

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



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

***Evidence-Based Tele-Behavioral Health Network Program***

**Funding Opportunity Number:** HRSA-18-032  
**Funding Opportunity Types:** New, Competing Continuation  
**Catalog of Federal Domestic Assistance (CFDA) Number:** 93.211

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2018

**Application Due Date: June 25, 2018**

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!  
Deadline extensions are not granted for lack of registration.  
Registration in all systems, including SAM.gov and Grants.gov,  
may take up to 1 month to complete.*

**Issuance Date: May 9, 2018**

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP), Office for the Advancement of Telehealth is accepting applications for the fiscal year (FY) 2018 Evidence-Based Tele-Behavioral Health Network Program. The two-fold purpose of this program is to use telehealth networks to increase access to behavioral health care services in rural and frontier communities and to conduct evaluations of those efforts to establish an evidence-base for assessing the effectiveness of tele-behavioral health care for patients, providers, and payers.

Funding Opportunity Title:	Evidence-Based Tele-Behavioral Health Network Program
Funding Opportunity Number:	HRSA-18-032
Due Date for Applications:	June 25, 2018
Anticipated Total Annual Available FY18 Funding:	\$4,900,000
Estimated Number and Type of Awards:	Up to 14 cooperative agreements
Estimated Award Amount:	Up to \$350,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 1, 2018 through August 31, 2021) (3 years)
Eligible Applicants:	Eligible applicants include domestic public or private, non-profit entities. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.  See <a href="#">Section III-1</a> of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), 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. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

## **Technical Assistance**

HRSA has scheduled the following technical assistance webinar:

### *Webinar*

Day and Date: Thursday, May 24, 2018

Time: 3 – 4 p.m. ET

Call-In Number: 1-888-329-8895

Participant Code: 738161

Weblink: [https://hrsa.connectsolutions.com/ta\\_bhnpg\\_application/](https://hrsa.connectsolutions.com/ta_bhnpg_application/)

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice solicits applications for the Evidence-Based Tele-Behavioral Health Network Program (EB-THNP). The two-fold purpose of this program is to use telehealth networks to increase access to behavioral health care services in rural and frontier communities and to conduct evaluations of those efforts to establish an evidence-base for assessing the effectiveness of tele-behavioral health care for patients, providers, and payers.

The range and use of telehealth services have expanded over the past decades, along with the role of technology in improving and coordinating care. Traditional models of telehealth involve care delivered to a patient at an originating (or spoke) site from a specialist working at a distant (or hub) site. A telehealth network consists of a series of originating sites receiving services from a collaborating distant site. For the purposes of this NOFO, telehealth is defined 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. Telehealth modalities to be used to support clinical treatment may include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

The Evidence-Based Tele-Behavioral Health Network Program presents an opportunity to address two clinical priorities: mental health and substance abuse (particularly the opioid abuse epidemic). Approximately 1 in 5 adults, or 18.1 percent of the U.S. population over the age of 18, have a mental illness.<sup>1</sup> When considering serious mental illness, an illness categorized by distinct mental health disorders that result in functional impairment, roughly 9.8 million adults (over the age of 18) are affected.<sup>2</sup> Research funded by HRSA found that a higher percentage of individuals with serious mental illness are located in nonmetropolitan (rural) counties than in metropolitan (urban) counties.<sup>3</sup>

Additionally, deaths from drug-related overdoses in the United States have risen. While deaths from drug overdose have increased by 11.4 percent between 2014 and 2015,

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<sup>1</sup> Rural Health Reform Policy Research Center. The 2014 Update of the Rural-Urban Chartbook. October 2014. <https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf>. Accessed October 2017. Defined according to two dimensions: 1) presence of a diagnosable mental, behavioral, or emotional disorder in the last year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the DSM-IV; and 2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment).

<sup>2</sup>Center for Behavioral Health Statistics and Quality. Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). 2015. <http://www.samhsa.gov/data/>. Accessed October 2017.

<sup>3</sup>Rural Health Reform Policy Research Center. The 2014 Update of the Rural-Urban Chartbook. October 2014. <https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf>. Accessed October 2017.

the rate of opioid-related deaths increased 15.6 percent.<sup>4</sup> Rural residents face an even greater disparity as rural states are more likely to have higher rates of overdose deaths, specifically from prescription opiate overdoses.<sup>5</sup>

Rural residents often have difficulty accessing behavioral health care providers. HRSA-funded research has found that nationally, the per capita supply of behavioral health providers in non-metropolitan counties is significantly less than the supply in metropolitan counties. For example, there is approximately one-third the supply of psychiatrists per capita and less than half the per capita supply of psychologists in non-metropolitan counties as there are in metropolitan counties. Of the 284 U.S. counties without behavioral health providers (psychiatrists, psychologists, social workers, psychiatric nurse practitioners and counselors) in 2015, 252 (89 percent) are considered rural.<sup>6</sup>

While the Evidence-Based Tele-Behavioral Health Network Program seeks to expand access to services for rural patients, its primary goal is to significantly contribute to the evidence base for assessing the effectiveness of tele-behavioral health care services for patients, providers, and payers. This will be accomplished through collaboration and systematic data collection by the awardees and analysis by HRSA's Telehealth-Focused Rural Health Research Center<sup>7</sup> recipient. By aggregating data from the entire cohort of awardees, researchers will have a sufficient sample size to conduct statistically sound analyses.

## **2. Background**

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

HRSA, an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable. HRSA's mission is to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs. Additional information about HRSA can be found at: <https://www.hrsa.gov/>.

HRSA's Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the Department of Health and Human Services (HHS). FORHP plays

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<sup>4</sup> Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep. ePub: December 2016. DOI: <http://dx.doi.org/10.15585/mmwr.mm6550e1>. Accessed September 2017.

<sup>5</sup> National Advisory Committee on Rural Health and Human Services, Families in Crisis: The Human Service Implications of Rural Opioid Misuse. 2016. <https://www.hrsa.gov/advisorycommittees/rural/publications/opioidabuse.pdf>. Accessed September 2017.

<sup>6</sup> WWAMI Rural Health Research Center. Supply and Distribution of the Behavioral Health Workforce in Rural America. September 2016. [http://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2016/09/RHRC\\_DB160\\_Larson.pdf](http://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2016/09/RHRC_DB160_Larson.pdf). Accessed October 2017.

<sup>7</sup> <https://www.ruralhealthresearch.org/centers/telehealth>

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 FORHP telehealth programs is located on the FORHP website: <https://www.hrsa.gov/rural-health/index.html>.

Applicants are encouraged to collaborate with other entities who receive HRSA funding for behavioral health care services, such as Federally Qualified Health Centers that received Access Increases in Mental Health and Substance Abuse Services (AIMS) supplemental funding. Applicants are also encouraged to collaborate with grantees of the Substance Abuse and Mental Health Services Administration (SAMHSA) or other federal funding sources, to avoid duplication of effort and enhance the services that patients receive. More information about the most recent HRSA/AIMS recipients can be found here:

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/aims/fy2017awards/index.html>.

## **II. Award Information**

### **1. Type of Application and Award**

Types of applications sought: New, Competing Continuation.

HRSA will provide funding in the form of a 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:**

- Reviewing and providing recommendations on the final work plan;
- Ongoing review of award activities and input on content or approach;
- Participating in conference calls or meetings with the awardees;
- Supporting collaboration between the Evidence-Based Tele-behavioral Health Network program awardees and the Telehealth-Focused Rural Health Research Center awardee;
- Providing common measures that must be reported by all recipients;
- Reviewing products or publications before dissemination;

- Reviewing reimbursement requests for tele-behavioral health services that cannot be reimbursed by third party payers; and
- Reviewing and providing recommendations regarding additional uses of the telehealth network beyond behavioral health care services. This may include using the network and related telehealth technologies for provider education or to provide clinical services for patients beyond tele-behavioral health care.

**The cooperative agreement recipient's responsibilities will include:**

- Adherence 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**);
- Completion of activities included in the final approved work plan, specifically data collection and active participation in HRSA-funded efforts to contribute to the tele-behavioral health evidence base;
- Participation in conference calls or meetings with HRSA;
- Collaboration with HRSA in ongoing review of activities and budgets; and
- Timely response to requests for information, including requests for data submissions, from HRSA or the Telehealth-Focused Rural Health Research Center awardee.

## **2. Summary of Funding**

HRSA expects approximately \$4,900,000 to be available annually to fund up to 14 recipients. You may apply for a ceiling amount of up to \$350,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2018 through August 31, 2021 (3 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Evidence-Based Behavioral Health Telehealth Network Program 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

Eligible applicants include domestic public or private, non-profit entities. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. Network members may be public, private, nonprofit or for-profit entities that provide services to rural areas.

Organizations applying to this NOFO should be experienced telehealth providers and, should design their proposed projects to maximize the number of individuals receiving tele-behavioral health services in rural areas. Applicants should select rural network partners with whom they have the ability to obtain de-identified patient level clinical and cost data for patients receiving telehealth as well as appropriate control groups.

Any application received from a current Telehealth-Focused Rural Health Research Center award recipient will not be considered for funding under this notice.

***Important:*** Applicants should have a successful track record in implementing telehealth technology and have a network of partners in place and committed to the project as of the date of application. Signed Memoranda of Agreement from those network partners committed to the proposed project must be included in the application. Applicants failing to submit verifiable information with respect to the commitment of network partners, including specific roles, responsibilities, and clinical services to be provided, will not be funded. Applicants who receive funding from HRSA for this program but fail to bring on board network partners as indicated in their application may receive a reduction in award in future funding years. In addition, applicants who do not have the necessary assurances and infrastructure to provide de-identified patient clinical and cost data, and associated control data will not be considered for funding.

#### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

#### 3. Other

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

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

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

under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

## 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](https://www.grants.gov) using the SF-424 workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing this notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or workspace application. This allows Grants.gov to email organizations in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

### 2. Content and Form of Application Submission

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

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

#### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

## **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is 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 the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 11: Other Relevant Documents.

See Section 4.1 viii of HRSA's [SF-424 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), please include the following:

### ***i. Project Abstract***

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

### ***ii. Project Narrative***

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

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)***  
Succinctly (1-2 pages) describe the purpose of the proposed project. Include an overview of the telehealth network and collaborative plans for addressing the behavioral health care needs in the rural communities in your proposed service area, including a list of the specific services that will be offered via telehealth. You must include a data-driven estimate of the projected number of sites and unduplicated patients that will receive services and for whom data (including clinical and cost data) will be collected for research/evaluation purposes for each year of the project period. Do not include information about network sites or patients who would not be active contributors or beneficiaries under this cooperative agreement. For example, if your network includes 10 sites but only eight sites will be actively participating/providing data in the proposed project, you should only discuss those eight sites in your application.

- **NEEDS ASSESSMENT** -- *Corresponds to Section V's Review Criterion #1 (Need)*  
This section should outline need from two perspectives:

Tele-Behavioral Health Evidence Base

Describe how the proposed tele-behavioral health services can contribute to or add to the existing evidence-base around the effectiveness of tele-behavioral health care for patients, providers, and payers. Specifically, briefly describe what you see as the gaps or weaknesses in the existing evidence-base for tele-behavioral health services. Discuss how information collected in this program could be analyzed to address the identified gaps and impact the field of telehealth.

Community and Provider Need for Tele-Behavioral Health Services

Describe the community and provider needs for tele-behavioral health services in your proposed rural network. Present evidence of significant demand for tele-behavioral health services among patients and providers in the proposed network's service area. The target population of the project must be sufficiently large to permit rigorous data analysis (e.g., projects should not propose limited services to small demographic groups or uncommon clinical conditions). Quantitative data must be used when describing the demand for tele-behavioral health services.

- **METHODOLOGY** -- *Corresponds to Section V's Review Criteria #2 (Response) and #4 (Impact)*

This section should describe how tele-behavioral health services will be delivered to the target population in the proposed project in a manner that permits rigorous analysis and data collection but also promotes increased access to care. Include a discussion of the following:

- A. Based on the information provided in the "Needs Assessment" section, describe the tele-behavioral health services that you will offer to each network site under this award and the technical means by which they will be delivered;
- B. Provide a clear explanation and justification of how proposed network sites were selected for this application and how they will collaborate with you to maximize the number of patient encounters and individuals for whom data can be collected and analyzed in a statistically rigorous manner;
- C. Describe the relationship and data sharing capabilities between your organization (the distant) and the originating (network) sites;
- D. Discuss and demonstrate the willingness of the administrators, providers, and community members at the network sites to deliver/receive behavioral health care using telehealth technology;
- E. Discuss the telehealth reimbursement environment for behavioral health care services and if Medicare, Medicaid, and/or private insurance in the applicant state(s) cover the proposed services;
- F. Describe the technology requirements and each type of equipment that will be employed along with its relevance to the project, how it contributes to cost-effective and quality care, and ease of use; and
- G. Describe plans and activities to implement the technology with assurances that the technology complies with existing federal and industry standards,

that the technologies are interoperable, and that the proposed technology can be easily integrated into health care practice.

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

This section should describe the specific steps that you will take to: (1) increase access to behavioral health care services in rural and frontier communities; (2) contribute to the evidence base assessing the effectiveness of tele-behavioral health care services for patients, providers, and payers; and (3) effectively manage the project. The discussion should include goals, objectives, and the following:

Increase Access to Behavioral Health Care Services

- A. Describe how tele-behavioral health care services will be implemented in the network (originating) sites (e.g., scheduling, identifying potential patients, educating staff and providers on how to integrate telehealth services into existing workflows, etc.); and
- B. Provide a timeline with specific milestones for each site.

Contribute to the Evidence Base

- A. Provide a detailed explanation of how data will be collected from the originating sites (e.g., manual chart abstraction, extraction from electronic health records, etc.);
- B. Provide an explanation of data quality control processes; and
- C. Provide an explanation of internal review board and/or data use agreement processes.

Project Management

- A. Provide a detailed explanation of how your organization will actively manage this project to ensure that all aspects of the project (both care delivery and data collection) are proceeding effectively.

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

This section should identify challenges that you may encounter in designing and implementing the activities described in your work plan and the approaches that you will use to resolve those challenges. These challenges may include those related to the provision of tele-behavioral health services or to the required data collection and cross-program evaluation and analysis. You should consider scenarios including:

- A. Staff turnover and/or loss of telehealth champion(s) at network sites;
- B. Broadband and other infrastructural issues related to providing telehealth services to network sites;
- C. Addressing underutilization of tele-behavioral health services in network sites;
- D. Data collection from network sites; and
- E. Need for technical assistance at the originating (network) sites to optimize the provision of tele-behavioral health care services.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 (Evaluative Measures) and #5 (Resources/Capabilities)*

This section should demonstrate your organization's capability to collaborate (including data sharing) with the Telehealth-Focused Rural Health Research Center on across-awardee program evaluation/analyses designed to contribute to the tele-behavioral health evidence base. HRSA will provide awardees with a full list of required measures at the beginning of the project period. For the purposes of your application, you must demonstrate the ability and capacity to report on measures in the following domains:

- A. Clinical outcomes (e.g., symptom reduction or reduction in condition severity at six months as measured by standardized psychiatric assessment scales appropriate for the population being treated such as the Patient Health Questionnaire – 9 and the Beck Depression Inventory);
- B. Functional improvement (e.g., quality of life as measured through pre/post improvement using scales such as the World Health Organization Disability Assessment Schedule 2.0 and/or the Short Form -12 Health Survey);
- C. Cost and cost-effectiveness/minimization (e.g., reduced treatment costs relative to non-telehealth treatment based on fixed and variable costs and reduced travel time; reduced utilization of other health services such as emergency departments or hospitalizations);
- D. Quality of care (e.g., performance measures such as timely outpatient visit following hospital discharge, improved use of validated screening tools such as the Patient Health Questionnaire – 9 for earlier identification and diagnosis, or improvement in Working Alliance Inventory scores); and
- E. Access (e.g., reduced wait time until appointment and increased receipt of follow-up specialty services; reduced travel time for patients).

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 (Resources/Capabilities)*

This section should describe your organization's structure and the proposed staffing plan for activities conducted under this notice.

- A. Describe your organization's experience (including materials published) successfully conducting work of a similar nature;
- B. Demonstrate previous experience successfully executing data-sharing and/or research activities that required your organization to gather data, either through manual chart abstractions or electronic health records, from the network partner sites;
- C. Describe the availability of behavioral health providers available, either directly employed by your organization or employed via contract with your organization, that have the capacity to provide telehealth services to the network partners (spoke/originating sites) within 60 days of the project start date;
- D. Describe the ability of the network member sites (spoke sites) to implement the project, including their ability to expand on existing provider and community support for tele-behavioral health services;
- E. Describe the network governance, including the ability of your organization (hub site) to hold network (spoke) sites accountable for data delivery and other project deliverables; and

- F. Describe how the information provided in the Project Organizational Chart (*Attachment 4*) contributes to the ability of the network to conduct the program requirements and meet program expectations.

In addition, each partner (spoke site) within the project should:

- G. Have a clearly defined role and specific set of responsibilities for the project; and
- H. Have a signed and dated Memoranda of Agreement (*Attachment 3*) that delineates the member's role and resource contribution, and decisions on equipment placement and responsibility for maintenance throughout the funding period and beyond.

<b>NARRATIVE GUIDANCE</b>	
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.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(4) Impact
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget, Detailed Budget and Budget Narrative (below)	(6) Support Requested – the budget section, including the detailed budget and the budget narrative, should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

### **iii. Budget**

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan

and by carefully following the approved plan can avoid audit issues during the implementation phase.

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

In addition, the Evidence-Based Tele-Behavioral Health Network Program requires that you submit a separate program-specific *Detailed Budget* (described below) for each year of the project period (September 1, 2018 to August 31, 2021) and upload it as *Attachment 7*. The detailed budget should reflect allocations for each 12-month budget period. More information on the detailed budget is described in the following section:

### *Detailed Budget*

The detailed budget should be included as *Attachment 7*.

Detailed budget information is required to capture information specific to the proposed telehealth activities. It provides a detailed breakout of how each network site will expend funds requested for each object class category. The Detailed Budget allows you to identify how you will use federal funds for each proposed site within the network.

The initial budget period for this funding opportunity is from September 1, 2018 to August 31, 2019. You must provide a budget for each year of requested funding for each object class category that reflects the cost of proposed activities for each network member/site. Based on the budget for each object class category, you will develop a consolidated budget.

Each object class category should be reported on a separate page (or multiple pages if needed based on the number of network sites). Report the object class categories as follows:

- A. Personnel/Fringe Benefits;
- B. Travel;
- C. Equipment;
- D. Supplies;
- E. Subcontracts;
- F. Other; and
- G. Indirect Costs.

Each page should identify the object class category and the name of the applicant and network member site. For each site, indicate if it is located in an urban area or a rural area (see *Attachment 6 for rural definition*). All network sites (originating sites) must be located in a rural area. The hub site/distant site(s) may be located in an urban area.



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

We recommend that you present your line-item budget in table format, listing each object class category for each facility (starting with your organization as the hub site and the subsequent network member sites/spoke sites) on the left side of the document, and the program corresponding costs (OAT- Federal Dollars, Other Federal Dollars, Federal Subtotal, Applicant/Network Partners Non-Federal Dollars, State Non- Federal Dollars, Other Non-Federal Dollars, Non-Federal Subtotal Dollars, and Total Dollars) across the top. Please label each site as being rural or urban. *As a reminder, only network sites that will be actively participating and contributing data should be listed and all network partner sites (spoke sites) must be located in rural areas.* Under Personnel, please list each position by the position title and name, with annual salary, Full-time Equivalent (FTE), percentage of fringe benefits paid, and salary charged to the award for each site. Equipment should be listed under the name of the site where the equipment will be placed. List the types of equipment to be funded at each site. Only equipment costs should be listed here (personnel costs for equipment installation should be listed in the “Other” category).

Equipment expenditures under this funding opportunity are limited to a 40 percent cap per year.<sup>8</sup> Clinician payments should be listed in the “Other” category and should only be included for patients for whom no alternate reimbursement is available.

Indirect costs are for the applicant organization only. The amount requested on the SF-424A and the amount listed on the detailed budget must match. It is recommended that *Attachment 7* be converted to a PDF to ensure page count does not change when the document is uploaded into <https://www.grants.gov>.

For Revenues by Site (for the budget period): On a single separate page, report as two vertical columns. The left column should list each Network site starting with the Applicant site on the top followed downward by each Network Member Site; and the right column should list the anticipated revenue total corresponding to each Applicant/Network Member site. Include this document in *Attachment 7*.

Treatment of Program Income: Under the Telehealth Network Program, any program income, including reimbursements from third party claims per Section IV.2.iv. Budget Narrative, should be added to funds committed to the project and used to further eligible program objectives.

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<sup>8</sup> This restriction is consistent with similar programs funded through HRSA.

Transmission Costs: Award dollars may be used to pay for transmission costs, such as the cost of broadband directly related to the purposes of the project. However, EB-THNP network members that request support for transmission costs also apply for support from the Universal Service Rural Health Care Program or document why they are not eligible for Universal Service support. For additional information, see the Universal Service Administrative Company (USAC) web site at <http://www.usac.org/rhc/>.

Clinician Payments: Applicants must seek third-party reimbursement for services, if applicable. More than 40 state Medicaid programs now reimburse some level of telehealth services. In addition, some states have instituted “parity laws” for telehealth, meaning that if an insurer covers a service face-to-face it must provide the same reimbursement for the service via telehealth. Applicants for EB-THNP services that could be reimbursed by Medicaid, Children’s Health Insurance Programs (CHIP), Medicare or private insurance should highlight their ability to catalyze a sustainable network through their state’s reimbursement environment. More information about state-specific telehealth reimbursement can be found here: <https://www.umtrc.org/updated-state-telehealth-laws-and-reimbursement-policies>.

Note applicants may allocate funding from the award to pay practitioners for telehealth services only after documenting that the awardee has attempted to seek third-party reimbursement and/or why it is not possible to receive third party reimbursement. Awardees seeking to use award dollars to pay practitioners for tele-behavioral health services will work with HRSA post-award to determine the maximum allowable payment.

### Allowable Costs

Award funds may be used for salaries, equipment, and operating or other costs, including:<sup>9</sup>

- A. Developing and delivering clinical telehealth services that enhance access to behavioral health care services in rural and frontier communities;
- B. Developing and acquiring, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other equipment that furthers the objectives of the telehealth network program;
- C. Developing and acquiring instructional programming;
- D. Providing for transmission of medical data, and maintenance of equipment;
- E. Providing for compensation (including travel expenses) of specialists, and referring health care providers, who are providing rural telehealth services through the telehealth network, if third party payment is not available for the telehealth services delivered through the telehealth network;
- F. Developing projects to use telehealth technology to facilitate collaboration between rural health care providers; and
- G. Collecting and analyzing usage statistics and data to document the cost-effectiveness of telehealth services and answer similar research questions that will contribute to the evidence-base for rural tele-behavioral health care.

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<sup>9</sup> The allowable costs are consistent with similar programs funded through HRSA.

The Consolidated Appropriations Act, 2018 (P.L. 115-141), 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 FY 2019, as required by law.

**iv. Budget Narrative**

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

In addition, the EB-THNP requires the following in the budget narrative:

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

**Third Party Telehealth Payment:** Describe third party telehealth payment opportunities for the respective state(s) and program(s) for the proposed network sites. You should demonstrate awareness of evolving policies regarding reimbursement for telehealth services and monitor policy changes during the award period. As indicated in the previous section, you may allocate funding from the award to pay practitioners for telehealth services, only after documenting that you have attempted to seek third-party reimbursement and/or why it is not possible to receive third party reimbursement. Awardees seeking to use award dollars to pay practitioners for tele-behavioral health services will work with HRSA post-award to determine the maximum allowable payment.

**v. Attachments**

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

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

Keep each job description to no more than one page in length. Include the role, responsibilities, and qualifications of proposed project staff. Include key personnel that are located at the network sites (originating sites). If people will be hired to fill positions with HRSA funding, provide position descriptions that give the title of the position, duties and responsibilities, required qualifications, supervisory relationships, and salary ranges.

*Attachment 2: Biographical Sketches of Key Personnel [required]*

Include biographical sketches for people occupying the key positions described in Attachment 1, not to exceed one page in length per person. Do not submit a full curriculum vitae. Highlight the qualifications (including education and past experience) that each person has to carry out his/her respective role. In the event

that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

*Attachment 3: Memoranda of Agreement [required, not counted in page limit]*

Provide documentation that describes the working relationships between the applicant organization and each network member included in the application for this NOFO. Each memorandum of agreement (MOA) shall be executed by the listed contact in the application or other appropriate official from the network member (originating) site with authority to obligate the site to the project. The MOA will include a cover page on the letterhead of each respective network member (originating) site. The MOA should be tailored to the particular network member site and contain, at minimum, the following:

- Clearly defined roles and a specific set of responsibilities for the project (including decisions about equipment placement, ownership and maintenance of equipment throughout the project period, and data collection)
- Clearly defined resources (e.g., space, staff, access to data, etc.)
- Past and current activities in planning and implementing telehealth projects with your (the applicant) organization

All MOAs must be dated and contain original signatures from the authorized representatives. MOAs containing generic information not referencing and relevant to the proposed EB-THNP project are not acceptable.

Note: Evidence must be provided that all network partners are committed to the project and are ready to begin implementing the project on September 1, 2018. Applicants failing to submit verifiable information with respect to the commitment of network partners, including specific roles, responsibilities, and services being provided, will be deemed incomplete and will not be considered for funding.

*Attachment 4: Project Organizational Chart [required]*

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators (including HRSA and HRSA's Telehealth Focused Rural Health Research Center). The chart should illustrate where project staff are located and reporting lines for each component of the project.

*Attachment 5: Indirect Cost Rate Agreement [if applicable]*

Information on HHS indirect cost rates can be obtained from the Office of the Assistant Secretary for Administration and Management - Program Support Center at <https://rates.psc.gov/>

*Attachment 6: Network Identification Information [required]*

You are required to submit the following information about your organization and the network member sites included in your application.

- A. The applicant site (your organization)
  - a. Site name and address
  - b. Designation as a hub/distant site or spoke/originating site

- c. National Provider Identifier and Primary Taxonomy (if the site bills for services)<sup>10</sup>
- d. HCP number (if the site receives Universal Service funding)<sup>11</sup>
- e. County where the organization is located
- f. Rural or urban geographic designation<sup>12</sup>
- g. Description of facility
  - i. Federally Qualified Health Center or other Community Health Center
  - ii. Entity operating a clinic, including a Rural Health Clinic
  - iii. Hospital, including Critical Access Hospitals
  - iv. Local health department
  - v. Other publically funded health or social service agency
  - vi. Long term care provider
  - vii. Provider of outpatient mental health services or entity operating an outpatient mental health facility
  - viii. Local or regional emergency health care provider
  - ix. Institution of higher education
  - x. Other entity not otherwise described (please provide description)
- B. Successive network member sites
 

Successive pages of information should be used to identify each individual member site in the network (originating sites) by including the information listed above for the applicant site. Label the top of each network member site as appropriate (e.g., site #2 of total # of sites, site #3 of total # of sites, etc.).

***Attachment 7 – Detailed Budget Information [required]***

Include the program-specific line-item budget (see Section IV.2.iii. Budget for additional information). It is recommended that this attachment be converted to a PDF to ensure that the page count does not change when the document is uploaded to [www.grants.gov](http://www.grants.gov).

***Attachment 8 – Letters of Support [optional]***

Only include letters of support that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all

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<sup>10</sup> If the site name or address does not match the National Provider Identifier registry, please provide an explanation for the discrepancy. See <https://npiregistry.cms.hhs.gov/>.

<sup>11</sup> See <https://www.usac.org/rhc>.

<sup>12</sup> The applicant organization and any other hub/distant sites may be located in urban areas but all network member/spoke/originating sites must be located in rural areas. Urban originating sites are not eligible to receive support under this funding opportunity.

For the purposes of this NOFO, rural is defined as all counties that are not designated as parts of metropolitan areas (MAs) by the Office of Management and Budget (OMB). In addition, we use Rural Urban Commuting Area Codes (RUCAs) to designate rural areas within MAs. This rural definition can be accessed at: <https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>. 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.

other support letters on one page. A letter of support cannot take the place of a memorandum of agreement as required in *Attachment 3*.

*Attachment 9 – Proof of Non-Profit Status [required]*

You must include a letter from the Internal Revenue Service (IRS) or eligible state entity that provides documentation of your non-profit status. This may be either:

- A. 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;
- B. a copy of a current and valid IRS tax exemption certification;
- C. a statement from a state taxing body, state Attorney General, or other appropriate state official certifying that the applicant organization has a non-profit tax status and that none of the net earnings accrue to any private shareholders or individuals;
- D. a certified copy of the applicant organization's certificate of incorporation or similar document if it clearly establishes the non-profit status of the organization; or
- E. any of the above documents from a state or national parent organization with a statement signed by that parent organization affirming that the applicant organization is a non-profit affiliate.

In place of the letter documenting non-profit status, public entities may indicate their type of public entity (state or local government) and include it here.

*Attachment 10: Proof of Existing Tele-Behavioral Health Services [required]*

Provide proof (e.g., administrative data) showing that your organization provides tele-behavioral health services to a significant number of rural patients (defined as 15 or more patients per month).

*Attachment 11: Rural Eligibility [required]*

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

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

For the 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, OAT 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 at: <http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx>

If the county is not entirely rural or urban, then follow the link for "Check Rural Health Grants Eligibility by Address" to determine if a specific site qualifies as rural based on its specific census tract within an otherwise urban county.

**Rural ID Eligibility Headings:**

- Name of Site – List the name of the Network Member Site.
- Street Address – Include City, State and Zip Code.
- County – List name of County.
- Is this a Telehealth Network Rural Originating site or Destination site? – Yes/No
- Is the Telehealth Network Rural Originating site a Small Rural Hospital? - Yes/No
- Does application attachment numbers 3 & 10 contain evidence that each Network Member Site is committed to the project for Year 1? - Yes/No

*Attachments 12 – 15: Other Relevant Documents*

Include here any other documents that are relevant to the application.

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

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

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

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

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

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)



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

**ALERT from SAM.gov:** You must now provide an original, signed [notarized letter](#) stating that you are the authorized Entity Administrator before your registration will be activated by SAM.gov. Please read [these FAQs](#) to learn more about this process change. Plan for additional time associated with submission and review of the notarized letter. This requirement is effective March 22, 2018 for **new** entities registering in SAM. This requirement is effective April 27, 2018 for **existing** registrations being updated or renewed. Entities already registered in SAM.gov are advised to log into SAM.gov and review their registration information, particularly their financial information

**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 *June 25, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 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 Evidence-Based Tele-Behavioral Health Network Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

#### **6. Funding Restrictions**

You may request funding for a period of performance of up to 3 years, at no more than \$350,000 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, 2018 (P.L. 115-141) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2019, as required by law.

You cannot use funds under this notice for the following purposes:<sup>13</sup>

- 1) To acquire real property;

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<sup>13</sup> This restriction is consistent with similar programs funded through HRSA.



- 2) To purchase or install transmission equipment (such as laying cable or telephone lines, or purchasing or installing microwave towers, satellite dishes, amplifiers, or digital switch equipment);
- 3) To pay for any equipment or transmission costs not directly related to the purposes for which the grant is awarded;
- 4) To purchase or install general purpose voice telephone systems;
- 5) 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 awards 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 instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed 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. See the review criteria outlined below with specific detail and scoring points.

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 Evidence-Based Tele-Behavioral Health Network Program has six review criteria:

*Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment*

The extent to which the application:

1. Provides a clear overview of the proposed network and how it will be used to address the behavioral health care needs in rural communities within its service area.
2. Describes significant demand for tele-behavioral health services in the proposed service area, including a realistic and data-driven estimate of the number of sites and unduplicated patients that will receive services AND for whom clinical and financial data can be collected.

3. Includes a clear discussion of the current gaps or weaknesses in the existing evidence base for the tele-behavioral health services proposed, including how data collected in this program can be used to address the identified gaps.

*Criterion 2: RESPONSE (10 points) – Corresponds to Section IV's Methodology and Work Plan*

The extent to which the application:

1. Clearly outlines the tele-behavioral health services that will be offered at each network site and the technical means by which they will be offered.
2. Proposes to use telehealth technologies that provide accurate, cost-effective care and are easy to use for patients and providers.
3. Effectively describes how the proposed technology/technologies comply with existing federal and industry standards, are interoperable, and can easily be integrated into the health care practices at the network sites.
4. Provides a thorough overview of the reimbursement environment in the proposed service area for tele-behavioral health services and how that environment will impact the applicant's ability to successfully implement the proposed project.
5. Includes an aggressive timeline with goals, measurable objectives, and activities for meeting project milestones.

*Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity*

The extent to which the application:

1. Documents the capacity to collect person-level data in the following domains:
  - a. Clinical outcomes (e.g., symptom reduction or reduction in condition severity at six months as measured by standardized psychiatric assessment scales appropriate for the population being treated such as the Patient Health Questionnaire – 9 and the Beck Depression Inventory)
  - b. Functional improvement (e.g., quality of life as measured through pre/post improvement using scales such as the World Health Organization Disability Assessment Schedule 2.0 and/or the Short Form -12 Health Survey)
  - c. Cost and cost-effectiveness/minimization (e.g., reduced treatment costs relative to non-telehealth treatment based on fixed and variable costs and reduced travel time; reduced utilization of other health services such as emergency departments or hospitalizations)
  - d. Quality of care (e.g., performance measures such as timely outpatient visit following hospital discharge, improved use of validated screening tools such as the Patient Health Questionnaire – 9 for earlier identification and diagnosis, or improvement in Working Alliance Inventory scores)
  - e. Access (e.g., reduced wait time until appointment and increased receipt of follow-up specialty services; reduced travel time for patients)
2. Provides evidence that the applicant organization and their proposed network partners have the willingness and ability to implement data collection protocols based on the measures provided at the beginning of the project period on both users of the tele-behavioral health services and an appropriate comparison group who do not use the tele-behavioral health services.

*Criterion 4: IMPACT (40 points) – Corresponds to Section IV's Methodology, Resolution of Challenges, Work Plan and Attachment 10, Proof of Existing Tele-Behavioral Health Services*

Ability to Maximize Number of Individuals Receiving Services and Contributing Data (15 points)

The extent to which the applicant organization:

1. Demonstrates the ability to provide tele-behavioral health services to the identified network partner sites and begin collecting data with little to no ramp up time (within 60 days of the project start date).
2. Has identified a target population that is sufficiently large to permit rigorous data analysis (e.g., the proposed project is not limited to small demographic groups or uncommon clinical conditions).
3. Provides a clear explanation/justification for how network sites were selected to collaborate in this project and how they will ensure that services are provided to a sufficient number of patients to support rigorous data analysis.
4. Provides evidence (e.g., administrative data) of a significant number (defined as 15 or more per month) of rural patients already receiving tele-behavioral health services through the applicant organization.

Ability to Collect and Transmit Person-Level Data (10 points)

The extent to which the application:

5. Provides a clear and detailed explanation of how data will be collected from the network sites.
6. Clearly describes the existing data sharing capabilities between the applicant organization and the network (spoke) sites. For sites that do not currently share data, the extent to which the application includes a clear plan for how the applicant organization will obtain patient level data with minimal start-up delays.
7. Proposes quality control processes that ensure the data collected is accurate and complete.
8. Includes an explanation of an internal review board and/or data use agreement processes that demonstrates a thorough understanding the process for the impacted institutions/organizations involved in the proposed project.

Community and Provider Support for Tele-Behavioral Health Services (5 points)

The extent to which the application:

9. Provides evidence of provider, health care facility administrator and community support to deliver/receive behavioral health services using telehealth technology.
10. Clearly describes how tele-behavioral health care will be implemented in the network (originating) sites.

### Project Management (5 points)

The extent to which the application:

11. Includes a detailed project management plan that conveys how the applicant will actively manage the proposed activities to ensure that delivery of care and data collection are progressing effectively throughout the lifespan of federal funding.

### Resolution of Challenges (5 points)

The extent to which the application:

12. Provides clear and action-oriented responses to challenges that may arise related to data collection or provision of care. This discussion should include (but is not limited to):
  - a. Staff turnover/loss of telehealth champions
  - b. Broadband/infrastructure issues
  - c. Underutilization of tele-behavioral health services
  - d. Data collection from network (spoke) sites
  - e. Optimizing provision of tele-behavioral health services

*Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information and Evaluation and Technical Support Capacity*

The extent to which the applicant organization (10 points):

1. Demonstrates previous experience successfully implementing high volume tele-behavioral health services in rural communities.
2. Demonstrates access to behavioral health care providers with the capacity to provide telehealth services to patients in rural communities through this telehealth network.
3. Demonstrates previous experience successfully executing data-sharing and/or research activities that required the applicant organization to gather data, either through manual chart abstractions or electronic health records, from network partner sites.
4. Has a network governance structure that allows the applicant organization to hold network (spoke) sites accountable for data delivery and other project deliverables.

The extent to which the application (5 points):

5. Clearly defines the roles and specific responsibilities of the network partner (spoke) sites.
6. Includes signed and dated Memoranda of Agreement (Attachment 3) that clearly demonstrate commitment to the proposed project.

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

The extent to which the budget, including the detailed budget (*Attachment 7*) and the budget justification:

1. Provides a clear justification for costs with respect to project goals and proposed activities and maximizes the use of HRSA funding for service delivery and data collection.
2. Documents a realistic, necessary, and justifiable number of full-time equivalents (FTEs) and expertise necessary to implement and maintain the project.
3. Is complete and detailed in supporting each line item and allocating resources for each year of the project period.

## **2. Review and Selection Process**

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors below in award selection (e.g., geographical distribution).

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

## **3. Assessment of Risk and Other Pre-Award Activities**

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about

your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIS](#) 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 FAPIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

#### **4. Anticipated Announcement and Award Dates**

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2018.

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will issue the Notice of Award prior to the start date of September 1, 2018. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements**

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

#### **Requirements under Subawards and Contracts under Grants**

The terms and conditions in the Notice of Award (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 and contractors under grants, unless the NOA specifies an exception. See [45 CFR § 75.101 Applicability](#) for more details.

#### **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) **Progress Report.** The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be available in the award notice.
- 2) **Patient Level Data.** Cooperative agreement recipients will be required to collaborate with HRSA and the HRSA-funded Telehealth Focused Rural Health Research Center (RTRC) to contribute to the tele-behavioral health evidence base through systematic collection of patient-level data. By aggregating data from the entire cohort of awardees, researchers at the RTRC will have a sufficient sample size to conduct statistically sound analyses. EB-THNP recipients will be required to report on data in the following domains:
  - a. Clinical outcomes (e.g., symptom reduction or reduction in condition severity at six months as measured by standardized psychiatric assessment scales appropriate for the population being treated such as the Patient Health Questionnaire – 9 and the Beck Depression Inventory)
  - b. Functional improvement (e.g., quality of life as measured through pre/post improvement using scales such as the World Health Organization Disability Assessment Schedule 2.0 and/or the Short Form -12 Health Survey)
  - c. Cost and cost-effectiveness/minimization (e.g., reduced treatment costs relative to non-telehealth treatment based on fixed and variable costs and reduced travel time; reduced utilization of other health services such as emergency departments or hospitalizations)
  - d. Quality of care (e.g., performance measures such as timely outpatient visit following hospital discharge, improved use of validated screening tools such as the Patient Health Questionnaire – 9 for earlier identification and diagnosis, or improvement in Working Alliance Inventory scores)
  - e. Access (e.g., reduced wait time until appointment and increased receipt of follow-up specialty services; reduced travel time for patients)

Additional information, including the specific measures, will be provided at the beginning of the project period.

- 3) **Final Report.** A final report is due within 90 days after the end of the project period. The final report must be submitted online in the Electronic Handbooks (EHBs) system at <https://grants.hrsa.gov/webexternal/home.asp>. Further information will be provided in the Notice of Award for the final year of funding.
- 4) **Office of the Advancement of Telehealth (OAT) Recipient Directory.** Applicants accepting this award must provide information for OAT's Recipient Directory. Further instructions will be provided by OAT in the Notice of Award.

- 5) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

## VII. Agency Contacts

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

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

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

Kerri Cornejo  
Public Health Analyst, Federal Office of Rural Health Policy  
Attn: Evidence-Based Tele-Behavioral Health Network Program  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, Room 17N166D  
Rockville, MD 20857  
Telephone: (301) 443-4204  
Fax: (301) 443-2803  
Email: [kcornejo@hrsa.gov](mailto:kcornejo@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](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>



Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

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

## **VIII. Other Information**

### **Technical Assistance**

HRSA has scheduled the following technical assistance webinar:

#### *Webinar*

Day and Date: Thursday, May 24, 2018

Time: 3 – 4 p.m. ET

Call-In Number: 1-888-329-8895

Participant Code: 738161

Weblink: [https://hrsa.connectsolutions.com/ta\\_bhnpg\\_application/](https://hrsa.connectsolutions.com/ta_bhnpg_application/)

### **Tips for Writing a Strong Application**

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