U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Telehealth Centers of Excellence

Funding Opportunity Number: HRSA-21-030
Funding Opportunity Type: Limited Competition
Assistance Listings (CFDA) Number: 93.211

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: April 20, 2021

Ensure 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 18, 2021

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications as a limited competition for the fiscal year (FY) 2021 for the Telehealth Centers of Excellence (COE) program. The purpose of this program is to examine the efficacy of telehealth services in rural areas for the purpose of improving health care in rural areas. The Telehealth Centers of Excellence (COEs) are located in public academic medical centers that:

- Have a successful telehealth program with a high annual volume of telehealth visits;
- Are financially self-sustaining; and
- Have established programs that provide telehealth services in medically underserved areas with high chronic disease prevalence and high poverty rates.

Funding Opportunity Title:	Telehealth Centers of Excellence
Funding Opportunity Number:	HRSA-21-030
Due Date for Applications:	April 20, 2021
Anticipated Total Annual Available FY 2021 Funding:	$ 6,500,000
Estimated Number and Type of Awards:	Up to 2 cooperative agreements
Estimated Award Amounts:	Up to $3,250,000 per year/per recipient
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2021 through September 29, 2026 (5 years)
Eligible Applicants:	Eligible applicants for this limited competition must be an incumbent Telehealth Center of Excellence award recipient operating a successful telehealth program in a public academic medical center located in a state with high chronic disease prevalence, high poverty rates and a larger percentage of medically underserved rural areas. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA will hold a technical assistance webinar to assist applicants in preparing their applications. The technical assistance webinar will be available to incumbent Telehealth Centers of Excellence award recipients.

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. HRSA 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. HRSA has found that it is most useful to the applicants when the NOFO is easily accessible during the webinar and questions are written ahead of time for easy reference.

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, March 2, 2021
Time: 2 – 3:30 p.m. ET
Call-In Number: 1-833-568-8864
Meeting ID: 161 269 0906
Passcode: 50055283
Weblink: https://hrsa-gov.zoomgov.com/j/1612690906?pwd=VStVeVl4VndUZkVVbmZYVHozS25UQT09

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the limited competition opportunity to apply for funding under the Telehealth Centers of Excellence (COEs) Program. The primary purpose of this program is to assess specific telehealth[1] uses and services to improve health care in rural areas. The Telehealth COEs are located in public academic medical centers that:

- Have a successful telehealth program with a high annual volume of telehealth visits;
- Have an established reimbursement structure that allows telehealth services to be financially self-sustaining; and
- Have established programs that provide telehealth services in medically underserved areas with high chronic disease prevalence and high poverty rates.

The Telehealth COEs will serve multiple roles, including telehealth incubators to pilot, track and refine telehealth research with the goal of establishing evidence-based telehealth programs and framework that could be shared and instituted in a future evidence-based telehealth network program to improve health care in rural areas. To achieve that goal, the Telehealth COEs have substantial experience operating a telehealth program that offers a broad range of clinical services and has experience demonstrating how their efforts have improved access to care and enhanced health outcomes for their patients. The Telehealth COEs use that expertise to test out new and or innovative uses of telehealth to provide an initial assessment of their potential and identify whether those assessments are viable to be expandable models.

The range of telehealth services has expanded over the past several decades and in 2020, experienced rapid increase in usage. Traditional telehealth models deliver care to patients at a series of originating (or spoke) sites from a specialist working at a distant (or hub) site. It has proven capabilities to reduce travel time, increase access to care, and improve patient safety, quality of care, and provider support. "By increasing access to physicians and specialists, telehealth helps ensure patients receive the right care, at the right place, at the right time[2]." In addition, in March 2020 the American Medical Association (AMA) reports, "Telehealth allows us to reach more patients while protecting the health care workforce[3]." Rural areas, particularly those with high rates of chronic disease and poverty, can benefit from using telehealth technology to receive vital health care services close to home.

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[1] The Health Resources and Services Administration defines Telehealth as the use of electronic information and telecommunication technologies to support and promote 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.

[2] 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.

[3] American Medical Association. March 2020. AMA Supports Telehealth Initiative to improve health care access. Accessed September 2020, https://www.ama-assn.org/press-center/press-releases/ama-supports-telehealth-initiative-improve-health-care-access.

The award recipients for the Telehealth COE work closely and collaborate with other relevant entities, including other HRSA-funded award recipients. In particular, the Telehealth COE recipient will work closely with the National and Regional Telehealth Resource Centers (TRCs)[4], the Telehealth-Focused Rural Health Research Centers (RHRCs) and the License Portability program[5]. The Regional TRCs provide technical assistance to consumers, care organizations, networks and providers to implement cost-effective telehealth programs to serve rural and medically underserved areas and populations as well as serve as focal points for advancing the effective use of telehealth technologies in their respective states. There are two National TRCs, one with a focus on telehealth policy and one with a focus on telehealth technology, which support the Regional TRCs. The purpose of the RHRCs is to conduct and maintain a thorough and comprehensive evaluation of nationwide telehealth investments in rural areas and populations and conduct clinically informed and policy-relevant research to expand the evidence base for rural telehealth services. The Telehealth COEs will serve a distinct purpose from the programs described above, but it is important that all four programs work collaboratively with HRSA to ensure that work plans are complementary and work towards the overarching goal of growing telehealth nationally.

The Telehealth COEs will share expertise operating a successful, high volume, clinically diverse telehealth program and will use that base to explore new telehealth applications, examine the efficacy of specific uses of telehealth, and identify strategies and resources to assist others to effectively integrate telehealth into the broader rural health care delivery system and examine the impact of telehealth on federal health care spending. In order to support this goal, each Telehealth COEs will create and share resources. This will include managing an independent location to post projects, data and resources and provide opportunity for public request for information. In addition, some resources created by the Telehealth COEs will be selected and featured on the HHS Telehealth Website (www.telehealth.hhs.gov).

Telehealth COEs will need to effectively demonstrate national and/or regional impact over the period of performance, and how telehealth programs and networks can improve access to health care services in rural areas, particularly those with high rates of poverty and chronic disease. To that end, the Telehealth COE recipients will gather and submit performance data (including clinical and claims data) on a wide range of telehealth metrics related to the overall purpose of the funding opportunity to examine the efficacy of telehealth services in rural areas.

Important: This NOFO is not intended to fund the development or expansion of a telehealth network. Applicants must have an existing telehealth program that meets the requirements outlined in this notice.

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[4] http://www.telehealthresourcecenter.org/.

[5] https://www.ruralhealthresearch.org/centers/telehealth

2. Background

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

FORHP is the focal point for rural health activities within the Department of Health and Human Services (HHS). FORHP plays two distinct but complementary roles within HHS. The first is to advise the Secretary on rural policy issues across the Department, including interactions with the Medicare and Medicaid programs, and support policy relevant research on rural health issues. The second is to administer grant programs focused on supporting and enhancing health care delivery in rural communities. By locating both functions in the same office, FORHP is able to use its policy role to inform the development of grant programs and its grant role to provide community-level perspective when assessing the impact of HHS policy on rural areas. Information about current HRSA programs is located on the HRSA website: HRSA Rural Health/Telehealth.

Applicants are also encouraged to visit the HRSA Training and Technical Assistance 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.

II. Award Information

1. Type of Application and Award

Types of applications sought: Limited Competition

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA Program involvement will include:

- Participating in conference calls or meetings with the Telehealth COEs;
- Supporting effective collaboration between the Telehealth COEs and HRSA's National and Regional TRCs and RHRC programs;
- Involvement and assistance connecting the Telehealth COEs to other HRSA programs or other federal agencies involved with telehealth;
- Ongoing review of activities and input on content, scale, or approach;
- Identifying or suggesting special projects, studies, products or publications;
- Reviewing products or publications before dissemination; and
- Identifying entities or networks to receive directed technical assistance.

The Telehealth Centers of Excellence recipient responsibilities will include:

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (Acknowledgement of Federal Funding);
- Completing activities proposed in the application except as modified in consultation with HRSA;
- Participating in conference calls or meetings with HRSA;
- Collaborating with HRSA in ongoing review of activities and budgets;
- Creating and managing a public facing dedicated platform to promote the Center of Excellence, post projects, data and resources and provide opportunity for public request for information;
- Responding timely to requests for assistance or training from telehealth providers or programs;
- Providing assistance or training to telehealth providers or programs without charge, within approved budget;
- Coordinating with other HRSA telehealth recipients to avoid duplication of effort and provide a unified approach to advancing telehealth;
- Assessing the telehealth field and work with stakeholders to understand and best identify and reach target audiences for activities of the Telehealth COEs;
- Identifying appropriate professional meetings to present or exhibit; and
- Establishing evaluation metrics and tracking related data to assist in measuring the success of the Telehealth COEs in advancing telehealth.

2. Summary of Funding

HRSA estimates approximately $6,500,000 to be available annually to fund two (2) recipients. You may apply for a ceiling amount of up to $3,250,000 total cost (includes both direct and indirect, indirect costs not to exceed 15 percent, facilities and administrative costs) per year. The period of performance is September 30, 2021 through September 29, 2026 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Telehealth COEs in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

The eligible applicants for this funding opportunity are public academic medical centers located in states with high chronic disease prevalence, high poverty rates, and a large percentage of medically underserved areas. For the purposes of this funding notice, limited competition eligible applicants are currently participating in the Telehealth Center of Excellence program and are located in a state where the chronic disease prevalence among Medicare beneficiaries is equal to or above the national prevalence for at least three of the following chronic conditions (cms.gov portal)[6]:

- High Blood Pressure/Hypertension
- Heart Disease
- Cancer
- Stroke
- Diabetes
- Chronic Kidney Disease

The data file can be found on the Centers for Medicare & Medicaid website, Medicare Chronic Conditions Dashboard.

High Poverty Rates – Applicants are located in a state with a Federal Medical Assistance Percentage (FMAP) at or above 65.0 percent. The 2021 FMAP percentages can be found at: FAS FMAP[7].

Medically Underserved Areas – Applicants are located in states where at least 85 percent of the counties (either the entire county or a smaller division within the county) have been designated as a medically underserved area (MUA). More information about MUAs, including analyzers can be found at MUA Find[8].

Rurality – Applicants may be located in an urban area but must provide telehealth services to rural areas in applicant's state in order to receive funding. Applicants must include a list of rural health care facilities in state where telehealth services are currently provided. To determine whether the facility is located in a rural area see: Rural Health Grants Eligibility Analyzer.

The applicant organization may be located in a rural or urban area, but must have demonstrated experience serving, or the capacity to serve, rural underserved populations.

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[6] Medicare Chronic Conditions Dashboard. cms.gov portal.
[7] Medicaid's Federal Medical Assistance Percentage (FMAP) FY 2021. https://fas.org/sgp/crs/misc/R43847.pdf.
[8] HRSA.gov - MUA find https://data.hrsa.gov/tools/shortage-area/mua-find

Applicants should list the locations that will be served and identify rural. Please include the rural census tract(s) in the **Project Abstract**. The applicant organization should also describe their experience and/or capacity serving rural populations in the **Project Abstract** section of the application. **It is important that applicants list the rural locations (or rural census tract(s) if the county is partially rural) that will be served through their proposed projects, as this will be one of the factors that will determine the applicant organization's eligibility to apply for this grant funding.**

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Organizations not currently funded as Telehealth Centers of Excellence are not eligible to apply for this limited competition.

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 exceeds the page limit referenced in Section IV 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.

Organizations funded as a Regional or National Telehealth Resource Center are not eligible to apply.

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.

HRSA requires that urban applicants describe the geographic relationship to the proposed rural service population as well as the plans to ensure that rural populations are served.

Applications from organizations that do not meet the above criteria will not be considered under this notice of funding opportunity.

NOTE: Multiple applications from an organization with the same DUNS number or Unique Entity Identifier (UEI) are allowable if the applications propose separate and distinct projects.

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 select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

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 included in the page limit shall 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.

Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-030, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 will not be read, evaluated or considered for funding.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in ***Attachment #12: 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

a. The project abstract must be single-spaced and limited to one page in length. Include the information requested in Section 4.1.ix of HRSA's *SF-424 Application Guide*.
b. If the applicant organization shares the same EIN as its parent organization or organizations within the same consortium are proposing different projects, and the applicant is eligible, then the applicant may request an exception in **Attachment #4**.

ABSTRACT HEADING CONTENT
Applicant Organization Information Organization Name, Address (street, city, state, zip code), Facility/Entity Type and Website Address (if applicable)
Designated Project Director and other Key Staff Information Project Director Name & Title, Contact Phone Number(s), and E-Mail Address Key Staff Name & Title, Contact Phone Number(s), and E-Mail Address
ABSTRACT BODY CONTENT
Target Population and Service Area Brief description of the target population group(s) to be served. Briefly identify the geographic service area that the Telehealth COE serves, 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.
Partnerships Provide the organization name and total number and facility/entity type of partner(s) who have signed a Memorandum of Understanding/Agreement or Letters of Commitment.
Expected Outcome(s) Provide a brief description on the expected outcome(s) of the proposed services. Describe the identified needs and expected demand for services and project objectives. Describe the project's anticipated added value to healthcare using telehealth resulting from the evaluation of the proposed services.
Self-Assessment Briefly describe how the applicant plans to measure their progress achieving the goals stated in their application.
Capacity to Serve Rural Underserved Populations Applicants must demonstrate experience serving or the capacity to serve rural and underserved populations. Examples to show this capacity may include, but is not limited to, a history or ability to: o Include Telehealth Center of Excellence impact on vulnerable populations in rural and medically underserved areas o Identify activities that build, strengthen, and maintain the necessary competencies and resources needed to sustain or improve health services delivery in rural populations o Discuss organizational expertise and capacity as it relates to the scope of work proposed. Include a brief overview of the organization's assets, skills and qualifications to carry on the project o Describe, current experience, including partnerships, activities, program implementation and previous work of a similar nature o Discuss the effectiveness of methods and/or activities employed to improve health care services in rural communities ▪ HRSA requires that urban applicants describe the geographic relationship to the proposed rural service population and plans to ensure that rural populations are served
Sustainability Briefly describe activities to sustain the telehealth network once federal funding ends.

ii. Project Narrative

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

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

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

  Briefly describe the purpose of the proposed project. Include an overview of your vision for your Telehealth COE and explain how your experience in operating the Telehealth COE will continue to succeed. Include how the project will support the current health care landscape to improve outcomes, reduce costs, ensure access and efficient transitions of care, and promote best practices and innovative approaches.

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

  This section should outline need from two perspectives: (1) the broad need to continue a Telehealth COE from a national perspective and (2) the local need at the patient and provider level that can be addressed through the Telehealth COE in your service area/state. Address the following items:

  National Need for Establishing a Telehealth COE

  1. Describe the existing national environment of telehealth resources and directed technical assistance (particularly those funded by HRSA) and discuss how the Telehealth COE could improve health care in rural areas.
  2. Discuss the issues or impediments to the universal integration of telehealth into rural health services delivery that the Telehealth COE would address. For the purposes of this application, choose no more than three areas to discuss. Applicant may want to consider (but are not limited to) topics such as:
     a. Impact of telehealth on federal health care spending;
     b. Telehealth reimbursement and business models;
     c. Scheduling and efficiency in telehealth practice;
     d. Credentialing and privileging;
     e. Encouraging patient and provider acceptance of telehealth;
     f. Hardware and software procurement, use, maintenance, interfacing and/or integration; or
     g. Telehealth and electronic medical records/health information exchange.

  Local Need for Providing Telehealth Services

  1. Describe the need for telehealth in the applicant service area (local and state). Cite data whenever possible to support the information provided. Include a discussion and language to demonstrate the need and capability for state, regional and national support and resources in the following areas:

a. Chronic disease
b. Poverty
c. Medically underserved areas

2. Describe the target rural population of the existing Telehealth COE and explain the needs met by your telehealth services. Consider disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant elements. Also, consider people with disabilities; non-English speaking populations; minority populations; people with limited health literacy; or populations that may otherwise be overlooked when identifying target populations.
3. Discuss telehealth barriers in your state/service area that the proposed project hopes to overcome and how those barriers may relate to telehealth barriers nationally.
4. Explain how you will use your experience addressing the need in your service area (local and state) to inform work-addressing need on a national level as a Telehealth COE.
5. Provide an explanation regarding how the Telehealth COE will develop and implement strategies regarding any public health emergencies that may occur during the 5-year period of performance.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response, and* #4 Impact

  Discuss your proposed methodology for establishing and implementing a Telehealth COE. Include:
  1. The scope of the Telehealth COE, including how the Telehealth COE will address the three issues/impediments identified in the Needs Assessment;
  2. How the Telehealth COE will be organized and operated;
  3. How the Telehealth COE will communicate/collaborate with other relevant telehealth entities, including other HRSA funded award recipients; and
  4. How the Telehealth COE will advance the use of telehealth on a national scale to improve health care in rural areas.

If applicable: If your application includes any partners from outside of your organization please include the following information:
1. Signed and dated Memorandum of Agreement (MOA) (**Attachment #4**); and
2. An explanation of how the outside partner(s) will work with your organization in the Telehealth COE.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2 Response,* #3 Evaluative Measures, and #4 Impact

  1. Describe the activities or steps to achieve each of the activities proposed during the entire period of performance in this section. Activities should align with the project's goals and objectives.
  2. Provide a 5-year timeline that includes each activity and identify the staff responsible for completing each activity. The work plan must outline the individual and/or organization responsible for carrying out each activity.

As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities.

3. Present a matrix that illustrates the project's goals, strategies, activities, and measurable process and outcome measures (it is recommended that you provide this information in a table format).
4. Describe the project management plan. How will you ensure that you are on target to meet your project goals?
5. Describe a plan to collect and manage any data (including claims data) necessary to examine the efficacy of telehealth services in rural and urban areas as well as to measure the success of the Telehealth COE.
6. Describe a plan to disseminate any best practices or lessons learned from the Telehealth COE to rural areas.
7. Describe a plan to sustain all or part of the Telehealth COEs activities after federal funding for the project has ended.
8. If applicable, describe the plans to procure equipment, software, or other technology services necessary to complete the project work plan.
   The applicant should include the work plan as **Attachment #1**.

Logic Models

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

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

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at Using Logic Models

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion#4 Impact*

  Discuss anticipated challenges in the design and implementation of the activities described in the work plan and the approaches that you will use to resolve them. In particular, consider the challenges that may occur in sharing best practices and lessons learned outside of your state's reimbursement environment.

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

  1. Clearly describe how you will track and demonstrate the success of the Telehealth COE.
  2. Describe how you will use data (quantitative and qualitative) to inform the development of your work plan in subsequent funding years (budget periods two through five).
  3. The program performance evaluation should be inclusive of ongoing project performance evaluation processes able to document progress towards proposed project goals and objectives. Include the following items:
     a. Describe 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. Describe the process of staffing, workflow, and frequency by which quantitative and qualitative data/information 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's directed technical assistance resources to promote dissemination of this information.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #4 Impact and #5 Resource Capabilities*

  This section should describe how your organization meets the criteria described in the Purpose of this funding notice. At minimum, discuss:
  1. The length of time that the telehealth program has existed and how it has grown over the years. Document changes in the number of patients served (or number of telehealth visits), the types of clinical services offered, and/or other indicators of an established telehealth program.
  2. Previous activities conducted by your organization that have had an impact on improving health in rural and underserved communities or advanced the field of telehealth.
  3. The strengths of your current telehealth program, including how you have achieved a high volume of telehealth visits.
  4. Your existing telehealth program's success in establishing a reimbursement structure that allows telehealth services to be financially self-sustaining. Describe how many of your current services are reimbursed (by type and volume) and why some services are not reimbursed or operate at a financial loss.

5. The extent to which telehealth services are integrated into the broader provision of care within your organization.
6. Your organization's ability to successfully target telehealth services to areas that are designated as rural.
7. The number of urban locations and the number of rural locations in your existing telehealth network. A list of health care facilities where you currently provide telehealth services should be included in **Attachment #8**.
8. The experience and qualifications of project personnel that makes them uniquely suited to establish and operate a Telehealth COE.

Include the staffing plan and job descriptions for key personnel in **Attachment #2**. Biographical sketches of key personnel should be included in **Attachment #3**. A project organizational chart should be included in **Attachment #5**.

iii. Budget

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

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable. Indirect cost expenditures will not exceed 15 percent of the total award funds per year.

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 #10**. 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.

1. Travel should include sufficient funds to support travel costs for up to three (3) individuals to attend a workshop or other meeting for HRSA award recipients in the Washington, D.C. metropolitan area each year of the period of performance.
2. Transmission Costs – Award dollars may be used to pay for transmission costs, such as the cost of satellite time or the use of phone lines directly related to the purposes of the project. However, applicants must either (1) apply for the Universal Service Administrative Rural Health Care Program to obtain lower transmission rates or (2) 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 supported by USAC should indicate what is supported and the amount of support.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 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 COE requires the following:
Detailed Budget Information is needed to capture information specific to the proposed telehealth activities. The Detailed Budget Information allows the applicant to identify how federal funds will be expended.

The initial budget period for this funding opportunity is from 09/30/2021 – 9/29/2022. The applicant must provide a budget for each year of requested funding for each Object Class Category that reflects the cost for proposed activities. 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 #10**.

Note: Describe third party telehealth payment opportunities for the activities proposed under this funding notice.

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 and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

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: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. If applicable, also include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: 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 as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

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

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

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

Attachment 7: Letters of Support

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

Attachment 8: Facilities

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, HRSA 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. 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.

Include a list of health care facilities where the applicant currently provides telehealth services. For each site, please identify:

A. The site name and address.
B. If it is located in a rural or urban geographic area.[9]
C. If it is located in a Health Professional Shortage Area (HPSA) or a Medically Underserved Area (MUA).[10]
D. The telehealth services applicant offers to the site.
E. The National Provider Identifier and Primary Taxonomy of the site.[11]
F. The Universal Service Administrative Company (USAC) Health Care Provider (HCP) number (if the site receives Universal Service funding).[12]

Attachment 9: 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.

Attachment 10: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit: however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

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[9] Rural Health Grants Eligibility Analyzer. https://data.hrsa.gov/tools/rural-health?tab=Address.
[10] data.HRSA.gov - MUA find https://data.hrsa.gov/tools/shortage-area/mua-find.
[11] NPI Registry. https://npiregistry.cms.hhs.gov/.
[12] Universal Service Administrative Co. https://www.usac.org/rural-health-care/

Attachment 11: Progress Report

A well-documented progress report is a required and 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; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications.

(1) The period covered (dates).

(2) Specific objectives - Briefly summarize the specific objectives of the project.

(3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 12–15: Other Relevant Documents (15 is the maximum number of attachments allowed)

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

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must also register with 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)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and 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.

*Currently, 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 forms themselves are no longer part of HRSA's application packages and 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 *April 20, 2021 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

The Telehealth COE is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the HHS Grants Policy Statement.

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 5 years, at no more than $3,250,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.
The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H 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 constitute the majority of the total grant funds
3) 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

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 COE has six review criteria. See the review criteria outlined below with specific detail and scoring points.

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

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

National Need for Establishing a Telehealth COE (8 points)
The extent to which:
A. The applicant clearly explains the purpose of the proposed project and their vision for the Telehealth COE.
B. The applicant effectively demonstrates an understanding of the national need for a Telehealth COE to improve health care in rural areas.
C. The applicant identifies a maximum of three telehealth issues to focus on in the application and demonstrates a strong understanding of the issues and their relation to the universal integration of telehealth.
D. The applicant effectively explains where the Telehealth COE would fit into the existing universe of telehealth resources and directed technical assistance, particularly those funded by the HRSA.

Local Need for Providing Telehealth Services (7 points)
The extent to which:
A. The application documents the critical need for telehealth as a delivery mode in the service area (local, state, and region) of the existing Telehealth COE and how that will continue to inform the broader national need to improve health care in rural areas.
B. The existing Telehealth Center of Excellence program provides care to medically underserved areas with high poverty rates and high chronic disease rates.
C. The applicant clearly articulates the barriers to providing telehealth services in the local rural service area, plans to address with a Telehealth COE and how these barriers may relate to telehealth barriers nationally.
D. The applicant submits a strong argument for continuing a nationally focused Telehealth COE within their existing telehealth program.
E. The applicant organization explains how their experience operating a telehealth program will help them succeed as a Telehealth COE.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Corresponds to Section IV's Methodology and Work Plan

Methodology (13 points)
The extent to which:
A. The extent to which the proposed project responds to the "Purpose" included in the Program Funding Opportunity Description.

B. The strength of the proposed goals and objectives and their relationship to the identified project.
C. The scope of the Telehealth COE aligns with the issues and/or impediments to the universal integration of telehealth into the delivery of rural health care as identified in the application and needs assessment.
D. The applicant clearly explains how the Telehealth COE is organized and operated, including plans to communicate and/or collaborate with other relevant telehealth entities.
E. If the application includes outside partnership(s), the extent to which the proposed relationship between the applicant organization and partner organization(s) is clearly described; and
F. Appropriate documentation, such as a Memorandum of Agreement (MOA) is included in **Attachment #4**.

Work Plan (12 points)
The extent to which:
A. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.
B. The applicant outlines activities proposed during the entire period of performance to address the Goal and Objectives found in **Appendix A** of this document.
C. The applicant's timeline is appropriate for the proposed activities.
D. The project management plan is designed to keep the recipient on track to meet project goals, identifies staff responsible for each activity, and includes plan for data collection, dissemination of findings and project sustainability.
E. If the applicant indicates they will procure equipment, software, other technology services, the extent to which the applicant clearly explains how the items will be used and why they are integral to the project work plan.

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

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Consider the extent to which the applicant:
A. Documents and implements a plan to use a data-driven approach to develop/modify activities in the work plan.
B. Plans to collect and manage data (including claims data) and metrics as determined by HRSA and in collaboration with other Telehealth COEs and HRSA RHRC.
C. Plans to track, demonstrate the success and share findings of the center of excellence to a national audience.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's Methodology, Work Plan, Resolution of Challenges, and Organizational Information

The extent to which the proposed project has a public health impact in rural areas and the project will be effective, if funded. This may include: the effectiveness of plans for

dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

The extent to which:
A. The application identifies potential challenges in the design and implementation of the proposed activities and identifies reasonable approaches to address those challenges.
B. The applicant organization can demonstrate success in providing telehealth care in rural areas.
C. The applicant organization can demonstrate success at targeting telehealth services to areas that are medically underserved, have high rates of chronic disease and have high rates of poverty.
D. The previous activities conducted by the applicant organization have had an impact on improving health care in rural areas.
E. The proposed activities will advance the use of telehealth on a national scale.
F. The applicant organization's plans to disseminate best practices or lessons learned will effectively reach a broad audience.
G. The plan to sustain all or part of the center of excellence's activities after federal funding has ended is clear and reasonable.

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

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

To the extent to which project personnel are qualified to implement the goals of the program and the applicant organization is suited to house the Telehealth COE. In particular, reviewers will consider:
A. The extent to which project personnel are suited (by experience and/or qualifications) for the tasks that they are responsible for in the work plan.
B. The volume of telehealth services (either number of patients served or number of telehealth visits) delivered by the existing telehealth program provides.
C. The breadth of specialty services offered by the existing telehealth program.
D. The length of time that the existing telehealth program has been operational and the growth that the program has shown over time.
E. The demonstrated ability of the applicant organization to successfully receive reimbursement for the provision of telehealth services from third party public and private payers.
F. The extent to which telehealth services are integrated into the broader provision of care within your organization.
G. The size of the existing telehealth network (rural and urban sites).

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

The reasonableness of the proposed budget for each year of the period of performance 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.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives. Includes the appropriate number of full-time equivalents (FTEs) and expertise necessary to implement and maintain the project.

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 this limited competition award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk 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 30, 2021. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

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

Data Rights
All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to

make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

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:

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**(s). The recipient must submit an annual progress report to HRSA. Award recipients are expected to respond to requests for data and information from their project officer. Further information will be available in the NOA.

3) **Performance Measure Reporting:** The recipient will be required to submit data on specific performance measures through HRSA's Electronic Handbooks on a semi-annual basis. More information will be provided by HRSA in the Notice of Award.

4) **Final Report**: A final report is due within 90 days after the period of performance ends. The final report will collect information such as program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire period of performance. The final report must be submitted online by recipients in the Payment Management System at Grants.gov PMS Home. Further information will be provided upon receipt of reward.

5) **OAT Recipient Directory**: Applicants accepting this award must provide information for OAT's Recipient Directory Profiles. Further instructions will be provided in the Notice of Award. The current Telehealth program list is available at HRSA Telehealth Programs

6) **Integrity and Performance Reporting:** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII

7) **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.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane,
Rockville, MD 20857
Telephone: (301) 443-5382
Email: ngaines@hrsa.gov

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

Colleen Morris
Office for the Advancement of Telehealth
Attn: Telehealth Centers of Excellence
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane,
Room 16N-130
Rockville, MD 20857
Telephone: (301) 594-4296
Email: cmorris2@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 the 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

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Tuesday, March 2, 2021
Time: 2 – 3:30 p.m. ET
Call-In Number: 1-833-568-8864
Meeting ID: 161 269 0906
Passcode: 50055283
Weblink: https://hrsa-gov.zoomgov.com/j/1612690906?pwd=VStVeVl4VndUZkVVbmZYVHozS25UQT09

Tips for Writing a Strong Application

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

Helpful Websites

For information about the HRSA funded Telehealth Resource Centers: Telehealth Resource Centers

For information about the HRSA funded Rural Telehealth Research Center: Rural Health Research Gateway

Appendix A: Goal and Objectives

Goal A: Rural Impact	
Objective A1: Patient Centered Projects	75 Percent of work plan projects focus on patient engagement to increase access to quality patient care through the use of telehealth and innovative technology solutions.
Objective A2: Chronic Disease	50 Percent of work plan projects address chronic disease at a national level using national statistics. Resources produced to engage national audience.
Objective A3: Social Risk Factor Intervention	Address Social Determinants of Health and support this effort with needs assessment, evaluation and data collection.
Goal B: Advance as a Center of Excellence	
Objective B1: Resource Development	Create and share resources for 75 Percent of projects. This should include managing independent location to report summery of key findings, share projects, data and resources and provide opportunity for public request for information.
Objective B2: Collaboration	Align resources with HRSA partners including TRCs, RTRCs, LP award recipients and others at HRSA request.
Objective B3: Directed Technical Assistance	Offer support to a subset of HRSA recipients (ongoing; to be determined).
Goal C: Quality and Outcomes Measurement	
Objective C1: Measurement Standards	Standardization of telehealth quality and outcomes measurement to increase program evaluation with validated tools and data collection techniques.
Objective C2: Data Submission	Submit performance data to HRSA biannually on telehealth metrics to examine the efficacy of telehealth services in rural areas.
Objective C3: Promote Measurement	Promote measurement process and metrics through collaboration with RHRCs and HRSA partners and through publications, webinars and national presentations.

Appendix B: 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.

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 bluetooth.com

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. HIPAA Privacy Rule

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.

Social determinants of health (SDOH): include factors like socioeconomic status, neighborhood and physical environment, social support networks, community violence, and intimate partner violence. SDOH affect a wide range of health, functioning, and quality-of-life outcomes and risks.

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.