U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Health Workforce
Division of Medicine and Dentistry

Primary Care Training and Enhancement:
Integrating Behavioral Health and Primary Care Program

Funding Opportunity Number: HRSA-19-086
Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number 93.884

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: January 28, 2019

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

Issuance Date*:* November 27, 2018

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Authority: Section 747(a) of the Public Health Service (PHS) Act (42.U.S.C. 293k(a))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2019 Primary Care Training and Enhancement (PCTE): Integrating Behavioral Health and Primary Care (IBHPC) Program. The purpose of the PCTE: IBHPC Program is to fund innovative training programs that integrate behavioral health care into primary care, particularly in rural and underserved settings with a special emphasis on the treatment of opioid use disorder. The PCTE: IBHPC is a component of the Primary Care Training and Enhancement (PCTE) Program, which functions to strengthen the primary care physician and physician assistant workforce by supporting enhanced training for future and current primary care clinicians, teachers, and educators and to promote primary care practice.

Funding Opportunity Title:	Primary Care Training and Enhancement: Integrating Behavioral Health and Primary Care
Funding Opportunity Number:	HRSA-19-086
Due Date for Applications:	January 28, 2019
Anticipated Total Annual Available FY 2019 Funding:	$4,000,000
Estimated Number and Type of Award(s):	Up to 10 grant(s)
Estimated Award Amount:	Up to $250,000 for single projects; Up to $400,000 for collaborative projects, per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2019 through June 30, 2024 (5 years)
Eligible Applicants:	Eligible applicants must be accredited schools of allopathic or osteopathic medicine, academically affiliated physician assistant training programs, or accredited public or nonprofit private hospitals, or a public or nonprofit private entity that the Secretary has determined is capable of carrying out such grants. Faith-based and community-based organizations, tribes and tribal organizations may apply for these funds, if otherwise eligible. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/ to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Primary Care Training and Enhancement (PCTE): Integrating Behavioral Health and Primary Care (IBHPC) Program.

Program Purpose
The purpose of the PCTE: IBHPC Program is to fund innovative training programs that integrate behavioral health care into primary care, particularly in rural and underserved settings with a special emphasis on the treatment of opioid use disorder. The PCTE: IBHPC is a component of the PCTE Program which functions to strengthen the primary care physician and physician assistant workforce by supporting enhanced training for future and current primary care clinicians, teachers, and educators and to promote primary care practice in underserved areas.

Program Objectives
The PCTE: IBHPC Program objectives support the U.S. Department of Health and Human Services (HHS) and Health Resources and Services Administration (HRSA) priority around combatting the opioid crisis as well as HRSA's priorities around enhancing access to mental health services and transforming the health workforce by targeting the need. Specifically, the objectives for the PCTE: IBHPC are:

1. Enhance primary care training in integrated behavioral health and primary care and advance primary care clinical training sites using the Framework for Levels of Integrated Healthcare[1];
2. Initiate new or enhance existing training in opioid and other substance use disorders, including clinical experiences in opioid and other substance use disorders, Medication Assisted Treatment (MAT), and enhancements to the clinical training sites and faculty development as needed; and
3. Develop and implement a systematic approach to improve trainee and provider wellness.

Applicants should be committed to developing a diverse and inclusive health workforce that reflects the populations they serve, and applicants are encouraged to provide interprofessional education and practice.

[1] https://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf

Additional Program Information

Funding Preference

This notice includes a funding preference (section 791(a)(1) of the Public Health Service (PHS) Act for applicants that:

a) demonstrate a high rate for placing graduates in practice settings having the principal focus of serving residents of Medically Underserved Communities or demonstrate a significant increase in the rate of placing graduates in Medically Underserved Communities settings over the preceding two years; or
b) are new programs as defined by PHS Act section 791(c).

Refer to Attachment 7 and Section V.2 of this NOFO for detailed information on qualifying for a funding preference.

2. Background

The mission of HRSA's Bureau of Health Workforce (BHW) is to improve the health of the underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need. BHW is committed to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed most.

The PCTE Program is authorized by Title VII, Section 747(a) of the PHS Act.
As a component of the PCTE Program, the PCTE: IBHPC Program facilitates the overarching purpose of the PCTE Program to strengthen the primary care workforce by supporting enhanced training for future primary care clinicians, educators and researchers and to promote primary care practice, particularly in rural and underserved areas.

Research shows that a strong primary care foundation is critical for healthcare system performance and improved health.[2],[3] Recent evidence also suggests that the primary care workforce is associated with higher quality care at lower spending.[4] The National Center for Health Workforce Analysis projects that the total demand for primary care physicians will grow by 38,320 Full Time Equivalent (FTE) positions between 2013 and 2025. It is estimated that there will be a shortage of 23,640 primary care physician FTEs by 2025. In addition to overall shortages, there is maldistribution of primary care providers with rural and other underserved communities experiencing the greatest shortages.[5] HRSA has long recognized the importance of training primary care physicians and physician assistants to become effective clinicians, teachers, researchers, and leaders. The PCTE programs help produce high quality, diverse

[2] Starfield B, Shi l, Macinko J. Contributions of primary care to health systems and health. Millbank Quarterly 2005;83:457-502.
[3] Chang C, Stukel TA, Flood AB, Goodman DC. Primary care physician workforce and Medicare beneficiaries' health outcomes. JAMA. 2011;305(20):2096-2104.
[4] Baicker K, Chandra A. Medicare spending, the physician workforce, and beneficiaries' quality of care. Health Affairs. 2004. Available at: https://pdfs.semanticscholar.org/a172/cc261cc5d92b563507a2edc62cdca2b8eb5c.pdf
[5] HRSA. Projecting the supply and demand for primary care practitioners through 2020. HRSA. 2013. Available at: https://bhw.hrsa.gov/health-workforce-analysis/primary-care-2020

primary care clinicians who will be able to address the Nation's health care needs, particularly in communities of high need. There is evidence that physicians who receive training in community-based and underserved settings are more likely to practice in similar settings, such as health centers.[6,7]

Behavioral healthcare is the continuum of services for persons at risk of or are suffering from mental, behavioral, or addictive disorders, such as post-traumatic stress disorder, substance use disorders, and depression.[8] Behavioral health issues are the leading cause of disabilities that contribute to rising healthcare in the United States.[9] Mental illness knows no age; it affects over 18% of adults and 13% to 20% of children ages 8-15 years old.[10] It is also reported that severe depression increased in youth from 5.9% in 2012 to 8.2% in 2015.[11] Illicit drug use is prevalent in approximately 9.4% of the population 12 and older, with 6.3% of the population being heavy users of alcohol defined as five or more drinks on each of five or more days in the past 30 days.[12] It's reported that one in four persons on long term opioid therapy in primary care settings struggle with opioid use disorder; approximately 116 persons are dying daily from an opioid related overdose.[13] Primary care settings are usually the first point of access for prevention, assessment and intervention.

Compounding these behavioral health and substance use disorder issues are significant behavioral health disparities in underserved communities. These disparities may be due to lack of access to health care, need for a diverse health care workforce, a lack of information, and the need for culturally and linguistically competent care and programs.[14] HRSA works to address the need for the healthcare workforce in these areas by increasing the numbers of adequately and culturally prepared health professionals ready to practice.

Patients requesting care from their primary care provider usually present with a chief complaint of physical illness, however, data suggest that there is often an underlying mental health or substance use issue triggering the visit.[15] Approximately, 70% of

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[6] Phillips RL, Petterson S, Bazemore, A. Do residents who train in safety net settings return for practice? Academic Medicine. 2013; 88(12): 1934–1940.

[7] Goodfellow A, Ulloa J, Dowling P, et al. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. Academic Medicine. 2016; 91(9): 1313–1321

[8] Behavioral Health, 2016-2017, TECHNICAL REPORT, August 28, 2017, National Quality Forum, This report is funded by the Department of Health and Human Services under contract HHSM-500-2012-00009I Task Order HHSM-500-T0008.

[9] Behavioral Health, US 2012 report

[10] The State of mental health in America, 2018) (Mental Health Facts, Stats, and Data, The State of Mental Health in America 2018)

[11] Ibid

[12] Gerrity, Martha. Integrating Primary Care into behavioral health settings: what works for individuals with serious mental illness, page 4

[13] U.S. Department of Health and Human Services, What is the U.S. Opioid Epidemic? Retrieved August 21, 2018 from https://www.hhs.gov/opioids/about-the-epidemic/index.html

[14] Substance Abuse and Mental Health Services Administration. (n.d.). Health Disparities. Retrieved July 17, 2018, from https://www.samhsa.gov/health-disparities.

[15] Chris Collins, Denise Levis Hewson, Richard Munger, and Torlen Wade, Evolving Models of Behavioral Health

primary care visits are the result of psychosocial problems.[16] Primary care providers are not adequately educated to address these issues, as there is the tendency to misdiagnose, underdiagnose or fail to diagnose.[17]

The primary care provider's ability to competently assess and provide treatment for behavioral health conditions will enhance the primary care practice, improve behavioral health access, and promote value-based care. Provider burnout can jeopardize the quality of care and access to care that clients receive. Therefore, attention to provider wellness is essential. Burnout among students and practitioners in all health professions is a serious and growing problem.[18] The impact of burnout is insidious and can have a long-term impact on the professions and the workplace, with both immediate and long-term costs.[19] To help address student and provider burnout education is needed throughout the healthcare system. The healthcare system can benefit from reduced burnout through improved worker satisfaction and reduced turnover, lower costs, and improved patient safety and satisfaction.[20]

II. Award Information

1. Type of Application and Award

Type of applications sought: New. HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $4,000,000 to be available annually to fund approximately 10 recipients. You may apply for a ceiling amount of up to $250,000 per year for a single project, or up to $400,000 per year for an interprofessional collaborative project. Total cost includes both direct and indirect, facilities and administrative costs.
You have the option to apply for either a single or a collaborative project, but not both.

If you meet the definition of, and qualify as a collaborative project, you may apply for the higher funding ceiling in recognition of the additional costs associated with providing interprofessional training and experiences for primary care trainees.

The period of performance is July 1, 2019 through June 30, 2024 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the PCTE: IBHPC Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Integration in Primary Care, Milbank Memorial Fund, 645 Madison Ave., New York, New York 10022. 2010. ISBN 978-1887748-73-5.

[16] Ibid

[17] (Fagri, Boisvert, & Faghri, Understanding the expanding role of primary care physicians to primary care psychiatric care physicians: enhancing the assessment and treatment of psychiatric conditions, Mental Health in Family Medicine, 2010).

[18] Issue Brief: 15th Annual Report of the Advisory Committee on Training in Primary Care Medicine and Dentistry. Reducing Burnout Among Healthcare Providers: Managing Stress, Building Resilience, and Promoting Well-Being

[19] Ibid

[20] Ibid

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

Limitations on indirect cost rates
Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and sub-awards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants must be accredited schools of allopathic or osteopathic medicine, academically affiliated physician assistant training programs, accredited public or nonprofit private hospitals, or a public or nonprofit private entity that the Secretary has determined is capable of carrying out such grants. Faith-based and community-based organizations, tribes and tribal organizations may apply for these funds, if otherwise eligible.

The lead applicant training programs for this NOFO must be from one of the following professions or disciplines: family medicine, general internal medicine, general pediatrics, medical students, physician assistant students, or faculty in any of these areas.

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

The applicant must submit accreditation documentation for the lead applicant training program in Attachment 4. The lead applicant training program must be a medical school, academically affiliated physician assistant training program, or residency program in family medicine, internal medicine, or pediatrics. The project director must be from the profession and discipline of the lead applicant training program. Provisional accreditation is acceptable for new programs.

Required Eligibility Documentation
The applicant organization must provide: (1) a statement that they hold initial or continuing accreditation from the relevant accrediting body and are not on probation, and (2) the dates of initial accreditation and next expected accrediting body review. The full letter of accreditation is not required. Documentation of accreditation must be provided for all training programs included in the collaborative project proposals. Award recipients must immediately inform the HRSA project officer of any change in

accreditation status. If a partner organization holds the accreditation for a training program, a letter of agreement must be provided in Attachment 4.

Collaborative Project Documentation
In addition to your accreditation documentation, you must

1) include a statement on the accreditation status for all other training programs involved in your collaborative project in Attachment 4; and
2) include a letter of agreement or memorandum of understanding (MOU) that provides documentation that project activities target at least two training levels (student, resident, faculty development, and practicing primary care physician or physician assistants) and at least two primary care professions in Attachment 3.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other Eligibility Information

Ceiling Amount
HRSA will consider any application that exceeds the ceiling amount of $250,000 for single projects and $400,000 for collaborative projects as non-responsive and will NOT consider it for funding under this notice.

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

Maintenance of Effort (MoE)
The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the award, as required by Section 797(b) of the Public Health Service Act. Complete the MOE information and submit as Attachment 6.

Multiple Applications
Multiple applications from an organization are allowable. However, only one award will be made per organization. Separate organizations are those entities that have unique DUNS numbers.

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

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive. **Applications received without the appropriate eligibility documents will be deemed non-responsive to the NOFO and will not be considered for funding under this notice.**

Student/Trainee
Every student/trainee receiving support from award funds must be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 Research and Related (R&R) workspace application package associated with this NOFO following the directions provided at https://www.grants.gov/applicants/apply-for-grants.html.

If you're reading this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note, you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

See Section 8.5 of the *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do NOT count in the page limit. Biographical Sketches **do** count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to any of the statements in this certification, an explanation shall be included in Attachment 10: Other Relevant Documents.

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

Program-Specific Instructions

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

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

Provide project title, organization name and the project director at the topic of the abstract.

The Abstract must include:

1. A brief overview of the project as a whole;
2. Specific, measurable objectives that the project will accomplish;
3. How HHS and HRSA clinical priorities of mental illness, opioid use disorder, and/or value–based/quality care will be addressed by the project, as applicable;
4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project;
5. Clearly identify if this is a single or collaborative project and identify the lead applicant training program and any interprofessional training program partners, as appropriate. Include the disciplines and training levels of the collaborative projects; and
6. A clear statement about which Funding Preference is being requested, if applicable. Justification is to be provided in Attachment 7.

ii. Project Narrative

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

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

- *PURPOSE AND NEED -- Corresponds to Section V's Review Criterion #1*

  - First, briefly describe the purpose of the proposed project. Describe the need for primary care physician and physician assistant trainees to acquire education and skills in the integration of behavioral health and primary care.
  - Describe the clinical training sites that will be enhanced through this project, including the demographics, social determinants of health, health disparities and behavioral health, including incidence of substance used disorder of the population served, including any vulnerable populations served, such as rural, medically underserved, and veterans. Use and cite demographic data whenever possible to support the information provided. Describe how your proposed project is expected to improve health care for the populations described.
  - This section will help reviewers understand the organization that would receive funding for training, as well as the needs of the communities that trainees will serve.

- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*

- *(a) WORK PLAN -- Corresponds to Section V's Review Criterion #2 (a).*

  You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here: http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.). You must:

  - Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.
  - Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.
  - Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.
  - Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of

the application and, further, the extent to which these contributors reflect diversity and inclusion of the populations and communities served.
- If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented, and that the activities are related to the proposed project.

- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2 (b).*

For collaborative projects: describe what aspects of collaboration are being implemented.

- Describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Objectives must be specific, measurable, achievable, relevant, and timely.
- Describe the key activities for enhancing training in integrated behavioral health and primary care, including any enhancements to the clinical training sites. Identify where the primary care clinical training sites are using the Framework for Levels of Integrated Healthcare[21] and describe how the project will move the primary care clinical training sites to a higher level.
- Describe your plan to enhance training and clinical experiences, in the primary care clinical training sites in opioid and substance use disorders, including in Medication Assisted Treatment (MAT).
- Describe any plans to address the integration of evidence-based trainings for health professionals to screen, assess, intervene, and refer patients to specialized treatment for mental illness.
- Describe your plan to address trainee and provider wellness in your project.
- Provide evidence and/or identify resources for training tools and best practices that support your proposed activities. Examples of resources include the HRSA-funded National Center for Integrated Behavioral Health, National Institute on Mental Health,
- Describe why your project is innovative. Examples of resources include The Academy for Integrating Behavioral Health and Primary Care (The Academy) and The Integrated Practice Assessment Tool.
- Provide a training chart of the number of trainees to be trained, by profession/disciple, training year and projected number of graduates.

Logic Model

You must submit a logic model (Attachment 8) for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this NOFO the logic model should summarize the connections between the:

[21] https://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf

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

- *(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (c)*

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

- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).*

- *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (a)*

  You must describe the plan for program performance evaluation. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. You must specifically include a plan for evaluating any improvements in patient access, quality of care, and cost effectiveness, as well as provider wellness, as a result of the training and integrated behavioral health and primary care projects.

  For the opioid and substance use disorder training and clinical training site enhancement activities, your evaluation plan must assess any increases in treatment of opioid and substance use disorders, quality of care, and MAT certifications.

  You must be able to provide baselines for these measures and are encouraged to match your evaluation measures to existing measures. For example:
  The Centers for Medicare and Medicaid Merit-based Incentive Payment System includes the following measures:

  - Documentation of Signed Opioid Treatment Agreement: All patients 18 and older prescribed opiates for longer than six weeks duration who signed an

opioid treatment agreement at least once during Opioid Therapy documented in the medical record.
- Evaluation or Interview for Risk of Opioid Misuse: All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g., Opioid Risk Tool, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record.

The Bureau of Primary Health Care Uniform Data System includes the following:

- The number of physicians, certified nurse practitioners and physician assistants, on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication.
- The number of patients who received medication-assisted treatment for opioid use disorder from a physician, certified nurse practitioner, or physician assistant, with a DATA waiver working on behalf of the health center.

Programs will be required to report on their evaluation progress and findings in their annual Progress Report. Additional technical assistance resources for developing an evaluation plan are available at: https://bhw.hrsa.gov/grants/medicine/primary-care-training-enhancement-grantee-evaluation-resources

You must include a plan for continuous quality improvement, such as Rapid Cycle Quality Improvement (RCQI), for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. Additional information on RCQI is available at the following website: http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/.

You also must describe the systems and processes that will support your organization's collection of HRSA's performance measurement data, as required for this program. At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html. Describe the data collection strategy to collect, manage, analyze and track data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes.

For implementation of the program performance evaluation and HRSA's performance measures requirements, describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. Describe plans for

dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

Describe your process to track trainees after program completion/graduation for up to one year, to include collection of trainees' National Provider Identifiers (NPI). (Note: Trainees who receive HRSA funds as a result of this award are encouraged to apply for an NPI for the purpose of collecting post-graduation employment demographics).

- *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion #3 (b)*

  You must provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding, as well as (c) provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. You must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

- *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES -- Corresponds to Section V's Review Criterion #4*

  Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. (A project organizational chart is requested in Section IV.2.v, Attachment 5.) Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

  A project organizational chart is requested in Attachment 5. This chart should delineate the relationships, roles, and responsibilities of all partner organizations, including primary care clinical training sites and interprofessional training program partners.

  The staffing plan and job descriptions for key faculty/staff must be included in Attachment 2 (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. 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. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
    - Institution and location
    - Degree (if applicable)
    - Date of degree (MM/YY)
    - Field of study
- *Section a (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal advisory committee.
- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (*optional)* **Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

NARRATIVE GUIDANCE To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
Narrative Section	**Review Criteria**
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

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

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

In addition, the PCTE: IBHPC program requires the following, which corresponds to Section V's Review Criterion 5 - Support Requested.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note

that these or other salary limitations may apply in the following fiscal year, as required by law.

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and sub-grants and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 R&R Application Guide.* In addition, the Primary Care Training and Enhancement program requires the following:

Collaborative Projects: Applicants that propose a collaborative project as described in *Section IV Project Narrative* must include a budget table within the budget justification that provides a specific budget breakdown for each collaborative partner(s) and for each of the proposed disciplines/professions by training levels for each budget year. The budget breakdown must provide the line items for each discipline for each budget year.

Evaluation Costs: Applicants may request funding to support annual reporting requirements (i.e., software, personnel time, etc.), and to conduct the required program evaluation as described in this funding opportunity announcement. Applicants must ensure adequate resources are requested to conduct an evaluation that meets the requirements as outlined in *Section IV*.

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "total Participant/Trainee Support Costs" which includes the summation of all trainee costs. Trainee costs must be delineated by profession/discipline trained to be complete.

Stipends may only be used for cost of living expenses during the period of training. Other educational expenses (such as tuition, travel, and conference fees) should be itemized and justified apart from any planned stipend allotment. **Stipends are not allowable for medical residents or medical students. Physician assistant students are eligible to receive a stipend.** The maximum stipend rate is $24,324 per year.[22]

Enter the number and total stipend amount for each trainee or faculty category as appropriate. The payment of stipend must also be consistent with institutional policy. Grant funds may not be used to pay fringe benefits for trainees receiving stipend support, with the exception of health insurance. Stipends must be paid in accordance with the award recipient's usual payment schedule and procedures. Any trainee who

[22] National Institutes of Health Ruth L. Kirschstein National Research Service Award Stipend Levels for FY 2018. Available at: https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-175.html

receives 100% of their salary from non-grant sources is not eligible for grant supported stipends.

Requests for stipend support must fully document that 1) trainees or faculty are in need of the support, 2) alternative sources of financial support for such stipends are not available, and 3) grant funds will not be used to supplant other available funds. Each individual receiving stipend support from grant funds must be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States.

Applicants must indicate the percentage of support (if any) covered by other sources, including state grants, institutional support, and/or other sources including federal education awards (fellowships, traineeships, etc.) except for educational assistance under the Veterans Readjustment Benefits Act ("GI Bill").

v. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

*Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (*See Section 4.1.vi. of HRSA's SF-424 R&R Application Guide*)*

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

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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

Attachment 4: Accreditation

The applicant organization must provide: (1) a statement that they hold continuing accreditation from the relevant accrediting body and are not on probation, and (2) the dates of initial accreditation and the next accrediting body review. The full letter of accreditation is not required. If a partner organization holds the accreditation for a training program, a letter of agreement must be provided as well. For collaborative projects, include a statement on the

accreditation status for all other training programs involved in that collaborative project.

Relevant accrediting bodies include:

- Medical Schools: Liaison Committee on Medical Education (LCME) and American Osteopathic Association (AOA)
- Physician Assistant Programs: Accreditation Review Commission on Education for Physician Assistant (ARC-PA)
- Residency Programs: Accreditation Council for Graduate Medical Education (ACGME)

Attachment 5: Project Organizational Charts, Tables, Charts, etc.

Provide a one-page figure that depicts the organizational structure of the project (not the applicant organization) and provide any additional tables or charts to give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 6: Maintenance of Effort Documentation

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. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES

FY 2018 (Actual) Actual FY 2018 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	Current FY 2019 (Estimated) Estimated FY 2019 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 7: Request for Funding Preference

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification. **Please Note: the data provided must be based on the lead applicant program**. See Section V.2 for further information.

Attachment 8: Logic Model

Attach a logic model for the PCTE: IBHPC program. More information on logic models is provided in Section VIII.

Attachment 9: Letters of Support

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be signed, and dated.

Attachment 10: Other Relevant Documents

Include here any other document that is relevant to the application, such as sub-award forms and the associated budget narrative justification, if applicable.

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

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

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

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *January 28, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The Primary Care Training and Enhancement: Integrating Behavioral Health and Primary Care Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of 5 years, at no more than $250,000 per year for a single project and $400,000 for a collaborative project (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal year, as required by law.

You cannot use funds under this notice to provide stipends for medical students or medical residents.

Grant funds may not be used to pay fringe benefits for trainees receiving stipend support, with the exception of health insurance.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s)

under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The PCTE: IBHPC Program has 5 review criteria:

Criterion 1: PURPOSE AND NEED (20 points) – Corresponds to Section IV's Purpose and Need

The application will be evaluated on:

- The extent to which the proposed project addresses a high need for primary care physician and physician assistant trainees to acquire education and skills in integrated behavioral health and primary care; and
- The extent to which the primary care clinical training sites serve the highest need populations, particularly rural, underserved, and veteran populations and communities facing significant health disparities.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

Criterion 2 (a): WORK PLAN (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan

The application will be evaluated on:

- The extent to which goals and objectives are clear, comprehensive, specific, and measurable; and the concrete and feasible steps are proposed to achieve those goals and objectives. The description must include a timeline; and
- The extent to which stakeholders that reflect the diversity and inclusion of the populations and communities served are meaningfully engaged in the planning, design, and implementation of the project activities.

- If applicable, the extent to which the application describes how the organization will ensure that sub-awardees comply with all applicable requirements and provide governance.

Criterion 2 (b): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

This application will be evaluated on:

- The strength of the proposed goals and objectives and their relationship to the purpose of this program to strengthen the primary care physician and physician assistant workforce through enhanced training in integrated behavioral health and primary care, particularly in rural and underserved settings;
- The extent to which the activities described are likely to address and attain the project's goals and objectives, and have the greatest impact on improving behavioral health outcomes in the clinical training sites and in graduate practice;
- The strength of the goals, objectives, and activities to enhance training in opioid and substance use disorders, including MAT, and the extent to which the project is likely to have the greatest impact on opioid and substance use outcomes in the clinical training sites and in graduate practice;
- The extent to which trainee and provider wellness is appropriately addressed and integrated into the project activities;
- The extent to which proposed activities are either evidence-based or innovative;
- The extent to which the goals of the project, inputs, activities, outputs, and outcomes (provided in the logic model) are logical, feasible within the timeframe and scope of the proposed project, and address the purpose of this program;
- **For applicants proposing a collaborative project,** the extent to which the project equitably benefits trainees in at least two of the designated training levels (student, resident, faculty, and practicing primary care physician or physician assistants) and in at least two of the following primary care professions: primary care physicians, physician assistants, nurse practitioners, dentists, mental health providers, pharmacists, and other allied health professionals;
- **T**he extent to which the trainees are engaged in interprofessional education and practice; and
- The extent to which a training chart includes the number of trainees to be trained by profession/discipline, training year and projected number of graduates.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges

- The extent to which you demonstrate an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.

Criterion 3: IMPACT (25 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (20 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

- The extent to which evaluative measures and evaluation plan will effectively assess whether project objectives have been met, as well as the applicant's ability to effectively report on measurable outcomes. This includes both your internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a);
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project;
- The extent to which the evaluation plan for the project assesses patient access, quality of care, cost effectiveness, and provider wellness outcomes, including the required outcomes around opioid and substance use and MAT;
- The strength of the organization's plan to collect and report on HRSA's required performance measures, including systems, processes, and adequate staff to collect, manage, analyze, and report data;
- The extent to which you anticipate obstacles to the evaluation and propose how to address those obstacles;
- The strength of the dissemination plan and the extent to which project results may be national in scope and project activities will be replicable; and
- The extent to which you describe your use of continuous quality improvement to monitor program objectives to improve program outputs and outcomes.

Criterion 3 (b): PROJECT SUSTAINIBILITY (5 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

- The extent to which you describe a solid plan for project sustainability after the period of federal funding ends; and
- The extent to which you clearly articulate likely challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (10 points) – Corresponds to Section IV's Organizational Information, Resources and Capabilities

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through your project narrative, as well as through your Attachments; and
- The extent to which you describe the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget Justification Narrative and SF-424 R&R budget forms

Applications will be reviewed for the reasonableness of the proposed budget for each year of the project period, in relation to the objectives, the complexity of the activities, and the anticipated results, including:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and
- The extent to which trainee stipends, fellowships, or traineeships are reasonable and supportive of the project objectives.
- For collaborative projects, the extent to which the budget equitably and appropriately supports interprofessional training.
- For sub-awards the extent to which they provide a line item budget and budget narrative justification for their proposed project activities.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

For this program, HRSA will use the funding preference.

Funding Preferences
This program provides a funding preference for qualified applicants as authorized by Section 791(a)(1) of the PHS Act. 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 receive full and equitable consideration during the review process. The HRSA staff will determine whether an applicant qualifies for the funding preference. The Secretary may not give an applicant preference if the proposal is ranked at or below the 20th percentile of proposals that have been recommended for approval by the peer review group.

In order to receive the funding preference, applicants must clearly indicate the funding preference for which they are applying in the Project Abstract and provide supporting documentation in Attachment 7. The qualification is evaluated based on the data provided by the lead applicant's training program.

Applicants may apply for this notice of funding opportunity without requesting a funding preference.

The applicant must provide the required data for the eligible entity. The project director must be from the profession and discipline of the lead applicant program**.** "Tracks," such as primary care or rural tracks, or regional campuses within existing organizations, DO NOT qualify under either the Medical Underserved Community or the New Program funding preference qualification.

Please note: the data must be that of the lead applicant training program.

A total of one funding preference will be granted to any qualified applicant that demonstrates that they meet the criteria for the preference via one of the following qualifications:

Qualification 1: Medically Underserved Community (MUC) Funding Preference
This preference focuses on the number of graduates from your medical school, physician assistant school, or residency training program completers that were placed in MUCs. To apply, you must provide and clearly label in **Attachment 7** that you are requesting consideration for the **MUC Funding Preference**. You must provide all of the requested data shown below and you must include a description of how you determined graduate practice in an MUC. For this NOFO, an MUC is defined as a geographic location or population of individuals that is designated by the federal government as a Health Professional Shortage Area (HPSA) or Medically Underserved Area and Population (MUA/P). More information on HRSA shortage designations, including a link to find HPSAs and MUAs/Ps by address, is available at: https://bhw.hrsa.gov/shortage-designation. Failure to provide all required information will result in not meeting the funding preference. There are two ways to qualify, as outlined below.

A) High Rate

To qualify under **High Rate,** you must demonstrate that the percentage of graduates/program completers placed in practice settings serving an MUC for the two academic years (AY) indicated below is greater than or equal to **30 percent** for medical students or physician assistant students, or greater than or equal to 80 percent for resident or fellow trainees.

To calculate the MUC Preference by demonstrating High Rate for **physician assistant graduates and residency program completers**, the numerator will be the number of graduates/program completers from AY 2016-2017 who are currently in practice in a MUC added to the number of graduates/program completers from AY 2017-2018 who are currently in practice in a MUC. Any graduates/completers that are currently in further training programs, such as residency programs, further traineeships, or fellowships, are not considered in practice and should not be included in the numerator. The denominator will be the total number of graduates/program completers for AY 2016-2017 added to the total number of graduates/program completers in AY 2017-2018.

Use the following formula:

$N_{2016\text{-}2017}$ = number of AY 2016-2017 graduates currently in practice in a MUC

$N_{2017\text{-}2018}$ = number of AY 2017-2018 graduates currently in practice in a MUC

$D_{2016\text{-}2017}$ = the TOTAL number of graduates in AY 2016-2017

$D_{2017\text{-}2018}$ = the TOTAL number of graduates in AY 2017-2018

$$\text{High Rate} = \frac{N_{2016\text{-}2017} + N_{2017\text{-}2018}}{D_{2016\text{-}2017} + D_{2017\text{-}2018}} \times 100$$

To calculate the MUC Preference by demonstrating High Rate with **medical school graduates**, the numerator will be the number of graduates from AY 2013-2014 who are currently practicing in a MUC added to the number of graduates in AY 2014-2015 who are currently practicing in a MUC. Medical school graduates who are currently in residency or fellowship training are not considered in practice and should not be included in the numerator. The denominator will be the total number of medical school graduates in AY 2013-2014 added to the total number of medical school graduates in AY 2014-2015.

The applicant must report all graduates of the medical school or physician assistant program or residency program completers regardless of their training program's source of funding. Any graduates/completers that are currently in further training programs, such as residency programs or fellowships are not considered in practice and must not be included in the numerators

B) Significant Increase

To qualify under **Significant Increase** you must demonstrate a **Percentage Point Increase** of 25 percent in the rate of placing program completers in practice in an MUC for the academic years indicated below.

To calculate the MUC Preference by demonstrating significant increase **for physician assistant graduates or residency program completers**, calculate the difference between the percent of graduates/program completers in AY 2017-2018 and AY 2015-2016 who are currently practicing in a MUC. Any graduates/completers that are currently in further training programs, such as residency programs or fellowships are not considered in practice and should not be included in the numerators.

Use the following formula:

$N_{2017\text{-}2018}$ = number of AY 2017-2018 graduates currently in practice in a MUC

$D_{2017\text{-}2018}$ = the TOTAL number of graduates in AY 2017-2018.

$N_{2015\text{-}2016}$ = number of AY 2015-2016 graduates currently in practice in MUC

$D_{2015\text{-}2016}$ = the TOTAL number of graduates in AY 2015-2016.

Percentage Point Increase = $((N_{2017\text{-}2018}/D_{2017\text{-}2018}) - (N_{2015\text{-}2016}/D_{2015\text{-}2016})) \times 100$

To calculate the MUC Preference by demonstrating a Significant Increase with **medical school graduates**, calculate the difference between the percent of graduates between AY 2014-2015 and AY 2012-2013 who are currently practicing in a MUC. Medical school graduates in residency or fellowship training are not considered in practice and should not be included in the numerators.

The applicant must report all graduates of the medical school or physician assistant program or residency program completers regardless of their training program's source of funding. Any graduates/completers that are currently in further training programs, such as residency programs or fellowships, are not considered in practice and must not be included in the numerators.

Qualification 2: Mechanism for New Training Programs to Qualify for the Funding Preference

New programs for the purpose of this NOFO means those medical schools, physician assistant schools, or residency training programs that have completed training of less than three consecutive classes. Upon graduating/completing at least three classes, a program shall have the capability to provide the information necessary to qualify the program for the general funding preferences described in subsection (a).

New programs as defined above can qualify for the funding preference if they meet **at least four** of the following criteria, and have completed training for less than three consecutive classes:

1. The training organization's mission statement identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.
2. The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
3. Substantial clinical training in MUCs is require under the program.
4. A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
5. The entire program or a substantial portion of the program is physically located in a MUC.

6. Student assistance, which is linked to service in MUCs, is available to students through the program. Federal and state student assistance programs do not qualify.
7. The program provides a placement mechanism for helping graduates find positions in MUCs.

To apply for the MUC Preference as a New Training Program, an applicant must submit the Request and Documentation for Preference (Attachment 7) and provide a brief narrative entitled "New Training Program MUC Preference Request" that will:

- Describe how their new training program meets at least four of the seven criteria mentioned above;
- State the year the training program was established; and
- Provide the total number of graduates for each year, including the current year, since the training program began.

As mentioned above, new "tracks," such as primary care or rural tracks within existing institutions DO NOT qualify under either the Medically Underserved Community or the New Training Program funding preference qualification. Programs that have been significantly changed or improved with a new focus also DO NOT qualify for the preference under the New Training Program qualification.

Funding Special Considerations and Other Factors

In making final award decisions, HRSA will take into consideration the geographic distribution of applicants. Applications that do not receive special consideration will be given full and equitable consideration during the review process.
Applicants providing support where the lead applicant is a physician assistant program may be considered for funding special consideration in order to meet the legislative requirement of 15 percent of PCTE program funding.

3. Assessment of Risk and Other Pre-Award Activities

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

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

determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

4. Anticipated Announcement and Award Dates

HRSA anticipates announcing/issuing awards prior to the start date of July 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2019. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

Requirements of Subawards

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. HRSA will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

   The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

   The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on evaluation and dissemination activities in the annual progress report.

   Further information will be available in the award notice.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the EHBs on an annual basis. All BHW recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the award notice.

   The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 days after the project period ends.

3) **Final Program Report.** A final report is due within 90 days after the project period ends. The Final Report must be submitted online by recipients in the Electronic Handbook system at https://grants.hrsa.gov/webexternal/home.asp.

   The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report includes the following sections:

   - Project Objectives and Accomplishments - Description of major accomplishments on project objectives.

- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information:
  - Project overview.
  - Project impact.
  - Prospects for continuing the project and/or replicating this project elsewhere.
  - Publications produced through this grant activity.
  - Changes to the objectives from the initially approved grant.

Further information will be provided in the award notice.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the *SF-424 R&R Application Guide*. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHB system. More specific information will be included in the NoA.

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

VII. Agency Contacts

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

Kimberly Ross
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10NWH04
Rockville, MD 20857
Telephone: (301) 443-2353
Fax: (301) 443-6343
Email: kross@hrsa.gov

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

Nancy V. Douglas-Kersellius
Nurse Consultant, MTGB/DMD
Attn: PCTE: Integrating Behavioral Health and Primary Care
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 15N194B
Rockville, MD 20857
Telephone: (301) 443-0907
Email: ndouglas@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays, at:

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

VIII. Other Information

Logic Models*:*
Additional information on developing logic models can be found at the following website: https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

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. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website: https://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf

Technical Assistance:

HRSA will hold pre-application technical assistance (TA) webinars for applicants seeking funding through this opportunity. The webinars will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/ to learn more about the resources available for this funding opportunity.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce can be located at the Health Workforce Glossary. In addition, the following definitions apply to the PCTE: IBHPC Program for Fiscal Year 2019:

The following definitions apply to the PCTE program for FY 2019.

Collaborative Project – For the purpose of this NOFO, a collaborative project must include activities targeting at least two training levels (student, resident, faculty development, and practicing primary care physician or physician assistants) and at least two primary care professions. The lead applicant must be from one of the following professions and disciplines: family medicine, general internal medicine, general pediatrics, medical students, physician assistant students, or faculty in any of these areas. All collaborative interprofessional projects must include at least two of the

following professions: primary care physicians, physician assistants, nurse practitioners, dentists, mental health providers, pharmacists, and other allied health professionals.

Single Project - For the purpose of this NOFO, a single projects must include activities targeting at least one training level (student, resident, faculty development, and practicing primary care physician or physician assistants) or at least one primary care profession (physician or physician assistants). The following professions/disciplines: family medicine, general internal medicine, general pediatrics, medical students, physician assistant students or faculty in any of these areas.

Stipend – a payment made to an individual under a fellowship or training grant in accordance with established levels to provide for the individual's living expenses during the period of training. A stipend is not considered compensation for the services expected of an employee.

Wellness - refers to all components of good health, including physical, emotional, and spiritual well-being. Endorsing wellness involves the basics of good health, inclusive of staying physically active, eating well and maintaining good nutrition, and receiving adequate rest and relaxation.[23]

IX. Tips for Writing a Strong Application

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

Frequently Asked Questions (FAQs) can be found on the program website, and are often updated during the application process.

In addition, a number of recorded webcasts have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at http://www.hrsa.gov/grants/apply/write-strong/index.html.

[23] Issue Brief: 15th Annual Report of the Advisory Committee on Training in Primary Care Medicine and Dentistry. Reducing Burnout Among Healthcare Providers: Managing Stress, Building Resilience, and Promoting Well-Being