

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Office of Rural Health Policy

Rural Health Value Program

Announcement Type: Initial: New and Competing Continuation

Announcement Number: HRSA-15-072

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: March 23, 2015

*Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.*

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Aaron Fischbach
Policy Coordinator, Office of Rural Health Policy
Email: afischbach@hrsa.gov
Telephone: (301) 443-5487
Fax: (301) 443-2803

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2015 for the Rural Health Value Program. The purpose of this program is to inform rural health care providers, and stakeholders such as HHS, Congress, states, and for-profit and nonprofit entities that set policies impacting rural health care providers, about the impacts of changes in the health care delivery system, and to provide technical assistance to rural providers in identifying new approaches to health care delivery in their communities.

Funding Opportunity Title:	Rural Health Value Program
Funding Opportunity Number:	HRSA-15-072
Due Date for Applications:	March 23, 2015
Anticipated Total Annual Available Funding:	\$500,000
Estimated Number and Type of Award(s):	1 cooperative agreement
Estimated Award Amount:	Up to \$500,000 per year
Cost Sharing/Match Required:	No
Project Period:	August 1, 2015 through July 31, 2018 (3 years)
Eligible Applicants:	Eligible applicants include domestic public, private, and nonprofit organizations, as well as federally-recognized Indian tribal governments and organizations. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

All applicants 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 funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Rural Health Value Program. The purpose of the Rural Health Value Program is to inform rural health care providers, and stakeholders such as HHS, Congress, states, and for-profit and nonprofit entities that set policies impacting rural health care providers, about the impacts of changes in the health care delivery system, and to provide technical assistance to rural providers in identifying potential new approaches to health care delivery in their communities.

The health care delivery system is undergoing dramatic change, with an emphasis on finding new approaches and organizational frameworks to improve health outcomes, control costs, and improve population health. Financial incentives are moving from volume-based services to value-based services, with a focus on measuring and accounting for quality of care in all settings and improving transitions of care as patients move between care settings. New approaches to organizing care delivery are occurring quickly; however, most early adopters have been large, urban-based integrated delivery systems. Early demonstrations and initiatives supported by private foundations or the Centers for Medicare and Medicaid Services (CMS) focused largely on providers paid under traditional administered pricing systems and for whom quality indicators are well established. Because rural health care providers are often paid outside of the traditional prospective payment systems and fee schedules, there is less known about how new and emerging models might function in rural communities. As a result, rural health care providers and other stakeholders need to better understand the implications of these models, particularly for low-volume rural providers and those that receive special payment designations. Rural providers need access to information and technical assistance to effectively take part in new and emerging demonstrations and initiatives.

Under its statutory authority, the FORHP funds community health organizations to test innovative approaches to improving the delivery of care in their communities. Projects focus on a wide range of activities, including direct health care delivery, formation of networks to gain economies of scale and shared knowledge, implementation of quality of improvement strategies, and expansion of health care service delivery via telehealth. Evaluation of these awards documents outcomes and leads to the development of evidence-based practices that may be replicated in other communities. These best practices are shared with the broader rural health community primarily via the Rural Community Health Gateway. ORHP also funds technical assistance providers to work with grantees to implement best practices in their projects. There are numerous opportunities to learn from and highlight the innovations of these grantees, and to share information with the technical assistance providers who support them.

Specifically, the Rural Health Value Program awardee will:

- 1) Review the work performed under the current Rural Health System Analysis and Technical Assistance (RHSATA) Cooperative Agreement program and identify ways to build on that work;
- 2) Analyze recent national, regional, State and local demonstrations and initiatives for lessons learned that are relevant to rural health care providers, including barriers and policy challenges; translate findings for rural health care providers so that they might

- meaningfully participate; and disseminate the findings broadly to policy makers and rural health stakeholders;
- 3) Conduct modeling of payment and quality proposals to inform rural health care delivery systems and other stakeholders and to assess alternative ways of delivering services in rural communities;
 - 4) Provide technical assistance to rural health care providers, including ORHP grantees, who seek to participate in a variety of demonstrations and initiatives that can help improve patient outcomes, lower health care costs, and/or improve population health; and
 - 5) Coordinate with ORHP grantees and other community-based programs in rural communities to facilitate maximum exposure and dissemination of program information, resources, and profiles of innovative rural health entities.

2. Background

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

ORHP is the focal point for rural health activities within the U.S. Department of Health and Human Services (HHS). ORHP is statutorily required to advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in the programs established under titles XVIII (Medicare) and XIX (Medicaid) on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals, and access to (and the quality of) health care in rural areas. ORHP is also statutorily required to coordinate activities within HHS that relate to rural health care and provide relevant information to the Secretary and other agencies. In addition, ORHP is authorized to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas. For more information about ORHP, please visit <http://www.hrsa.gov/ruralhealth/policy/index.html>. For more information about the current RHSATA program, please visit <http://www.ruralhealthvalue.org>.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA Program responsibilities shall include:

- Collaborating in the planning and development of the research, modeling and analysis portfolio and the final selection of key areas of focus;
- Reviewing/commenting on the modeling methodology for testing and evaluating alternatives to deliver health care in rural settings;
- Reviewing the process for how to provide direct technical assistance to rural health care delivery systems;

- Participating, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the project period; and
- Consulting on dissemination strategies for research and analysis results to multiple audiences interested in rural health care delivery innovations in the form of policy briefs, journal manuscripts, presentations to rural health care providers and other stakeholders, responses to health policy programs and experts, and presentations at conferences.

The cooperative agreement recipient's responsibilities, in consultation with FORHP, shall include:

- Identifying key rural health policy issues and challenges to inform rural health care providers and other stakeholders;
- Participating in the planning and development of the annual work portfolio and the final selection of focus areas;
- Conducting analysis, research, and modeling on rural health systems and synthesizing the results into reports easily understood by a non-technical rural health audience;
- Developing criteria to systematically identify high-performing rural health entities that will benefit most from targeted technical assistance based on project findings.
- Providing direct technical assistance to a limited number of high-performing rural health entities to help them prepare and/or apply for demonstrations or initiatives;
- Providing technical assistance via webinars and dissemination of materials to other rural health entities seeking to develop capacity to participate in demonstrations and initiatives;
- Timely submission of research products (policy briefs, monographs, etc.) for ORHP review; and
- Design and implementation of dissemination strategies of project results to multiple audiences interested in rural health issues in the form of policy briefs, journal manuscripts, presentations to rural health care providers and other stakeholders, responses to health policy programs and experts, and presentations at national, State, and regional conferences.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2015-2018. Approximately \$500,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for an amount up to \$500,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the program in subsequent fiscal years, awardee satisfactory performance, and a decision that funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public, private, and nonprofit organizations, including tribes and tribal organizations, and faith-based and community-based organizations.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant 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 it has 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 an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- 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*](#).

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

4. Other

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

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically

through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

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 required in the *Application Guide* and this FOA. Standard OMB-approved forms included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the 80-page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Program-Specific Instructions

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

i. Project Abstract

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

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1*
This section should briefly describe the purpose of the proposed project.
- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1*
This section outlines the need for the requested research and analysis of key policy issues affecting rural health care delivery and how the proposal meets that need. This section

should help reviewers understand how rural health care systems and other stakeholders will be served by the proposed project. The narrative should clearly demonstrate a strong understanding of the distinct challenges facing rural providers and the people they serve, the associated contributing factors to the problems, and the subtleties of conducting rural-focused and financial and quality modeling.

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

Propose methods that will be used to analyze rural health care issues. Activities should emphasize the changing rural environment, including, but not limited to, the following:

1. Analyze recent national, regional, State and local demonstrations and initiatives for lessons learned that are applicable to rural health care providers, including barriers and policy challenges, and will translate findings for rural health care providers so that they might meaningfully participate;
2. Conduct modeling of payment and quality proposals to inform rural health care providers and health systems and to assess alternative ways of delivering services in rural communities;
3. Provide technical assistance to rural health care providers who seek to participate in a variety of demonstrations and initiatives – including programs funded under Section 330A of the Public Health Service Act – that can help improve patient outcomes, potentially lower health care costs, and/or improve population health;
4. Coordinate with other applicable ORHP technical assistance providers to facilitate maximum exposure and dissemination of program information and resources, as well as to avoid duplication of services; and
5. Promote key findings to stakeholder groups.

▪ ***WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 4***

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. In particular, explain how the proposal:

1. Leads to broad dissemination of project findings and products via a variety of venues and formats that will inform rural health care policy at all levels;
2. Demonstrates the strength and feasibility of the proposed methodology (appropriate qualitative/quantitative methodology and data sources, experienced personnel, etc.);
3. Exhibits a clear understanding of how emerging national health policy trends affect rural communities;
4. Demonstrates an understanding of how existing national data sources will enable the identification of the key research questions and assist in answering them;
5. Demonstrates the applicant's ability to manipulate and link national data sets;
6. Demonstrates the applicant's ability to conduct health systems modeling related to new and existing demonstrations and initiatives, particularly for low-volume rural providers and those that receive special payment designations; and
7. Describes prior experience in communicating complex public policy issues to varied audiences in ways that identify the key rural concerns.

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

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to Section V's Review Criteria 3 and 5

Describe the strategy to collect, analyze and track data to monitor and report progress toward project goals and objectives. Include descriptions of measurable, meaningful project outcomes. Explain any potential obstacles for completing the evaluation and how those obstacles will be addressed.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criterion 5
Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe whether and how these contribute to the ability of the organization to perform the program requirements and meet expectations. Specifically:

1. Explain how project personnel are qualified by training and/or experience to implement and carry out the project.
2. Document significant experience in analyzing rural health issues, particularly in identifying emerging policy issues and their impact on rural delivery systems. The principal investigator should have at least five (5) years of work experience specific to rural health research and/or policy analysis. The principal investigator should also have substantial expertise related to rural health care finance and/or quality measurement. In addition, the principal investigator and/or other project personnel should have experience performing health system modeling. Such experience should be specific to the financial reimbursement mechanisms of rural health care providers and the distinct challenges related to quality measurement in rural settings. Refer to information in attached biographical sketches, as appropriate.
3. Describe organizational capabilities and availability to fulfill the requirements of the project.
4. Provide evidence of current access to relevant national data sets related to the project (such as Medicare claims, cost report, and provider certification data) and the extent to which these data sets: a) have been geo-coded to produce analyses for a variety of rural definitions, b) may be updated via established purchasing plans, and c) include up-to-date lists of the current health care providers in rural communities and their proximities to other sources of care. Explain project personnel experience working with these complex national data sets.
5. Explain the organization's capacity to prepare and disseminate quality, timely policy analysis that informs rural health care delivery systems and other stakeholders regarding the design and implementation of health care policy. Demonstrate an ability to communicate the implications of national policies for rural health services and delivery to a variety of audiences in a number of settings, including meeting presentations and panel discussions.

iii. Budget

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

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 award-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.

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.”. Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

iv. Budget Justification Narrative

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

v. Attachments

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

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s [SF-424 Application Guide](#))

Keep each job description to one page in length. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 2: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 1, not to exceed two pages in length.

Attachment 3: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 4: Project Organizational Chart

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

Attachment 5: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 6: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The

accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.
- (3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 7 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Submission Dates and Times

The due date for applications under this funding opportunity announcement is March 23, 2015, at 11:59 P.M. Eastern Time.

4. Intergovernmental Review

The Rural Health Value Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Review Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$500,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Review Criteria are used to review and rank applications. The Rural Health Value Program has six (6) review criteria:

Criterion 1: NEED (25 points) – Corresponds to Section IV's INTRODUCTION and NEEDS ASSESSMENT

The quality of, and extent to which, the proposal:

- Clearly demonstrates a strong understanding of the need for the requested research and analysis of issues facing rural health care delivery;
- Clearly describes how rural health care providers and health care systems will be served;
- Demonstrates the associated contributing factors to the problems, and the subtleties of conducting rural-focused and financial and quality modeling; and
- The strength of the proposed approach to meet program need.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's METHODOLOGY, WORK PLAN, and RESOLUTION OF CHALLENGES

The quality of, and extent to which, the proposal:

- Appropriately responds to the "Purpose" included in the program description;
- Will analyze rural health care issues, including at the national, State, and local levels to translate applicable findings to rural health care providers;
- Demonstrates the strength and feasibility of the proposed methodology (appropriate qualitative/quantitative methodology and data sources, experienced personnel, etc.);
- Demonstrates the applicant's ability to conduct modeling of financial and quality proposals and provide technical assistance to rural health care providers who seek to participate in demonstrations and initiatives

- Exhibits a clear understanding of how emerging national health policy trends affect rural communities;
- Demonstrates an understanding of how existing national data sources will enable the identification of the key research questions and assist in answering them;
- Demonstrates the applicant's ability to conduct health systems modeling related to new and existing demonstrations and initiatives, particularly for low-volume rural providers and those that receive special payment designations; and
- Describes prior experience in communicating complex public policy issues to varied audiences in ways that identify the key rural concerns within the broader issue;
- Adequately discusses the challenges that are likely to be encountered in designing and implementing the activities described in the work plan and the quality of the approaches that will be used to resolve challenges.

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

The quality of, and extent to which, the applicant:

- Proposes a feasible and effective method to monitor and evaluate the project results, including the extent to which the program objectives have been met; and
- Proposes an evaluation plan that is logical, technically sound, and practical, and is able to yield meaningful findings about key areas of project process and outcome.

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

The quality of, and extent to which, the applicant:

- Proposes a well-designed, achievable and coherent work and dissemination plan that aligns with national health policy trends, while taking into account the particular infrastructure challenges of rural areas;
- Demonstrates an understanding of rural data analysis and research project uses to inform diverse audiences of the needs of rural health care delivery systems; and
- Establishes the feasibility and effectiveness of plans for dissemination of project results to reach the project's proposed national target audiences.
- Summarizes accomplishments under the existing RHSATA cooperative agreement, if applicable.

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

The quality of, and extent to which, the applicant demonstrates:

- Organizational capabilities and availability to fulfill the needs and requirements of the proposed project;
- Experience, skills, and knowledge, including individuals on staff, materials published, and previous work related to national rural health issue analysis;
- Significant experience in analyzing rural health issues, particularly in identifying emerging policy issues and their impact on rural delivery systems. The principal investigator (PI) should have at least five (5) years of health research and/or policy analysis work experience, including substantial expertise related to rural health care finance and/or quality measurement. In addition, the PI and/or other project personnel should have experience performing health system modeling, including experience

specific to the financial reimbursement mechanisms of rural health care providers and the distinct challenges related to quality measurement in rural settings;

- Evidence of current access to complex national data sets related to the project (such as Medicare claims, cost report, and provider certification data) and the extent to which these data sets 1) have been geo-coded to produce analyses for a variety of rural definitions, 2) may be updated via established purchasing plans, and 3) include up-to-date lists of the current health care providers in rural communities and their proximities to other sources of care.
- Capabilities in manipulating and linking national data sets, in performing complex financial and quality modeling for rural health care providers that takes into account the financial reimbursement systems under which they operate, and in translating complex information in ways that rural health care providers can understand and utilize.
- Capacity to prepare and disseminate quality, timely policy analysis that informs rural health care delivery systems and other stakeholders regarding the design and implementation of health care policy. Demonstrate an ability to communicate the implications of national policies for rural health services and delivery to a variety of audiences in a number of settings, including meeting presentations and panel discussions. For competing continuations, past performance will also be considered.

Criterion 6: SUPPORT REQUESTED (10 points) –

- The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- Strength of the budget justification in documenting logically, and in adequate detail, how each line item request (such as personnel, travel, equipment, supplies, information technology, dissemination of research results, purchase of data sets, and contractual services) supports the objectives and activities of the proposed project.

2. Review and Selection Process

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#).

This program does not have any funding priorities, preferences or special considerations.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of August 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of August 1, 2015. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report.** The awardee must submit a progress report to HRSA on an **annual** basis in the HRSA Electronic Handbooks (EHBs). Further information will be provided in the award notice.
- 2) **Quarterly Reports.** The awardee must submit quarterly progress reports, which includes progress on activities implemented by the applicant and/or subrecipients. The awardee will be required to submit this information in the HRSA EHBs, and the format will be prescribed by the ORHP at a later date.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Karen Mayo, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-75
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3555
E-mail: kmayo@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Aaron Fischbach
Policy Coordinator
Office of Rural Health Policy
HRSA
Parklawn Building, Room 17W-16
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5487
Fax: (301) 443-2803
Email: afischbach@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/awardees 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 Call Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Other Information

Not applicable

IX. Tips for Writing a Strong Application

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