

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

Office of Rural Health Policy
Black Lung/Coal Miner Clinics Program

Black Lung Clinics Grant Program

Announcement Type: New and Competing Continuation

Announcement Number: HRSA-14-045

Black Lung Centers of Excellence

Announcement Type: New

Announcement Number: HRSA-14-118

Catalog of Federal Domestic Assistance (CFDA) No. 93.965

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

3/3/14: Deadline Extended from 3/14/14 to 3/28/14

Application Due Date: March 28, 2014

Ensure your Grants.gov registration and passwords are current immediately!

Deadline extensions are not granted for lack of registration.

Registration may take up to one month to complete.

Release Date: February 3, 2014

Issuance Date: February 3, 2014

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Authority: Sec. 427(a) of the Federal Mine Safety and Health Act of 1977, as amended
(30 U.S.C. 937)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Office of Rural Health Policy (HRSA/ORHP) is accepting applications for fiscal year (FY) 2014 Black Lung/Coal Miner Clinics Program. The purpose of this program is to reduce the morbidity and mortality associated with occupationally-related coal mine dust lung disease through the provision of screening, diagnosis, and treatment services. This will be accomplished by awards under two (2) funding opportunity announcements:

Black Lung/Coal Miner Clinics Grant Program (BLCGP, HRSA-14-045): Grants to state, public or private entities for screenings, diagnosis and treatment services to active, inactive, disabled, and retired coal miners. Projects will demonstrate a clear target population, community need, and provision of the following services, in consultation with a board-certified pulmonologist or internal medicine/family medicine practitioner who has experience in the diagnosis and treatment of respiratory diseases: education and outreach; medical case management (patient care coordination); compensation counseling; DOL medical exams in accordance with the authorizing legislation¹; and other treatments that may relieve symptoms.

HRSA Black Lung Center of Excellence (BLCE, HRSA-14-118): Cooperative agreement to state, public or private entities that have the clinical expertise in the screening, diagnosis, and treatment of and coal mine dust lung disease (CMDLD); the organizational capacity to provide technical assistance to HRSA and its grantees through various means (e.g., telemedicine, mobile units, etc.); train medical personnel both within and outside the black lung community; and possess a proven history of collaboration with regional and national entities through the development of policies, the promotion of effective practices, and/or outreach and education that enhances understanding of miner health and safety.

Funding Opportunity Title:	Black Lung Clinics Grant Program (BLCGP) Black Lung Centers of Excellence
Funding Opportunity Number:	BLCGP: HRSA-14-045 BLCE: HRSA-14-118
Due Date for Applications:	March 28 , 2014
Anticipated Total Annual Available Funding:	BLCGP: HRSA-14-045: \$6,702,389 BLCE: HRSA-14-118: \$300,000
Estimated Number of Awards:	BLCGP: HRSA-14-045: 15 BLCE: HRSA-14-118: 2
Estimated Award Amount:	BLCE: HRSA-14-045: Up to \$900,000 per year BLCGP: HRSA-14-118: Up to \$150,000 per year
Cost Sharing/Match Required:	None
Length of Project Period:	Three (3) years
Project Start Date:	July 1, 2014
Eligible Applicants:	Any State, public or private entity. Please refer to [Section III.1] of this FOA for complete eligibility information.]

¹ 20 CFR Part 718 Appendix B-Criteria for the Development of Medical Evidence

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>), except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guides* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for two separate but related funding opportunities under the Black Lung/Coal Miner Clinics Program (BLCP): the Black Lung Clinics Grant Program (BLCGP) and the Black Lung Centers of Excellence (BLCE). HRSA/ORHP supports projects that seek to reduce the morbidity and mortality associated with occupationally-related coal mine dust lung disease. This is accomplished through two strategies: the provision of direct services and strengthening the public health infrastructure to ensure the safety and health of the nation's coal miners. The latter includes not only providing technical assistance to entities providing direct services, but also strengthening the capacity and the knowledge base of the larger medical community and the public.

The primary services provided for active, inactive, disabled, and retired coal miners through the **Black Lung Clinics Grant Program (BLCGP, HRSA-14-045)** will include screening, diagnosis, and treatment. According to the regulations, a miner, or coal miner, is defined as:

“...any individual who works or has worked in or around a coal mine or coal preparation facility in the extraction or preparation of coal. The term also includes an individual who works or has worked in coal mine construction or transportation in or around a coal mine, to the extent that the individual was exposed to coal dust as a result of employment.”²

Occupationally-related respiratory diseases addressed by this program will include a spectrum of lung diseases caused by the inhalation of coal dust, and referred to in the medical community as coal mine dust lung disease (CMDLD).³ The term includes diseases such as simple and complicated coal workers' pneumoconiosis, anthracosis, dust-related diffuse fibrosis, silicosis, and chronic obstructive pulmonary disease.

- Coal Workers' Pneumoconiosis (CWP): A lung disease that results from breathing in dust from coal, graphite, or man-made carbon over a long period of time. Coal dust progressively builds up in the lungs and cannot be removed by the body, leading to inflammation, fibrosis, and necrosis. It can take the form of either simple coal workers' pneumoconiosis or complicated coal workers' pneumoconiosis [or progressive massive fibrosis (PMF)].
- Anthracosis: A synonym often used to denote CWP but it may also refer to the deposit of carbon or coal dust in the lungs without significant scarring, airway disease, or emphysema.
- Dust-related Diffuse Fibrosis (DDF): Irregular radiographic opacities in a coal miner may also reflect a syndrome of DDF, a less common variant of both CMDLD and silicosis. Pathologically, DDF may manifest as bridging fibrosis connecting the

² Title 42: Public Health PART 55a—Program Grants for Black Lung Clinics

³ Edward L. Petsonk, Cecile Rose, and Robert Cohen "Coal Mine Dust Lung Disease. New Lessons from an Old Exposure," American Journal of Respiratory and Critical Care Medicine, Vol. 187, No. 11 (2013), pp. 1178-1185.

macular, nodular, or PMF lesions of CWP or silicosis, often with pigmented interlobular septal thickening.

- Silicosis: Surface coal miners are at risk for this disease, which is marked by the formation of lumps (nodules) and fibrous scar tissue in the lungs as a result of inhaled silica particles found in quartz in rocks, sand, and similar substances.
- Chronic Obstructive Pulmonary Disease (COPD): This includes chronic bronchitis and chronic emphysema. In emphysema, the walls between the air sacs and the air sacs themselves become damaged reducing the exchange of oxygen and carbon dioxide in the lungs. In chronic bronchitis, the lining of the airways is continuously irritated and inflamed, causing the lining to thicken and significant mucus to form. While COPD can have both occupational and non-occupational causes, this program focuses on COPD resulting from coal mine dust exposure.

Section 718.201 of The Black Lung Benefits Act defines CWP—more commonly known as black lung disease—as “a chronic dust disease of the lung and its sequelae, including respiratory and pulmonary impairments, arising out of coal mine employment.” By medical definition, chronic conditions last six months or more and develop slowly over time, often worsening as time progresses. In the 2000 amendments to the Act, in the preamble to §718.201, a differentiation is made between legal coal workers’ pneumoconiosis and clinical coal workers’ pneumoconiosis.

“[T]he term ‘legal pneumoconiosis’ does not create a new medical diagnosis, but rather reflects the statute’s definition of the disease....[It also includes]... chronic obstructive pulmonary disease in the definition of pneumoconiosis to the extent it is shown to have arisen from coal mine employment....[N]ot all obstructive lung disease is pneumoconiosis. It remains the claimant’s burden of persuasion to demonstrate that his obstructive lung disease arose out of his coal mine employment and therefore falls within the statutory definition of pneumoconiosis.”⁴

Medical pneumoconiosis refers to the scarring disease of the lungs, or interstitial lung disease that results from coal mine dust exposure. It is typically diagnosed through a chest x-ray, chest imaging, or scars on the lung tissue. The legal definition also includes diseases detected through physiology or lung function testing. Such diseases might include COPD or other obstructive impairments. A physician may make a legal diagnosis of CWP when a patient has other lung function abnormalities (such as restrictive disease or diffusion impairment) even without a positive chest x-ray or pathology report. The key to medical professionals being able to make a diagnosis is drawing a clear connection between respiratory impairment and substantial coal mine employment.

The BLCGP (HRSA-14-045) seeks to reduce the morbidity and mortality associated with occupationally-related coal mine dust lung disease. The program will support projects that demonstrate a clear target population, community need, and provision of the following services, in consultation with a board-certified pulmonologist or internal medicine/family medicine practitioner who has experience in the diagnosis and treatment of respiratory diseases; education and outreach; medical case management (patient care coordination), compensation counseling;

⁴ (Federal Register Volume 65, Number 245, page 79920 et seq. (Wednesday, December 20, 2000))

DOL medical exams in accordance with the authorizing legislation⁵; and other treatments that may relieve symptoms. Specific emphasis is placed on quality service delivery through the provision of care that is timely, effective, patient-centered, and coordinated, ultimately leading to improved health outcomes. The program has the following goals:

- Reduce the morbidity of coal mine dust lung disease among miners;
- Enhance access to services for coal miners by increasing coordination among service providers;
- Provide well-reasoned medical opinions and timely scheduling/completion of U.S. Department of Labor (DOL) medical exams to facilitate the filing of Federal Black Lung Benefits claims;
- Strengthen the quality of care through the implementation of standards related to medical care, outreach and education, and compensation counseling; and
- Identify, treat and/or provide referrals for secondary conditions discovered through routine screenings and DOL medical exams. Information from The Centers for Disease Control and Prevention/National Institute of Occupational Safety and Health (CDC/NIOSH) suggests that many miners experience hearing loss, musculoskeletal disorders, mental health disorders, cardiovascular disease and drug and alcohol abuse.

Clinics in the past have cited challenges accessing appropriately trained and knowledgeable physicians to conduct exams, hesitation from miners to seek services, and a general lack of awareness of coal mine dust lung disease outside the black lung community. HRSA/ORHP recognizes that in order to appropriately address these and other challenges faced by the patients and providers, systemic efforts are essential.

This approach is in line with the original intent of the authorizing legislation. The Mine Safety and Health Act of 1977 (Mine Act, PL 95-164) amended the Coal Act and consolidated a number of Federal regulations related to mining health and safety. In addition to strengthening miner protections, the Act gave several Federal agencies – including the Departments of Labor and Health and Human Services (then known as Health, Education, and Welfare) the authority to improve mine safety and health standards by working with states and the mining industry.⁶

As such, under the **Black Lung Center of Excellence (BLCE, HRSA 14-118)** funding opportunity two (2) awards will be made in the form of a cooperative agreement to organizations that have the clinical expertise in the screening, diagnosis, and treatment of CMDLD; the organizational capacity to provide technical assistance to HRSA and its grantees through various means (e.g., telemedicine, mobile units, etc.); train medical personnel both within and outside the black lung community; and possess a proven history of collaboration with regional and national entities through the development of policies, the promotion of effective practices, and/or education and outreach that enhances understanding of miner health and safety.

Background

This program is authorized by Section 427(a) of the Federal Mine Safety and Health Act of 1977, as amended.⁷ Despite multiple legislative and programmatic efforts over the last 40 years, pneumoconiosis and other health risks still exist for the nation's miners.

⁵ 20 CFR Part 718 Appendix B-Criteria for the Development of Medical Evidence

⁶ Federal Mine Safety & Health Act of 1977, Public Law 91-173, as amended by Public Law 96-164

⁷ Sec. 427(a) of the Federal Mine Safety and Health Act of 1977, as amended, (30 U.S.C. 937)

After years on the decline, the incidence of CWP is once again on the rise. In fact, pneumoconiosis has been reported in all 50 states and the District of Columbia. The majority of cases have been reported in the Appalachian, Midwestern, and Western coal-producing regions of the country. Significant numbers have also been reported in some major metropolitan areas where inactive miners have settled. According to the 2010 data from CDC/NIOSH, miners are developing more severe cases of CWP before the age of 50. For example, the percentage of miners diagnosed with CWP after working in an underground mine for nine years or less increased by 0.4% between 2005 and 2006.⁸ A 2013 review of coal mine dust lung disease supports this “increase in prevalence and severity of the chronic lung disease as a result of from coal mine dust exposure.”⁹ NIOSH notes that:

“The upward trend... for all pneumoconiosis cases (category I+) is even more evident for PMF [Progressive Massive Fibrosis]. Of particular concern are the prevalence values for the last three five-year periods (1995-2009), which are well above those observed in the middle 1980s. In 2005-2009 alone, 69 coal miners examined in the CWXSP [Coal Workers’ X-ray Surveillance Program] were determined to have PMF. Of these, 11 had less than 25 years total tenure in coal mining.”¹⁰

Recent studies have also found strong links between coal mine dust exposure and COPD and cancer.¹¹ Secondary conditions such as hearing loss, orthopedic challenges, cardiovascular disease, and mental health issues are also common among coal miners.

Interestingly, the number of active, inactive, disabled and retired miners in the U.S. is difficult to determine at this time. According to the data released in 2012 by the U.S Department of Labor’s Mine Safety and Health Administration (MSHA)¹², there were approximately 137,650 coal miners employed throughout the United States.¹³ Numbers released in November 2012 from the U.S. Department of Energy’s Energy Information Administration for 2011 differed— with the average number of coal miners in the U.S. being reported at 91,611.¹⁴ However, the number is likely higher, given that it excludes inactive and retired miners.

Projects funded under the BLCGP will serve active, inactive, disabled and retired miners, taking into account any unique cultural, social, religious and linguistic needs of the target population(s). The projects will provide quality services as evidenced by the provision of timely, coordinated care and documented improved health outcomes. Services will be provided regardless of an individual's ability to pay, and clinics will have a clearly defined billing system in place for patients who fall below the Federal Poverty Level. In addition, where appropriate, third party payers (including Government Agencies) will be billed, and every effort will be made to collect payment. As the regulation explains, “Where third-party payers (including Government Agencies) are authorized or under a legal obligation to pay all or a portion of such charges, all

⁸ (Centers for Disease and Control Prevention, 2011)

⁹ Edward L. Petsonk, Cecile Rose, and Robert Cohen "Coal Mine Dust Lung Disease. New Lessons from an Old Exposure," American Journal of Respiratory and Critical Care Medicine, Vol. 187, No. 11 (2013), pp. 1178-1185.

¹⁰ (National Institute of Occupational Safety and Health, 2010)

¹¹ Graber JM, Stayner LT, Cohen RA, et al. Occupational Environmental Medicine Published Online First: [November 27, 2013] doi:10.1136/oemed-2013-101597.

¹² (Mine Safety and Health Administration, 2012)

¹³ (Energy Information Administration, 2011)

¹⁴ (Energy Information Administration, 2012)

services covered by that reimbursement plan will be billed and every reasonable effort will be made to obtain payment.”¹⁵

II. Award Information

1. Type of Award

This announcement solicits applications for two separate funding opportunities as part of the Black Lung/Coal Miner Clinics Program: Black Lung Clinics Grant Program (BLCGP) and the Black Lung Centers of Excellence (BLCE). Funding for the BLCGP (HRSA-14-045) will be provided in the form of a grant, while funding for the BLCE (HRSA-14-118) will be in the form of a cooperative agreement.

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

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

- Partner with each BLCE to assist them in accomplishing each of their objectives;
- Hold initial, quarterly, and as-needed virtual meetings with the BLCE to deliver intensive technical assistance, provide a forum for sharing successful strategies, and advance the product and outcome dissemination plan;
- Partner with BLCE to expand the medical knowledge base around coal mine dust lung disease both within the existing black lung community and the larger medical community to ensure that miners and their families have access to a wide range of providers in various settings;
- Partner with BLCE, professional and advocacy organizations, as well as federal agencies, such as the DOL (e.g., Mine Safety and Health Administration, and Office of Workers’ Compensation Programs) and the CDC/NIOSH to align goals; share data; and establish policies/procedures that will promote awareness of coal mine dust lung disease as well as greater mine worker health and safety; and
- Review BLCE reports, extract and analyze data, and present results to the grantees, federal partners, research centers, and others.

The **awardees’ responsibilities** for this cooperative agreement will include the following:

- Participate in the BLCE initial, quarterly, and as-needed virtual meetings;
- In conjunction with HRSA and the BLCGP grantees, develop, implement, evaluate, and disseminate methods to expand the medical knowledge base and enhance the public health system;
- Submit bi-annual, written narrative reports to HRSA outlining activities addressing each objective as well as, challenges, results, and recommendations;

¹⁵ Title 42: Public Health PART 55a—Program Grants for Black Lung Clinics

- Provide technical assistance to individual BLCGP as needed and requested, using various methods such as consultations, site visits, and individual or group training, throughout the project period; and
- Collaborate with HRSA to provide peer support, share information, evaluate methods, and develop products to nationally disseminate successful strategies and results.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014-2016. Approximately \$6,702,389 is expected to be available annually for the BLCGP (HRSA-14-045) to fund fifteen (15) grantees. Approximately \$300,000 is expected to be available for the BLCE (HRSA-14-118) to fund two (2) awards under one agreement. Applicants for the BLCGP may apply for a ceiling amount of up to \$900,000 per year, based on demonstrated need. Applicants for the BLCE may apply for a ceiling amount of up to \$150,000 per year. The project period for both funding for both opportunities is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for BLCGP and BLCE in subsequent fiscal years, grantee and organization satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government. The actual amount available will not be determined until enactment of the final FY 2014 Federal budget. This program announcement 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 can be awarded in a timely manner.

BCLGP

Funding for the BLCGP (HRSA-14-045) will be broken down into three tiers that correspond in part to the level of service an applicant intends to provide. More information about the service level requirements for each tier of funding can be found in *Section IV.2.1. Project Narrative*. Organizations must clearly specify in their application, which level of service they intend to provide. Specific funding amounts within the ranges listed below will be determined by HRSA/ORHP using a funding methodology that takes into account:

- Available Federal data on the number of active miners to be served and the number of mines in the service area (See U.S. Department of Energy: <http://www.eia.gov/coal/annual/>);
- Level of services provided (See table below); and
- Quality of the applicant's response to the funding opportunity announcement (application score).

Level of Service	Potential Annual Funding Range	General Requirements (See Section IV.2.1. Project Narrative for more details)
Level 1	\$100,000-\$300,000	Staffing: Contracted or on-site, board-certified pulmonologist or internal medicine/family medicine practitioner who has at least one year (1) experience in the diagnosis and treatment of respiratory diseases who is contracted or on staff. Mid-level providers working under the direct supervision of the clinic physician may

		<p>also be employed.</p> <p>Patient Education and Outreach: Aimed at miners and miners’ organizations; current, evidence-based information in a variety of formats; education should include risks associated with coal mine dust exposure as well as medical services and compensation available.</p> <p>Lung Function Testing: Provide on-site resting spirometry and oximetry, with or without a bronchodilator challenge. Staff must have training in the proper interpretation of results and NIOSH certification in spirometry.</p> <p>Chest Imaging: Provided by a contracted or on-site, board-certified radiologist and NIOSH-certified B-reader. Must meet International Labour Organization (ILO) technical standards. Facilities must be contracted or on-site.</p> <p>Pulmonary Rehabilitation: Provide on-site or referral to accredited Phase II and Phase III pulmonary rehabilitation services.</p> <p>Medical Case Management: Explicit, guidance-based process for case management. Patient care coordinators may be lay health care workers or trained health care personnel. Provide current, evidenced based-treatment of coal mine dust lung diseases; refer to specialty care when appropriate.</p> <p>Compensation Counseling: Compensation counselors should have a minimum of a high school diploma and training to competently assist miners in filing Federal Black Lung, State Worker’s Compensation, and Social Security Disability claims as appropriate. Education efforts must provide miners with a basic understanding of the risks associated with coal mine dust exposure as well as the medical service and compensation available.</p> <p>DOL Examination: Clinic must have the ability to refer patients to an approved and certified DOL medical examiner. <i>(See Section IV.2.1. Project Narrative for more details)</i></p>
Level 2	\$300,000-\$600,000	<p><i>In addition to Level 1 requirements, with the exception of staffing:</i></p> <p>Staffing: On-site, board-certified pulmonologist or internal medicine physician with at least two (2) years of experience in the diagnosis and treatment of respiratory diseases.</p> <p>Patient Education and Outreach: In addition to outreach to miners, applicants are expected to conduct structured educational activities that involve other community partners within and outside the black lung community.</p> <p>Lung Function Testing and Chest Imaging: Full resting pulmonary function testing, including a bronchodilator challenge, lung volume measurements,</p>

		<p>diffusion capacity, and resting arterial blood gases. Testing equipment and methods must meet American Thoracic Society/European Respiratory Society (ATS/ERS) standards.</p> <p>Pulmonary Rehabilitation: Provide on-site or contracted accredited Phase II or Phase III rehabilitation services.</p> <p>Medical Case Management: Explicit, guidance-based process for case management. Patient care coordinators must have an Associate degree or at least three (3) years of experience in patient care coordination. Trained nurse case managers or certified nurse assistants are preferred.</p> <p>Compensation Counseling: Staff should have a minimum of a high school diploma and at least three (3) years of experience. Guide coal miners through the Federal Black Lung Benefits process, assist with interpretation of legal correspondence and interpretation DOL medical exam results.</p> <p>DOL Examination: Clinic must have the ability to refer patients to an approved and certified DOL medical examiner.</p> <p><i>(See Section IV.2.1. Project Narrative for more details.)</i></p>
<p>Level 3</p>	<p>\$600,000-\$900,000</p>	<p><i>In addition to Level 1 and Level 2 requirements, with the exception of staffing:</i></p> <p>Staffing: On-site, board-certified pulmonologist with at least four years (4) experience, preferably with occupationally-related lung disease.</p> <p>Patient Education and Outreach: Provide structured educational activities that involve community and health care partners within and outside the black lung community. Organize continuing medical education activities for health care personnel and providers. Provide educational sessions at local and national conferences.</p> <p>Lung Function and Other Testing: All on-site testing, including cardiopulmonary exercise testing with metabolic cart as well as resting and exercise arterial blood gases. Provide on-site chest x-ray with B-reader interpretation. Have capability to do advanced chest imaging. On-site DOL medical exams by an approved provider.</p> <p>Pulmonary Rehabilitation: Provided on-site by an American Association of Cardiovascular and Pulmonary Rehabilitation. (AACVPR)-certified pulmonary rehabilitation program.</p> <p>Medical Case Management: Explicit, guidance-based process for case management. Nurse case manager or certified medical assistant with five (5) years of experience to provide assistance for medical follow-up of patients.</p> <p>Compensation Counseling: Providers with medical/legal expertise to write expert medical reports, provide expert testimony and supplemental reports.</p>

	<p>They have the capability to refer patients for legal assistance provided by a licensed attorney specializing in Black Lung Benefit claims.</p> <p>DOL Examination: Must meet all criteria for approval and designation by the DOL under 20 CFR Part 725 to perform "complete and qualitative" medical exams as well as provide treatment under the Federal Mine Safety and Health Act of 1977, as amended.</p> <p><i>(See Section IV.2.1. Project Narrative for more details.)</i></p>
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It should be noted that applicants have the option of forming a consortium, a formal or informal partnership among two (2) or more organizations, as a means of carrying out their activities. Applicants that choose to form a consortium will be expected to submit documentation describing the consortium structure, budget, and how the potentially additional funding will be used to facilitate collaboration, and develop programs, policy, and/or resources that promote systemic improvements in miner health and safety as **Attachment 8**.

BLCE

In FY 2014-2016, up to \$300,000 (approximately \$150,000 annually per entity) will be available for the Black Lung Centers of Excellence (HRSA-14-118) for two awards under a cooperative agreement. Any State or public or private entity wishing to be considered for this funding **must submit a separate application** describing their organizational capacity to provide such assistance.

III. Eligibility Information

1. Eligible Applicants

Both the BLCGP and the BLCE funding opportunities are open to any State or public or private entity that meets the requirements of the particular program. This includes faith-based and community-based organizations as well as federally recognized Tribes and Tribal organizations.

Applicant organizations that are Federally Recognized Tribe/s or Organization/s are eligible to apply, if all proposed grant activities are to be conducted within Federally recognized Tribal areas. Documentation of the Federally recognized Tribal status must be included for this consideration. (**Attachment 1**).

The requirements of this announcement may be met by a state, a single entity in a state, or a newly-formed consortium (e.g., a clinic/hospital, a community-based organization, and a faith-based organization) in a state.

In addition to the 50 States, applicants can be located in the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Territories of the Virgin Islands, Guam, American Samoa, the Compact Free Association Jurisdictions of the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia, if they meet eligibility requirements.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

As described in section V.2 *Review and Selection Process* a Funding Preference is available for these opportunities. In accordance with the regulations (42 CFR 55a.301), **State applicants will be given preference over individual entities who apply in the same state.**

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

Applications that fail to satisfy the deadline requirements referenced in *Section VI.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable to each opportunity. **Any eligible entity may apply to both funding opportunities but must submit a separate application to the appropriate announcement for consideration.**

Maintenance of Effort - In accordance with the regulations (42 CFR 55a.201), grantees and cooperative agreement partners must agree to maintain non-federal funding for grant activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the grant. New applicants to a state/service area must ensure coal miners who were served by a previously-funded grantee continue to receive services. In addition, award funds shall not be used to take the place of current funding for activities described in the application. The awardee must agree (via statement in **Attachment 10**) to maintain non-Federal funding for activities at a specific level specified in the statute.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at [Grants.gov](http://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* (<http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the funding opportunity announcement to do otherwise.

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 project and budget narratives, attachments, and information required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under this announcement.

Program-specific Instructions

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

i. *Project Abstract*

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this abstract so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable
- List all grant program funds requested in the application, if applicable

If requesting a funding preference, priority, or special consideration as outlined in the Funding Opportunity Announcement, please indicate here. The project abstract must be single-spaced and limited to one page in length.

ii. *Project Narrative*

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

The following sections should be carefully prepared and all information requested should be included. *If the type of information requested in a particular section does not apply to your project, indicate why you have excluded the information. If no explanation is provided, the application may not receive as high a score as applications that do provide the information.*

Use the following section headers for the Narrative:

- ***INTRODUCTION***

This section should briefly describe the purpose of the proposed project, summarizing the project goals, objectives and expected outcomes.

BLCGP applicants (HRSA-14-045) must also include baseline measures.

Baseline measures are a subset of the process or outcomes measures and may need to be collected from the very start of the intervention. Because baseline measures establish a frame of reference for the program, it is important to design the evaluation plan before implementation begins. Baseline measures provide a current snapshot of the target population or community on any given health problem (e.g., the percent of employees who use tobacco) or issue (e.g., the percent of employees who are aware of recommended physical activity guidelines) and inform the benchmarks/targets, against which program managers and decision makers will assess program performance. Baseline measures may also be used to assess the current level of program activities and measure progress (e.g., process measures) over time, such as the number of new physical activity classes offered to employees or the establishment of a new health benefit.¹⁶

Applicants must briefly discuss the following baseline measures related to the provision of services to coal miners, as a means of providing an overview of the current quality and breadth of services as well as the target population: total number of spirometry performed, number of spirometry that meet American Thoracic Society/European Respiratory Society (ATS/ERS) standards; number of chest x-rays performed; number of chest x-rays that meet the International Labour Organization's (ILO) technical standards¹⁷; number of coal miners served; number of insured patients; number of patients who reported being uninsured at least once in the last twelve months; and number of patients (seen at least once in the last 12 months) with a new diagnosis of one of the conditions categorized under CMDLD. A complete list of baseline measures should be included in **Attachment 6**. Funded applicants must track these baseline measures as well as PIMS measures throughout the grant period. Currently, new PIMS measures are being considered for the program. Awardees will be notified of these measures once they have been approved.

▪ ***NEEDS ASSESSMENT***

This section outlines the needs of the community as they relate to the proposed project. It clearly demonstrates how the local community or region (to be served) will be involved in the ongoing project operations (through partnership and collaboration). The following sub-headings should be used when responding to this section: *Target Population Details, Target Area Details and Health Care/Social Services in Service Area.*

Target Population Details

The target population and its unmet health needs must be well-documented in this section. The population description should include information about the prevalence of specific primary and secondary conditions or the age or socioeconomic status of the target population. A discussion of social health determinants and health disparities

¹⁶ CDC Workplace Health Promotion Evaluation <http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html#4>

¹⁷ Guidelines for the use of the ILO International Classification of Radiographs of Pneumoconioses Revised edition 2011, Geneva, International Labour Office, 2011. Retrieved from: http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_168260.pdf

impacting the population or communities served and any unmet need should be included in this section.

Numerical demographic data should be cited whenever possible to support the information provided. Describe the entire population in the service area and its demographics in relation to the target population. Local data, if available, should be used to document unmet health needs in the target population. This data should be compared to State and national data. Utilize data that are most relevant to the project (e.g., specific health status indicators, age, insurance information, poverty, transportation, etc.). This section should help reviewers understand the target population served by the proposed project. Please make sure to address the following:

- The best estimate of active, inactive and retired coal miners residing in the area based on all available data from the U.S. Department of Labor (www.dol.gov) and the U.S. Energy Information Administration (www.eia.gov), as well as other national, state and local resources;
- The current availability of health services and any existing unmet need for primary care as well as pulmonary and respiratory care (the need versus the demand);
- Current patterns for obtaining health care in the service area and the role of the applicant organization (e.g., Do patients seek their primary care and specialty care at the applicant site?);
- Evidence on how the service area relates to any adjoining service areas, so as to avoid any duplication. Reasonable access must be provided to all in both areas; and
- **For applicants to the BLCE:** Please also include any information about the extent of medical providers' (outside the black lung community) knowledge and treatment of miner safety and health, including CMDLD.

Target Area Details

Every project is located in an area that is geographically bound in some way. There may be physical features to the landscape that are important for reviewers to understand. In order to fully depict the environment of the service area, both a narrative and visual (map) description of the geographical region must be provided. The map, which may include county lines/names of cities or towns, must clearly define the service area and will serve as a reference for reviewers. It should also depict the best estimate of active, inactive, disabled, and retired coal miners residing in the area, based on all available data from the U.S. Departments of Labor and Energy, as well other as national, state and local resources.

Please include the map in **Attachment 9**. The map does not have to be specifically designed for this application. It can be a copy or portion of an existing map that has been altered, by hand if necessary, to show the location of project activities and pertinent geographical barriers (e.g., mountainous terrain). Ensure that the map is clearly and easily reproducible in black and white photocopies.

Health Care/Social Services in Service Area

Identify the health care (including pulmonary rehabilitation)/social services (compensation counseling, legal services, etc.) available in or near the service area. Reviewers must not only understand the number and type of services available, but also the relationship of these services to the project. Be sure to describe the demand for the proposed services and potential impact of the project on existing providers (e.g., changes in referral patterns, practice patterns, provider reimbursement impact, etc.) who are not part of the project. Any potential adverse impact is particularly important, as well as estimates of how the project might augment and enhance any existing capabilities in the service area. Describe how this project addresses a health gap in the community that would not have otherwise been addressed, providing a clear, well-reasoned justification for how other grant programs and/or resources are not able to fill the identified gaps. Your local health department may be a valuable resource in acquiring data in responding to this section. **If applying to the BLCE**, please also describe the potential impact of the Center on provider knowledge and ability to treat CMDLD.

▪ **METHODOLOGY**

Given the breadth of services that must be provided under the BLCGP (HRSA-14-045) in accordance with the regulations and the complexity of the barriers and challenges facing coal miners, providers are strongly encouraged to develop meaningful, working relationships with others. HRSA/ORHP recognizes that such relationships not only benefit the target population, but service providers as well.

Propose methods that will be used to meet each of the core aspects of the requirements and expectations described below.

BLCGP-HRSA-14-045

A) Outreach and Education:

Outreach to the miners and miners' organizations is a critical component of every program, in order to educate and recruit participants.

Level 1 Programs

- Every effort should be made to share information and provide services – through direct contact and through contact with mining organizations – to as many active, inactive, disabled, and retired miners as possible. Education and outreach efforts may be conducted in a variety of venues where miners may seek information or services (e.g., employment offices, etc.).

Education: Information should be current and in a variety of formats, representative of evidence-based medicine, best practices, and should be derived from reliable sources. Education should also include, as appropriate, the risks associated with coal mine dust lung disease as well as medical services and compensation available. Examples include:

- National Institute of Occupational Safety and Health (NIOSH):
<http://www.cdc.gov/niosh/>

- Mine Safety and Health Administration (MSHA): <http://www.msha.gov/>
- American Thoracic Society (ATS): <http://www.thoracic.org/>
- Black Lung Clinics Program (BLCP): <http://www.hrsa.gov/gethealthcare/conditions/blacklung/>
- Division of Coal Mine Workers' Compensation (DCMWC): <http://www.dol.gov/owcp/dcmwc>
- National Heart, Lung, and Blood Institute (NHLBI): <http://www.nhlbi.nih.gov/>

Level 2 Programs

- In addition to outreach to miners, applicants for Level 2 funding are expected to conduct structured educational activities that involve other community partners within and outside the black lung community.

Level 3 Programs

- In addition to the types of outreach conducted by programs under Levels 1 and 2, Level 3 applicants are expected to participate in activities and collaborative efforts that contribute to the knowledge base of the larger medical community.
- This includes providing and/or developing continuing medical education (CME) activities (e.g., conference sessions, webinars, etc.) for health care personnel and providers at local, regional, and national levels.
- This level of education seeks to make an impact both on the individual miner and on various health systems locally, statewide, and nationwide.

B) Clinic-Based Screening, Diagnosis, Treatment, and Compensation Counseling:

This includes clinics that take place in the field as well as at the organization's home base:

Level 1 Programs

History and Physical Exam:

- A thorough history (including medical, occupational and exposure histories as well as a history of tobacco use) must be obtained. Programs should employ a standardized questionnaire to elicit information on the miner's occupational, smoking, and medical histories and respiratory symptoms.

Staffing:

- These services must be conducted under the supervision of a board-certified pulmonologist or internist/family medicine practitioner, with at least one (1) year experience in the diagnosis and treatment of respiratory disease, who is contracted or on staff. Note: Mid-level providers working under the direct supervision of the clinic physician may also be employed.

Lung Function Testing:

- Clinics must provide on-site, resting spirometry and oximetry with or without a bronchodilator challenge.

- Testing must be conducted by a qualified healthcare provider with specific training in the proper provision of the test and interpretation of results. The individual must have NIOSH certification in spirometry.

Chest Imaging:

- This should include a Postero-Antero chest X-ray (CXR) that meets the technical quality standards established by the ILO¹⁸ should be performed by a board-certified radiologist and interpreted by a NIOSH-certified B-reader. Certified staff and x-ray facilities must be contracted or on-site.

Pulmonary Rehabilitation:

- These services may either be provided on-site, through contract, or through referral to an accessible Phase II and Phase III accredited pulmonary rehabilitation facilities.

Medical Case Management:

- Staffing should include a patient care coordinator. Patient care coordinators may be lay health care workers or trained health care personnel. The coordinator is responsible for assisting the clinic physician(s) in maintaining contact with the patient's primary physician and assuring optimum patient participation in the prescribed treatment. For those patients without medical homes, the coordinator must make an appropriate referral to the closest health center or other primary care facility where patients can access quality, comprehensive health care services. There should also be an explicit, guidance-based process for case management.
- Clinics must provide current, evidenced based-information and treatment of coal mine dust induced lung diseases, which includes:
 - Medications,
 - Nutrition,
 - Vaccinations,
 - Smoking cessation, and
 - Referrals to specialty care when appropriate.
- Clinics must evaluate and treat (or refer) coal miners for commonly associated conditions, such as hearing loss, depression, drug and alcohol abuse, cardiovascular disease, and hypertension.

Compensation Counseling:

- In addition to diagnosing and treating CMDLD in miners, grantees are expected to provide miners access to compensation counseling. Compensation counselors should have a minimum of a high school diploma and training to competently assist miners in filing for relevant compensation, including Federal Black Lung, State Worker's Compensation, and Social Security Disability claims as appropriate.

¹⁸ *Guidelines for the use of the ILO International Classification of Radiographs of Pneumoconioses*
 Revised edition 2011, Geneva, International Labour Office, 2011. Retrieved from: http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_168260.pdf

- Educational efforts must provide miners with a basic understanding of the risks associated with coal mine dust exposure as well as medical services and compensation available. This may include the following topics:
 - The spectrum of coal mine dust lung diseases;
 - Prevention of exposure to respiratory hazards (dust, toxic vapors or smoke) in the workplace;
 - The process and resources for filing a claim for disability compensation and
 - Provision of an accurate, timely assessment of the miner's current health and eligibility for state or Federal occupationally-related compensation (e.g., Federal Black Lung, worker's compensation, and Social Security Disability).
- Specific information and a referral about obtaining representation in the form of an advocate or licensed attorney as required.

DOL Examinations:

- Clinic must have the ability to refer patients to an approved and certified DOL medical examiner.

Level 2 Programs

Entities interested in applying for Level 2 funding must meet all Level I requirements (with the exception of staffing) in addition to providing the following services:

Staffing:

- Medical services must be supervised by an on-site, board-certified pulmonologist or internal medicine/family medicine practitioner, with at least two (2) years of experience in the diagnosis and treatment of respiratory diseases.

Lung Function Testing and Chest Imaging:

- Clinics must have access to full resting pulmonary function testing, including:
 - bronchodilator challenge,
 - lung volume, and
 - diffusion capacity
- Clinics must be able to provide resting arterial blood gases analysis; and
- Testing must meet ATS/ERS standards.

Pulmonary Rehabilitation:

- In addition, clinics must have on-site or contracted accredited Phase II and Phase III pulmonary rehabilitation facilities.

Medical Case Management:

- Staff must have an Associate degree or at least four (4) years of experience in patient care coordination. Trained nurse case managers or

certified medical assistants are preferred. There must be an explicit, guidance-based process for case management.

Compensation Counseling:

Staff must include a trained compensation counselor with a high school diploma or 3 years of experience whose duties include the following:

- Guide miners through the Federal Black Lung Benefits process:
 - review and assist with interpretation of legal correspondence;
 - interpret of DOL medical exam results; and
 - advise and prepare claimants facing an independent medical evaluation;
- Make referrals to experienced legal and medical expert providers in the community who are familiar with the needs of miners.

DOL Examinations:

- Clinic must have the ability to refer patients to an approved and certified DOL medical examiner.

Level 3 Programs

In addition to all of the above requirements for Level 1 and 2 Programs, entities interested in applying for Level 3 funding must provide the following services:

Staffing:

- Medical services must be supervised by an on-site, board-certified pulmonologist with at least four (4) years of experience, preferably with occupationally-related lung disease.

Lung Function and Other Testing:

- Clinic must have on-site cardiopulmonary exercise testing (CPET).
- Site should have the capability to perform metabolic cart as well as resting and exercise arterial blood gases.
- The site should provide on-site CXR with B-reader interpretation and have the capability to do advanced chest imaging capability.

Pulmonary Rehabilitation:

- Clinics must have an on-site, American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)¹⁹-certified Phase II and Phase III pulmonary rehabilitation program.

Medical Case Management:

- Staff should include a nurse case manager or certified medical assistant with at least five (5) years of experience, capable of providing assistance with patient medical follow-up. There should be an explicit, guidance-based process for case management.

Compensation Counseling:

¹⁹ American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)
<http://www.aacvpr.org/>

- Staff must possess the medical expertise with the capacity and capability to meet the following requirements:
 - Refer patients for legal assistance provided by a licensed attorney specializing in Federal Black Lung Benefits claims.
 - Possess medical/legal expertise to assist in forensic pulmonary medicine, including the provision of expert reports.
 - Provide expert testimony, as required, at depositions and hearings.

DOL Examination:

- The site must meet all criteria for approval and designation by the U.S. Department of Labor under 20 C.F.R. Part 725 to perform "complete and qualitative" medical exams as well as provide treatment under the Federal Mine Safety and Health Act of 1977, as amended.

C) Billing

It is important to note that a healthier country is one in which more Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. Insurance coverage is strongly related to better health outcomes for both children and adults. Access to insurance improves health outcomes by helping people obtain preventive and screening services, prescription drug benefits, mental health and other services, and by improving continuity of care.

The Affordable Care Act (ACA), the health care law of 2010, creates new state-based marketplaces, also known as exchanges, to offer millions of Americans new access to affordable health insurance coverage. Individuals with incomes between 100 to 400 percent of the Federal Poverty Level (FPL) may be eligible to receive advance payments of premium tax credits and/or cost-sharing reductions to help pay for the cost of enrolling in a qualified health insurance plan and paying for coverage of essential health benefits. In states that choose to participate in the ACA expansion of Medicaid to non-disabled adults with incomes of up to 133 percent of FPL, this provision will provide new coverage options for many individuals who were previously ineligible for Medicaid. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing.

Outreach efforts ensure that families and communities understand these new developments and would provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible during the transition and beyond. You are encouraged to share information with your beneficiaries about these options and to assist them, to the extent it is an appropriate activity under your grant, in enrolling in available insurance plans or in finding other available sources of payment for the services you provide.

The best place to learn more about the Health Insurance Marketplace and enroll in coverage is at HealthCare.gov. Grantees should direct individuals, families, and partners to HealthCare.gov to access educational information and create accounts, complete an online application, shop for qualified health plans, and enroll in

coverage. The site is also available in Spanish at CuidadoSalud.gov (<https://www.cuidadodesalud.gov/es/>).

A wide range of enrollment and education assistance is available. Individuals can go to localhelp.healthcare.gov to find a trained in-person assistor in their community, use the live chat function on HealthCare.gov, or contact the Health Insurance Marketplace call center toll free at 1-800-318-2596 (TTY 1-855-889-4325), which is available 24/7 in 150 languages.

For more information on the marketplaces and the health care law, visit <http://www.healthcare.gov/>. In addition, for professionals learning about the Marketplace and helping people to apply, get the latest resources at <http://marketplace.cms.gov/>.

The Black Lung Program is the payer of last resort [42 CFR §55a.201(a), consistent with the requirements of §55a.201 (b) and (c)] and awardees at **Level 1, Level 2, and Level 3 funding** must make every effort to ensure that alternate sources of payments are pursued and that program income is used consistent with grant requirements. Applicants should provide descriptions of the following:

- How they will ensure charges shall be made for services rendered as described in post-award requirements (*Section VI. Award Administration Information*) of this opportunity.
- Their organizational capacity to coordinate billings with multiple payers/sources of funding.
- The procedures and reasonable efforts for ensuring payments are collected from third-party payers.

BLCE HRSA 14-118

Successful BLCE (HRSA-14-118) applicants must have the clinical expertise and organizational capacity to provide technical assistance to HRSA and its grantees through various means (e.g., telemedicine, mobile units, etc.); train medical personnel both within and outside the black lung community; and proven record of working on the regional and national levels to improve and enhance coal miner health and safety. Responses should include the following:

- A description of how the organization intends to review black lung grantee data on monthly basis to ensure that screening and diagnostic tests meet national standards where appropriate, provide a summary of the data to HRSA, and provide technical assistance to BLGCP grantees.
 - A description of how the applicants will maximize technology (e.g., digital chest x-rays, electronic medical records, and patient registries) to minimize errors and expedite the process. Staff must have expert-level knowledge of national standards for diagnostic tests and be able to provide clear instructions to clinics needing improvement.
 - A description of how the information will be summarized and presented to HRSA/ORHP in an easy-to-read format that includes both a narrative and – when necessary–graphics (e.g. tables, graphs, charts)

- A description of how the applicant will participate in the BLCE initial, quarterly, and as-needed virtual meetings. Staff on the program must have the ability to participate in virtual meetings.
 - A description of how the applicant will provide technical assistance to individual BLCGP grantees as needed and requested, using various methods such as consultations, site visits, and individual or group training, throughout the project period. The organization and its staff should have the capacity and ability to assess the need for technical assistance as well as make informed, professional recommendations about most effective type of technical assistance. In addition, staff must have the professional expertise to develop, administer, and report on any assessment tools/technical assistance resources provided.
 - Applicants should demonstrate an understanding of the most effective ways to expand the medical knowledge base and enhance public health system through a comprehensive plan that includes working with HRSA\ORHP and the BLCGP grantees, to develop, implement, evaluate strategies as well as disseminate information.
 - Applicants should describe how they will develop bi-annual narrative reports to HRSA outlining activities, addressing each objective, challenges, results, and recommendations.
 - Applicants must also demonstrate the administrative and clinical capacity to develop and provide professional development/training opportunities (including CMEs) for medical personnel in their area of service and on the national level.
 - Applicants should describe a proven history of working at the regional and national levels to enhance and promote coal miner safety and health through the development of policies, the promotion of effective practices, and/or research that enhances understanding of coal miner health.
- **WORK PLAN**
Applicants should provide a clear and coherent work plan that is aligned with the project's goals and objectives. The project's goals and objectives must clearly align with the overall BLCGP's purpose and goals. The work plan also serves as a systematic, management tool for collaboration, identifying operational efficiencies, leveraging resources and producing desired outcomes. The goal is to successfully implement the program and achieve health status improvement in their communities.

Describe the activities or steps that will be taken to achieve each of the activities proposed during the entire project period. The timeline should include each activity and identify specific staff responsible for completing related tasks. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the target population and service area. Please use the following sub-headings in this section: Work Plan, Impact, Replicability and Dissemination Plan.

Work Plan

To provide the required services, each applicant is strongly encouraged to develop a work plan that outlines the individual and/or organization responsible for carrying out each activity. The work plan should include goals, strategies/objectives, process measures and outcome measures, and responsible organization or person. The plan

should also include a timeline for each activity conducted during the three-year grant period; although the plan for the second and third years may be somewhat less detailed.

It should be in a table format. Each of the components is defined below:

Goal (as defined in CDC's Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives): A goal is a statement that explains what the program wishes to accomplish. It sets the fundamental, long-range direction. Typically, goals are broad general statements.²⁰ Example: Improve control of high blood pressure in (state).

Strategies/objectives (as defined in CDC's Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives): Objectives break the goal down into smaller parts that provide specific, measurable actions by which the goal can be accomplished. Objectives define for stakeholders and partners the expected results to achieve in the program or intervention. For program expectations to be clear, you must write clear, concise objectives.²¹ Meaningful objectives should meet the following criteria:

- **Specific:** Clearly define who will be conducting and benefitting from a particular activity or action.
- **Measurable:** Describe the amount of change expected.
- **Achievable:** Can be realistically accomplished given current resources and constraints
- **Realistic:** Address the scope of the health program and proposes reasonable programmatic steps
- **Time-bound:** Provide a timeline indicating when the objective will be met.

Process measures (as defined in CDC's Workplace Health Promotion Evaluation): Examine all the steps and activities taken in implementing a program and the outputs they generate, such as the number and type of educational materials for a stress management class that are developed and given to employees. They are useful for keeping implementation of the program on track and for determining if program implementation meets the quality and other standards to which the program aspired. This is important so that, if a program does not achieve its intended outcomes, it can be determined if the program was using the wrong approach or if it was a strong program that simply was not implemented correctly. Process measures also can assess issues such as the costs of operating a program, the numbers of employees reached, the most successful program locations, or comparisons of the program's design and activities to others.²²

Outcome measures (as defined in CDC's Workplace Health Promotion Evaluation): Outcomes are events or conditions that indicate program effectiveness. They generally are displayed as short, intermediate, or long-term. Long-term measures, in

²⁰ CDC Division for Heart Disease and Stroke Prevention State Heart Disease and Stroke Prevention Program Evaluation Guide: Writing SMART Objectives, Retrieved from: http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/docs/smart_objectives.pdf

²¹ Ibid.

²² CDC Workplace Health Promotion Evaluation <http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html#4>

the context of workplace health promotion, typically relate to things like reductions in disease or injury and the costs associated with them. These are often similar to the goals of the program and these long-term outcomes often take years to observe. Short- and intermediate term measures, by contrast, relate to the intermediate steps and “drivers” necessary to achieve the long-term outcomes, such as individual employee reductions in healthy lifestyle risks such as tobacco use, or process changes such as implementing a new health-related policy or benefit at the organizational level that supports lifestyle changes.²³

Responsible Organization or People The organization (if in a consortium) or person/people mainly responsible for completing or coordinating the listed activities, process measures, or outcome measures.

Impact

Applicants should describe the expected or potential long-term changes and/or improvements in health status as a result of the program. Examples of long-term impact include changes in morbidity and mortality, long-term maintenance of desired behavior etc.

Replicability

Describe the potential effectiveness of the project as it relates to other communities with similar needs. Applicants must describe the extent to which project results may be national in scope. Applicants should also discuss the degree to which the project activities are replicable to other rural communities with similar needs.

Dissemination Plan

Describe the plans and methods for dissemination of project results. Applicants must articulate a clear approach for widely disseminating information regarding results of their project. A dissemination plan must be outlined describing strategies and activities for informing respective target audiences, stakeholders (i.e., policymakers, research community, etc.) including the general public.

▪ ***RESOLUTION OF CHALLENGES***

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

For applicants to the BLCGP (HRSA-14-045): Please discuss any relevant barriers in the service area that the project hopes to address. In some instances, there is a general problem of access to particular health services in the community. In other cases, the needed services may be available in the community, but may not be accessible to all who need them. In many rural communities, health care personnel shortages create access barriers. This section should highlight any pertinent geographic, socioeconomic, linguistic, cultural, ethnic, workforce or other barrier(s) and, if applicable, known reasons for these barriers. This section should detail a specific plan to reduce/eliminate each of the barriers described, and (if applicable) the role each of the consortium member organizations will play in addressing each of

²³ Ibid.

these barriers/challenges. All projects that will primarily serve multiple ethnic or racial groups must describe specific plans for ensuring the services provided address the cultural, linguistic, religious and social differences of the target populations.

For applicants to BLCE (HRSA-14-118): Include a description of any regional and/or systemic/programmatic barriers to provision of services both to individual coal miners and to clinics in the BLCGP. If there are barriers to educating other providers or expanding the medical knowledge base around CMDLD, include these as well. Please also explain how the organization will address these regional and/or systemic/programmatic barriers.

▪ ***EVALUATION AND TECHNICAL SUPPORT CAPACITY***

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery. Please use the following sub-headings in responding to this section: Logic Model, Project Monitoring, Evaluation and Resources/Capabilities.

Logic Model:

Applicants are required to submit a logic model that pictorially illustrates the relationship between the resources and activities invested in a program and the desired outcomes. A logic model is a simplified picture of a program, initiative or intervention in response to a given situation. It shows the logical relationships among the resources that are invested, the activities that take place and the benefits or changes that result. An “outcomes approach” logic model attempts to logically connect program resources with desired results and is useful in designing effective evaluation results and strategies. Include the project’s logic model and narrative description in **Attachment 5.**

Although there are similarities, a logic model is not a work plan. A work plan is an ‘action’ guide with a timeline used during program implementation; the work plan provides the “how to” steps. Information on how to distinguish between a logic model and work plan can be found at the following website:

<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Evaluation

Applicants should describe how progress toward meeting grant-funded goals will be tracked, measured, and evaluated. Explain any assumptions made in developing the project work plan and discuss the anticipated outputs and outcomes of grant-funded activities. Applicants’ evaluation should demonstrate how likely their proposed project contributed to the health improvement of their community.

Applicants must describe how data/information for the baseline measures will be collected and analyzed. As a reminder, baseline measures are a subset of the process or

outcomes measures and may need to be collected from the very start of the intervention. The need for baseline measures is one key reason for designing the evaluation plan before implementation begins because they establish a starting place and frame of reference for the program.²⁴

Resources/Capabilities

All applicants should describe a clear, comprehensive plan for staffing that meets the educational and professional requirements of the project and those by relevant certification bodies.

The following should also be addressed in the staffing plan:

- The number and types of staff, qualification levels, and full-time equivalents (FTEs).
- The information necessary to illustrate both the capabilities (current experience, skills, knowledge, and experience with previous work of a similar nature) of key staff already identified and the requirements that the applicant has established to fill other key positions if the grant is received.
- Job descriptions for each of the key staff for the respective funding opportunities. Key staff are those mentioned below.
- Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application.

BLCGP (HRSA-14-045): Staffing plans should include a board-certified pulmonologist or internal medicine/family medicine practitioner, a compensation counselor, and a patient care coordinator. In addition, the staffing plan should include position descriptions for other staff, which may include a dietitian, audiologist, physical therapist, and a pharmacist among others.

BLCGP (HRSA-14-118): Staffing plans should include a board-certified pulmonologist or internal medicine/family medicine practitioner with at least seven (7) years of experience in the treatment of respiratory diseases, one or more persons with experience in epidemiology and/or quality improvement.

ORGANIZATIONAL INFORMATION

All applicants should describe the abilities and contributions of the applicant organization. Provide information on the applicant organization's current mission and structure, scope of current activities, as well as an organizational chart. This should also include an explanation of how all these aspects contribute to the organization's ability to meet program requirements and expectations. This includes, but not limited to, financial and accounting management systems in place and capacity/ability to exercise administrative and programmatic direction over the project. Provide the organizational chart of the applicant organization in **Attachment 2**. Letters of support should be included in **Attachment 7**.

Consortium Coordination (Attachment 8, if applicable)

²⁴ CDC Workplace Health Promotion Evaluation
<http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html#4>

As applicable, applicants should provide detail on consortium members, how and when the consortium will meet, and explain the proposed process for soliciting and incorporating input from the consortium into decision-making, problem solving, and urgent or emergency situations. Indicators should assess the consortium's communication and coordination effectiveness as well as its timely implementation of plans. Discuss potential challenges for the consortium (e.g., consortium disagreements, personnel actions, expenditure activities, etc.) and identify approaches that could be employed to avoid or resolve such challenges.

Discuss the frequency of project updates provided to consortium members and the extent to which the project director will be accountable to the consortium. The applicant should also identify a process for periodic feedback and program modification as necessary.

Applicants must submit a Letter of Commitment (LOC) or a Memorandum of Agreement (MOA) with the application as **Attachment 8**. A LOC or a MOA represents a promise to provide the specified organizational resources for the success of the project. Please note that a Letter of Commitment is not the same as a Letter of Support. A LOC/MOA is from a consortium member organization providing substantial commitment and support to the project. A letter of support is from a non-consortium organization and indicates awareness and acceptance of the proposed project. The applicant is not required to include letters of support.

iii. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. **Attachments count toward the application page limit. Each attachment must be clearly labeled.**

Attachment 1: Federally Recognized Tribe(s) or Organization(s)

Applicant organizations that are Federally Recognized Tribe/s or Organization/s are eligible to apply, if all proposed grant activities are to be conducted within Federally recognized Tribal areas.

Attachment 2: Applicant's Organizational Chart

Provide organizational chart of the applicant organization.

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel

Provide a staffing plan for the proposed project and the job descriptions for key personnel listed in the application. Please see *EVALUATION AND TECHNICAL CAPACITY*, **Resources/Capabilities** for more information regarding key personnel. Provide a table of contents for this attachment. The table of contents will not count in the page limit.

Attachment 4: Biographical Sketches for Key Personnel

Include biographical sketches for persons occupying the key positions, not to exceed two pages in length. 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 5: Logic Model and Narrative

Applicants are required to submit a logic model and narrative that illustrates the inputs, activities, outputs and outcomes and impact of the project.

Attachment 6: Baseline Measures

List all baseline measures.

Attachment 7: Letters of Support List and Optional Attachments

A list of those non-consortium organizations providing substantial support and/or relevant resources to the project should be attached and clearly labeled, if applicable. Provide the organization name, contact person(s), full address, phone number(s), fax number, e-mail address, and a brief account of one to two-sentence(s) of the relevant support/resource(s) being provided. If applicant would like to submit actual letters of support, please include them here.

Attachment 8: Consortium Plan

If applicable, this attachment should include a narrative as well as the items listed below to comprehensively address the Consortium Plan.

Systemic Improvements

Please describe in detail the work the newly-formed consortium plans to engage in. It must align with the work plan that is part of the main funding opportunity and meet one or more of the following criteria: facilitate collaboration, and develop programs, policy, and/or resources that promote systemic improvements in miner health and safety.

Letters of Commitment (LOC)/Memorandum of Agreement (MOA)

If applicable, include a LOC from each consortium member and/or a MOA (signed and dated by all consortium members) that explicitly states the consortium member organization's commitment to the project activities to include the specific roles, responsibilities and resources to be contributed by that organization and support to the project.

Attachment 9: Visual Map of Target Area Details

Provide a clearly labeled visual map of the target area.

Attachment 10: Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below.

Applicants must complete and submit the following information with their application:

NON-FEDERAL EXPENDITURE

FY 2013 (Actual)	FY 2014 (Estimated)
<p>Actual prior FY 2013 non-Federal funds, including in-kind, expended for activities proposed in the application. If proposed activities are not currently funded by the institution, enter \$0.</p>	<p>Estimated FY 2014 non-Federal funds, including in-kind, designated for activities proposed in the application. If proposed activities are not currently funded by the institution, enter \$0.</p>
<p>Amount: \$ _____</p>	<p>Amount: \$ _____</p>

Attachments 11-15: Other Attachments, as necessary

3. Submission Dates and Times

Application Due Date

The due date for applications to both funding opportunity announcements is *March 28, 2014 at 11:59 P.M. Eastern Time.*

4. Intergovernmental Review

The Black Lung/Coal Miners' Clinic Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

5. Funding Restrictions

Applicants may request funding at no more than \$900,000 per year for the BLCGP (HRSA-14-045) and at no more than \$150,000 per year for the BLCE (HRSA-14-118). Each funding opportunity has a project period of three (3) years. 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 announcement may not be used for the following purposes:

HRSA funds may not be used to subsidize attendance at **National Coalition of Black Lung and Respiratory Disease Clinics, Inc.:** events and/or for membership dues.

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information.

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

V. Application Review Information

1. Review Criteria

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

Review criteria are used to review and rank applications.

BLCGP (HRSA-14-045) Criteria (100 points)

Criterion 1: NEED (30 points) – Corresponds to Section IV’s Introduction and Needs Assessment

Target Population Details

The quality and extent to which the applicant/application does the following:

- Documents the target population and its unmet health needs comparing and contrasting local, state and national data.
- Includes information about the prevalence of specific primary and secondary conditions or the age or socioeconomic status of the target population.
- Discusses the social health determinants and health disparities impacting the population or communities served.
- Cites numerical demographic data whenever possible to support the information provided.
- Describes the entire population in the service area and its demographics in relation to the target population.
- Utilizes data that are most relevant to the project (e.g., specific health status indicators, age, insurance information, poverty, transportation, etc.).
- Provides an estimate of active, inactive and retired coal miners residing in the area based on all available data from the U.S. Department of Labor (www.dol.gov) and the U.S. Energy Information Administration (www.eia.gov), as well as other national, state and local resources;
- Documents current availability of health services and any existing unmet need for primary care as well as pulmonary and respiratory care (the need versus the demand);
- Explains the current patterns for obtaining health care in the service area (e.g., Do patients seek their primary care and specialty care at the applicant site?) as well as the role the organization plays.

Target Area

The quality and extent to which the applicant/application does the following:

- The map and narrative clearly define the service area and depict the best estimate of active, inactive, disabled and retired miners, based on all available data from the U.S. Departments of Labor and Energy, as well as other national state and local resources.
- The map is easily reproducible in black and white photocopies.

Healthcare/Social Services in Service Area

The quality and extent to which the applicant/application does the following:

- Identifies the healthcare (including pulmonary rehabilitation)/social services (compensation counseling, legal services, etc.) available in or near the service area.
- Demonstrates a demand for the proposed services and describes the impact on existing providers (e.g. changes in referral patterns, practice patterns and provider reimbursement impact, etc.).
- Describes how the project augments and enhances any existing capabilities in the service area.
- How the project addresses the health gap in the community that would not have otherwise been addressed, providing a clear, well-reasoned justification for how other grant programs and/or resources are not able to fill the identified gaps.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV’s Methodology, Work Plan, and the Resolution of Challenges

Education and Outreach

- Describes a clear plan to share information and provides services through direct contact and contact with mining organizations to reach as many active, inactive, disabled and retired miners as possible.
- Education and outreach activities are planned for a variety of venues where miners may seek information or services.
- Develops and utilizes evidence-based educational information based on current medicine and best practices that is in a variety of formats.
- Educational efforts described address the risks associated with coal mine dust lung disease as well as the medical services and compensation available.
- **For Level 2 applicants**, the extent to which the organization clearly outlines structured educational activities that involve community partners both within and outside the black lung community.
- **For Level 3 applicants**, the extent to which education and outreach activities contribute to the knowledge base of the larger medical community including but not limited to providing continued medical education at a local, regional level and educational activities that seek to impact both the individual miner and health systems locally, state wide and nationwide.

Clinic-Based Screening, Diagnosis, Treatment, and Compensation Counseling.

The quality and extent to which

Level 1 Programs

- The program utilizes a standardized questionnaire to elicit information on the miner's, occupational, smoking, and medical histories and respiratory symptoms.
- Services are conducted under the supervision of a board-certified pulmonologist or internist/family medicine practitioner, with at least one year experience in the diagnosis and treatment of respiratory diseases. If applicable, the plan would include mid-level staff working under the supervision of the clinical physician.
- Lung function testing will be provided on-site by a NIOSH-certified, qualified healthcare provider who has experience/training in the proper provision of the test and results. Testing will include resting spirometry and oximetry with or without a bronchodilator challenge.
- X-rays done on-site or contracted will be performed by a board-certified radiologist and interpreted by a NIOSH-certified B reader. In addition, every effort will be made to ensure they meet technical ILO standards.
- Phase II or III pulmonary rehabilitation will be provided either on-site, through contract, or through referral.
- Medical case management will be provided (using an explicit, guidance-based process) by a lay health or trained health care personnel who has experience in assuring optimum patient participation, maintaining contact with the primary care physician, and making appropriate referrals so patient access quality, comprehensive health care services.
- The organization will provide current, evidence-based information and treatment of coal mine dust lung diseases, as well as has knowledge and ability to evaluate and treat coal miners for commonly associated conditions.
- Compensation counselors with a minimum of a high school diploma and training to competently assist miners in filing for relevant compensation, including Federal Black Lung Benefits, state Worker's Compensation, and Social Security disability claims, as appropriate.
- Compensation counselors possess the knowledge and experience to provide miners with a basic understanding of the risks associated with coal mine dust exposure as well as the medical services and compensation available.
- Staff possess the information, and knowledge, and resources to provide referrals to legal representation, either in the form of the lay advocate or licensed attorney.
- Staff has the ability to refer patients to an approved and certified DOL medical examiner.

Level 2 Programs

In addition to Level I requirements (with the exception of staffing), the quality and extent to which the applicant/application addresses the following:

- The program utilizes a standardized questionnaire to elicit information on the miner's occupational, smoking, and medical histories and respiratory symptoms.
- Services are conducted under the supervision of an on-site board-certified pulmonologist or internist/family medicine practitioner, with at least two years of experience in the diagnosis and treatment of respiratory disease.
- Lung function testing will be provided on-site by a NIOSH-certified, qualified healthcare provider who has experience/training in the proper provision of the test and results. Testing that meets ARS/ERS standards will include access to full resting pulmonary function testing: bronchodilator challenge, lung volume, and diffusion capacity. In addition, the clinic has the ability to provide resting arterial blood gases.

- X-rays done on-site or contracted will be performed by a board-certified radiologist and interpreted by a NIOSH-certified B reader. In addition, every effort will be made to ensure they meet technical ILO standards.
- Phase II or III pulmonary rehabilitation will be provided either on-site or through contract.
- Medical case management will be provided (using an explicit, guidance-based process by a healthcare professional with at least four years of experience, or an Associate degree. The individual has experience in assuring optimum patient participation, maintaining contact with the primary care physician, and making appropriate referrals so patient access quality, comprehensive health care services.
- Staff will provide current, evidence-based information and treatment of coal mine dust lung diseases, as well as has the knowledge and ability to evaluate and treat coal miners for commonly associated conditions.
- Compensation counselors with a minimum of a high school diploma or three years of experience and training to competently assist miners in filing for relevant compensation, including Federal Black Lung Benefits, state Worker's Compensation, and Social Security disability claims, as appropriate.
- Compensation counselors have the skills, knowledge and ability to review and assist with interpretation of legal correspondence, these interpretation DOL medical exams, as well as advise and prepare claimants facing an independent medical evaluation.
- Staff has the knowledge, relationships, and the ability to make referrals to experienced legal and medical expert providers in the community who are familiar with the needs of miners.
- Staff has the ability to refer patients to an approved and certified DOL medical examiner.

Level 3 Programs

In addition to Level I and Level 2 requirements (with the exception of staffing), the quality and extent to which:

- Services are conducted under the supervision of an on-site board-certified pulmonologist or internist/family medicine practitioner, with at least four years of experience, preferably with occupationally-related lung disease.
- The clinic has the ability to perform on-site cardiopulmonary exercise testing, metabolic cart as well as resting and exercise arterial blood gases.
- The clinic is able to perform chest x-rays and B-reader interpretation on-site, in addition to advanced chest imaging.
- There is an on-site, American Association of Cardiovascular and Pulmonary Rehabilitation-Certified Phase II and Phase III pulmonary rehabilitation program.
- Staff includes a nurse case manager or certified medical assistant with at least five years of experience who is able to provide assistance with patient medical follow-up.
- Staff possesses the medical expertise with the capacity and capability to refer patients to a licensed attorney specializing in Black Lung Benefits claims; assist in forensic pulmonary medicine, including the provision of expert reports; and provide expert testimony, as required, at depositions and hearings.
- The applicant meets all the criteria for approval and designation by the U.S. Department of Labor under 20 CFR Part 725 to perform "complete and qualitative" medical exams as well as provide treatment under the Federal Mine Safety and Health Act of 1977, as amended.

Billing

The quality and extent to which

- Outreach efforts around the ACA demonstrate an understanding of new developments in health care coverage and provide assistance to eligible individuals in securing and retaining coverage. This includes assisting patients in enrolling in insurance plans and finding other available sources of payment for the services provided by the clinic.
- The applicant demonstrates a method for ensuring charges shall be made for services rendered as described in post-award requirements.
- The organization demonstrates a capacity and capability to coordinate billing multiple payers/sources of funding.
- The organization has procedures and reasonable efforts for ensuring that payments are collected from third-party payers.

Work plan

The quality and extent to which

- The work plan aligns with the project goals and objectives.
- The project goals and objectives clearly align with the overall purpose and goals of the Black Lung Clinics Program.
- The work plan describes activities and steps that will be taken to achieve each of the activities proposed during the entire project.
- Goals, strategies/objectives, process and outcome measures, as well as the responsible organization/person for each activity are clearly described in the work plan.
- Timelines are included for each of the activities described in the work plan for the entire project. The second- and third -year timelines may be less detailed.
- Strategies/objectives listed in the work plan are specific, measurable, achievable, realistic, and time-bound.
- The outcome measures on the work plan reflect events or conditions that will demonstrate program effectiveness.

Resolution of Challenges.

The quality and extent to which the applicant/application

- Discusses likely challenges encountered in designing and implementing the activities described in the work plan, and approaches that will be taken to address the challenges.
- The narrative highlights pertinent geographic, socioeconomic, cultural, ethnic, workforce, and other barriers, and, if applicable, known reasons for these barriers.
- Details a specific plan to reduce/eliminate each of the barriers described, and (if applicable) the role each of the consortium member organizations will play in addressing each of these barriers/challenges.

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

The quality and extent to which the applicant/application

- Describes the experience, skills, and knowledge, including individuals on staff, materials published and previous work of a similar nature.

- Lays out a data collection strategy to collect, analyze, and track data to measure process and outcomes, with different cultural groups (e.g., race, ethnicity, language).
- Explains how the data will be used to inform program development and service delivery.
- Includes a logic model that clearly connects program resources with results.
- Describes how progress toward meeting grant-funded goals will be tracked, measured, and evaluated.
- Describes how likely the proposed project is to contribute to the health improvement of the community.
- Provides a description of how data for the baseline measures will be collected and evaluated as well as initial figures for measures listed in the FOA.

Criterion 4: IMPACT (10 Points) – Corresponds to Section IV’s Work Plan

The quality and extent to which the applicant/application

- Describes the expected or potential long-term changes and/or improvements in health status as a result of the program.
- Has a clearly defined, well-described potential effectiveness for communities with similar needs.
- Proposes plans and methods for dissemination of project results that allows for widely disseminating information. The plans and methods address strategies and activities for informing respective target audiences and stakeholders.

Criterion 5: RESOURCES/CAPABILITIES (15 Points) – Corresponds to Section IV’s ‘Evaluation and Technical Support Capacity and Organizational Information

The quality and extent to which the applicant/application

- Describes the number and type of staff, qualification levels, and full-time equivalents (FTEs).
- Illustrates both the capabilities (current experience, skills, knowledge, and experience with previous work of a similar nature) of key staff already identified and requirements that the applicant has established to fill other key positions if the grant is received.
- Provides job descriptions for each of the key staff for the rest of the funding opportunities. For BLCGP (HRSA-14-045), this includes a board-certified pulmonologist or internal medicine/family medicine practitioner, a compensation counselor, and patient care coordinator (medical case manager).
- Includes job descriptions for other staff (e.g., dietitian, audiologist, physical therapist, and/or pharmacists)
- Directly links the staffing plan, the logic model, activities proposed in the project narrative and budget.
- Demonstrates the organization's ability to meet program requirements and expectations (financial and accounting systems in place).
- Describes the organization's capacity and ability to exercise administrative and programmatic direction.
- Describes the organization's mission, structure, and scope of activities.
- Includes a description of consortium members, if applicable, and their meeting schedule.
- Details consortium member responsibilities, and the process for soliciting and incorporating feedback from consortium members.
- Addresses potential challenges for the consortium and identifies approaches to avoid such challenges. Letters of commitment or Memorandums of Agreement from all member

organizations of the consortium.

Criterion 6: SUPPORT REQUESTED (10 Points) – Corresponds to Section IV’s Organizational Information and the budget forms.

- The budget justification logically documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed cooperative agreement and/or grant-funded activities over the length of the 3-year project period
- The degree to which the estimated cost to the government of proposed cooperative agreement and/or grant-funded activities appears reasonable.

BLCE (HRSA-14-118) Criteria (100 points)

Criterion 1: NEED (25 points) – Corresponds to Section IV’s Introduction and Needs Assessment

Target Population Details

The quality and extent to which the applicant/application does the following:

- Documents the target population and its unmet health needs comparing and contrasting local, state and national data.
- Includes information about the prevalence of specific primary and secondary conditions or the age or socioeconomic status of the target population.
- Discusses the social health determinants and health disparities impacting the population or communities served.
- Cites numerical demographic data whenever possible to support the information provided.
- Describes the entire population in the service area and its demographics in relation to the target population.
- Utilizes data that are most relevant to the project (e.g., specific health status indicators, age, insurance information, poverty, transportation, etc.).
- Provides an estimate of active, inactive and retired coal miners residing in the area based on all available data from the U.S. Department of Labor (www.dol.gov) and the U.S. Energy Information Administration (www.eia.gov), as well as other national, state and local resources.
- Includes information about the standard of medical providers' (outside the black lung community), knowledge, and treatment of miner safety and health, including CMDLD.
- Documents current availability of health services and any existing unmet need for primary care as well as pulmonary and respiratory care (the need versus the demand);
- Explains the current patterns for obtaining health care in the service area (e.g., Do patients seek their primary care and specialty care at the applicant site?) as well as the role the organization plays.

Target Area

The quality and extent to which the applicant/application does the following:

- The map and narrative clearly define the service area and depict the best estimate of active, inactive, disabled and retired miners, based on all available data from the U.S. Departments of Labor and Energy, as well as other national state and local resources.
- The map is easily reproducible in black and white photocopies.

Healthcare/Social Services in Service Area

The quality and extent to which the applicant/application does the following:

- Identifies the healthcare (including pulmonary rehabilitation)/social services (compensation counseling, legal services, etc.) available in or near the service area.
- Demonstrates a demand for the proposed services and describes the impact on existing providers (e.g. changes in referral patterns, practice patterns and provider reimbursement impact, etc.).
- Describes how project augments and enhances any existing capabilities in the service area.
- How the project addresses health a gap in the community that would not have otherwise been addressed, providing a clear, well-reasoned justification for how other grant programs and/or resources are not able to fill the identified gaps.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s Methodology, Work Plan, and the Resolution of Challenges

Methodology

The quality and extent to which the applicant/application does the following:

- Describes how it intends to review BLCGP grantee data on monthly basis to ensure that screening and diagnostic tests meet national standards where appropriate, provides a summary of the data to HRSA, and provides technical assistance to BLGCP. This includes the quality of and extent to which responses address the following components:
 - Explains how technology will be maximized (e.g., digital chest x-rays, electronic medical records, and patient registries) to minimize errors and expedite the process. Staff must have expert-level knowledge of national standards for diagnostic tests and be able to provide clear instructions to clinics needing improvement.
 - Describes how information will be summarized and presented to HRSA/ORHP in an easy-to-read format that includes both a narrative and – when necessary – graphics (e.g. tables, graphs, charts).
 - Details how technical assistance will be provided to BLCGP as needed and requested, using various methods such as consultations, site visits, and individual or group training, throughout the project period. The organization and its staff should have the capacity and ability to assess the need for technical assistance as well as make informed, professional recommendations about most effective type of technical assistance. In addition, staff must have the professional expertise to develop

- administer, and report on any assessment tools/technical assistance resources provided.
- Demonstrates an understanding of the most effective ways to expand the medical knowledge base and enhance the public health system. This should be done through a comprehensive plan that includes working with HRSA\ORHP and the BLCGP grantees, to develop, implement, evaluate strategies as well as disseminate information.
- Agrees to provide bi-annual narrative reports to HRSA outlining activities addressing each objective, challenges, results, and recommendations.
- Possesses the administrative and clinical capacity to develop and provide professional development/training opportunities (including CMEs) for medical personnel in their area of service and on the national level.

Work plan

The quality and extent to which

- The work plan aligns with the project goals and objectives.
- The project goals and objectives clearly align with the overall purpose and goals of the Black Lung Clinics Program.
- The work plan describes activities and steps that will be taken to achieve each of the activities proposed during the entire project.
- Goals, strategies/objectives, process and outcome measures, as well as the responsible organization/person for each activity are clearly described in the work plan.
- Timelines are included for each of the activities described in the work plan for the entire project. The second and third year timelines may be less detailed.
- Strategies/objectives listed in the work plan are specific, measurable, achievable, realistic, and time-bound.
- The outcome measures on the work plan reflect events or conditions that will demonstrate program effectiveness.

Resolution of Challenges.

The quality and extent to which the applicant/application

- Discusses likely challenges encountered in designing and implementing the activities described in the work plan, and approaches that will be taken to address the challenges.
- The narrative highlights pertinent geographic, socioeconomic, cultural, ethnic, workforce, and other barriers, and, if applicable, known reasons for these barriers.
- Details a specific plan to reduce/eliminate each of the barriers described, and (if applicable) the role each of the consortium member organizations will play in addressing each of these barriers/challenges.
- Includes a description of any regional and/or systemic/programmatic barriers to provision of services both to individual coal miners and to clinics in the BLCGP.
- Describes any barriers to educating other providers or expanding the medical knowledge base around CMDLD.
- Addresses how the organization will address these regional and/or systemic/programmatic barriers.

- The extent to which there is a formal billing structure in place that is in accordance with the regulations, which includes a reasonable process to ensure that the grant is the payer of last resort (to the greatest extent possible).
- The extent to which compensation counseling and other educational information will be provided in a manner that considers patients' current subjective and objective medical evidence and existing eligibility criteria for the compensation programs.

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

The quality and extent to which the applicant/application

- Describes the experience, skills, and knowledge, including individuals on staff, materials published and previous work of a similar nature.
- Lays out a data collection strategy to collect, analyze, and track data to measure process and outcomes, with different cultural groups (e.g., race, ethnicity, language).
- Explains how the data will be used to inform program development and service delivery.
- Includes a logic model that clearly connects program resources with results.
- Describes how progress toward meeting grant-funded goals will be tracked, measured, and evaluated.
- Describes how likely the proposed project is to contribute to the health improvement of the community.
- Proposes to use data collected to provide regional information to HRSA/ORHP.

Criterion 4: IMPACT (8 Points) – Corresponds to Section IV's Work Plan

The quality and extent to which the applicant/application

- Describes the expected or potential long-term changes and/or improvements in health status as a result of the program.
- Has a clearly defined, well-described potential effectiveness for communities with similar needs.
- Proposes plans and methods for dissemination of project results that allows for widely disseminating information. The plans and methods address strategies and activities for informing respective target audiences and stakeholders.
- Proposes activities that will have a meaningful impact on the region identified, the BLCGP, and the medical community (and potentially other sectors) nationally.

Criterion 5: RESOURCES/CAPABILITIES (17 Points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

The quality and extent to which the applicant/application

- Describes the number and type of staff, qualification levels, and full-time equivalents (FTEs).
- Illustrates both the capabilities (current experience, skills, knowledge, and experience with previous work of a similar nature) of key staff already identified and the requirements of the applicant has established to fill other key positions if the grant is

received.

- Includes job descriptions for other staff.
- Directly links the staffing plan, the logic model, the activities proposed in the project narrative, and budget.
- Demonstrates the organization's ability to meet program requirements and expectations (financial and accounting systems in place).
- Details the organization's capacity and ability to exercise administrative and programmatic direction.
- Describes the organization's mission, scope of activities, and organizational structure.
- Includes a description of consortium members, if applicable, and their meeting schedule.
 - Details consortium member responsibilities, and the process for soliciting and incorporating feedback from consortium members.
 - Addresses potential challenges for the consortium and identifies approaches to avoid such challenges.
 - Letters of commitment or Memorandums of Agreement from all member organizations.
- Possesses the capacity and capability to meet the needs of clinics in the proposed service area. This includes the administrative and technical expertise of staff to provide technical assistance and professional development opportunities.
- Has the resources available to conduct on-site technical assistance or provide clinical expertise through various means (e.g., telemedicine, mobile units, etc.).
- Demonstrates a proven history of working at the regional and national levels to enhance and promote coal miner safety and health through the development of policies, the promotion of effective practices, and/or research that enhances understanding of miner health.

Criterion 6: SUPPORT REQUESTED (10 Points) – Corresponds to Section IV's Organizational Information and the budget forms.

- The budget justification logically documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed cooperative agreement and/or grant-funded activities over the length of the 3-year project period.
- The degree to which the estimated cost to the government of proposed cooperative agreement and/or grant-funded activities appears reasonable.

These items will provide reviewers with the information to determine the reasonableness of the requested support.

2. Review and Selection Process

Please see section 5.3 of the HRSA's *SF-424 Application Guide*.

Funding Preferences

The regulations provide a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable

consideration during the review process. The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference as follows:

Qualification 1: State Preference

State applicants will be given preference over individual entities who apply in the same state.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2014. See section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with section 6 of HRSA's *SF-424 Application Guide* and the following reporting and review activities:

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

2) Other required reports and/or products.

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a) Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b) Payment Management Requirements

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

c) Status Reports

Performance Improvement Measurement System (PIMS).

HRSA/ORHP has developed a broad range of performance measures, based on past grantees' focus areas, to assess the impact that HRSA/ORHP programs have on rural communities and to enhance ongoing quality improvement. HRSA/ORHP has incorporated these performance measures as a requirement for all HRSA/ORHP grant programs in order to achieve the stated objectives. Grantees are required to report on the Performance Improvement Measurement System (PIMS) through HRSA's Electronic Handbook (EHB) after each budget period.

d) Billing for Services

Funded applicants are required to provide the following categories of fundamental services to program participants. These services may be provided on-site or, where appropriate, through formal collaboration (a consortium or contracted staff). HRSA/ORHP recognizes the intensity and complexity of services will vary according to a program's resources/funding level. The fundamental services are *outreach and education to coal miners and miners' organizations* as well as *clinic-based screening, diagnosis, treatment, and compensation counseling*. **All funded applicants must provide assurance that charges for services will be billed, and where appropriate, third party payers will pay all or a portion of such charges.**

HRSA expects grantees to screen for proof of status and financial eligibility for use of funds in each program year. Grantees are required to use effective strategies to coordinate with third party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third party sources include Worker's Compensation, U.S. Department of Labor, Federal Black Lung Benefits, Medicaid, State Children's Health Insurance Programs (SCHIP), Medicare, including Medicare Part D, basic health plans, and private insurance. Subcontractors providing Medicaid eligible services must be Medicaid certified. Where third-party payers (including Government Agencies) are authorized or under a legal obligation to pay all or a portion of such charges, all services covered by that reimbursement plan will be billed and every reasonable effort will be made to obtain payment.

In accordance with the regulations, all HRSA-funded entities must provide an assurance that charges shall be made for services rendered as follows:

- A schedule should be maintained listing fees or payments for the provision of services, designed to cover reasonable costs of operations;
- A schedule of discounts adjusted on the basis of a patient's ability to pay must be maintained. The schedule of discounts must provide for a full discount to individuals and families with annual incomes at or

below the poverty line established in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)), (except that nominal fees for service may be requested, but not required, from individuals and families with annual incomes at or below the poverty line). No discounts will be provided to individuals with annual incomes greater than twice the poverty line; and

- Where third-party payers (including government agencies) are authorized or under a legal obligation to pay all or a portion of such charges, all services covered by that reimbursement plan will be billed and every reasonable effort will be made to obtain payment.

No person (coal miner or family member) will be denied services because of inability to pay. In this case, the grantee is expected to be the payer of last resort, per regulations. Grantees must make reasonable efforts to pursue available means of coverage for services (public or private insurance, federal funding, etc.)

Program Income: HHS Grants Regulations require grantees and/or subgrantees to collect and report program income. The program income shall be returned to the funded program and used to provide eligible services to eligible clients. “*Program income is gross income—earned by a recipient, sub-recipient, or a contractor under a grant—directly generated by the grant-supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed (e.g., direct payment, or reimbursements received from Medicaid, Medicare and third-party insurance); and income a recipient or sub-recipient earns as the result of a benefit made possible by receipt of a grant or grant funds, e.g., income as a result of drug sales when a recipient is eligible to buy the drugs because it has received a Federal grant.*”

VII. Agency Contacts

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

Inge Cooper
Grant Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 594-4236
Fax: (301) 443-6343
Email: icooper@hrsa.gov

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

Nadia Ibrahim, MA, LGSW
Public Health Analyst, Federal Office of Rural Health Policy
Parklawn Building, Room 5A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5490
Fax: (301) 443-2803
Email: nibrahim@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

▪ Technical Assistance Conference Call

The Office of Rural Health Policy will hold a Technical Assistance Webinar on **Wednesday, February 5, 2014 at 2:00-3:30 EST** to assist applicants in preparing their applications. The toll-free number to call in is **1 (888) 995-9707**. The Passcode is **BLACK LUNG**. Participants may also join the call by using the following link: https://hrsa.connectsolutions.com/forhp_fundopp/. Please dial in 10 minutes before call is to begin. The leader's name is Nadia Ibrahim.

The phone portion of the Webinar will be recorded and available for playback within one hour at the end of the call and will be available until **March 5, 2014 at 10:59 PM CST**. To access the playback, please call: **1 (888) 662-6633**. No passcode is needed. For the Webinar link following the live event, please contact the program coordinator and webinar leader.

The Technical Assistance Webinar is open to the general public. The purpose of the call is to review the grant guidance, and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended that anyone who is interested in applying for the BLCGP (HRSA-14-045), add/or the BLCE (HRSA 14-118) plan to listen to the call. It is most useful to the applicants when the grant guidance is easily accessible during the call and if questions are written down ahead of time for easy reference.

Applicants may check the status of their submissions on the Grants page of the HRSA website. The Track Your Application tool allows users to check the status of their applications on grants.gov by searching using the funding opportunity number, the application tracking number, or the DUNS number. Please visit <http://www.hrsa.gov/grants/index.html>

IX. Tips for Writing a Strong Application

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