U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Federal Office of Rural Health Policy
Hospital State Division

Rural Healthcare Provider Transition Project

Funding Opportunity Number: HRSA-20-099
Funding Opportunity Type: New
Assistance Listings (CFDA) Number: 93.155

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: April 17, 2020

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

Issuance Date: February 14, 2020

Jeanene Meyers, MPH
Public Health Analyst, Federal Office of Rural Health Policy
Telephone: (301) 443-2482
Fax: (301) 443-2803
Email: JMeyers@hrsa.gov

Authority: Section 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) is accepting applications for fiscal year (FY) 2020 Rural Healthcare Provider Transition Project. The purpose of this program is to provide technical assistance to assist small rural hospitals and rural health clinics (RHCs) in strengthening key elements of value-based care, including, but not limited to quality, efficiency, patient experience, and safety of care.

Funding Opportunity Title:	Rural Healthcare Provider Transition Project
Funding Opportunity Number:	HRSA-20-099
Due Date for Applications:	April 17, 2020
Anticipated Total Annual Available FY 2020 Funding:	$800,000
Estimated Number and Type of Award:	One cooperative agreement
Estimated Award Amount:	Up to $800,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through August 31, 2025 (5 years)
Eligible Applicants:	Eligible applicants include domestic public or private, non-profit entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, March 19, 2020
Time: 2 - 3 p.m.
Call-In Number: 1-888-972-9930
Participant Code: 8773372
Weblink: https://hrsa.connectsolutions.com/rhcpt/
Playback Number: 1-800-841-8610
Passcode: 3019450922

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Healthcare Provider Transition Project (RHPTP). This cooperative agreement will provide technical assistance (TA) that will assist eligible small rural hospitals and rural health clinics (RHCs) in strengthening their foundation in key elements of value-based care, including, but not limited to quality, efficiency, patient experience, and safety of care.

The Centers for Medicare and Medicaid Services (CMS) Rural Health Strategy elevates rural health as an important focus of its provider payment policies, including delivery system reform and innovation opportunities.[1] While a number of rural hospitals and RHCs are participating in value-based programs in both the public and private sector, others need to build a stronger foundation around key components of value before they are ready to participate in a formal program. The move towards value requires small rural hospitals and RHCs to have a clear understanding of value-based care and the strategies they can implement to be effective participants in a health care system focused on value.

2. Background

The Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activity within the U.S. Department of Health and Human Services (HHS). FORHP is charged with advising the Secretary of HHS on health care issues impacting rural communities, including: access to quality health care and health professionals, viability of rural hospitals, and the effect of the Department's proposed rules and regulations, including Medicare and Medicaid, and access to and financing of health care in rural areas. For additional information about FORHP, please see www.hrsa.gov/ruralhealth.

The HHS Secretary has identified value-based care as one of four priorities that HHS will target to improve health and well-being of the American people.[2] The Centers for Medicare and Medicaid Services defines value-based care as paying for health care services in a manner that directly links performance on measures in categories of cost, quality and the patient's experience of care. Broadly, programs focusing on value can provide incentives or penalties tied to performance in these categories outlined above – whether it is through payment adjustments with incentives or penalties or payment models focused on financial risk (sharing rewards or losses). Value-based programs are designed to reward providers with incentive payments for the quality of care they

---

[1] Centers for Medicare &Medicaid Services. Rural Health Strategy. May 2018. Available at: https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Rural-Strategy-2018.pdf
[2] U.S. Department of Health and Human Services. Secretary Priorities. Available at: https://www.hhs.gov/about/leadership/secretary/priorities/index.html#value-based-healthcare

provide, rather than for the volume of care provided. The intended result is better quality of care and a better experience for patients.

Rural healthcare providers continue to face many challenges to participating in the value-based care environment, including the concurrent need to better measure and account for quality of care in all settings and improve transitions of care as patients move from one care setting to another. Rural hospitals and RHCs desiring to operate in this environment need targeted TA, as they may have less experience coordinating care across different settings, reporting quality measures, and understanding how to use data, including an understanding of financial risk in a low volume environment.

FORHP supports several programs to help rural providers with various levels of engagement in value-based care. The Rural Health Innovation and Transformation Technical Assistance Program (RHIT-TA) provides information and targeted assistance to rural stakeholders and the public to help them understand and engage in the value-based care landscape in the context of rural health care, and helping early adopters succeed in the value based environment. FORHP also provides support to states through the Medicare Rural Hospital Flexibility Grant and the Small Rural Hospital Improvement Program, which provide assistance to hospitals across states to support quality and operational efficiency efforts, but not in-depth individualized assistance. This cooperative agreement will support the Rural Healthcare Provider Transition Project to assist small rural hospitals and clinics that are in need of assistance in building the foundation for participating in value-based healthcare, but that are not yet at the level to participate in value-based programs.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

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:
- Consulting with the award recipient to identify eligible small rural hospitals and RHCs, prioritize program activities, and assess progress in achieving the goals of this cooperative agreement;
- Facilitating introductions to other HRSA programs, federal agencies and other stakeholders; and
- Reviewing proposed outcome measures specific to TA provided.

The cooperative agreement recipient's responsibilities will include:

- Adhering to all applicable federal law and HHS policy including HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**);
- Completing activities proposed by the applicant and reviewed in consultation with HRSA, except as modified in consultation with HRSA;
- Applying knowledge of HRSA as well as other federal and state programs to link stakeholders to appropriate resources and programs to avoid overlap and create efficiencies;
- Developing, in consultation with HRSA, program eligibility criteria for small rural hospitals and RHCs to participate in this program;
- Identifying the TA needs of participating hospitals and clinics;
- Building capacity for hospitals and RHCs to achieve readiness for more comprehensive technical assistance;
- Building on hospital and clinic use of data to measure and improve quality, understand costs and build operational efficiencies, and understand and meet the communities' health needs;
- Preparing hospitals and clinics for assuming financial risk in payment models, as applicable;
- Developing, in consultation with HRSA, metrics to measure TA effectiveness;
- Developing and implementing a TA plan that will assist hospitals and clinics in implementing key operational components of value-based care;
- Collaborating with HRSA to develop key messaging strategies for promoting the program among eligible hospitals, RHCs, and rural stakeholders; and
- Designing, in consultation with HRSA, transparent processes for developing, receiving, reviewing, and scoring applications that will ensure the selection of applicants that are consistent with eligibility criteria and readiness requirements.

2. Summary of Funding

HRSA estimates approximately $800,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $800,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2020 through August 31, 2025 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Rural Healthcare Provider Transition Project 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. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

1) "eligible small rural hospital" is defined as a non-federal, short-term general acute care hospital that: (i) is located in a rural area as defined in 42 U.S.C. 1395ww(d) and (ii) has 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report;
2) "rural area" is defined as either: (1) located outside of a Metropolitan Statistical Area (MSA); (2) located within a rural census tract of a MSA, as determined under the Goldsmith Modification or the Rural Urban Commuting Areas (RUCAs) or (3) is being treated as if being located in a rural area pursuant to 42 U.S.C. 1395(d)(8)(E); and,
3) Eligible SHIP hospitals may be for-profit or not-for-profit, including faith-based. Hospitals in U.S. territories as well as tribally operated hospitals under Titles I and V of P.L. 93-638 are eligible to the extent that such hospitals meet the above criteria. [3]

---

[3] Bureau of Indian Affairs. Indian Self-Determination and Education Assistance Act, as Amended. Available at: https://www.bia.gov/sites/bia.gov/files/assets/bia/ois/ois/pdf/idc2-057851.pdf

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **50 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

3) Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachment #8: Other Relevant Documents.

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

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

i. *Project Abstract*
See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

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

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

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

  Briefly describe the proposed project to prepare small rural hospitals and RHCs for transitioning to value-based care through the provision of comprehensive, targeted TA.

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

  This section of the application will clearly demonstrate your understanding of specific challenges facing small rural hospitals and RHCs in adapting their operations to align with value-based care.

  Describe and document unmet need of small rural hospitals and RHCs in building the foundation for value-based care. Where possible, you should include and cite all data to support the information provided.

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

  Propose realistic methods that you will use to address the stated needs and meet the program requirements and expectations in this NOFO. Include the following subheadings:

- Strategic Vision
- Outreach Plan
- Direct Technical Assistance

Strategic Vision:
Outline the strategic vision of the project over the five-year period of performance.

Identify key milestones to measure success. Include goals and measurable objectives. The strategic vision should ensure that activities are complementary to, and not duplicative of, other federally-funded activities.

Outreach Plan:
Discuss the approach to identify and select eligible small rural hospitals and RHCs to receive TA.

Discuss the communication efforts and key messaging strategies to target and promote the project to eligible small rural hospitals, RHCs, and rural stakeholders.

Discuss plan for identifying rural stakeholders and opportunities for engagement.

Discuss methods for collaborating with other HRSA partners in developing and disseminating best practice resources and tools based on TA to guide other rural health providers and methods to ensure efficiencies and avoid overlap of other HRSA programs.

Direct Technical Assistance:
Discuss the proposed approach for providing TA that will address the needs of the selected small rural hospitals and RHCs in the following areas, including, but not limited to quality, efficiency, patient experience, and safety of care.

Discuss you approach to determining hospital or RHC readiness to implement recommendations from targeted TA.

Discuss your strategy for building capacity for hospitals or RHCs to achieve readiness for more comprehensive technical assistance.

Discuss your proposal for a transparent process for developing, receiving, reviewing, and scoring applications that will ensure the selection of applicants that are consistent with eligibility criteria and readiness requirements.

Discuss methods for the provision of comprehensive TA, including, but not limited to, the following activities:
- Setting mutually agreed upon goals and objectives;
- Action planning;
- Developing measurable outcomes;
- Coaching as the hospital or clinic implements recommendations; and
- Using HRSA programs to guide recipients of TA in accessing various grants, tools, and resources to navigate the transition.

Discuss your methods for building hospital and clinic use of data to measure and improve quality; to understand costs and build operational efficiencies; and to understand and meet the communities' health needs.

Discuss methods for preparing hospitals and clinics for assuming financial risk in payment models, as applicable.

Discuss methods for preparing recipients of TA to sustain the impact of TA after the project ends.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2 Response*
  The work plan (Attachment 1) should complement the methodology narrative discussion and provide a succinct overview of the proposed goals, objectives, activities, and projected outcomes in a table format. The work plan is not a narrative, but reflects the narrative and highlights the relationship between identified needs, activities, objectives, and goals.

  The work plan should identify activities that achieve the goals and objectives and clearly depict how program activities will achieve desired outcomes. The work plan format should include each activity, the staff responsible for that activity, the timeframe for completing the activity, progress or process measures, and the intended outcome.

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

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

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan and the approaches that you will use to resolve these challenges.

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

  Discuss strategy to monitor progress toward stated outcomes in the proposed work plan.

  Discuss the metrics that will be used to measure TA effectiveness, including tracking how many hospitals and clinics served end up participating in a payment incentive program or model (in the public or private sector).

  Explain how the proposed evaluative measures will assess the:
  - extent to which program objectives have been met; and
  - extent to which accomplishments can be attributed to the project.

  Describe methods for assessing hospital, RHC, and stakeholder satisfaction with program.

Explain how you will use the evaluation plan to make adjustments to improve the impact of the project.

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

Organizational Capacity:
Describe the mission and structure of your organization, the scope of current activities, and your organization's ability to meet program expectations. Include an organizational chart (Attachment 5).

Describe your organization's capability to follow the proposed work plan and properly account for the federal funds.

Describe current experience, knowledge, and skills of your organization, including individuals on staff, materials published, and previous work of a similar nature. Include staffing plans and job descriptions (Attachment 2) and biographical sketches for all key personnel (Attachment 3).

Organizational Expertise:
Provide specific evidence of experience in the following areas:

- Developing and implementing TA to small rural hospitals and RHCs, including discussion of outcomes, in the areas of:
  - quality,
  - efficiency,
  - patient experience, and
  - safety of care;
- Assessing the readiness of hospital and RHC readiness to successfully implement recommended TA; and
- Educating small rural hospitals and RHCs around value based programs and models.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

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

iii. Budget

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

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

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

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

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: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

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

Attachment 3: Biographical Sketches of Key Personnel

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

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

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

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

Attachment 7: For Multi-Year Budgets--5th Year Budget

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

Attachments 8 – 15: Other Relevant Documents
> Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

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

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

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

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

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

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *April 17, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Small Healthcare Provider Transition Project is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions
You may request funding for a period of performance of up to 5 years, at no more than $800,000 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 A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

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

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

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

Review criteria are used to review and rank applications. The Rural Healthcare Provider Transition Project has six review criteria. See the review criteria outlined below with specific detail and scoring points.

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

Introduction (5 points)

The extent to which the application describes the proposed project to prepare small rural hospitals and RHCs for transitioning to value-based care through the provision of comprehensive targeted TA.

Needs Assessment (5 points):

The extent to which the application clearly demonstrates an understanding of specific challenges facing small rural hospitals and RHCs in transitioning to value-based care.

The extent to which the application describes and documents the unmet need of small rural hospitals and RHCs in transitioning to value-based care, including data to support the information provided.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges

Methodology (20 points)
Outreach: (5 points)
The extent to which the application describes realistic methods to address the stated needs and meet the requirements and expectations of this NOFO.

The extent to which the application describes the approach to identify and select recipients of TA.

The extent to which the application explains the communication efforts and key messaging strategies to target and promote the project to eligible small rural hospitals, RHCs, and rural stakeholders.

The extent to which the application discusses the development and dissemination of best practice resources, tools and lessons learned based on the TA to guide other small rural hospitals and clinics in transitioning to value, and methods to ensure efficiencies and avoid overlap of other HRSA programs.

Direct Technical Assistance: (15 points)
The extent to which the application discusses the plan for providing comprehensive, targeted TA to strengthen key elements of value-based care: quality, efficiency, patient experience, and safety of care.

The extent to which the application discusses the strategy for building capacity for hospitals and RHCs to achieve readiness for more comprehensive TA.

The extent to which the application discusses a transparent process for developing, receiving, reviewing, and scoring applications that will ensure the selection of applicants that are consistent with eligibility criteria and readiness requirements.

The extent to which the application discusses the methods for providing TA, including, but not limited to, the following activities:
- Setting mutually agreed upon goals and objectives;
- Action planning;
- Developing measurable outcomes;
- Coaching as the hospital/RHC implements TA recommendations;
- To link hospitals with additional resources, TA provider will have in-depth knowledge of HRSA programs and guide recipients of TA in accessing various grants, tools, and resources to help navigate through the transition.

The extent to which the application discuss methods for building hospital and clinic use of data to measure and improve quality, understand costs and build operational efficiencies, and understand and meet the communities' health needs.

The extent to which the application discuss the strategies for preparing hospitals and clinics for assuming financial risk in payment models.

Work Plan (10 points)
The extent to which the work plan provides a succinct overview of the cooperative agreement's goals, objectives, activities, staff responsible, timeframe, and projected process and outcome measures in a table format.

The extent to which the work plan clearly identifies the activities that achieve the goals and objectives of the project and depict how program activities will achieve desired outcomes outlined in the Methodology section narrative.

Resolution of Challenges (5 points)
The extent to which the application explains the challenges that are likely to be encountered in designing and implementing the work plan activities and the approaches that will be used to resolve such challenges.

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

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

- The extent to which the application articulates a clear strategy to monitor progress toward the outcomes of the proposed work plan.
- The extent to which the application discusses the metrics that will be used to measure TA effectiveness, including methods for tracking hospital and RHC participation in a payment incentive program or model (in the public or private sector)
- The extent to which the proposed evaluation plan will be used to make adjustments to improve project impact;
- The extent to which the application provides evidence that the evaluative measures will assess: 1) to what extent the program objectives have been met, and 2) to what extent accomplishments can be attributed to the project;
- The extent to which application addresses methods for assessing hospital, clinic, and stakeholder satisfaction with program.

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

The extent to which the application includes a clear and concise strategic vision of the project over the 5-year period of performance.

The extent to which the application identifies key milestones to measure success, specific goals, and measureable program objectives.

The extent to which the application ensures that activities are complementary to, and not duplicative of, other FORHP-funded activities.

The extent to which the application proposes a plan for development and dissemination of information through this project that could have an impact beyond the communities served.

The extent to which application describes how TA recipients will sustain impact of TA after the period of federal funding ends.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's Organizational Information

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

Organizational Capacity (10 points):

The extent to which the applicant clearly describes the mission and structure of the organization, the scope of current activities and the organization's ability to meet program expectations 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 the application describes current experience, knowledge, and skills, including individuals on staff, materials published, and previous work of a similar nature and includes a staffing plan, job descriptions and biographical sketches for all key personnel.

Organizational Expertise (20 points):
The extent to which the applicant provides specific evidence of experience in developing and implementing TA to small rural hospitals and RHCs, including discussion of outcomes, in the areas of:

- quality,
- efficiency,
- patient experience, and
- safety of care.

The extent to which the applicant provides evidence of experience in assessing the readiness of hospital and RHC to successfully implement recommendations derived from TA.

The extent to which the applicant provides evidence of experience in educating small rural hospitals and RHCs around value based programs and models.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative
The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives and the anticipated results.

The extent to which costs, as outlined in the budget, 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 objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

3. Assessment of Risk

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

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

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

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

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212]()).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of April 24, 2020. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular federally supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's data rights.

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 NCC renewal to HRSA on an **annual** basis. Additionally, the recipient must submit a year-end progress report at the end of each program year as well as a cumulative period of performance closeout report at the end of the five-year cooperative agreement. Further information will be available in the NOA.

2) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

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

Jessica Sanders, MPP
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301)443-0736
Email: jsanders@hrsa.gov

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

Jeanene Meyers, MPH
Public Health Analyst,
Attn: Rural Healthcare Provider Transition Project
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room #17W45B
Rockville, MD 20857
Telephone: (301) 443-2482
Fax: (301) 443-2803
Email: JMeyers@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

Webinar

Day and Date: Thursday, March 19, 2020
Time: 2 - 3 p.m.
Call-In Number: 1-888-972-9930
Participant Code: 8773372
Weblink: https://hrsa.connectsolutions.com/rhcpt/
Playback Number: 1-800-841-8610
Passcode: 3019450922