U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Federal Office of Rural Health Policy
Hospital-State Division

*** Rural Quality Improvement Technical Assistance Cooperative Agreement***

Funding Opportunity Number: HRSA-18-036
Funding Opportunity Types: New, Competing Continuation
Catalog of Federal Domestic Assistance (CFDA) Number: 93.155

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: May 1, 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: January 25, 2018

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2018 Rural Quality Improvement Technical Assistance Cooperative Agreement (RQITA). The purpose of this program is to improve quality and health outcomes in rural communities through technical assistance (TA) to beneficiaries of HRSA rural health quality initiatives such as award recipients, Critical Access Hospitals (CAHs), and other rural providers. Assistance will be provided in data collection and analysis, understanding measure specifications, benchmarking, target-setting, and health information technology. It will also include developing, implementing, and adapting efficient and effective improvement strategies for a rural audience and tracking the outcomes of quality improvement efforts. The FY 2018 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds a timely manner. You should note that this program may be cancelled prior to award recommendations.

Funding Opportunity Title:	Rural Quality Improvement Technical Assistance Cooperative Agreement
Funding Opportunity Number:	HRSA-18-036
Due Date for Applications:	May 1, 2018
Anticipated Total Annual Available FY18 Funding:	$500,000
Estimated Number and Type of Awards:	1 cooperative agreement
Estimated Award Amount:	Up to $500,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 1, 2018 through August 31, 2023 (5 years)
Eligible Applicants:	Eligible applicants include domestic public, private, and nonprofit organizations, including tribes and tribal organizations, and faith-based and community-based organizations. See Section III-1 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

The following technical assistance webinar has been scheduled:

Webinar

Day and Date: Thursday, February 15, 2018
Time: 2 – 3 p.m. ET
Call-In Number: 1-866-624-4930
Participant Code: 87600419
Weblink: https://hrsa.connectsolutions.com/rqita/

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for Rural Quality Improvement Technical Assistance Cooperative Agreement (RQITA).

The purpose of this cooperative agreement is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of the Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) quality initiatives such as award recipients, Critical Access Hospitals (CAHs), and other rural providers.

Technical assistance should include, but is not limited to, the following:
- Data collection and analysis;
- Improving the understanding of measure specifications, benchmarking, target-setting and health information technology;
- Developing and implementing effective quality improvement strategies as well as adapting existing resources for a rural audience, as applicable; and,
- Tracking the outcomes of quality improvement efforts.

2. Background

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

HRSA/FORHP accomplishes its mission towards improving access to health care by supporting quality improvement through grant programs. Currently, HRSA supports several programs that focus on quality, such as the Medicare Rural Hospital Flexibility (Flex) grant program and the Small Health Care Provider Quality Improvement (SHCPQI) grant program. The Flex program funds 45 states to assist over 1,300 CAHs designated nationally. Flex has an emphasis in quality improvement, which is accomplished through the Medicare Beneficiary Quality Improvement Project (MBQIP). MBQIP is a quality improvement initiative aimed at increasing the number of CAHs that publicly report data on a set of rural-relevant quality measures, and then encouraging those CAHs to use the data to drive quality improvement efforts. The SHCPQI grant program provides support directly to rural primary care providers for implementation of quality improvement activities in order to promote the development of an evidence-based culture and delivery of coordinated care in the primary care setting, which ultimately leads to improved health outcomes for rural patients. HRSA also administers cooperative agreements and contracts such as the Information Services to Rural Hospital Flexibility Grantees Program (Technical Assistance Center), Medicare Rural Hospital Flexibility Program Evaluation, and Technical Assistance Contract for Direct Service Grantees to provide technical assistance for HRSA rural health quality initiatives. These cooperative agreements work in coordination with RQITA.

RQITA also presents an opportunity to tackle public health challenges, such as mental health, opioid abuse, and childhood obesity. The Rural Quality Improvement Technical Assistance Cooperative agreement provides data and analysis to inform Critical Access

Hospital and other rural providers. Analysis should include national, state, and hospital-level data, specifically quality and financial data and population health activities, including topics related to the following clinical priorities: mental health, opioid abuse, and childhood obesity.

Demonstrating value through reporting and improving on quality measures has become increasingly important for hospitals. Understanding quality reporting and measurement can prove to be challenging, especially for rural providers. Rural providers typically face unique challenges ranging from treating a diverse population to having fewer available resources needed to report and implement quality improvement initiatives. There are entities that provide technical assistance to hospitals such as the Quality Improvement Networks – Quality Improvement Organizations and Hospital Improvement Innovation Networks, but technical assistance for rural providers is limited, particularly for low-volume, under-resourced rural hospitals and clinic settings. Oftentimes, coordination of technical assistance between technical assistance providers nationally can be challenging since rural hospitals need technical assistance that addresses the unique environment they face and provides them the flexibility to address emerging quality improvement initiatives that are rural relevant. This cooperative agreement looks to fill that gap.

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 the performance period.

HRSA Program involvement will include:
- Facilitating the close collaboration on work with important cooperative agreements and contracts related to quality improvement that HRSA administers such as the Information Services to Rural Hospital Flexibility Grantees Program (Technical Assistance Center), Medicare Rural Hospital Flexibility Program Evaluation, and Technical Assistance Contract for Direct Service Grantees and relevant federal agencies and programs such as Center for Medicare & Medicaid Services (CMS), the Center for Disease Control and Prevention (CDC), Quality Improvement Networks – Quality Improvement Organizations, Hospital Innovation Improvement Networks;

- Assisting with selection of the rural quality advisory council and participate as an active member on the council;

- Sharing relevant program data to ensure the greatest impact of technical assistance and quality improvement efforts in rural communities;

- Review methods supporting document preparation for appropriate rigor and soundness and provide comments on documents, curricula, program plans, budgets, work to be contracted out (including the work plan), work plan revisions, etc. prior to printing, dissemination or implementation;

- Participate in planning the strategic direction of the technical assistance provided by the recipient as well as MBQIP.

The cooperative agreement recipient's 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**);

- Developing and implementing a strategy to assist beneficiaries of HRSA rural health quality initiatives such as award recipients, CAHs, and other rural providers in need of quality improvement technical assistance as well as enhanced technical assistance (such as site visits) to specific award recipients determined by HRSA;

- Providing guidance and assistance in the identification and selection of quality reporting and improvement education programs for beneficiaries of HRSA rural health quality initiatives;

- Developing a plan for demonstrating how the provision of this technical assistance leads to increased public reporting of quality data as well as improvements in quality outcomes;

- Convening a rural quality advisory council for the purposes of providing guidance on the development, implementation, and evaluation of the technical assistance resources and quality improvement strategies as well as topics related to the clinical priorities of mental illness, opioid abuse, and childhood obesity;

- Maintaining and regularly reporting a detailed log of all technical assistance provided to rural hospitals and resolution status to HRSA;

- Collaborating closely with HRSA and other partners such as award recipients of cooperative agreements and contracts related to quality improvement administered by HRSA like the Information Services to Rural Hospital Flexibility Grantees Program (Technical Assistance Center), Medicare Rural Hospital Flexibility Program Evaluation, and Technical Assistance Contract for Direct Service Grantees to identify and provide support for potential opportunities of collaboration as well as disseminate shared knowledge to inform stakeholders of best practices for improving quality outcomes in rural communities;

- Working with HRSA and other federal partners such as CMS and CDC to identify and provide support for potential opportunities for collaboration and alignment of technical assistance and reducing reporting burden;

- Attending (and presenting, when applicable) at relevant meetings and workshops. Required meetings with at least one representative include, but are not limited to, at the annual Flex Reverse Site Visit in Washington, DC and bi-annual Flex Workshop in Duluth, MN.

2. Summary of Funding

Approximately $500,000 is expected to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to $500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. The FY 2018 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. The project period is September 1, 2018 through August 31, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for RQITA 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.

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.

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 through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

Effective December 31, 2017 - You **must** use the Grants.gov Workspace to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished 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 Find Grant Opportunities 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. Applications must be submitted in the English language and must be 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 application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to 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 10: 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*
  This section should briefly describe the purpose of the proposed project to provide technical assistance to beneficiaries of HRSA rural health quality initiatives such as award recipients, CAHs, and other rural providers. Assistance will be provided in data collection and analysis, understanding measure specifications, benchmarking, target setting, and health information technology. It will also include developing, implementing, and adapting efficient and effective improvement strategies for a rural audience and tracking the outcomes of quality improvement efforts.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need*
  The needs assessment should help reviewers understand the needs to be fulfilled by the proposed project and provide the context and rationale for the proposed work plan and budget. This section should demonstrate an understanding of the

distinct quality improvement needs of beneficiaries of HRSA rural health quality initiatives such as award recipients, CAHs, and other rural providers (federally qualified health centers, tribal clinics, rural health clinics, etc.), and the gaps that exist within the current infrastructure of support for quality improvement and health information technology for these entities.

The applicant should also provide evidence of extensive knowledge and understanding of important quality initiatives such as the Medicare Beneficiary Quality Improvement Project (MBQIP).

This section should outline the need for technical assistance revolving around quality reporting, understanding measure specifications, and implementing quality improvement efforts at both the state and rural facility level in order to improve the health and quality outcomes of rural communities. Any relevant data specific to these programs, to include the use of the Critical Access Hospital Measurement and Performance Assessment System, and entities should be used and cited whenever possible to support the information provided related to provider reporting and quality improvement.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria (2) Response and (4) Impact*
Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. As appropriate, include development of effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and information sharing/dissemination with beneficiaries of HRSA rural health quality initiatives such as award recipients, CAHs, and other rural providers, if applicable.

The applicant should discuss the proposed methodology for:

- Enhancing CAHs understanding of measure specifications, reporting quality measures, benchmarking, and other needs related to quality reporting and improvement for sustainability efforts, including all measures under the MBQIP and SHCPQI program. This also includes in-depth technical assistance, such as site visits, to select Flex award recipients and CAHs as determined by collaboration with HRSA;

- Tracking the technical assistance provided as well as the impact of that assistance in a detailed log;

- Data collection and analysis, including benchmarking and target setting to track outcomes of quality improvement efforts at the national, state, and CAH level. This also includes translating clinical quality data to quality improvement efforts;

- Developing and disseminating resources that highlight best practices and strategies focused on quality reporting, improvement, health information technology and other emerging rural relevant topics. This also includes adapting existing resources for a rural audience;

- Convening a rural quality advisory council for the purposes of providing guidance on the development, implementation, and evaluation of the technical assistance resources and quality improvement strategies as well as topics related to the clinical priorities of mental health, opioid abuse, and childhood obesity;

- Aligning technical assistance with other national quality reporting programs to enhance coordination and technical assistance for Flex award recipients and CAHs. This includes not duplicating existing resources of assistance such as the CMS QualityNet Help Desk or Quality Improvement Organizations;

- Collaborating closely with HRSA and other partners such as CDC, CMS, and recipients of cooperative agreements and contracts related to quality improvement administered by HRSA such as the Information Services to Rural Hospital Flexibility Grantees Program (Technical Assistance Center), Medicare Rural Hospital Flexibility Program Evaluation, and Technical Assistance Contract for Direct Service Grantees;

- Developing a plan for project sustainability describing how the strategies implemented within hospitals, practices and the community, during the project period may still have an impact after the period of federal funding ends within the selected communities.

- *WORK PLAN -- Corresponds to Section V's Review Criterion (2) Response*
  There are two components to this section: a) Work Plan Matrix and b) Work Plan Narrative. Both sections should be succinctly organized by goals and objectives. Note: Please review Attachment 1: Work Plan.

  A) Work Plan Narrative
  The work plan narrative should cover a five (5) year project period explaining activities to begin September 1, 2018 and going no longer than August 31, 2023. This narrative should expand upon the work plan matrix. In the work plan narrative, provide the following information:

  1) The work plan should clearly demonstrate activities intended to be completed in the Project Period.
  2) Describe how the project will be implemented, and, as appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application.
  3) Provide evidence and direct linkage to how the work plan addresses the needs identified in the Needs Assessments section above.
  4) Describe how each activity will enhance understanding of quality reporting and improvement.

B) Work Plan Matrix (spreadsheet)
The work plan matrix should represent year one of the project period and should provide goals, objectives, activities, responsible staff, timelines (when possible), and metrics (process and outcome measures). The matrix should be in a table format.

- *RESOLUTION OF CHALLENGES* -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities
  - Discuss challenges that you are likely to encounter in designing and implementing technical assistance strategies described in the work plan and approaches that you will use to resolve such challenges. Demonstrate a clear understanding of the challenges involved in working and providing technical assistance to rural stakeholders.
    - If the applicant is the incumbent, describe how the challenges of the previous project period will be addressed for the upcoming project period. Elaborate on the lessons learned and how they will impact the execution of the new project period.

  - Identify any infrastructure that is in place that will assist the recipient organization overcoming any potential barriers.

  - Discuss any anticipated challenges regarding access to relevant quality data and systems.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion (3) Evaluative Measures*
  You must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities. Measures must 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.

  The evaluation plan should consist of tracking and reporting on things such as, but not limited to:
  - The number and type of requests for technical assistance as well as the resolution of issues, categorized by entity type;

  - Number of hospitals assisted with their data reporting and submission, and how assistance will lead to increased and more robust public reporting of quality data;

  - The number and type of quality improvement strategies that will be implemented as a direct result of program activities;

  - Improved quality outcomes resulting from the assistance provided;

- Any additional applicable assessment measures. HRSA will share any available relevant MBQIP and other data documents with the awardee that include reporting and outcome data to assist with targeting efforts and assessing impact.

The applicant should also incorporate the use of customer feedback to continually improve the process for providing technical assistance on quality reporting and improvement.

As appropriate, describe the current experience, skills, and knowledge, including individuals on staff, resources published, previous work of a similar nature and a strategy to collect, analyze and track data to measure impact/outcomes and explain how the data will be used to inform the continued provision of technical assistance.

Applicants must describe any potential obstacles for implementing the self-assessment of program performance and how those obstacles will be addressed.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities*
Succinctly describe your organization's current mission and structure, scope of current activities, including an organizational chart, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

Describe relationships and experience working with key partners and stakeholders listed below. Provide specific examples to support organizational relationships with these entities:

- Critical Access Hospitals

- Small rural primary care providers, such as Rural Health Clinics, Federally Qualified Health Centers, and tribal health clinics

- National level technical assistance providers that work with rural populations such as the National Rural Health Resource Center

- Federal partners such as CMS, CDC and the appropriate support entities, such as their National Support Contractor or National Content Developer

- Former Quality Improvement Organizations, the current Quality Improvement Network - Quality Improvement Organizations, and Hospital Improvement Innovations Networks

Describe current and past organizational expertise and history of providing technical assistance to states and/or rural healthcare facilities regarding the activities listed below. Describe qualified project personnel that have extensive experience to carry out all aspects of the project on a national level. Provide specific examples, data, and outcomes to support organizational experience and success in:

- Creating and disseminating technical assistance resources, using established methodologies, for quality improvement and health information technology on a national, state, and hospital level;

- Submitting clinical quality data, particularly to CMS QualityNet and CDC National Healthcare Safety Network (NHSN) utilizing the appropriate tools and software such as CMS Abstraction and Reporting Tool;

- Improving the accuracy, timeliness, and completeness of clinical quality data submission;

- Providing education on measure specifications, particularly CMS, CDC NHSN, and National Quality Forum-endorsed measures;

- Assisting with the development and implementation of efficient and effective quality improvement strategies;

- Assisting with data analysis in order to monitor and track outcomes of quality improvement efforts;

- Achieving improved quality outcomes.

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

iii. *Budget*

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please 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 the application is selected 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.

The Consolidated Appropriations Act (P.L. 115-31), *2017*, 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." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2018 as required by law.

iv. *Budget Narrative*

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

v. *Attachments*

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

Attachment 1: Work Plan
> Attach the work plan (matrix and narrative) for the project that includes all information detailed in Section IV. ii. Project Narrative.

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 time keeping 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 who is not yet hired,

please 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. Letters of agreement must be 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, etc.).

Attachment 7: Letters of Support
Include only letters of support that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 8: For Multi-Year Budgets--5th Year Budget (NOT counted in page limit),
After using columns (1) through (4) of the SF-424A Section B for a 5-year project period, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachment 9: Past Organizational Expertise

Past organizational experience of all applicants, regardless of applicant status as the current award recipient or a new applicant, is carefully considered; therefore, you are advised to include previous experience in the stated goals and objectives in your application and emphasize the accomplishments made in attaining these goals and objectives. In the case of competing continuations, award recipient will submit a progress report that meets these requirements that includes at a minimum, the previous years' experience.

Include a brief presentation of the accomplishments, in relation to the objectives of the program. This attachment should include:

(1) The period of experience 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 10-15: Other Relevant Documents
>   Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Up to 15 documents may be included as attachments with 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.*

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *May 1, 2018 at 11:59 p.m. Eastern Time*.

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 Rural Quality Improvement Technical Assistance Cooperative Agreement 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 project period of up to 5 years, at no more than $500,000 per year (inclusive of direct **and** indirect costs). The FY 2018 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this notice may not be used for, among other things, the following purposes:
1) Purchasing or improving real estate
2) Foreign Travel

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) 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 2018 as required by law.

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 under the program will be addition. Post-award requirements for program income can be found at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are 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 Rural Quality Improvement Technical Assistance Cooperative Agreement has six (6) review criteria:

Criterion 1: NEED (5 points) – Corresponds to Section IV's Introduction and Needs Assessment

The reviewers will consider:
- The extent to which the application demonstrates comprehensive knowledge and understanding of the issues facing beneficiaries of HRSA rural health quality initiatives such as award recipients, CAHs, and other rural providers (federally qualified health centers, tribal clinics, rural health clinics, etc.).
- The extent to which the application describes a clear understanding of the purpose of this program as well as an understanding of the distinct unmet needs associated with quality improvement and health information technology.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology and Work Plan

Methodology (15 points)
The reviewers will consider the extent to which the application clearly demonstrates an approach to providing technical assistance to beneficiaries of HRSA rural health quality initiatives that includes:
- Enhancing CAHs understanding of measure specifications, reporting quality measures, benchmarking, and other needs related to quality reporting and improvement for sustainability of efforts, including all measures under the MBQIP and SHCPQI programs;
- Site visits to select Flex award recipients and CAHs as determined by HRSA;
- Tracking the technical assistance provided as well as the impact of that assistance in a detailed log;
- Data collection and analysis, including benchmarking and target setting to track outcomes of quality improvement efforts at the national, state, and CAH level. This also includes translating clinical quality data to quality improvement efforts;
- Developing and disseminating resources that highlight best practices and strategies focused on quality reporting, improvement, health information

technology and other emerging rural relevant topics, including adapting existing resources;

- Aligning technical assistance with other national quality reporting programs to enhance coordination and technical assistance for CAHs. This includes not duplicating existing resources of assistance such as the CMS QualityNet Help Desk or Quality Improvement Organizations;
- Collaborating closely with HRSA and other partners such as CDC, CMS, and other national technical assistance providers;
- Convening a rural quality advisory council for the purposes of providing guidance on the development, implementation, and evaluation of the technical assistance resources and quality improvement strategies, as well as topics related to the clinical priorities of mental illness, opioid abuse, and childhood obesity.

Work plan (15 points)
The reviewers will consider the extent to which the application:
- Provides a detailed work plan that is logical and has objectives and goals that fulfill the purpose of this cooperative agreement and address identified needs.
- Clearly identifies responsible staff for each activity.
- Clearly identifies activities requiring collaboration with relevant partners.
- Provides a complete work plan matrix that represents year one of the project period that includes goal(s), objective(s), and activities as they correlate with budget, personnel responsible, and timelines.
- Outlines a five (5) year project period explaining activities to begin September 1, 2018 and going no longer than August 31, 2023.

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

The reviewers will consider the extent to which the application:
- Clearly describes the plan for monitoring the progress of the program that will contribute to continuous quality improvement for beneficiaries of HRSA rural health quality initiatives.
- Clearly provides a strategy to collect, track, and analyze data to measure outcomes and impact.
- Clearly incorporates the use of customer feedback to continually improve the process for providing technical assistance on quality reporting and improvement.
- Clearly describes any potential obstacles for implementing the self-assessment of program performance and how those obstacles will be addressed.

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

The reviewers will consider:
- The extent to which the application clearly describes a plan for dissemination of best practices and stories of success throughout the project.
- The extent to which the applicant proposes a plan for project sustainability describing how the strategies implemented within hospitals, practices and the community, during the project period may still have an impact after the period of federal funding ends within the selected communities.

Criterion 5: RESOURCES/CAPABILITIES (40 points) – Corresponds to Section IV's Resolution of Challenges and Organizational Information

Organizational Capacity (10 points):
The reviewer will consider:
- The extent to which the applicant clearly describes the mission and structure of the organization, the scope of current activities and provides information on the mission and structure of the organization as well as an organizational chart.
- The extent to which the application clearly describes the capability of the organization to follow the proposed work plan, and properly account for the federal funds.
- The extent to which project personnel are qualified and have extensive experience to carry out all aspects of the project.
- The extent to which the application clearly provides the organization's capability to collaborate with appropriate partners to carry out all the program requirements.
- The extent to which the application includes letters of support/agreement from all proposed partners.
- The extent to which the application clearly provides evidence of knowledge of HRSA rural health and other relevant programs in order to link stakeholders to appropriate resources and programs.

Past Organizational Expertise (15 points):
(Please refer to Attachment 9: Past Organizational Expertise)

The reviewers will consider:
- The extent to which the application provides specific examples of prior related experience that highlights their proven ability to provide technical assistance to beneficiaries of HRSA rural health quality initiatives such as critical access hospitals.
- The extent to which the applicant provides specific evidence of extensive organizational experience and success assisting with the development of strategies on a national level:
  - The ability to enhance CAHs understanding of measure specifications, reporting quality measures, benchmarking, and other needs related to quality reporting and improvement.
    - Applicant should include evidence of providing and tracking technical assistance in this area;
    - Demonstrating the impact of that assistance
  - Experience conducting site visits/presentations to critical access hospitals or similar organizations.
  - Experience with data collection and analysis, including benchmarking and target setting to track outcomes of quality improvement efforts at the national and state level.
  - Creating and disseminating technical assistance resources, using established methodologies for quality improvement and health information technology on a national, state, and hospital level.

- The extent to which the applicant demonstrates experience with providing technical assistance to organizations.

Collaboration with Partners (10 points)
The reviewers will consider the extent to which the application addresses:
- Collaboration and coordination of technical assistance for CAHs with other national technical assistance providers such as the National Rural Health Resource Center;
- Collaboration experience between federal partners or other applicable organizations to alignment technical assistance efforts.

Resolution of Challenges (5 points)
The reviewers will consider:
- The extent to which the application identifies and describes potential challenges and barriers that may be encountered along with approaches to resolving challenges in implementing program activities and attaining the project objectives.
- The extent to which the application clearly describes infrastructure that is in place that will assist in overcoming any potential barriers, and describes how.

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

The reviewers will consider:
- The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

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 may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please 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).

Applications receiving a favorable objective review are reviewed 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. You may be asked 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 an award will be made. Following review of all applicable information, HRSA's approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System (FAPIIS)](). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS]() in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.]()

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([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 2.2 of HRSA's *SF-424 Application Guide*.

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**(s). The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

2) If applicable, **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.

VII. Agency Contacts

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

Benjamin White
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 945-9455
Fax: (301) 443-5461
Email: bwhite@hrsa.gov

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

Yvonne Chow
Public Health Analyst, Hospital-State Division
Attn: Rural Quality Improvement Technical Assistance Cooperative Agreement
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17W-17C
Rockville, MD 20857
Telephone: (301) 945-0782
Fax: (301) 443-2803
Email: ychow@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

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

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

VIII. Other Information

Technical Assistance

The following technical assistance webinar has been scheduled:

Webinar

Day and Date: Thursday, February 15, 2018
Time: 2 – 3 p.m. ET
Call-In Number: 1-866-624-4930
Participant Code: 87600419
Weblink: https://hrsa.connectsolutions.com/rqita/

IX. Tips for Writing a Strong Application

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