

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

Office of Rural Health Policy

***Frontier Community Health Integration Project Technical Assistance, Tracking,
and Analysis Program***

Announcement Type: New
Announcement Number: HRSA-14-137

Catalog of Federal Domestic Assistance (CFDA) No. 93.155

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: June 19, 2014

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

Release Date: May 8, 2014

Issuance Date: May 8, 2014

Sarah Bryce
Public Health Analyst
Office of Rural Health Policy
Health Resources and Services Administration
Email: SBryce@hrsa.gov
Telephone: (301) 443-5982
Fax: (301) 443-2803

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Office of Rural Health Policy, is accepting applications for the fiscal year (FY) 2014 Frontier Community Health Integration Project Technical Assistance, Tracking, and Analysis Program. The purpose of this program is to provide technical assistance, site implementation assistance, and other tracking and analytic activities to support providers participating in the Frontier Community Health Integration Project Demonstration in identifying potential new approaches to health care delivery, reimbursement, and coordination in sparsely populated areas.

Funding Opportunity Title:	Frontier Community Health Integration Project Technical Assistance, Tracking, and Analysis Program
Funding Opportunity Number:	HRSA-14-137
Due Date for Applications:	June 19, 2014
Anticipated Total Annual Available Funding:	\$500,000
Estimated Number and Type of Award(s):	1
Estimated Award Amount:	Up to \$500,000
Cost Sharing/Match Required:	None
Length of Project Period:	3 years
Project Start Date:	September 1, 2014
Eligible Applicants:	Eligible applicants include public, private, and nonprofit organizations, including faith-based and community organizations, as well as Federally-recognized Indian tribal governments and organizations [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

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/>.

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	2
1. PURPOSE	2
2. BACKGROUND	4
II. AWARD INFORMATION	5
1. TYPE OF AWARD	5
2. SUMMARY OF FUNDING	6
III. ELIGIBILITY INFORMATION	6
1. ELIGIBLE APPLICANTS	6
2. COST SHARING/MATCHING	6
3. OTHER	6
IV. APPLICATION AND SUBMISSION INFORMATION	7
1. ADDRESS TO REQUEST APPLICATION PACKAGE	7
2. CONTENT AND FORM OF APPLICATION SUBMISSION	7
<i>i. Project Abstract</i>	7
<i>ii. Project Narrative</i>	7
<i>iii. Budget and Budget Justification Narrative</i>	12
<i>iv. Attachments</i>	12
3. SUBMISSION REQUIREMENTS	13
4. INTERGOVERNMENTAL REVIEW	13
5. FUNDING RESTRICTIONS	13
V. APPLICATION REVIEW INFORMATION	13
1. REVIEW CRITERIA	13
2. REVIEW AND SELECTION PROCESS	17
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES	17
VI. AWARD ADMINISTRATION INFORMATION	17
1. AWARD NOTICES	17
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	17
3. REPORTING	17
VII. AGENCY CONTACTS	18
VIII. OTHER INFORMATION	19
IX. TIPS FOR WRITING A STRONG APPLICATION	19

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Frontier Community Health Integration Project Technical Assistance, Tracking, and Analysis (FCHIP TA) Program. The purpose of the FCHIP TA Program is to provide technical assistance, site implementation assistance, and other tracking and analytic activities to support providers participating in the Frontier Community Health Integration Project (FCHIP) Demonstration in identifying potential new approaches to health care delivery, reimbursement, and coordination in sparsely populated areas. The Centers for Medicare and Medicaid Services (CMS) is conducting the FCHIP Demonstration, which is described in further detail in [Section I.2](#). The FCHIP TA Program will be administered by the Office of Rural Health Policy (ORHP).

The health care delivery system is undergoing dramatic change, with increased emphasis on finding new approaches and organizational frameworks to improve health outcomes, control costs, and enhance population health. Financial incentives are changing from a focus on volume-based to value-based services. Value exists for the patient, provider, and payer in supplying an appropriate level of care in the least intensive setting and reducing the need for patient travel, hospitalization, and transfer. The FCHIP Demonstration is designed to test the application of lessons learned from patient-centered, integrated care models to small, isolated communities in a cost-effective manner with potential to inform national health care policy.

Frontier communities, through small patient volumes, strong provider relationships, and flexible care models, are well-situated to test new models of patient-centered care that also encourage shared savings. Critical access hospitals (CAHs) often serve as the hub for health care services in frontier communities. However, certain volume-based payment policies may create difficulties for providers with a smaller patient base, especially those in isolated, frontier communities, to offer a sufficiently broad range of hospital- and community-based services. While CAHs receive cost-based reimbursement for many inpatient and outpatient services, the Medicare payment structure for CAHs may not promote provision and integration of certain acute care, extended care, and other essential health care services not directly related to hospital-based care but designed to prevent hospital admissions, readmissions and patient transfers out of the community. The FCHIP Demonstration aims to support delivery and coordination of certain services in frontier communities by waiving payment policies and restrictions that may limit provision of these services by frontier CAHs.

The FCHIP TA Program is designed to provide individual and collective support to CAHs participating in the FCHIP Demonstration and to ensure that their activities align with the requirements and objectives of the Demonstration. Providers participating in the Demonstration are expected to pursue a range of innovative approaches to increasing accessibility and availability of health care services in their isolated communities. The FCHIP TA award will assist participating CAHs in implementing integrated delivery of health care services as described in their applications and documenting the impact of availability of these services on patients, providers, and payers. The FCHIP TA Program will not support program-wide evaluation of the FCHIP Demonstration, which will be the role of the evaluation contractor administered by CMS. Instead, support provided through the FCHIP TA Program will be critical to ensuring the appropriate planning, implementation, and documentation of the project among participating providers throughout the project, especially because frontier CAHs often faces

shortages in staffing and resources. The FCHIP TA awardee will be expected to identify, understand, and address issues faced by participating providers and report how these issues affect providers' ability to meet community needs cost-effectively. Dissemination of successful practices documented through this Program, including those that improve patient access, community health, availability of services, and quality of care at the same or lower cost, is expected to inform future health care payment policy for frontier areas and required reporting on this Demonstration.

The FCHIP Demonstration may include participants from up to four different states pursuing a range of activities in telemedicine, home health, ambulance, and hospital-based nursing facility services to improve accessibility and integration of care. Due to the large scope of the FCHIP Demonstration, applicants are strongly encouraged to establish a consortium, with members focused on particular states or health care service areas. These relationships will ensure that the awardee can supply technical assistance to participating providers working in different states and different health care service areas, as well as coordinate information-sharing, data collection and analysis, and identification of shared challenges and lessons learned among different groups of participants. Any consortium established must be composed of a lead entity that coordinates all FCHIP TA Program activities and serves as the applicant of record. Partner organizations could include, but are not limited to: State Offices of Rural Health; State Hospital Associations; Area Health Education Centers; academic medical centers; or health research and education organizations.

If a consortium is developed, the roles and responsibilities of each consortium member must be clearly defined and each member must contribute significantly to the goals of the project. The roles and responsibilities of each partner must be outlined in a Memorandum of Agreement (MOA) and submitted with the application in Attachment three (3). The MOA must include an understanding about how each member's work will inform the collective tracking, analytic, and reporting activities of the consortium and will promote consistency across the consortium. These must also indicate an understanding of the benefits that the consortium will bring to the members and include a statement indicating that the proposed consortium partner understands that the funds will be used for the development of a FCHIP TA Program Consortium and are not to be used for the exclusive benefit of any one consortium partner.

Specifically, the FCHIP TA awardee will, in coordination with ORHP:

1. Provide technical assistance, tracking, and analytic support to all FCHIP Demonstration participants to develop and implement a strategic performance management plan that supports integration and expansion of local health care services while promoting quality of care, patient safety, and community access, as well as remaining budget neutral or reducing costs;
2. Complete individualized needs assessments of participants' capacity to access, collect, and interpret claims and quality data on individual outcomes and system performance and provide targeted data tracking and analytic support;
3. Contribute to development of appropriate metrics to account for progress toward project objectives, which include increases in access to, and availability of, health care services in participating communities and improvements in cost, quality, and outcomes due to new payment and delivery models supported by the Demonstration;

4. As may be necessary, coordinate participants' relationships with other entities, including state Medicaid agencies, local and distant providers, the CMS evaluator, and other organizations to provide and be reimbursed for additional services;
5. Support regular opportunities for peer-based information-sharing among participants of key lessons learned, promising practices, and other relevant resources;
6. Collect information on key policy challenges faced by frontier providers in care coordination, identify successful strategies and interventions, and disseminate promising practices broadly while also analyzing key findings from the demonstration to inform future policy; and
7. Assist participants in developing cost savings estimates that will inform the future of rural health policy.

2. Background

This program is authorized by Title VII, Section 711(b)(5) of the Social Security Act (SSA), as amended.

ORHP is the focal point for rural health activities within HHS. ORHP is statutorily required to advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in the programs established under Titles XVIII (Medicare) and XIX (Medicaid) on the financial viability of small rural hospitals, the ability of rural areas to attract and retain health professionals, and accessibility and quality of health care in rural areas. ORHP is also statutorily required to coordinate activities within HHS that relate to rural health care and provide relevant information on rural and frontier communities to the Secretary and other agencies. In addition, ORHP is specifically authorized in Section 711(b)(5) of the SSA to administer funding to provide technical assistance and other activities as necessary to support activities related to improving the accessibility, quality, and efficiency of health care in rural areas.

CMS' Center for Medicare and Medicaid Innovation (CMMI) was established by Section 1115A of the SSA, as added by Section 3021 of the ACA. CMMI is responsible for testing innovative payment and service delivery models to reduce program expenditures while preserving or enhancing quality of care for individuals who receive Medicare, Medicaid, and Children's Health Insurance Program (CHIP) benefits. CMMI is the Center within CMS administering the FCHIP Demonstration.

Section 123 of the Medicare Improvements for Patients and Providers Act (MIPPA), as amended by Section 3126 of the ACA, authorized a three-year demonstration project on community health integration models in certain rural counties with low population density, which is commonly known and referred to throughout this FOA as the FCHIP Demonstration. HRSA, in coordination with CMS, is responsible for completing Interim and Final Reports to Congress, along with recommendations for appropriate legislative and administrative action based on the Demonstration's outcomes. CMS plans to make a separate award to an independent research organization to evaluate the FCHIP Demonstration. The evaluator will conduct research during and after the three-year project period and would use data and feedback from FCHIP Demonstration participants. The FCHIP TA awardee will work with this evaluator to identify issues for further quantitative and qualitative analysis and provide an understanding of how the Demonstration addressed the unique health care challenges facing sparsely populated frontier communities.

Under MIPPA Section 123(e)(3), CMS is responsible for determining which Medicare and Medicaid provisions should be waived that are relevant to development of alternative reimbursement methodologies that promote integrated delivery of health care services in frontier communities. These alternative methodologies may include covering at least the reasonable cost of the provider in providing certain acute care, essential care, and other essential health care services to beneficiaries and coordinating the survey and certification process across service categories included in the demonstration. The health care service area categories included in the Demonstration are home health care services, ambulance services, telemedicine services, and hospital-based nursing facility services. On February 4, 2014, CMS published in the [Federal Register \(79 FR 6594-6596\)](#) a solicitation for proposals for the FCHIP Demonstration. Proposals are due May 5, 2014. For more information about the application requirements and process for the FCHIP Demonstration, visit the [FCHIP Demonstration website](#).

Under MIPPA Section 123(e)(2)(B), HRSA, through ORHP, is responsible for working with eligible entities selected to participate in the FCHIP Demonstration to provide technical assistance related to the Demonstration requirements.

II. Award Information

1. Type of Award

Funding will be provided 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 duties provided under the cooperative agreement, **HRSA Program responsibilities shall include:**

- Collaborating in development of the FCHIP TA Program performance plan, including determining how the proposed technical assistance, site implementation, tracking and analytic support will meet the unique needs and goals of each participating CAH and requirements of the FCHIP Demonstration;
- Reviewing the process for providing individual and collective technical assistance to participating providers and supporting interactions with relevant outside entities;
- Consulting with the FCHIP TA awardee to ensure appropriate documentation and dissemination of interim and final data reports related to changes in patient access and outcomes, care quality, and cost efficiency;
- Coordinating between the work of the FCHIP TA awardee and other research and analysis related to the FCHIP Demonstration; and
- Participating, as appropriate, in the planning and implementation of any meetings, site visits, training activities, workgroups, or other collaborative activities conducted during the project period.

The cooperative agreement recipient’s responsibilities shall include:

- Supporting implementation of additional and expanded home health, hospital-based nursing facility, ambulance, and telemedicine services and benefits as proposed in participants’ FCHIP Demonstration applications;
- Participating in the development and implementation of individual performance management plans for providers participating in the FCHIP Demonstration;
- Identifying issues and challenges shared across groups of participants and particular to each participant in the FCHIP Demonstration and working closely with participating providers to resolve those challenges;
- Assisting providers to consider and document the impact of changes in delivery of health care services on various measures that encompass patient access, community health and individual outcomes, quality of care, patient safety, and cost efficiency;
- Supporting FCHIP Demonstration participants in their relationships with relevant outside entities, such as local and distant providers;
- Facilitating regular peer-based learning opportunities, such as meetings and webinars, as well as presenting promising practices and training materials from outside sources based on participants’ needs; and
- Tracking and disseminating project outcomes, data, and lessons learned as well as conducting analysis of key challenges and broader health policy implications.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014-2016. Approximately \$500,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for an amount up to \$500,000 per year. The project period is three (3) years. Funding beyond the first year depends on the availability of appropriated funds for the FCHIP TA Program in subsequent fiscal years, satisfactory awardee performance, and a decision that funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include public, private, and nonprofit organizations, including faith-based and community organizations, as well as Federally-recognized Indian tribal governments and organizations.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

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

Any application that fails to satisfy the deadline requirements referenced in [Section IV.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.

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](#).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 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 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 abstract, project and budget narratives, attachments, and letters of commitment and support 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 the 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, certifications, and abstract), please include the following:

i. Project Abstract

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

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory, and well organized so that reviewers can clearly understand the proposed project. Because it is not yet known how many providers will participate in the FCHIP Demonstration, the applicant should demonstrate, where appropriate, that strategies, resources, and knowledge described below can be adapted for various numbers of participating providers.

Use the following section headers for the Narrative:

- ***INTRODUCTION -- Corresponds to Section V's Review Criterion #1***
This section should briefly describe the purpose of the proposed project and how it will support the objectives of the FCHIP Demonstration. This section should display a strong understanding of, and experience with, the unique features of frontier communities, especially as they relate to availability of health care services and providers. This section should also demonstrate close familiarity with the basic purpose, framework, and requirements of the FCHIP Demonstration, as well as how this Demonstration may inform national health care policy. Applicants are strongly encouraged to review the [Frontier Community Health Integration Project Demonstration Design and Solicitation](#) available from CMS.
- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1***
This section should show a firm understanding of the needs and capacity of CAHs to deliver integrated and community-based services, particularly in sparsely populated frontier areas. This section should describe how strategies used by successful models of person-centered, integrated care can be applied in low-volume areas to achieve shared savings. This section should address the limited staffing and infrastructural resources among providers in frontier areas and the need for technical assistance as well as data tracking and analytic support. This section should also discuss how potential changes in Medicare payment policy (as discussed in the [Frontier Community Health Integration Project Demonstration Design and Solicitation](#)) in the areas of telemedicine, home health, ambulance, and hospital-based nursing facility services can promote better outcomes for patients and improved coordination and efficiency among providers.
- ***METHODOLOGY -- Corresponds to Section V's Review Criterion #2***
Outline how the proposed technical assistance and other activities will address the individual and collective needs of frontier CAHs participating in the FCHIP Demonstration. This methodology should support participating CAHs' use of Medicare and Medicaid waivers, enhanced reimbursement, and contractual relationships with local and distant providers to increase accessibility and availability of health care services while meeting the requirements of the FCHIP Demonstration. Proposed activities must be appropriate for the limited staffing and infrastructural resources at frontier CAHs and the low population density and isolation of their communities. The proposed methodology should include, but is not limited to, the following:
 1. Providing individual and collective technical assistance to participating providers, including relevant clinical and administrative staff, to review patient and system data regularly to track progress toward established project milestones and develop an action plan to address any perceived issues;
 2. Supporting development and implementation of FCHIP Demonstration participants' performance management plans to expand and integrate the range of health care services in their communities;
 3. Reviewing the objectives of each project related to patient access and outcomes, including reductions in patient hospital admissions and readmissions and transfers, as well as plans to remain budget neutral or achieve cost-savings;

4. Connecting each participating provider to other project participants or outside entities and resources with experience relevant to the participating provider's activities and objectives;
5. In response to project objectives and participating providers' needs and capacity, and in coordination with ORHP developing an appropriate claims and quality data collection strategy and relevant metrics to track and report participants' progress.

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

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Develop a timeline that includes key project objectives and activities throughout the project period and identifies appropriate staff and resources. The proposed work plan should include, but is not limited to, the following:

1. Demonstrating the strength and feasibility of the proposed methodology based on the expertise of the project team, including outside or local experts that will work on the project, and the resources available to the applicant and to project participants;
2. Demonstrating the strength and feasibility of the proposed methodology across all four health care service areas included in the FCHIP Demonstration and for providers pursuing approaches that include different combinations of the four service areas;
3. Identifying and disseminating successful strategies and interventions as well as analyzing key findings and their broader policy implications;
4. Implementing strategies to assist with development of cost-savings metrics and identify where cost-efficiency can be improved;
5. Promoting regular information-sharing opportunities across participating providers, including through regular meetings, and facilitating communication between providers pursuing similar approaches to expanding access to and availability of health care services; and
6. Coordinating and supporting interactions with outside entities, such as state Medicaid agencies and local and distant providers linked to the project.

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria #2*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges. These challenges may include those faced by individual participants as well as in coordinating technical assistance, tracking, and analysis support in each state and across the Demonstration. Identification of potential challenges and strategies to resolve them should demonstrate an awareness of the limited staffing and infrastructural resources among frontier providers and low patient volumes in their service areas. This section should include, but is not limited to:

1. Demonstrating how the work plan will coordinate technical assistance and implementation support among participants in different states that may be pursuing similar or significantly different approaches to increasing the accessibility and availability of health care services in their communities;
2. Discussing how the work plan will ensure cost containment and budget neutrality among low-volume providers while promoting innovative integration of health care services and patient access;

3. Discussing how the work plan will promote review of and adherence to participants' performance management plan and be sufficiently flexible to address participants' needs as they arise;
4. Demonstrating how the work plan will support and engage participating providers in coordinating and integrating patient care given the staffing and resource constraints faced by CAHs operating in frontier communities;
5. Demonstrating how the work plan will address challenges around documenting project outcomes with limited staffing and infrastructural resources in frontier communities;
6. Developing metrics that fit participants' performance management plan and will clearly show changes and trends since initiation of the Demonstration in all relevant performance areas and help identify areas where improvement might be needed; and
7. Demonstrating how the work plan will coordinate among participating CAHs' relationships with local and distant providers ensure these outside providers' continued support of the FCHIP Demonstration's objectives and requirements.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 and #5*

Describe experience, skills, and knowledge related to rural and frontier health systems, promotion of value in health care, cost containment, and Medicare and Medicaid payment policy and claims process. Provide evidence of technical expertise in all four health care service categories included in the FCHIP Demonstration, as well as in modeling and measuring effects of revised payment methodologies and expanded services on budget neutrality and individual and system outcomes. Show knowledge specific to reimbursement and service provision challenges for low-volume CAHs. When appropriate, demonstrate how technical assistance capacity and expertise in different states or clinical areas will be provided by other consortium members.

Additionally, this section should discuss prior experience developing strategic performance management plans that promote system improvement and community and patient health. Describe the strategy to collect, analyze, and track data regarding clinical, patient, and project process and outcomes and explain how the data will be used to inform program development and service delivery, as well as evaluation of the FCHIP Demonstration. This description of evaluation and technical support capacity should include, but is not limited to:

1. Developing a performance management plan based on FCHIP Demonstration participants' applications that is logical, technically sound, and practical, and can yield meaningful findings about key areas of project process and outcome;
2. Demonstrating a strong familiarity with provision and reimbursement of home health care in frontier communities, including extended "windshield time," or time spent travelling between patients, and Medicare requirements related to payment, Conditions of Participation, medical necessity, and survey and certification;
3. Demonstrating a strong familiarity with provision and reimbursement of telemedicine services in frontier communities, including payments for distant and originating sites, relationships between distant and originating providers, infrastructural needs, services eligible for payment under Medicare, and the distinction between telemedicine delivered via real-time interaction and asynchronously stored and forwarded;

4. Demonstrating a strong familiarity with provision and reimbursement of hospital-based nursing and post-acute care services in CAHs, including swing bed and skilled nursing facility services, and how provision of these services affects costs to payers;
 5. Demonstrating a strong familiarity with provision and reimbursement of ambulance services in frontier communities, including the 35-mile rule for cost-based reimbursement and impacts on patient access;
 6. Demonstrating capacity to develop appropriate metrics and analytic tools for all approaches possible for the FCHIP Demonstration. These metrics should allow accurate measurement of impacts on accessibility and availability of health care services; rates of patient hospitalization, readmission, and transfer; quality of care and patient safety; and cost efficiency;
 7. Describing expertise in interpreting and understanding Medicare and Medicaid claims data;
 8. Demonstrating capacity to work across project participants to identify issues as they arise and ensure participants' needs are promptly and effectively addressed; and
 9. In coordination with the ORHP, proposing a feasible and effective method to monitor, document, analyze, and disseminate the project outcomes and policy implications in a clear, concise manner that can be understood by participating providers and outside observers.
- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5*
Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart. Describe how this information contributes to the organization's ability to fulfill the program requirements. If appropriate, describe how the organization will leverage a consortium to provide assistance in different states or clinical areas and provide evidence of formal agreements from each consortium member in Attachment 5. This organizational information should include, but is not limited to:
1. Explaining how project personnel are qualified by training and experience to implement and carry out the project;
 2. Demonstrating how project personnel are sufficiently knowledgeable about policy issues and reimbursement regarding the four service areas included in the FCHIP Demonstration – home health care, telemedicine services, ambulance services, and hospital-based nursing facility care;
 3. Demonstrating how project personnel can provide technical assistance and implementation support in each state eligible to participate in the FCHIP Demonstration;
 4. Providing evidence of research or practical experience related to assisting rural and frontier hospitals implement new payment methodologies, new or expanded services, quality improvement and patient safety initiatives, or cost containment strategies;
 5. Describing organizational structure and capacity to fulfill the requirements of the proposed project methodology and work plan and assist participating providers to meet the objectives of the FCHIP Demonstration; and
 6. Demonstrating that project personnel have capacity to develop models and metrics based on participants' performance management plans, conduct rigorous analysis, and disseminate project outcomes.

iii. Budget and Budget Justification Narrative

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 grant-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.

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

For FY 2014, the Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II". Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information.

iv. Attachments

Please provide the following items in the order specified below 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. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 2: Biographical Sketches of Key Personnel

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

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

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. MOAs must include an understanding about how each member's work will inform the collective tracking, analytic, and reporting activities of the consortium and will promote consistency across the consortium. These must also indicate an understanding of the benefits that the consortium will bring to the members and include a statement indicating that the proposed consortium partner understands that the funds will be used for the development of a FCHIP TA Program Consortium and are not to be used for the exclusive benefit of any one consortium partner.

Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable.

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project. If applicable, include formal agreements with consortium members that describe each member's roles and responsibilities.

Attachment 5: Tables, Charts, etc.

Provide additional details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachments 6-15: Other Relevant Documents

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

3. Submission Requirements

Application Due Date

The due date for applications under this funding opportunity announcement is *June 19, 2014 at 11:59 P.M. Eastern Time.*

4. Intergovernmental Review

The FCHIP TA Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$500,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), 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.

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application.

Review Criteria are used to review and rank applications. The FCHIP TA Program has six (6) review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV’s INTRODUCTION and NEEDS ASSESSMENT

The extent to which the application:

1. Clearly demonstrates, based on experience and research, an understanding of the distinct challenges related to provision and integration of health care services in rural areas;
2. Shows close familiarity with the purpose and requirements of the FCHIP Demonstration, including budget neutrality and maintenance of clinical quality and patient safety;
3. Describes the potential of shared savings and person-centered, integrated care models to be applied in the FCHIP Demonstration and the Demonstration’s potential to inform national health care policy; and
4. Clearly demonstrates an understanding of the staffing, infrastructural, and reimbursement challenges for CAHs, especially as they relate to the four health care service areas included in the Demonstration.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV’s METHODOLOGY, WORK PLAN, and RESOLUTION OF CHALLENGES

The extent to which the application:

Sub-Criterion 1: Response to Purpose (5 points)

1. Appropriately responds to the “Purpose” statement included in the program description ([Section I.1](#)), demonstrating strong awareness of how low population density, low patient volumes, and other challenges impact the methodology and work plan;

Sub-Criterion 2: Methodology/Work Plan Flexibility (5 points)

2. Proposes a methodology and work plan that account for providing individual and collective technical assistance, tracking, and analytic support in up to four different states to CAHs with limited staffing and infrastructural resources;
3. Describes how the methodology and work plan can be adapted to different numbers of participating providers in the FCHIP Demonstration;

Sub-Criterion 3: Promotion of Participant and Project Goals (10 points)

4. Proposes a methodology and work plan that support development and implementation of a performance management plan that is consistent with participating providers’ applications to the FCHIP Demonstration and clearly defines individual expectations and responsibilities;
5. Proposes a methodology and work plan that fully account for FCHIP Demonstration requirements and objectives, including ensuring budget neutrality and documenting changes in the availability and accessibility of health care services, quality of care, and patient safety;
6. Demonstrates capacity to facilitate regular information-sharing across participants, especially those pursuing similar approaches, and an ability to collect and analyze

project data and disseminate results relevant to the objectives and requirements of the FCHIP Demonstration; and

Sub-Criterion 4: Prior Experience (5 points)

7. Describes prior experience in analyzing rural health issues, particularly in identifying and addressing emerging policy issues for health care delivery systems in isolated and sparsely populated areas;
8. Demonstrates substantial expertise related to hospital finance and quality measurement and experience working directly with rural and frontier providers to develop and implement performance plans to improve efficiency and quality of care. Expertise should be specific to the financial reimbursement mechanisms of rural health care providers, especially CAHs, in the areas of home health care, hospital-based nursing facility care, telemedicine services, and ambulance services;
9. Demonstrates experience with the distinct challenges related to effective quality improvement, cost efficiency, clinical process, and patient outcomes reporting in rural and frontier areas;
10. Describes prior experience in communicating complex policy and payment issues to technical and general audiences in ways that highlight key rural and frontier concerns; and
11. Principal investigator demonstrates at least five years of work experience specific to rural and frontier health system research and policy analysis.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s EVALUATION AND TECHNICAL SUPPORT CAPACITY

The extent to which the application:

1. Proposes a feasible and effective method to track and analyze the FCHIP Demonstration results across different groups of participating providers and in different health care service area categories;
2. Demonstrates substantial knowledge of key process and outcome measures and potential participant needs particular to each health care service area category included in the FCHIP Demonstration;
3. Identifies potential strategies to promote regular information-sharing, make connections across participating providers, and report common issues and lessons learned; and
4. Proposes an evaluation plan that is logical, technically sound, and practical, and is able to yield meaningful findings about areas of project process and outcome that can inform national health care policy and align with FCHIP Demonstration requirements and objectives.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV’s WORK PLAN

The extent to which the application:

Sub-Criterion 1: Effectiveness Across All Service Areas (7 points)

1. Clearly describes capacity to provide individual and collective technical assistance across all four health care service areas included in the FCHIP Demonstration, including development and implementation of performance management plans for a variety of potential approaches;
2. Demonstrates capacity to provide tracking and analytic support to develop metrics appropriate for each service area category that align with the objectives of the FCHIP Demonstration, including maintenance of quality of care and patient safety; changes

in rates of hospital admissions, readmissions, and patient transfers; and cost efficiency;

Sub-Criterion 2: Responsiveness to Participants' Needs (8 points)

3. Demonstrates capacity to regularly assess participants' needs related to service delivery, relationships with outside providers, and measurement and documentation of outcomes;
4. Describes strategies to identify and address individual and shared needs as they arise promptly and effectively;

Sub-Criterion 3: Connections Outside Project (5 points)

5. Demonstrates capacity to coordinate interactions with all outside resources and entities, including local and distant providers and state Medicaid agencies, that could support project objectives; and
6. Demonstrates capacity to analyze project data and disseminate findings along with lessons learned and promising practices that could inform national health care policy.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY and ORGANIZATIONAL INFORMATION

The extent to which the application:

Sub-Criterion 1: Appropriate Training, Experience, and Knowledge (9 points)

1. Provides evidence of training and experience that qualify project personnel to implement individual and collective technical assistance, tracking, and analytic support across all four service areas and states included in the FCHIP Demonstration;
2. Demonstrates how project personnel are sufficiently knowledgeable about policy issues and reimbursement regarding the four service areas included in the FCHIP Demonstration – evidence may include previous research, publications, or presentations;
3. Describes previous research or practical experience related to assisting rural and frontier hospitals implement new payment methodologies, new or expanded services, quality improvement and patient safety initiatives, or cost containment strategies;

Sub-Criterion 2: Data Collection and Analysis (8 points)

4. Demonstrates that project personnel are qualified to develop appropriate metrics based on participants' performance management plans and FCHIP Demonstration objectives and requirements;
5. Shows previous experience with interpreting and understanding Medicare and Medicaid claims data;
6. Demonstrates how project personnel are qualified by training and/or experience to collect data, conduct analysis, and report findings and implications for national health care policy;

Sub-Criterion 3: Organizational Structure (8 points)

7. Demonstrates an organizational structure capable of providing direct technical assistance to individual participants pursuing a range of different approaches, as well as measuring and analyzing collective project data and outcomes; and
8. When appropriate, shows evidence of formal agreements to form a consortium that can provide effective technical assistance to participating providers in every state and health care service area included in the Demonstration.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's BUDGET AND BUDGET JUSTIFICATION NARRATIVE

The cost-effectiveness of the proposed financial and staffing resources for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results. The budget justification should show:

1. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
2. Flexibility to support assistance for various numbers of FCHIP Demonstration participants;
3. Reasonable distribution of funding for individual technical assistance and site implementation support as well as collective tracking, analysis, and reporting activities; and
4. The extent to which key personnel and outside entities recruited to provide technical assistance and implementation support have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Please see section 5.3 of the HRSA's [SF-424 Application Guide](#).

3. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 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) **Quarterly Reports.** The awardee must submit tracking reports to HRSA on a quarterly basis. These quarterly reports should include a review of FCHIP Demonstration participants' individual and collective technical assistance needs that were identified and addressed in the previous quarter and a summary of individual and collective technical

assistance needs in the coming quarter. These reports should also summarize activities completed over the previous quarter; identify any obstacles to completion and how they were overcome, and outline activities and deliverables for the next quarter. Finally, reports should include individual and collective data tracking and analyzing participant performance on key metrics as described in their performance management plan.

- 3) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the awardee achieved the mission, goal and strategies outlined in the program; awardee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the awardee's overall experiences over the entire project period.

VII. Agency Contacts

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

Contact Kim Dews
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11-03
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0655
Email: KDews@hrsa.gov Name, Title
Attn.: FCHIP TA Program

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

Sarah Bryce
Public Health Analyst
Attn: FCHIP TA Program
Office of Rural Health Policy, HRSA
Parklawn Building, Room 17W27C
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5982
Fax: (301) 443-2803
Email: SBryce@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 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

Relevant Resources

CMS has established a [webpage](#) for the FCHIP Demonstration, which includes the [Request for Applications](#), a [factsheet](#) on the FCHIP Demonstration, the [Medicare Waiver Demonstration Application](#), a list of [answers to frequently asked questions](#), and recordings of webinars held to [introduce the FCHIP Demonstration](#) and [review the Demonstration's budget neutrality requirements](#).

Through funding from ORHP, the Montana Health Research and Education Foundation completed a white paper series on community health integration in frontier areas. This series included a [framework for a new frontier health system model](#); a [report on frontier referral, admission, and readmission patterns](#); a [case study on frontier telehealth](#); a [description of frontier quality measures and payment for performance](#); a [report on frontier care coordination and long-term care](#); a [report on frontier health system reimbursement](#); and a [report on the frontier health care workforce](#).

The Medicare Learning Network offers a factsheet series, including factsheets on Medicare policies related to [telehealth services](#), [home health services](#), [ambulance services](#), and [swing bed services](#), as well as the [CAH designation](#).

CMS provides a [list of Medicare demonstration projects](#), many of which support integration of care and improved beneficiary outcomes at lower costs.

IX. Tips for Writing a Strong Application

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