[Attachment 4: Telehealth Network Site Identification (ID)](#)
Attach the Telehealth Network Site ID Information for the project that includes all information detailed in Section IV.2.ii of the Project Narrative Applicants are required to submit information regarding the various Applicant/Network Member Sites in the proposed telehealth network.

Attachment 5: Telehealth Network Grant Program Funding History Information
Current and former [recipients](#) of the Telehealth Network Grant Program (TNGP) are eligible to apply if the proposed project is a new proposal (entirely new project) or an expansion or enhancement of the previous award. The proposal should differ from the previous projects by expanding the service area of the project, serving a new population, providing a new service or expanding the scope of the previous award activities. Current and former TNGP award recipients must include: dates of any prior award(s) received; award number assigned to the previous project(s); a copy of the abstract or project summary that was submitted with the previously awarded funding application(s); description of the role of the applicant telehealth network member in the previous award; and a brief statement of how the current proposal is different from the previously awarded TNGP award(s).

Attachment 6: Memorandum of Agreement (MOA)
Provide any documents that describe working relationships between the applicant agency and each member of the network, as part of the application for this NOFO. Each Memorandum of Agreement (MOA) shall be executed by the listed contact in the application or other appropriate official from the [Originating Site](#) with authority to obligate the originating site to the project. The MOA will include a cover page on the letterhead of each respective originating site. Each MOA will be tailored to the particular Originating Site and contain, as a minimum, the Originating Site's (a) clearly defined roles and specific set of responsibilities for the project; (b) clearly defined resources (e.g., funding, space, staff) to benefit the network; (c) past and current activities in participating in planning and implementing the Telehealth project; and, (d) the Originating Site's resource contribution, and decisions on [equipment](#) placement and responsibility for maintenance throughout the [period of performance](#) and beyond. All Memorandum of Agreements must be dated and include the year 2020 (i.e., MM/DD/2020), and contain original signatures from the authorized representatives. MOAs containing generic information not referencing and relevant to the proposed Telehealth Network Grant Project are not acceptable.

Note: Evidence must be provided that all network partners, including health and human/social service organizations, are committed to the project and are ready to implement the project on September 1, 2020, for [Budget Period](#) 1. Signed Memorandum of Agreements (MOA) from those network partners committed to the proposed project must be included in the application. **Applicants failing to submit verifiable information with respect to the commitment of network partners, including specific roles, responsibilities, and services being provided, will be**

deemed incomplete and will not be considered for funding. In addition, applicants who receive funding from HRSA for this program but fail to bring on board network partners, as indicated in their application, may receive a reduction in award amount, in subsequent budget periods, of the period of performance.

Attachment 7: Position Descriptions for Key Personnel.

Each position description should not exceed one page in length. For each key person assigned to the project, including key personnel at all Network Member Sites, provide position descriptions (PDs) and those involved in data collection and analysis. The PDs should indicate the role(s) and responsibilities of each key individual in the project. If persons will be hired to fill positions, provide position descriptions that give the title of the position, duties and responsibilities, required qualifications, supervisory relationships, and salary ranges.

Attachment 8: Biographical Sketches of Key Personnel.
Keep each bio to one page in length if possible. For each key person assigned to the project, including key personnel at all Network Member Sites, provide biographical sketches. Highlight the qualifications (including education and past experience) that each person has to carry out his/her respective role. 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. DO NOT SUBMIT FULL CURRICULUM VITAE.

Attachment 9: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators. The organizational chart should illustrate where project staff are located and reporting lines for each component of the project. The relationship between all partners/network members/sub-contractors on the project (if any) and the applicant should be shown. The application should designate a project director, employed by applicant organization, who has day-to-day responsibility for the technical, administrative, and financial aspects of the project and a principal investigator, who has overall responsibility for the project and who may be the same as the project director.

Attachment 10: Letters of Support
Include only letters of support that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page.

Attachment 11: Proof of Non-profit Status
The applicant must include a letter from the IRS or eligible state entity that provides documentation of profit status. This may either be: 1) a reference to the applicant organization's listing in the most recent IRS list of tax-exempt organizations, as described in section 501(c)(3) of the IRS Code; 2) a copy of a current and valid IRS tax exemption certificate; 3) a statement from a state taxing body, State Attorney General, or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private

shareholders or individuals; 4) a certified copy of the applicant organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or 5) any of the above documents from a state or national parent organization with a statement signed by that parent organization affirming that the applicant organization is a local nonprofit affiliate. In place of the letter documenting nonprofit status, public entities may indicate their type of public entity (state or local government) and include it here.

Attachment 12: Indirect Cost Rate Agreement (if applicable)
For this program, indirect costs are limited to 15 percent of the total award funds and must apply to the activities funded under this program [Public Health Service Act Section 330I(l)(7)].

Attachment 13: Other documents, as necessary (e.g., Maps)
Please include any other documents, as necessary. Be sure the attachment is clearly labeled.

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

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.

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 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.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *May 1, 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 Application Guide* for additional information.

5. Intergovernmental Review

Telehealth Network Grant Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $300,000 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 in a timely manner. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-194) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:
1) to acquire real property;
2) for expenditures to purchase or lease equipment, to the extent that the expenditures would exceed 40 percent of the total award funds;
3) in the case of a project involving a telehealth network, to purchase or install transmission equipment (such as laying cable or telephone lines, or purchasing or installing microwave towers, satellite dishes, amplifiers, or digital switching equipment);
4) to pay for any equipment or transmission costs not directly related to the purposes for which the grant is awarded;
5) to purchase or install general purpose voice telephone systems;
6) for construction; or
7) for expenditures for indirect costs, to the extent that the expenditures would exceed 15 percent of the total award funds.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review 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 Telehealth Network Grant Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV's "[Introduction](#)" and "[Needs Assessment](#)"

Sub-Criterion: 5 points
Introduction

- The quality and extent to which the applicant outlines their proposed approach to implementing the core activities and any additional activities;

- The quality and extent to which the applicant provides a brief overview of the target population(s) and service area and the Tele-emergency network members involved in the project;

- The quality and extent to which the applicant provides current information and data demonstrating the number of unduplicated patients served during Calendar Year (CY) 2019, and projected number of patients to be served throughout the course of the [period of performance](#).

- The extent to which the applicant describes the purpose of the proposed activity, and how the project will meet the healthcare needs of the rural underserved population. Clearly and succinctly, submit information on the activities/types of telehealth services provided, collaborating network members, and expected program outcomes and community impact.

Sub-Criterion: 10 points
Demonstrated need of the target population

- The extent to which the applicant provides a description and justification for why they have chosen to focus on the target population and target area; and

- The extent to which the applicant provides the requested demographic, Tele-emergency program and service, unmet needs, and workforce data and information for the target rural service to clearly demonstrate need.

- The degree to which the applicant demonstrates an appropriate use of data sources (e.g., local, state, federal) in their analysis of the environment and the target population. Presented data must include a description of the target population, size of the population, unmet health needs of the population, any socio-cultural determinants of health disparities, counties that will be served by the network project, and the degree to which this evidence substantiates the need for the Tele-emergency network and the services/programs identified from the selected activity.

- The extent to which the applicant uses data to describe a clear and logical relationship between the challenges impacting the rural community(s) and the need for federal funding to support network activities by describing the environment in which the telehealth network has developed and why federal funds are appropriate at this point in time.

- The extent to which the applicant demonstrates how the Tele-emergency network will be able to collaboratively address the identified population health needs in a manner in which individual facilities would not be able to on their own.

Sub-Criterion: 5 points
Demonstrated need of the service area

- The extent the applicant demonstrates the entire service area is rural, as defined by HRSA's Rural Health Grants Eligibility Analyzer.

- The applicant provides a map (Attachment 13) that details the location of Tele-emergency network members and the rural area that will be served by the network program.

- Manner and extent to which the proposed project will meaningfully fill gaps in existing telehealth services related to the purpose of this award funding opportunity and healthcare need.

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

Sub-Criterion: 10 points
Methodology

Methods for fulfilling core goals and objectives, strengthening rural partner commitments, implementing a promising practice model, and sustaining activities beyond the period of performance.

- The extent to which the applicant defines the specific goals and objectives of the award-funded activities and explains the network's collaborative strategy for accomplishing them. Goals and objectives should directly relate to the information presented in the *Needs Assessment* section and be aligned with the program activities.

- The extent to which the proposed goals and objectives have a clear and relevant correlation towards addressing the identified need and associated barriers while remaining measurable, realistic, and achievable in a specific timeframe.

- The extent to which the applicant describes plans for routine progress monitoring and how the network members will collectively decide new program strategies, if needed.

- The degree to which the proposed Tele-emergency project is based on an appropriate and relevant evidence-based or promising practice model.

- The degree to which the promising practice model has been shown to be effective in addressing gaps and needs in a community setting and improve the health status of participants.

- The strength of the evidence-based or promising practice model that the project is based on as evidenced by appropriate and valid citations for the chosen model.

- The extent to which the applicant demonstrates a cohesive sustainability plan to sustain the network and the impact of the network programs and services created with TNGP funding that demonstrates appropriateness and level of detail to:
  o Assess continued member and community need for the programs and services offered by the network;
  o To sustain and maintain activities created as a result of the proposed Tele-emergency project; and
  o To acquire sustained financial commitment from its network members to support ongoing network activities.

Sub-Criterion: 15 points
Work Plan

Implementation of Work Plan elements (it is recommended that applicants provide this information in a table format):

- The extent to which the applicant describes the methodology that will be in place to ensure progress on work plan activities and desired evaluation outcomes.

- The extent to which the applicant's work plan displays a detailed timeline and provides feasible and relevant activities to achieve the intended goals and objectives. The number of activities provided in the work plan and clearly assigned staffing to support completion of the activities should be reasonable based upon the scope of the program and intended outcomes.

- The extent to which the applicant demonstrates that the completion of work plan activities is a collaborative approach across all network members, as demonstrated by the shared responsibilities of work plan activities and the integration of the activities within the network member's operational activities.

- The extent to which the applicant provides a clear description of how their work plan and corresponding network collaboration will improve anticipated outcomes.

- The extent to which the applicant provides clear and strong evidence that the Tele-emergency network has the capacity to immediately begin and effectively carry out the activities listed in the work plan.

- The extent to which the applicant explains an effective communication plan and tool to update external audiences and network members on work plan progress, evaluation data, strategic planning, and other network activities necessary to meet the goals and objectives of the proposed program. This should include the approach, frequency of meetings, and communication tools used by the network.

Sub-Criterion: 5 points
Resolution of Challenges

- The quality and extent to which the application demonstrates a comprehensive understanding of internal and external challenges that the Tele-emergency network is likely to encounter in implementing the activities described in the work plan, in addition to, approaches that will be used to resolve such challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's "*Evaluation and Technical Support Capacity*"

- The extent to which the baseline (process and outcome) measures will be comprehensively monitored and tracked throughout the period of performance.

- The ability of the applicant to identify and incorporate measures that are aligned with the goals and objectives of the program and the supporting work plan activities.

- Extent to which the applicant provides evidence that evaluation data will be routinely be monitored, evaluated, and communicated across network members.

- The extent to which the applicant provides evidence that if evaluation targets are not met, there is a procedure in place to realign program activities or try new approaches necessary to get the desired data outcomes needed to achieve program goals and objectives.

- Extent to which the applicant explains the feasibility of collecting data and how the data will be used to inform program development and service delivery.

- The quality and extent to which the applicant clearly describe the process (including staffing and workflow) and frequency by which quantitative and qualitative data/information for the measures outlined in Appendix C and Appendix D.

Criterion 4: IMPACT (10 Points) – Corresponds to Section IV's "Work Plan"

- The extent to which you describe the potential impacts of the selected evidence-based or promising practice model/s that was used in the design and development of the proposed project.

- The feasibility and effectiveness of the proposed approach for widely disseminating information regarding results of the project.

- The extent to which the applicant provides a description of anticipated short and long term impact of the program and supporting work plan, including:
    - Expected impact on the identified target population;
    - Expected impact on service area health care delivery and services; and
    - Expected impact or implications for rural community service area (local, state and national impacts/implications may also be included here)

- The ability of the applicant to present the anticipated impact the proposed project will have on the local rural economy.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's "Organizational Information"

Sub-Criterion: 10 points
Network Member Roles and Organizational Chart

- The extent to which the applicant organization demonstrates the following:
    - Ability to exercise administrative and programmatic direction over award-funded activities.
    - Ability to be responsible for hiring and managing the award-funded staff.
    - Has the administrative and accounting capabilities to manage the award funds.
    - Has at least one permanent key staff (network director, project director, etc.) at the time an award is made.

- The ability of the applicant to describe the collective strength of the network, evidenced by the extent to which each network member is identified and respective current roles and value to the network are described. The applicant identifies and describes each of the network members and includes each partner's organization name, address, EIN number, primary contact person and their contact information and current role in the community/region (Attachment 4).

- The applicant's inclusion of the Network's Organizational Chart and Governing Board and the extent to which the organizational chart(s) demonstrates a clear and distinct relationship between the network member organizations and provides evidence of a network governing board composed of representatives in the organizations participating in the network.

- The extent to which the applicant provides evidence that network members are meaningful collaborators to the proposed program, evidenced by the value and expertise they bring to the network and the health needs of the community.

Sub-criterion Two: 5 points
Effective Telehealth Network Governance

- The extent to which the applicant describes the effectiveness of the governance structure of the network and the presence of an effective, collaborative, and independent network-driven leadership is in place.

- The extent to which the applicant demonstrates the strength of the telehealth network members' mutual commitment via a Memorandum of Agreement (MOA). The application appropriately specifies the following regarding the MOA:
    - The MOA is signed and dated by all network members, and provides sufficient evidence of a strong mutual commitment from all telehealth network members (refer to Attachment 6).

- The extent to which the applicant provides evidence of effective personnel, adequate FTEs, and financial policies and procedures in place to run the telehealth network and program operations, including a description of the income sources to finance the operations of the network are provided.

Sub-criterion Three: 5 points
Evidence of Effective Network Collaboration and Capacity to carry out the Program

- The extent to which the applicant provides evidence that the network is highly functional and collaborative, with evidence of the alignment of the network's collective vision and mission with the healthcare needs of the proposed TNGP Program.

- The extent to which the applicant provides evidence that the network's leadership will promote the success of the program and its ability to meet program goals, move the network and member organizations towards population health management, encourages collective decision making, and promotes program sustainability.

- The extent to which the applicant provides evidence of successful prior network collaboration to address the health needs of the community, including examples of collective decisions that have been made, and demonstrated resiliency of the network during previously challenging situations or circumstances.

- Qualifications of the project director in place to oversee the daily functions, coordination, and implementation of program activities. The extent to which the application appropriately specifies:
    - If the network has an interim project director, the feasibility and timeliness for hiring a full-time project director (i.e., the number of known candidates, the projected starting date for the position of full-time director, etc.).

- o   The network director's role in contributing to the success of the network.
- o   A process is in place for evaluating the network director.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget and Budget Narrative](#)

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives, and the application's budget provides sufficient detail about the role and responsibilities of each award-supported staff position.

- The extent to which key personnel have adequate time devoted to support the project's proposed data collection, tracking and analysis efforts for effective demonstration of indicated outcomes at the end of the four year [period of performance](#).

- The budget justification should clearly document each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed award-funded activities over the length of the four-year period of performance.

2.   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. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

In awarding grants, HRSA will ensure, to the greatest extent possible, that grants are equitably distributed among the geographical regions of the United States (Section 330I(j)(1) of the Public Health Service Act). As a result, awards could be limited to one per state.

For this program, HRSA will use funding preferences.

Funding Preferences
This program provides a funding preference for some applicants as authorized by Section 330I(i) 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:

NOTE: Preference will be given to an eligible entity that meets at least one (1) of the following requirements, **and stated in the application's "Project Abstract" (see Section IV.2.i.i.)**.

(A) ORGANIZATION – the eligible entity is a **rural** community-based organization or another community-based organization.

(B) SERVICES – the eligible entity proposes to use federal funds made available through such a grant to develop plans for, or to establish, telehealth networks that provide mental health, public health, long-term care, home care, preventive, or case management services.

(C) COORDINATION – the eligible entity demonstrates how the project to be carried out under the grant will be coordinated with other relevant federally funded projects in the areas, communities, and populations to be served through the grant.

(D) NETWORK – the eligible entity demonstrates that the project involves a telehealth network that includes an entity that –

    (i) provides clinical health care services, or educational services for health care providers and for patients or their families; and

    (ii) is—

        (I) a public library;

        (II) an institution of higher education; or

        (III) a local government entity.

(E) CONNECTIVITY.—the eligible entity proposes a project that promotes local connectivity within areas, communities, and populations to be served through the project.

(F) INTEGRATION.—the eligible entity demonstrates that clinical health care information has been integrated into the project.

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 September 1, 2020. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

Requirements of Subawards
The terms and conditions in the 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 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.

Human Subjects Protection
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

Annual Reports:
1) **Federal Financial Status Report (FFR).** A Federal Financial Report (FFR) is required at the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the HRSA Electronic Handbook System (EHB). More specific information will be included in the Notice of Award.

2) **Progress Report**. Award recipients must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of your Progress Report(s) 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 award notice.

3) **Performance Measures**. As discussed in Section IV.2.ii, a performance measures report is required for continued funding after the end of each budget period in the Performance Improvement Measurement System (PIMS). The proposed measures, listed in Appendix C and Appendix D, have not been finalized, and are subject to change. They have been included to make applicants aware of the types of data reporting that will be required. Upon award, recipients will be notified of specific performance measures required for reporting.

4) **Office for the Advancement of Telehealth (OAT) Recipient Directory:** Applicants accepting this award must provide information for Recipient Directory Profiles. Further instructions will be provided by HRSA. The current Telehealth directory is available online at: https://www.hrsa.gov/rural-health/telehealth/index.html.

Other Required Reports and/or Plans

5) **Clinician Payment Agreement Plan.** As discussed in [Budget Narrative Section IV.2.iv](#), applicants may allocate funding from the award to pay practitioners for telehealth services but only after documenting that the recipient has attempted to seek third-party reimbursement, if possible. Recipients will develop an agreement with HRSA that specifies the bound of award payment for services after award. In those cases, the payments are restricted **to the following amounts, per practitioner, per telemedicine session/encounter, per site:**

Budget Period (BP)	Distant site clinician ONLY payment amount:
BP1 (9/1/2020 – 8/31/2021)	limited to **$115** per session/encounter at each site for the proposed telehealth network
BP2 (9/1/2021 – 8/31/2022)	limited to **$100** per session/encounter at each site for the proposed telehealth network
BP3 (9/1/2022 – 8/31/2023)	limited to **$85** per session/encounter at each site for the proposed telehealth network
BP4 (9/1/2023 – 8/31/2024)	limited to **$70** per session/encounter at each site for the proposed telehealth network

Further information on what to include in this plan will be provided upon receipt of the award.

6) **Final Sustainability Plan.** As part of receiving the award, recipients are required to submit a final sustainability plan by month six of the third year of the award. This sustainability plan will be different and more robust than the plan submitted with the original application. Further information on what to include in this plan will be provided upon receipt of the award.

7) **Final Report.** A final report is due three months after the period of performance ends. The final report will collect information such as: program-specific goals and progress on strategies; impact of the overall Tele-emergency project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; and overall experiences over the period of performance. The final report must be submitted on-line by recipients in the Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp. Further information will be provided upon receipt of award.

8) **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:

India Smith
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-2096
Fax: (301) 594-4073
Email: ismith@hrsa.gov

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

Carlos Mena
Public Health Analyst, Office for the Advancement of Telehealth (OAT)
Attn: Telehealth Network Grant Program
Federal Office of Rural Health Policy (FORHP)
Health Resources and Services Administration
5600 Fishers Lane, Room 17W49B
Rockville, MD 20857
Telephone: (301) 443-3198
Email: cmena@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

Technical Assistance

The Federal Office of Rural Health Policy will hold a technical assistance webinar on **Monday, February 24, 2020** at **2-3:30 p.m. Eastern Standard Time** to assist applicants in preparing their applications. The technical assistance webinar is open to the general public.

The purpose of the webinar is to review the NOFO, and to provide clarifying information that may be necessary. There will be a Q & A session at the end of the call to answer any questions. FORHP strongly recommends that potential applicants thoroughly read this NOFO prior to the webinar and have the NOFO available during the webinar. While participation on the webinar is not required, it is highly recommended that anyone who is interested in applying for this program plan to attend the webinar. FORHP has found that it is most useful to the applicants when the NOFO is easily accessible during the webinar and questions are written down ahead of time for easy reference.

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Monday, February 24, 2020
Time: 2-3:30 p.m. ET
Call-In Number: 1-888-843-6163
Participant Code: 6066171
Weblink: https://hrsa.connectsolutions.com/telehealth_network_grant/
Playback Number: 1-800-873-1933
Passcode: 3192

Tips for Writing a Strong Application

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

Appendix A: Common Definitions

For the purpose of this notice of funding opportunity, the following terms are defined:

Accountable Care Organization (ACO): A healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients.

Ambulance: A vehicle specially equipped for taking sick or injured people to and from the hospital, especially in emergencies.

Analog: A continuous signal where the time varying variable is represented by another time varying quantity. It differs from a digital signal where a continuous quantity is represented by a discrete function that only takes on one of a finite number of values.

Application Service Provider (ASP): An ASP hosts a variety of applications on a central server. For a fee, customers can access the applications over secure Internet connections or a private network. This means that they do not need to purchase, install or maintain the software themselves; instead, they rent the applications they need from the ASP. New releases, such as software upgrades, are generally included in the price.

Asynchronous: Term describing store and forward transmission of medical images and/or data because the data transfer takes place over a period of time, and typically in separate time frames. The transmission typically does not take place simultaneously. This is the opposite of synchronous (see below).

Bandwidth: A measure of the information carrying capacity of a communications channel; a practical limit to the size, cost, and capability of a telemedicine service.

Bits per Second (bps): Number of electronic data bits conveyed or processed per unit of time.

Bluetooth Wireless: An industrial specification for wireless personal area networks (PANs) that provides the means to connect and exchange information between devices such as mobile phones, laptops, PCs, printers, digital cameras and video game consoles over a secure, globally unlicensed short-range radio frequency. The specifications are developed and licensed by the Bluetooth Special Interest Group (http://www.bluetooth.com/Pages/about-bluetooth-sig.aspx).

Bridge: Device for linking multiple videoconferencing sites in a single videoconference session.
It is also often referred to as a multipoint control unit (MCU).

Broadband: Communications (e.g., broadcast television, microwave, and satellite) capable of carrying a wide range of frequencies; refers to transmission of signals in a frequency-modulated fashion over a segment of the total bandwidth available, thereby permitting simultaneous transmission of several messages.

Budget Period: An interval of time into which the period of performance is divided for budgetary and funding purposes.

Clinical Decision Support System (CCDS): Systems (usually electronically based and interactive) that provide clinicians, staff, patients, and other individuals with knowledge and person-specific information, intelligently filtered and presented at appropriate times, to enhance health and health care.
(http://healthit.ahrq.gov/images/jun09cdsreview/09_0069_ef.html)

Clinical Information System: Hospital-based information system designed to collect and organize data relating exclusively to information regarding the care of a patient rather than administrative data.

Cloud computing: The use of computing resources (hardware and software) that are delivered as a service over a network (typically the Internet). The name comes from the use of a cloud-shaped symbol as an abstraction for the complex infrastructure it contains in system diagrams. Cloud computing entrusts remote services with a user's data, software and computation. (Wikipedia)

CODEC: Acronym for coder-decoder. This is the video-conferencing device that converts analog video and audio signals, to digital video and audio code, and vice versa. CODECs typically compress the digital code to conserve bandwidth on a telecommunications path.

Compressed video: Video images that have been encoded using fewer bits of information than the original dataset (either lossless or lossy) to reduce the amount of bandwidth needed to capture the necessary information so that the information can be sent over a network.

Data Compression: A method to reduce the volume of data using encoding that results in the data having fewer bits of information than the original dataset (either lossless or lossy) to reduce image processing, transmission times, bandwidth requirements, and storage requirements. Some compression techniques result in the loss of some information while others do not, which may or may not be clinically important.

Diagnostic Equipment (Scopes, Cameras and Other Peripheral Devices): A piece of hardware or device not part of the central computer (e.g., digitizers, stethoscope, or camera) that can provide medical data input to or accept output from the computer.

Digital Subscriber Line (DSL): Technologies providing internet access by transmitting digital data over local telephone networks. The data bit rate typically is 256 kbit/s to 40 Mbit/s in the direction to the customer (downstream) depending on technology, line conditions, and service-level implementation.

Disease Management: A continuous coordinated health care process that seeks to manage and improve the health status of defined patient population over the entire course of a disease (e.g., Congestive Heart Failure, Diabetes Mellitus).

Distant or Hub Site: Site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system (https://www.medicaid.gov/medicaid/benefits/telemed/index.html).

Distance Learning: The incorporation of video and audio technologies, allowing students to "attend" classes and training sessions that are being presented at a remote location. Distance learning systems are usually interactive and are a tool in the delivery of training and education to widely dispersed students, or in instances in which the instructor cannot travel to the student's site.

Electronic Health Record (EHR): A systematic collection of electronic health information about individual patients or populations that is recorded in digital format and capable of being shared across health care settings via network-connected enterprise-wide information systems and other information networks or exchanges. EHRs generally include patient demographics, medical history, medication, allergies, immunization status, laboratory test results, radiology and other medical images, vital signs, characteristics such as age and weight, and billing information.

Electronic Medical Record (EMR): A computerized medical record generated in an organization that delivers health care, such as a hospital or physician's office. EMRs are often part of a local stand-alone health information system that allow storage, retrieval and modification of records.

Electronic Patient Record (EPR): An electronic form of individual patient information that is designed to provide access to complete and accurate patient data, alerts, reminders, clinical decision support systems, links to medical knowledge, and other aids.

Emergency Medical Services (EMS): A system that provides emergency medical care. Once it is activated by an incident that causes serious illness or injury, the focus of EMS is emergency medical care of the patient(s). EMS is most easily recognized when emergency vehicles or helicopters are seen responding to emergency incidents. However, EMS is much more than a ride to the hospital. It is a system of coordinated response and emergency medical care, involving multiple people and agencies. A comprehensive EMS system is ready every day for every kind of emergency.

Encryption: A system of encoding electronic data where the information can only be retrieved and decoded by the person or computer system authorized to access it.

e-Prescribing: The electronic generation, transmission and filling of a medical prescription, as opposed to traditional paper and faxed prescriptions. E-prescribing allows qualified healthcare personnel to transmit a new prescription or renewal authorization to a community or mail-order pharmacy.

Equipment – Tangible nonexpendable personal property that has a useful life of more than one year and an acquisition cost of $5,000 or more per unit or the capitalization threshold established by the recipient, whichever is less. See Section 45 CFR 75.320.

Firewall: Computer hardware and software that block unauthorized communications between an institution's computer network and external networks.

Health Care Provider: Health care providers are defined as hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health centers, federally qualified health centers, tribal health programs, churches, and civic organizations that are/will be providing health related services.

Health Information Exchange (HIE): the mobilization of healthcare information electronically across organizations within a region, community or hospital system.

Health Information Technology (HIT): The electronic storage of records, electronic billing, electronic ordering of tests and procedures, and even a shared, interoperable network to allow providers to communicate with one another.

HIPAA: Acronym for Health Information Portability and Accountability Act. The HIPAA Privacy Rule protects the privacy of individually identifiable health information, the HIPAA Security Rule sets national standards for the security of electronic protected health information, and the confidentiality provisions of the Patient Safety Rule protect identifiable information being used to analyze patient safety events and improve patient safety. (http://www.hhs.gov/ocr/privacy/index.html)

Home Health Care and Remote Monitoring Systems: Care provided to individuals and families in their place of residence for promoting, maintaining, or restoring health or for minimizing the effects of disability and illness, including terminal illness. In the Medicare Current Beneficiary Survey and Medicare claims and enrollment data, home health care refers to home visits by professionals including nurses, physicians, social workers, therapists, and home health aides. Use of remote monitoring and interactive devices allows the patient to send in vital signs on a regular basis to a provider without the need for travel.

Hub Site: Location from which specialty or consultative services originate.

Informatics: The use of computer science and information technologies for the management and processing of data, information and knowledge. The field encompasses human-computer interaction, information science, information technology, algorithms, areas of mathematics, and social sciences.

Integrated Services Digital Network (ISDN): A common dial-up transmission path for videoconferencing. Since ISDN services are used on demand by dialing another ISDN based device, per minute charges accumulate at some contracted rate and then are billed to the site placing the call. It is analogous to using the dialing features associated with a long distance telephone call. The initiator of the call pays the bill. ISDN permits connections up to 128Kbps.

Internet Protocol (IP): Protocol by which data is sent from one computer to another over the Internet. Each computer has at least one address that uniquely identifies it from all other computers on the Internet. IP is a connectionless protocol, which means there is no established connection between the end points that are communicating. The IP address of a videoconferencing system is its phone number.

Interoperability: The ability of two or more systems (computers, communication devices, networks, software, and other information technology components) to interact with one another and exchange data according to a prescribed method in order to achieve predictable results (ISO ITC-215). There are three types of interoperability: human/operational, clinical, and technical.

JCAHO: Acronym for Joint Commission on Accreditation of Healthcare Organizations, an independent, not-for-profit organization that accredits and certifies health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. (http://www.jointcommission.org/)

Licensure: a restricted practice requiring a license, which gives a "permission to practice." Such licenses are usually issued in order to regulate some activity that is deemed dangerous, or a threat to the person or the public, or which involves a high level of specialized skill.

m-Health: Practice of medicine and public health supported by mobile communication devices, such as mobile phones, tablet computers and PDAs for health services and information.

Meaningful use: The set of standards defined by the Centers for Medicare & Medicaid Services (CMS) Incentive Programs that governs the use of electronic health records and allows eligible providers and hospitals to earn incentive payments by meeting specific criteria. (healthit.gov)

Medical Codes: A process of describing medical diagnoses and procedures using specific universal medical code numbers. States may select from a variety of HCPCS codes (T1014 and Q3014), CPT codes and modifiers (GT, U1-UD) in order to identify, track and reimburse for telemedicine services. (https://www.macpac.gov/publication/medicaid-coverage-of-telemedicine/)

National Health Information Infrastructure (NHII): Initiative to improve effectiveness, efficiency and overall quality of health and health care in the US. (http://aspe.hhs.gov/sp/nhii/FAQ.html)

Notice of Award – The legally binding document that serves as a notification to the recipient and others that grant funds have been awarded, contains or references all terms of the award and documents the obligation of federal funds in the HHS accounting system.

Originating or Spoke Site: Location of the Medicaid patient at the time the service being furnished via a telecommunications system occurs. Tele-presenters may be needed to facilitate the delivery of this service. (https://www.medicaid.gov/medicaid/benefits/telemed/index.html).

Period of Performance – The total time for which support of a discretionary project has been approved. A period of performance may consist of one or more budget periods. The total period of performance comprises the original period of performance and any extension periods.

Peripheral Devices: Any device attached externally to a computer (e.g., scanners, mouse pointers, printers, keyboards, and clinical monitors such as pulse oximeters, weight scales).

Personal Health Record (PHR): Health record maintained by the patient to provide a complete and accurate summary of an individual's medical history accessible online.

POTS: Acronym for Plain Old Telephone Service.

Presenter (Patient Presenter): An individual with a clinical background (e.g., LPN, RN, etc.) trained in the use of telehealth equipment who must be available at the Originating Site to "present" the patient, manage the cameras and perform any "hands-on" activities to complete the tele-exam successfully. In certain cases, a licensed practitioner such as an RN or LPN might not be necessary, and a non-licensed provider such as support staff, could provide tele-presenting functions. Requirements (legal) for presenter qualifications differ by location and should be followed.

Project – All proposed activities specified in a grant application as approved for funding.

Protected Health Information (PHI): Part of the HIPAA Privacy Rule that protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)." Individually identifiable health information" is information, including demographic data, that relates to the individual's past, present or future physical or mental health or condition; the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual; and that identifies the individual, or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).The Privacy Rule excludes from protected health information employment records that a covered entity maintains in its capacity as an employer and education and certain other records subject to, or defined in, the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.

Recipient – An entity, usually but not limited to non-federal entities, that receives a federal award directly from a federal awarding agency to carry out an activity under a federal program. The term recipient does not include subrecipients.

Remote Monitoring: Type of ambulatory healthcare where patients use mobile medical devices to perform a routine test and send the test data to a healthcare professional in real-time. Remote monitoring includes devices such as glucose meters for patients with diabetes and heart or blood pressure monitors for patients receiving cardiac care.

RHIO: The terms Regional Health Information Organization (RHIO) and Health Information Exchange (HIE) are often used interchangeably. RHIO is a group of organizations with a business stake in improving the quality, safety, and efficiency of healthcare delivery. RHIOs are the building blocks of the proposed National Health Information Network (NHIN) initiative at the Office of the National Coordinator for Health Information Technology (ONCHIT).

Router: device that provides an interface between two or more networks or connects sub-networks within a single organization. The router directs network traffic between multiple locations and it can find the best route between sites. For example, PCs or H.323 videoconferencing devices tell the routers where the distant device is located and the routers find the best way to get the information to that distant point.

Store and Forward (S&F): Type of telehealth encounter or consult that uses still digital images of patient data for rendering a medical opinion or diagnosis. Common services include radiology, pathology, dermatology, ophthalmology, and wound care. Store and forward includes the asynchronous transmission of clinical data from one site to another.

Synchronous: Interactive video connections that transmit information in both directions during the same time-period.

Teleconsultation: Consultation between a provider and specialist at distance using either store and forward telemedicine or real time videoconferencing.

Telehealth: Telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Telemedicine: Allows health care professionals to evaluate, diagnose and treat patients in remote locations using telecommunications technology.

Tribal Government: Includes all federally-recognized tribes and state-recognized tribes.

Tribal Organization: Includes an entity authorized by a tribal government or consortia of tribal governments.

Universal Service Administrative Company (USAC): The Universal Service Administrative Company administers the Universal Service Fund (USF), which provides communities across the country with affordable telecommunication services. The Rural Health Care Division (RHCD) of USAC manages the telecommunications discount program for health care.

Videoconferencing: Real-time transmission of digital video images between multiple locations.

Virtual Private Network (VPN): Method to carry private communications network traffic over the public Internet using tunneling or port forwarding which is the transmission of private data over public lines in an encapsulated form.

Wide Area Network (WAN): Network covering a wide geographic area, whether several company sites or services by a common Internet service provider.

Wi-Fi: The underlying technology of wireless local area networks (WLAN) based on the IEEE 802.11 specifications. It is used for mobile computing devices, Internet and VoIP phone access, gaming, and basic connectivity of consumer electronics such as televisions and DVD players, or digital cameras.

Appendix B: Useful Resources

Several sources offer data and information that will help you in preparing the application. You are especially encouraged to review the reference materials available at the following websites:

Academy for Health Services Research and Health Policy/ Robert Wood Johnson's Networking for Rural Health
- Reference material available at the website, which includes:
- Principles of Rural Health Network Development and Management
- Strategic Planning for Rural Health Networks
- Rural Health Network Profile Tool
- The Science and Art of Business Planning for Rural Health Networks
- Shared Services: The Foundation of Collaboration
- Formal Rural Health Networks: A Legal Primer

Website: **http://www.academyhealth.org** (click on search and enter rural health network)

Centers for Medicare and Medicaid (CMS) Services Value-Based Programs
Provides incentive payment rewards to health care providers for the value of care they provide to people with Medicare.
Website: **https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/value-based-programs/value-based-programs.html**

Community Health Systems Development team of the Georgia Health Policy Center
Offers a library of resources on topics such as collaboration, network infrastructure and strategic planning.
Website: **http://ruralhealthlink.org/Resources/ResourceLibrary.aspx**

Health Resources and Services Administration
Offers links to helpful data sources including state health department sites, which often offer data.
Website: **http://www.hrsa.gov**

Kaiser Family Foundation
Resource for data and information.
Website: **http://www.kff.org**

Maternal and Child Health Data System
Offers data, sorted by state, on services to women and children.
Website: **https://mchb.tvisdata.hrsa.gov**

National Association of County and City Health Officials (NACCHO):
Provides a guide that demonstrates how building partnerships among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.
Website:
http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/uplo ad/Mobilizi ngCommunityPartnerships_7-29.pdf

National Center for Health Statistics
Provides statistics for the different populations.
Website: **http://www.cdc.gov/nchs**

National Organization of State Offices of Rural Health (NOSORH): The National Organization of State Offices of Rural Health (NOSORH) was established in 1995 to assist State Offices of Rural Health (SORH) in their efforts to improve access to, and the quality of, health care for 57 million rural Americans. NOSORH enhances the capacity of SORHs to do this by supporting the development of state and community rural health leaders; creating and facilitating state, regional and national partnerships that foster information sharing and spur rural health-related programs/activities; and enhancing access to quality healthcare services in rural communities.
Website: **https://nosorh.org/**

Rural Health Information Hub: The Rural Health Information Hub (RHIhub) is supported by funding from FORHP and helps rural communities and other rural stakeholders access the full range of available programs, funding, and research that can enable them to provide quality health and human services to rural residents.
Website: **https://www.ruralhealthinfo.org/**

RHIhub also provides free customized assistance that can provide support in gathering data, statistics and general rural health information. You can contact RHIhub and information specialists can provide the information you need in responding to this section. To utilize RHIhub's free customized assistance, please call 1-800-270-1898 or email them at **info@ruralhealthinfo.org.**

Within the Rural Health Information Hub is the **Rural Community Health Gateway (Community Health Gateway)**. The Community Health Gateway highlights program approaches that can be adapted to fit a community's need. There are several evidence-based toolkits available including a care coordination toolkit, mental health and substance abuse toolkit, and oral health toolkit. You may also access program models that have shown to be effective.
Website: **https://www.ruralhealthinfo.org/community-health/toolkits**.

Rural Health Research Gateway: The Rural Health Research Gateway website provides easy and timely access to all of the research and findings of the FORHP-funded Rural Health Research Centers. You can use the site to find abstracts of both current and completed research projects, publications resulting from those projects, and information about the research centers themselves as well as individual researchers.

The Rural Health Research Gateway website is hosted at the University of North Dakota Center for Rural Health with funding from FORHP. Its intent is to help move new research findings of the Rural Health Research Centers to various end users as quickly and efficiently as possible.
Website: **http://www.ruralhealthresearch.org.**

Rural Health Value: This Value-Based Assessment Tool helps assess readiness for the shift of health care payments from volume to value.
Website: **https://ruralhealthvalue.public-health.uiowa.edu/TnR/vbc/vbctool.php**

Technical Assistance and Services Center: Provides information on the rural hospital flexibility and network resource tools.
Website: **http://www.ruralcenter.org/tasc**

Telehealth Resource Centers: The National Consortium of Telehealth Resource Centers (NCTRC) is here to ensure telehealth programs are up and running. There are 12 regional and 2 national TRCs that are expertly staffed, and lead the advancement and accessibility of telehealth with a focus in rural healthcare. As a consortium, they are committed to helping your organization/practice overcome barriers, advance telehealth education, and provide you with resources.
Website: **https://www.telehealthresourcecenter.org**

US Department of Agriculture Rural Development: The Distance Learning and Telemedicine program helps rural communities use the unique capabilities of telecommunications to connect to each other and to the world, overcoming the effects of remoteness and low population density. For example, this program can link teachers and medical service providers in one area to students and patients in another.
Website: **http://www.rd.usda.gov/programs-services/all-programs/telecom-programs**

University of North Carolina - Cecil G. Sheps Center for Health Services Research
Resource for data and information on rural hospital closures.
Website: **https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital- closures/**

Appendix C: Telehealth Network Grant Program (TNGP) Performance Measures Focusing on Tele-emergency Services Performance Improvement and Measurement System (PIMS)

As discussed in Section IV.2.ii of this NOFO, all recipients will be required to report data collected on an annual basis in the Performance Improvement Measurement System (PIMS). HRSA will provide additional information if awarded.

PROPOSED MEASURES

Please Note: *The following Tele-emergency measures are proposed, have not been finalized, and are subject to change. They have been included to make applicants aware of the types of data reporting that will be required.*

Tele-ED consultation:
Numerator: Identify the total # of patients that received tele-ED consultation at the originating site, **resulting in averted transfer**, as a result of the award   Denominator: Identify the total # of patients that received a tele-ED consultation, or no tele-ED consultation, during visit to Originating Site **resulting in a transfer** to Distant Site
Decrease by 5 percent the Distant Site ED utilization rate due to the implementation of telehealth per each budget period year.
30-day ED re-admission rate:
Decrease by 5 percent the 30-day emergency department re-admission rate due to the implementation of telehealth per each budget period year.
Averted transfer:
Recipient must identify total number of tele-ED consultations that resulted in averted inpatient transfer and admission (for tele-ED patients who were treated and released only).   I. For that total patient population, indicate the mode of transportation to the receiving inpatient facility that to which the tele-ED patient would most likely have been taken (for tele-ED patients with averted transfer only).   <table><tr><td>Air</td><td>Enter total number of patients</td></tr><tr><td>Ambulance</td><td>Enter total number of patients</td></tr><tr><td>Boat</td><td>Enter total number of patients</td></tr><tr><td>Personal car</td><td>Enter total number of patients</td></tr><tr><td>Other</td><td>Enter total number of patients</td></tr></table>   II. For that total patient population, indicate the distance (in miles) to the most likely receiving inpatient facility (for tele-ED patients who averted transfer only). Calculate total distance (in miles) for each mode of transportation.
Reason for Originating Site visit:
Stroke: I. Indicate the total number of tele-consultations as a result of stroke being main reason for the patient visits.

a. Out of that total number, indicate number of patients eligible for tissue plasminogen activator (tPA), for patients with diagnosis of stroke only. II. Increase by 5 percent from baseline the number of tele-consulted patients, who have been diagnosed with stroke, by utilizing telehealth per each budget period year.
Mental/Behavioral Health: I. Indicate total number of tele-consultations as a result of Mental/Behavioral Health being main reason for the patient visits. II. Increase by 5 percent from baseline the number of tele-consulted patients, who have been diagnosed with mental/behavioral health, by utilizing telehealth per each budget period year.
Tele-emergency service(s) Utilization:
Instructions • If applicable and desired, use the table provided under this section to complete responses. • Hospital utilization tracking should be specific to the targeted patient population (full patient panel) identified in your grant project's awarded application proposal, **that were served with Tele-emergency service(s).** • If any responses under this section are not applicable or you chose to not report, please respond "N/A." • Please refer to language outlined further below for specific calculation instructions for completion of measure responses and for definitions of all terminology included under this section.

Hospital Utilization	Numerator	Denominator	Calculation (%)
Emergency Department (ED) Utilization Rate			
30-Day Emergency Department (ED) Re-Admission Rate			
30-Day Hospital Re-Admission Rate			

Emergency Department (ED) Utilization Calculation

$$\text{Numerator / Denominator} = \text{Emergency Department Utilization (ED)}$$

Numerator = Total number of patient ED admissions
Numerator Inclusion Criteria
- ED admissions are counted for patients within your *grant project's specified target patient population (full patient panel) only.*
- ED admissions are to be counted with respect to your *grant project's specified related disease condition(s) only.* This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for your funded grant project.

- ED admission are counted as ED admissions that occurred within the current award project's reporting period of performance timespan.
- Multiple ED admissions for the same patient *is* included in this value. Example: Ms. Doe was admitted to the ED and then re-admitted two months later, both within the budget period timeframe. Ms. Doe's admissions would be counted as a total of two (2) for this numerator.

Denominator = Total number of unique individuals from your project's target patient population (full patient panel) who received direct services during this project performance period reporting.
Denominator Inclusion Criteria
- Value reported should be consistent with the same numerical value reported for the numerator reported for measure 1.
- The total number reported includes the total number of unique individual patients only. No patient should be counted more than once.

30-Day Emergency Department (ED) Re-Admission Calculation

Numerator / Denominator = 30-Day Emergency Department (ED) Re-Admission

Numerator = Total number of patient 30-Day ED re-admissions
Numerator Inclusion Criteria
- 30-day ED re-admission of patients include patients within your *project's specified target patient population (full patient panel) **only***.
- 30-day ED admissions are to be counted with respect to your *award project's specified related disease condition(s) **only***. This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for your funded grant project.
- 30-day ED re-admissions that occurred within the current grant project reporting period of performance timespan.
- Duplicate 30-day ED re-admission for the same patient *is* included in this value. Ex. Ms. Doe was admitted to the ED within 30 days on two different accounts within the budget period timeframe. Ms. Doe's 30-day ED re-admissions would be counted as a total of two (2) for this numerator.

Denominator = Total number of patient ED admissions
Denominator Inclusion Criteria

- ED admissions are counted for patients within your grant project's *specified target patient population (full patient panel) **only***.
- ED admissions are to be counted with respect to your *grant project's specified related disease condition(s) **only***. This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for your funded grant project.
- ED admission are counted as ED admissions that occurred within the current award project's reporting period of performance timespan.

- Multiple hospital re-admissions for the same patient is included in this value. Example: Ms. Doe was admitted to the ED and then re-admitted two months later, both within the budget period timeframe. Ms. Doe's admissions would be counted as a total of two (2).
- Value reported should be consistent with same value reported for the numerator used for the calculation of the Emergency Department Admission Rate in the previous measure.

30-Day Hospital Re-Admission Calculation

> Numerator / Denominator = 30-Day Hospital Re-Admission

Numerator = Total number of patient 30-day hospital re-admissions

Numerator Inclusion Criteria

- 30-day hospital re-admission of patients include patients within your *grant project's specified intervention patient population **only**.*
- 30-day hospital admissions are to be counted with respect to your *grant project's specified intervention focus **only*** (this is not intended to be all-cause re-admissions but specific to conditions related to grant project).
- 30-day hospital re-admissions that occurred within the current grant budget reporting period timespan.
- Duplicate 30-day hospital re-admission for the same patient *is* included in this value. Example: Ms. Doe was admitted to the ED within 30 days on two different accounts within the budget period timeframe. Ms. Doe's 30-day hospital re-admissions would be counted as a total of two (2) for this numerator.

Denominator = Total number of patient hospital admissions

Denominator Inclusion Criteria

- Hospital admissions count patients within your grant project's *specified target patient population (full patient panel) **only**.*
- Hospital admissions are to be counted with respect to your *award project's specified related disease condition(s) **only***. This is not intended to count all-cause admissions but count admissions specific to conditions addressed by the services and activities implemented for your funded grant project.
- Hospital admission are counted as hospital admissions that occurred within the current award project's reporting period of performance timespan.
- Multiple hospital admissions for the same patient is included in this value. Example: Ms. Doe was admitted to the hospital and then re-admitted two months later, both within the budget period timeframe. Ms. Doe's admissions would be counted as a total of two (2).

Appendix D: Performance Measures Telehealth Network Grant Program (TNGP) Performance Improvement and Measurement System (PIMS)

As discussed in Section IV.2.ii of this NOFO, all recipients will be required to report data collected on an annual basis in the Performance Improvement Measurement System (PIMS). HRSA will provide additional information if awarded.

PROPOSED MEASURES

Please Note: *The following PIMS measures are proposed, have not been finalized, and are subject to change. They have been included to make applicants aware of the types of data reporting that will be required.*

Form 1: Priorities

Did you provide services to patients in any of the following categories because of any TNGP funding during this reporting period?	Yes	No
Stroke		
Mental Health/Behavioral Health		
Substance Use Disorder		

Form 2: Originating and Distant Sites

Complete Form 1: Priorities before inputting data in this form. Only sites that are eligible for and receiving TNGP funding should be included.

List of Selected Sites (Modify the List of Sites if Needed) and Settings (Modify the List of Settings if Needed)

Site Name	Street Address	City/Town	County	State	Zip Code	Originating or Distant Site (O/D)	Rural or Urban Site (R/U)	Setting

Number of Each Type of Site in this Reporting Period	
Originating Sites	
Distant Sites	

Form 3: Specialties and Services, by Site

Complete Form 2: Originating and Distant Sites before inputting data in this form. Only sites and specialties that are eligible for and receiving TNGP funding should be included.

List of Sites (<u>Modify the List of Sites if Needed</u>)/ List of Specialties (Modify the List of Specialties if Needed)

Originating Site	Specialty(s) actively available at this site through telehealth	Was specialty available in your community prior to this TNGP funding?
		yes/no

Number of sites that have access to [specialty from configure report] services where access did not exist in your community prior to this TNGP funding	
Number of sites that have access to [specialty from configure report] services where access did not exist in your community prior to this TNGP funding	

Form 4: Volume of Services, by Site and Specialty

Complete Form 3: Specialties and Services, by Site before inputting data in this form. Only unique patients seen and encounters occurring as the result of receiving TNGP funding should be included.

Real-Time Encounters are encounters that are live, two-way interactions between a person and a provider using audiovisual telecommunications technology. Store-and-Forward Encounters, also called asynchronous, are the transmission of health information through digital images or pre-recorded videos through electronic communication to a practitioner who uses the information to make an evaluation. Enter '0' if there is no data to report.

Originating Site	Setting	Specialty	Unique Patients	Number of Real-Time Encounters	Number of Store-an-Forward Encounters	Total Encounters

Total Number of Unique Patients Served because of TNGP funding	
Total Number of Encounters because of TNGP funding	

Form 5: Patient Travel Miles Saved

Complete Form 4: Volume of Services, by Site and Specialty before inputting data in this form.

Only sites and specialties that are eligible for and receiving TNGP funding should be included.

For group sessions/clinics, each patient should be counted separately, as each would have had to travel for these sessions.

Originating Site	Specialty	Name of location where patient would have been referred in absence of telehealth	Distance Between Originating (patient) Site to the location where the patient would have been referred in the absence of telehealth (Miles)	Miles Roundtrip	Total Encounters	Miles Saved

Total Miles Saved	

Form 6: Other Uses of the Telehealth Network

Complete Form 5: Patient Travel Miles Saved before inputting data in this form.

Provide required data in the tables below. Enter '0' if there is no data to report.

Enter 'UNK' if 'Total Number of People' is unknown.

Categories	Number of Sessions
Administrative Meetings	
Distance Learning	
Other	

Formal and Informal Education	Total Number of Sessions	Total Number of People
Formal Education (sessions are used to fulfill formal education, licensure or certification requirements)		
Informal Education (sessions used to meet regulatory practice requirements, as well as		

supervision/advice requested by remote practitioners)	

Form 7: Diabetes

Complete form 6: Other Uses of the Telehealth Network before inputting data in this form. Only patients seen and encounters occurring as a result of receiving TNGP funding should be included. *Provide required data in the tables below. Enter '0' if there is no data to report.*

Number of unduplicated patients with diabetes served for at least three months during the reporting period	
Number of patients with diabetes (who received services for at least three months during the reporting period) whose most recent Hemoglobin A1c (HbA1c) level is 7.0% or less.	
Number of patients with diabetes (who received services for at least three months during the reporting period) whose most recent Hemoglobin A1c (HbA1c) level is between 7.1% and 9.0%.	
Number of patients with diabetes (who received services for at least three months during the reporting period) whose most recent Hemoglobin A1c (HbA1c) level during the measurement year was greater than 9.0% (poor control), or if an HbA1c test was not done during the reporting period.	

Setup Forms:
Configure Sites:
Indicate the Sites in which you had activity during this reporting period. **Only sites that are eligible for and receiving TNGP funding should be included.**

For the purposes of this program, rural is defined as all counties that are not designated as parts of metropolitan areas (MAs) by the Office of Management and Budget (OMB). In addition, we use Rural Urban Commuting Area Codes (RUCAs) to designate rural areas within MAs. This rural definition can be accessed at HRSA's Rural Health Grants Eligibility Analyzer. If the county is not entirely rural or urban, follow the link for "Check Rural Health Grants Eligibility by Address" to determine if a specific site qualifies as rural based on its specific census tract within an otherwise urban county.

Originating (or spoke) sites are the sites where a patient is located and receiving care.
Distant (or hub) sites are the sites where the specialist is located and working.

Site Name:	
Street Address:	
City/Town:	
County:	
State:	
Zip Code:	
Originating or Distant Site (O/D):	
Rural or Urban Site (R/U):	
HPSA:	
MUA:	
HCPN:	
Primary Taxonomy:	
NPI (Site):	
EIN (if non-profit):	
Site URL:	

Select Specialty Areas
Indicate the Specialties for which you had activity during this reporting period. **Only
Specialties that are eligible for and receiving TNGP funding should be included.**

Select Settings
Indicate the Settings for which you had activity during this reporting period. **Only
Settings that are eligible for and receiving TNGP funding should be included.**