

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Health Resources & Services Administration

Federal Office of Rural Health Policy  
Office for the Advancement of Telehealth

***Substance Abuse Treatment Telehealth Network Grant Program***

**Funding Opportunity Number: HRSA-17-122**

**Funding Opportunity Type(s): New**

**Catalog of Federal Domestic Assistance (CFDA) Number: 93.211**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2017

**Application Due Date: August 23, 2017**

**MODIFIED on July 25, 2017 to include:**

- **Correcting the Application Due Date on page 22.**

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!*

*Deadline extensions are not granted for lack of registration.*

*Registration in all systems, including SAM.gov and Grants.gov,*

*may take up to one month to complete.*

**Issuance Date: July 25, 2017**

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Authority: 330I(d)(1) of the Public Health Service Act (42 USC 254c-14(d)(1)), as amended and Public Law No. 115-31.

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP), is accepting applications for fiscal year (FY) 2017 Substance Abuse Treatment Telehealth Network Grant Program. The purpose of this program is to demonstrate how telehealth programs and networks can improve access to health care services, particularly substance abuse treatment services, in rural, frontier, and underserved communities. As noted in Section 330I(d)(1) of the Public Health Service Act, Telehealth Network Grant Program (TNGP) networks are used to:

- a) expand access to, coordinate, and improve the quality of health care services;
- b) improve and expand the training of health care providers; and/or
- c) expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making.

In particular, we encourage applications from telehealth networks that provide services through small rural hospitals that serve patients in counties with high rates of poverty and unemployment.

Funding Opportunity Title:	Substance Abuse Treatment Telehealth Network Grant Program
Funding Opportunity Number:	HRSA-17-122
Due Date for Applications:	August 23, 2017
Anticipated Total Annual Available FY17 Funding:	\$750,000
Estimated Number and Type of Award(s):	Up to three (3) grants
Estimated Award Amount:	Up to \$250,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 30, 2017 through September 29, 2020. (3 years)
Eligible Applicants:	Eligible applicants include public and private non-profit entities, including faith-based and community organizations, as well as federally recognized tribes and tribal governments and organizations.  See <a href="#">Section III-1</a> of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.

## **Application Guide**

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

## **Technical Assistance**

The following technical assistance webinar has been scheduled:

### *Webinar*

Day and Date: Tuesday, August 8, 2017

Time: 2 – 3 p.m. ET

Call-In Number: 1-888-324-8132

Participant Code: 2444307

Weblink: <https://hrsa.connectsolutions.com/sud-tngp/>

Playback Number: 1-888-566-0571

Note: Replays are generally available one hour after the call ends.

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice solicits applications for the Substance Abuse Treatment Telehealth Network Grant Program (SAT-TNGP). The purpose of this program is to demonstrate how telehealth programs and networks can improve access to health care services, particularly substance abuse treatment services, in rural, frontier, and underserved communities.

The range and use of telehealth services have expanded over the past decades, along with the role of technology in improving and coordinating care. Telehealth has proven capabilities to reduce travel time, increase access to specialty care, and improve patient safety, quality of care, and provider support. Traditional models of telehealth involve care delivered to the patient at a series of originating (or spoke) sites from a specialist working at a distant (or hub) site.

Telehealth is a promising tool for providing substance abuse treatment services and support to rural populations. Communities that lack sufficient substance abuse treatment and other behavioral health professionals can utilize telehealth technologies to increase access to care. The use of telehealth allows existing providers to cover a wider geographic region. In turn, patients are able to access care locally rather than traveling long distances to receive care, or worse, forgoing care because of the inconvenience or lack of adequate transportation resources.

Addressing issues of substance abuse, particularly the ongoing opioid epidemic, is a priority for the Department of Health and Human Services (HHS). Recent data<sup>1</sup> from the Substance Abuse and Mental Health Services Administration (SAMHSA) found that the use of illicit drugs among those 12 and older has increased in the last decade, up to 10.2 percent of the population in 2014. Only about 14 percent of adults with illicit drug dependence reported receiving substance abuse treatment in the past year.

The primary purpose of the SAT-TNGP is to support tele-substance abuse treatment and other behavioral health care services with a secondary focus on providing services to address common chronic disease conditions (e.g., congestive heart failure, cancer, stroke, chronic respiratory disease and/or diabetes). Including a secondary focus will allow successful award recipients to use telehealth technologies to address a broader range of comorbid health care needs and ensure that they are optimizing the telehealth investment in addition to meeting the primary goal of providing substance abuse treatment and other behavioral health services. Further, research indicates that people with addiction often have unaddressed or inadequately addressed chronic medical conditions. HRSA is particularly interested in applications that will make broad use of the technology to expand services locally with the primary focus on substance abuse treatment but also the secondary areas in recognition that the capacity to provide telehealth services in each site can be used to meet other local service needs. Increased volume of telehealth services can also drive down per-unit costs and expand

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<sup>1</sup> <https://www.samhsa.gov/atod>

the number of insurer-covered services to help make the network sustainable beyond the federal funding period.

Successful applicants will also be required to submit performance data (including clinical data) on a range of metrics that we will identify after the awards are made. These data are integral to meeting the broad program purpose of demonstrating how telehealth programs and networks can improve access to health care services in rural and underserved communities.

***Important:*** Applicants should have a successful track record in implementing telehealth technology and have a network of partners in place and committed to the project as of the date of application. Signed Memoranda of Agreements (MOAs) from those network partners committed to the proposed project must be included in the application. Applicants failing to submit verifiable information with respect to the commitment of network partners, including specific roles, responsibilities, and clinical services to be provided, **will not be funded**. TNGP funds are intended to fund network expansion and/or to increase the breadth of services of successful telehealth networks.

## 2. Background

The Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within HHS. FORHP plays two distinct but complementary roles within HHS. The first is to advise the Secretary on rural policy issues across the Department, including interactions with the Medicare and Medicaid programs, and support policy-relevant research on rural health issues. The second is to administer grant programs focused on supporting and enhancing health care delivery in rural communities. By locating both functions in the same office, FORHP is able to use its policy role to inform the development of grant programs and its grant role to provide community-level perspective when assessing the impact of HHS policy on rural areas.<sup>2</sup> The Office for the Advancement of Telehealth (OAT) is located within FORHP and supports a wide range of telehealth activities. Information about current FORHP/OAT programs is located on the FORHP website: <https://www.hrsa.gov/ruralhealth/telehealth/>.

This program is authorized by Section 330I(d)(1) of the Public Health Service Act (42 USC 254c-14(d)(1)). This authorization states that grant activities must serve rural communities, although applicants may be located in either urban or rural areas. As outlined in the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2017 (Public Law No. 115-31), this NOFO will give priority in grant awards to small hospitals<sup>3</sup> serving communities with high rates of poverty, unemployment, and substance abuse.

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<sup>2</sup> FORHP homepage <http://www.hrsa.gov/ruralhealth/>.

<sup>3</sup> A small hospital is defined as less than 50 available beds, as reported on the hospital's most recently filed Medicare Cost Report

There is a growing telehealth evidence base<sup>456</sup>. To the extent practical, you must base your proposed project on established practices. You are encouraged to work with your Regional Telehealth Resource Center (<http://www.telehealthresourcecenter.org/who-your-trc>) to identify best or promising practices in effectively integrating your proposed grant project into your existing health care practice. You may wish to review the Agency for Healthcare Research and Quality's technical brief, *Medication-Assisted Treatment Models of Care for Opioid Use Disorder in Primary Care Settings* (<http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2350>) or the Rural Health Information Hub's Community Health Gateway (<https://www.ruralhealthinfo.org/community-health>) for models that specifically incorporate telehealth or could be modified to include a telehealth component.

You may also wish to review whether community health centers in your service area have received funding to expand access to substance abuse treatment services. A list of FY2016 awardees can be found at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/2016awards/index.html>.

## **II. Award Information**

### **1. Type of Application and Award**

Type(s) of applications sought: New.

HRSA will provide funding in the form of a grant.

### **2. Summary of Funding**

Approximately \$750,000 is expected to be available annually to fund up to three recipients. You may apply for a ceiling amount of up to \$250,000 total cost (includes both direct and indirect, facilities, and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. The project period is September 30, 2017 through September 29, 2020 (3 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Substance Abuse Treatment Telehealth Network Grant Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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<sup>4</sup> Report to Congress: E-health and Telemedicine <https://aspe.hhs.gov/system/files/pdf/206751/TelemedicineE-HealthReport.pdf>

<sup>5</sup> Telehealth: Mapping the Evidence for Patient Outcomes from Systematic Reviews <http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2254>

<sup>6</sup> The Role of Telehealth in an Evolving Health Care Environment <https://www.nap.edu/catalog/13466/the-role-of-telehealth-in-an-evolving-health-care-environment>

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

The limitation on indirect cost rates is 15 percent (Section 3301(l)(7) of the Public Health Service Act).

### **III. Eligibility Information**

#### **1. Eligible Applicants**

##### **(A) Eligibility Requirements**

Eligible applicants include rural or urban nonprofit entities that provide services through a telehealth network. Each entity participating in the applicant's network may be a nonprofit or for-profit entity. Faith-based, community-based, tribes, and tribal organizations are eligible to apply. Services must be provided to rural areas, although the applicant can be located in an urban area.

Current and former OAT Telehealth Network Grant recipients are eligible to apply for funds through this notice but must propose a project that differs in sites/services/concept from the previously funded project.

##### **(B) Geographic Requirements**

In awarding grants, OAT will ensure, to the greatest extent possible, that grants are equitably distributed among the eligible geographic regions of the United States (Section 3301(j)(1) of the Public Health Service Act). As a result, grants could be limited to one per state.

##### **(C) Composition of Telehealth Networks**

The proposed network must include at least two of the following entities (at least one of which shall be a community-based health care provider):

- a. Small hospital<sup>7</sup> (defined as less than 50 available beds, as reported on the hospital's most recently filed Medicare Cost Report)
- b. Community or migrant health centers or other federally qualified health centers
- c. Health care providers, including pharmacists, in private practice
- d. Entities operating clinics, including rural health clinics
- e. Local health departments
- f. Nonprofit hospitals, including community access hospitals
- g. Other publically funded health or human/social service agencies
- h. Long-term care providers
- i. Providers of health care services in the home
- j. Providers of outpatient mental health services and entities operating

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<sup>7</sup> Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2017 (Public Law No. 115-31)



- outpatient mental health facilities
- k. Local or regional emergency care providers
- l. Institutions of higher education
- m. Entities operating dental clinics

As noted in the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2017 (Public Law No. 115-31), priority will be given to networks that include small hospitals serving communities with high rates of poverty, unemployment, and substance abuse.

## 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

## 3. Other

Applications that exceed the ceiling amount of \$250,000 will be considered non-responsive and will not be considered for funding under this notice.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

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

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

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

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [Find Grant Opportunities](#) page for all information relevant to desired opportunities.*

## **2. Content and Form of Application Submission**

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

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

### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in *Attachment 13: Other Relevant Documents*.

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

### Program-Specific Instructions

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

#### ***i. Project Abstract***

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

The project abstract must be single-spaced and limited to one page in length. In addition to the information requested in the SF-424 Application Guide, please include the following:

- a. **Funding Preferences and Priorities** – A funding preference and/or funding priority will be granted to any qualified applicant that specifically requests the funding preference and meets the criteria for the preference and/or priority listed (see [Section V.2](#) Review and Selection Process). If you are requesting a funding preference and/or funding priority, please state it here.
- b. **Service Area** – Briefly identify the geographic service area that the telehealth network will serve, including its size, population, full and partial Health Professional Shortage Areas (HPSAs) and full and partial Medically Underserved Areas (MUAs). Provide data on the rates of unemployment, poverty, and substance abuse.
- c. **Small Hospitals** – Indicate the number of small hospitals<sup>8</sup> to be served through this grant.
- d. **Needs, Objectives, and Projected Outcomes** – Briefly describe the identified needs and expected demand for services, project objectives, and expected outcomes.
- e. **Services to be Provided** – List the clinical services to be provided.  
*Important: All applicants must provide substance abuse treatment services. We strongly encourage applicants to consider supplementing the substance abuse treatment with other behavioral health services, such as mental health treatment services. A secondary focus on providing services to address chronic diseases is also encouraged.*
- f. **Actual Patients Served** – Specify the actual number of unduplicated patients/persons served during the prior year (specify year start and end dates) at network sites proposed for the SAT-TNGP project. Estimate (by site and year) the number of unduplicated individuals that will be served at each network sites during the first year of the project and in subsequent years 2 and 3.
- g. **Self-Assessment** – Briefly describe how you plan to measure your progress in achieving the goals stated in your application.
- h. **Additional Activities** – Describe any additional services or activities for which the network will be utilized and include an estimated amount of time (administrative, community meetings, etc.).

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<sup>8</sup> A small hospital is defined as less than 50 available beds, as reported on the hospital's most recently filed Medicare Cost Report.

- i. **Sustainability** – Briefly describe activities to sustain the telehealth network once Federal funding ends.

**ii. Project Narrative**

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

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

▪ **INTRODUCTION** -- *Corresponds to Section V's Review Criterion #1 Need*

You should succinctly describe the purpose of the proposed project. This section should include an overview of the telehealth network, its members and plans for addressing the health care service needs of the target population in rural areas, including the substance abuse treatment services that will be provided, any additional behavioral health services that will be provided to supplement the substance abuse treatment, and any secondary health care services that will be provided to ensure broad use of the technology to meet other local needs and improve the sustainability of the network.

▪ **NEEDS ASSESSMENT** -- *Corresponds to Section V's Review Criterion #1 Need*

Describe the health care needs of the population living in the target area. Cite all data wherever possible to support the information provided. You must address the following items within the needs assessment:

- A. Describe the specific clinical settings, including small rural hospitals, that are located in the target area(s) and that will be included in the proposed network.
- B. Describe the target population in the rural area identified by this project and describe the unmet health care service needs that are not available locally. Include the estimated size of the target population and delineate the counties or sub-county areas being addressed by the network project. Use appropriate demographic data.
- C. Describe the rates of substance abuse in the target area using available data.
- D. Describe the chronic disease rates in the target area using available data.
- E. Describe the rates of unemployment in the target area using available data.
- F. Describe the level of poverty experienced by the population in the target area. Compare local data to state and federal data where possible to highlight the area's unique need. Provide maps and data using the Census Bureau Small Area Income and Poverty Estimates, by visiting the following website: <http://www.census.gov/did/www/saipe/data/statecounty/> or the HRSA Area Health Resource File: <https://datawarehouse.hrsa.gov/topics/ahrf.aspx>
- G. Include a map that shows the location of network members along with the geographic area that will be served through the project. Include any other information that will help reviewers visualize and understand the scope of the proposed activities.

H. Identify gaps in existing service and activities that the program and network can perform to fill that gap.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response, #4 Impact, and #7 Assessing Technology and Integrating Administrative and Clinical Systems*

Describe the methodology that you will use for your SAT-TNGP project.

- A. Based on the "Needs Assessment" section, define specific goals and objectives for your project. Describe the range of activities and strategies that you will utilize to achieve the project's goals and objectives.
  - B. List the health care services, with an emphasis on substance abuse treatments, that will be provided via telehealth and provide well-reasoned estimates of the number of patients that will receive care for each service during each year of the grant.
  - C. Describe the evidence base or a promising practice(s) to support the proposed project.
  - D. Discuss and demonstrate the community's willingness and ability to support the network's solution to the target population. Discuss the strategies for coordinating and integrating care among the patient, their family, the primary physician, the clinical setting (where applicable) and the network.
  - E. Discuss the telehealth reimbursement environment and if Medicare, Medicaid, and/or private insurance in the applicant state(s) cover telehealth services.
  - F. Describe technology requirements and each type of equipment employed along with its relevance to the project, how it contributes to cost-effective, timely, and accurate care, and ease of use.
  - G. Describe plans and activities to implement the technology with assurances that the technology complies with existing federal and industry standards, that the technologies are interoperable (i.e., are an "open architecture"), and that the proposed technology can be easily integrated into health care practice.
- *WORK PLAN -- Corresponds to Section V's Review Criteria #4 Impact and #5 Resources/Capabilities*
- A. Describe the specific activities or steps that you will utilize to achieve the objectives of the project. Use a timeline that includes each activity and identifies responsible staff, including their ability to begin work on September 30, 2017. Describe your plan for managing the project. Provide a short description of the responsibilities of key staff members, and note the full-time equivalent (FTE) each staff person will devote to the project. Identify who, in a leadership position in the applicant organization, will be involved in the project and what their specific role and time commitment will be.
  - B. Describe:
    - a. how the clinicians and other key individuals (e.g., consumers, patients, community leaders, families) have been and/or will be involved in defining needs and prioritizing services to be delivered;
    - b. how clinicians, site coordinators, and other key individuals will be oriented to the project and trained; and

- c. how clinicians and other champions will be identified and utilized within the project.
  - C. Describe how you will allocate staff resources to ensure appropriate data collection as specified after award for each of the clinical areas.
  - D. Describe, as appropriate, efforts to receive funding and expected assistance from Universal Service Rural Health Care programs (see <http://www.universalservice.org/rhc/>).
- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria #2 Response, #4 Impact, and #7 Assessing Technology and Integrating Administrative and Clinical System*

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

- A. Identify key challenges and barriers related to network functions as a whole and those related to the service area, such as geographic, socioeconomic, linguistic, cultural, ethnic, or other barriers, and discuss how the network plans to overcome identified barriers.
  - B. Describe how patients will be tracked between different components of the health care delivery system, including clinical settings, and how health information will be shared with the patient's primary care provider.
  - C. Describe how patients receiving services will be identified and how their assessed needs feed into the program design and link to the telehealth services to be provided.
  - D. Describe how the applicants will bill for services to third-party public and private insurers, and collect and retain those records for use in a broader program evaluation to be conducted by HRSA.
  - E. Describe actions to assure the privacy of patients and clinicians using the system and the confidentiality of information transmitted via the system, including the HHS Office of the National Coordinator for Health Information Technology (ONC) initiatives relating to Electronic Health Records (EHRs), including the Centers for Medicare and Medicaid Services (CMS) initiatives relating to meaningful use, including how the applicant will comply with Federal and State privacy and confidentiality, including HIPAA regulations (implementing the Health Insurance Portability and Accountability Act of 1996 - see <http://www.hhs.gov/ocr/hipaa/>).
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 Evaluative Measures*
- A. Describe plans to conduct a self-assessment of the SAT-TNGP project. The self-assessment should provide information to identify the project's strengths and areas for improvement. *Important: In an effort to maximize allocation of award funds towards project activities, you should not propose to use grant funding for a formal evaluation of the project.*
  - B. Applicants will (at a minimum) be expected to report on the following:
    - a. types of telehealth network partner settings;

- b. number of encounters and claims submitted and reimbursed by specialty/service, by patient care setting, and by type of telemedicine encounter;
- c. service availability in rural areas;
- d. patient travel miles saved;
- e. number of practitioner referrals;
- f. unduplicated number of patients receiving services and types of substances used by patients seeking treatment;
- g. type of substance abuse treatment provided;
- h. number and percentage of patients with a diagnosis of substance use disorder who were also screened for depression;
- i. number and percent of patients with a diagnosis of substance use disorder who were counseled on psychosocial and pharmacologic treatment options, when appropriate; and
- j. number and percent of patients who completed chemical dependency treatment (all or most goals met) or were retained in treatment at the 30, 60 and 90 day mark and the 1 year mark.

You will also be expected to report on measures related to chronic disease as it pertains to the secondary focus of this funding opportunity. Additional information will be provided in the Notice of Award.

Note: You should not propose a formal evaluation as that will be done by HRSA across all of the awardees. HRSA will provide additional information on measures, including clinical measures, in the Notice of Award. Technical assistance will be provided to awardees on the requirements for the measures.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria #4 Impact, #5 Resources and Capabilities, #7 Assessing Technology and Integrating Administrative and Clinical Systems, and Attachments 1-4, and 9.*
  - A. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
  - B. Describe previous network activities that have had an impact on improving health in rural areas.
  - C. Describe the ability of the network member sites and organizations to implement the project, including their ability to build partnerships and community support, and effectively target populations in rural areas.
  - D. Describe the network governance, including effective coordination of network member activities in the project.
  - E. Explain the relationship of the network project to the applicant organization's overall strategic/financial plan.
  - F. Describe how the information provided in the Project Organizational Chart (*Attachment 4*) contributes to the ability of the organization to conduct the program requirements and meet program expectations.
  - G. Briefly describe how the organization will function in developing or expanding a telehealth network, based on the information provided in *Attachments 1-4*, and *9*.

In addition, each partner within the project should:

- H. Have a clearly defined role and a specific set of responsibilities for the project;
- I. Provide clearly defined resources (e.g., funding, space, staff) to benefit the network;
- J. Have a signed and dated Letters of Agreement or Memoranda of Agreement (*Attachment 3*) that delineates the member’s role and resource contribution, and decisions on equipment placement and responsibility for maintenance throughout the funding period and beyond.

<b>NARRATIVE GUIDANCE</b>	
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.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response, (4) Impact and (7) Assessing Technology and Integrating Administrative and Clinical Systems
Work Plan	(4) Impact and (5) Resources/Capabilities
Resolution of Challenges	(2) Response, (4) Impact and (7) Assessing Technology and Integrating Administrative and Clinical Systems
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(4) Impact, (5) Resources/Capabilities and (7) Assessing Technology and Integrating Administrative and Clinical Systems
Budget, Detailed Budget, and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

**iii. Budget**

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



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

The Substance Abuse Treatment Telehealth Network Grant Program requires that you submit a separate program-specific line item budget for each year of proposed project period (September 30, 2017 to September 29, 2020) and upload it as *Attachment 8*. The detailed budget should reflect allocations for each 12-month budget period. You must provide a consolidated budget that reflects all costs for proposed activities, including those for contractors.

### **Allowable Costs**

Section 3301(k)(1)) of the Public Health Service Act indicates that grant funds may be used for salaries, equipment, and operating or other costs, including the cost of:

1. Developing and delivering clinical telehealth services that enhance access to community-based health care services in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations;
2. Developing and acquiring, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other equipment that furthers the objectives of the telehealth network grant program;
3. Developing and providing distance education, in a manner that enhances access to care in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations;
4. Mentoring, precepting, or supervising health care providers and students seeking to become health care providers, in a manner that enhances access to care in the areas and communities, or for the populations described above;
5. Developing and acquiring instructional programming;
6. Providing for transmission of medical data, and maintenance of equipment;
7. Providing for compensation (including travel expenses) of specialists, and referring health care providers, who are providing telehealth services through the telehealth network, if no third party payment is available for the telehealth services delivered through the telehealth network;
8. Developing projects to use telehealth technology to facilitate collaboration between health care providers; and
9. Collecting and analyzing usage statistics and data to document the cost-effectiveness of telehealth services.

The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

Travel should include sufficient funds to support travel costs for up to three (3) individuals to attend a workshop or other meeting for OAT award recipients in the Washington, D.C. metropolitan area, each year they are funded.

In addition, the Substance Abuse Treatment Telehealth Network Grant Program requires the following:

### **Detailed Budget**

The detailed budget should be included as *Attachment 8*.

Detailed budget information is required to capture information specific to the proposed telehealth activities. It provides a detailed breakout of how each network site will expend funds requested for each object class category. The Detailed Budget allows you to identify how you will use federal funds for each proposed site within the network.

The initial budget period for this funding opportunity is from September 30, 2017 through September 29, 2018. You must provide a budget for each year of requested funding for each object class category that reflects the cost for proposed activities for each network member/site. Based on the budget for each object class category, you will develop a consolidated budget.

Each object class category should be reported on a separate page (or multiple pages if needed based on the number of network sites). Report the object class categories as follows:

- i. Personnel/Fringe Benefits;
- ii. Travel;
- iii. Equipment;
- iv. Supplies;
- v. Subcontracts;
- vi. Other; and
- vii. Indirect Costs.

Each page should identify the object class category and the Name of the Applicant and Network Member site. For each site, indicate if it is located in an urban area or a rural area. The definition of rural sites is based on the Rural Urban Commuting Area Codes (see *Attachment 7*).

Combined Object Class Totals: On one page, using the identical format for the detailed budget discussed above, summarize federal and non-federal costs for combined costs of all object classes for the Applicant and each Network Member Site. Please include indirect costs in the summary worksheets when calculating these totals.

We recommend that you present your line item budget in table format, listing each object class category for each Network Member Site name (applicant site first) on the left side of the document, and the program corresponding costs (OAT- Federal Dollars, Other Federal Dollars, Federal Subtotal, Applicant/Network Partners Non-Federal Dollars, State Non- Federal Dollars, Other Non-Federal Dollars, Non-Federal Subtotal Dollars, and Total Dollars) across the top. Please label each site as being rural or urban. Under Personnel, please list each position by position title and name, with annual salary, FTE, percentage of fringe benefits paid, and salary charged to the grant for each site. Equipment should be listed under the name of the site where the equipment will be placed. List the types of equipment to be funded at each site. Only equipment expenditures should be listed here (personnel costs for equipment installation should be listed in the "Other" category).

Equipment expenditures are limited to a 40 percent cap per year by statute (Section 3301(l)(2) of the Public Health Service Act). Transmission costs and clinician payments should be listed in the "Other" category. Past experience with similar programs has revealed that, on average, \$90 per session/encounter is the norm. Accordingly, transmission costs and clinician payments are limited to \$90 per session/encounter. Indirect costs are for applicant sites only and are limited, by statute, to 15 percent of the total budget (Public Health Service Act Section 3301(l)(7)). The amount requested on the SF-424A and the amount listed on the line item budget must match. It is recommended that *Attachment 8* be converted to a PDF to ensure page count does not change when the document is uploaded into <https://www.grants.gov>.

For Revenues by Site (for the budget period): On a single separate page, report as two vertical columns. The left column should list each Network site starting with the Applicant site on the top followed downward by each Network Member Site; and the right column should list a revenue total corresponding to each Applicant/Network Member site. Include this document in *Attachment 8*.

Note: Indicating past or current federal support in the non-federal contribution columns: When filling out the SF-424A budget form, equipment previously purchased with federal funds (including OAT funds), and personnel supported within the budget year with funds from a federal agency other than OAT, are counted as recipient dollars.

Treatment of Program Income: Under the Telehealth Network Grant Program, any program income should be added to funds committed to the project and used to further eligible program objectives.

Transmission Costs: Grant award dollars may be used to pay for transmission costs, such as the cost of satellite time or the use of phone lines directly related to the purposes of the project. However, TNGP network members must either a) first apply for the Universal Service Administrative Rural Health Care Program to obtain lower transmission rates, or b) document why it is not applicable. For additional information about the provider subsidy program, see the Universal Service Administrative Company (USAC) web site at <http://www.usac.org/rhc/>. Applicants currently being supported by USAC should indicate what is supported and the amount of support.

Clinician Payments: Applicants should seek third-party reimbursement for services, if applicable. More than 40 State Medicaid programs now reimburse some level of telehealth services. In addition, some states have instituted all-payer requirements for insurers meaning that if an insurer covers a service face to face then it must cover the same service via telehealth. Given expanding reimbursement for telehealth services, applicants are encouraged to build their sustainability plan around obtaining reimbursement. Applicants for SAT-TNGP services that could be reimbursed by Medicaid, Children's Health Insurance Programs or private insurance, should highlight their ability to catalyze a sustainable network through their state's reimbursement environment.

Applicants may allocate funding from the grant to pay practitioners for telehealth services but only after documenting that the awardee has attempted to seek third-party reimbursement, if possible. Awardees will develop an agreement with HRSA that specifies the bound of grant payment for services after award. In those cases, the payments are restricted to no more than \$90 per practitioner per telemedicine session/encounter per site. Practitioners may include a range of health professionals, such as physicians, dentists, nurse practitioners, physician assistants, clinical social workers, clinical psychologists, speech therapists, dietitians, as long as they are actively participating in the telemedicine consult/encounter.

For this program, indirect costs are limited to 15 percent of the total grant funds and must apply to the activities funded under this program (Public Health Service Act Section 3301(l)(7)) A copy of the most recent indirect cost agreement must be provided as *Attachment 12*.

#### **iv. Budget Narrative**

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

In addition, the Substance Abuse Treatment Telehealth Network Grant Program requires the following:

Provide a narrative that explains the amounts requested in the budget and the detailed budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant must submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should highlight the

changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

Program Income: Discuss the planning assumptions used to determine the amount of estimated program income indicated in the total project budget. 'Program Income' is defined as gross income—earned by a recipient, sub-recipient, or a contractor under a grant—directly generated by the grant-supported activity or earned as a result of the award.

Note: You should describe third party telehealth payment opportunities for the respective state(s) or programs for the proposed sites of this project. Documentation of unavailable third party payment must be provided if the Substance Abuse Treatment Telehealth Network Grant Program provides clinical payments. Applicants should demonstrate awareness of evolving policies regarding reimbursement for telehealth services and monitor policy changes during the award period.

#### **v. Attachments**

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

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

Each position description should not exceed one page in length. For each key person assigned to the project, including key personnel at all network member sites, provide position descriptions (PDs) and those involved in data collection and analysis. The PDs should indicate the role(s) and responsibilities of each key individual in the project. If persons will be hired to fill positions, provide position descriptions that give the title of the position, duties and responsibilities, required qualifications, supervisory relationships, and salary ranges.

*Attachment 2: Biographical Sketches of Key Personnel [required]*

Keep each bio to one page in length if possible. For each key person assigned to the project, including key personnel at all network member sites, provide biographical sketches. Highlight the qualifications (including education and past experience) that each person has to carry out his/her respective role. 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. DO NOT SUBMIT FULL CURRICULUM VITAE.

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

Provide any documents that describe working relationships between the applicant agency and each member of the network, as part of the application for this NOFO. Each Memorandum of Agreement (MOA) shall be executed by the listed contact in the application or other appropriate official from the originating site with authority to

obligate the originating site to the project. The MOAs will include a cover page on the letterhead of each respective originating site. Each MOA will be tailored to the particular originating site and contain, as a minimum, the originating site's (a) clearly defined roles and specific set of responsibilities for the project; (b) clearly defined resources (e.g., funding, space, staff) to benefit the network; (c) past and current activities in participating in planning and implementing the Telehealth Network project; and, (d) the originating site's resource contribution, and decisions on equipment placement and responsibility for maintenance throughout the funding period and beyond.

All MOAs must be dated and contain original signatures from the authorized representatives. MOAs containing generic information not referencing and relevant to the proposed telehealth network grant project, are not acceptable. In addition, documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverables.

Note: Evidence must be provided that all network partners, including health and human/social service organizations, are committed to the project and are ready to implement the project on September 30, 2017, for Year 1. Signed MOAs from those network partners committed to the proposed project must be included in the application. Applicants failing to submit verifiable information with respect to the commitment of network partners, including specific roles, responsibilities, and services being provided, will be deemed incomplete and will not be considered for funding.

*Attachment 4: Project Organizational Chart* [required]

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators. The organizational chart should illustrate where project staff are located and reporting lines for each component of the project. The relationship between all partners/network members/sub-contractors on the project (if any) and the applicant should be shown. The application should designate a project director, employed by applicant organization, who has day-to-day responsibility for the technical, administrative, and financial aspects of the project and a principal investigator, who has overall responsibility for the project and who may be the same as the project director.

*Attachment 5: Tables, Charts, etc.* [optional]

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

*Attachment 6: Request for Funding Preference or Priority* [optional]

To receive a funding preference and/or funding priority, include a statement that you are eligible for a funding preference and/or funding priority and identify the preference. Include documentation of qualification for the funding preference and/or funding priority. See [Section V.2](#).

*Attachment 7: Rural Eligibility* [required]

All applicants are required to submit information regarding each site that will be supported during this project (i.e., Destination site(s), Network Partner Originating sites). Only Telehealth Network Partner Originating sites (network sites that receive Telehealth services through the existing telehealth network and/or supported with SAT-TNGP grant funds) will be considered in meeting the rural eligibility test. Respond to each heading below for each Telehealth Network Partner Rural Originating site.

An eligible Telehealth Network is comprised of a Network Destination site(s) that provides, or facilitates healthcare and clinical/human/social services to a number of Network Partner Rural Originating sites. The applicant organization and Network Destination site(s) may be located in an urban or rural area but Telehealth Network Partner Rural Originating site(s) must be in rural areas in order to receive funds through this award. Urban originating site(s) are not eligible to receive grant funding through this award.

For purposes of this funding opportunity “rural” means all counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB). In addition, OAT uses the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture’s Economic Research Service, to designate “Rural” areas within MAs. This rural definition can be accessed at: <http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx>

If the county is not entirely rural or urban, then follow the link for “Check Rural Health Grants Eligibility by Address” to determine if a specific site qualifies as rural based on its specific census tract within an otherwise urban county.

**Rural ID Eligibility Headings:**

- Name of Site – List the name of the Network Member Site.
- Street Address – Include City, State and Zip Code.
- County – List name of County.
- Is this a Telehealth Network Rural Originating site or Destination site? – Yes/No
- Is the Telehealth Network Rural Originating site a Small Rural Hospital? - Yes/No
- Does application attachment numbers 3 & 10 contain evidence that each Network Member Site is committed to the project for Year 1? - Yes/No

*Attachment 8: Detailed Budget* [required]

Include the program-specific line item budget and the Revenue Summary for each year of the proposed project period (see Section IV.2.iii. Budget for additional information). It is recommended that *Attachment 8* be converted to a PDF to ensure page count does not change when the document is uploaded into [Grants.gov](https://www.grants.gov)

*Attachment 9: Network Identification Information* [required]

Applicants are required to submit information regarding the various applicant/network member sites in the proposed telehealth network.

A. The Applicant Site:

- Network Name (Provide the name of the proposed telehealth network)
- Site name and address
- National Provider Identifier and Primary Taxonomy if the site bills for service. See <https://npiregistry.cms.hhs.gov/> If the site name or address do not match the NPI registration, please explain.
- HCP number (if the site receives Universal Service funding). See <http://www.usac.org/rhc>
- Indicate whether this is a currently active or new destination or originating site (Note: if a new site, indicate the year it will be added to the network)
- Name, address, designated contact person, phone, fax, email, and URL for the applicant
- County where applicant site is located
- Population of County where applicant site is located
- Indicate whether the applicant site is located in the following areas:
  - a. An urban or rural area
  - b. A Health Professional Shortage Area (HPSA)
  - c. A Partial Health Professional Shortage Area (p-HPSA)
  - d. A Medically Underserved Area (MUA)
  - e. A Partially Medically Underserved Area (p-MUA)
- Description of the site's facility
  - a. small rural hospital
  - b. community health center or other Federally Qualified Health Center
  - c. health care provider, including a pharmacist, in private practice
  - d. entity operating a clinic, including a Rural Health Clinic
  - e. local health department
  - f. nonprofit hospital, including a community access hospital
  - g. other publicly funded health or social service agency
  - h. long-term care provider
  - i. provider of health care services in the home
  - j. provider of outpatient mental health services and an entity operating an outpatient mental health facility
  - k. local or regional emergency health care provider
  - l. institution of higher education
  - m. entity operating a dental clinic

B. Successive Network Member Sites:

Successive pages of information should be used to identify each individual network member site in the network, by including the information listed above for each site. At the top of each successive network member site, label each network member site appropriately (Site #2 of total # of Sites, Site #3 of total # of Sites, and so on).



*Attachment 10: Letters of Support* [optional]

Include only letters of support, which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page.

*Attachment 11: Proof of Non-profit Status* [required]

The applicant must include a letter from the IRS or eligible State entity that provides documentation of profit status. This may either be: 1) a reference to the applicant organization's listing in the most recent IRS list of tax-exempt organizations, as described in section 501(c)(3) of the IRS Code; 2) a copy of a current and valid IRS tax exemption certificate; 3) a statement from a state taxing body, State Attorney General, or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals; 4) a certified copy of the applicant organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or 5) any of the above documents from a state or national parent organization with a statement signed by that parent organization affirming that the applicant organization is a local nonprofit affiliate. In place of the letter documenting nonprofit status, public entities may indicate their type of public entity (state or local government) and include it here.

*Attachment 12: Indirect Cost Rate Agreement* [if applicable]

For this program, indirect costs are limited to 15 percent of the total grant funds and must apply to the activities funded under this program [Public Health Service Act Section 330I(l)(7)].

*Attachment 13-15: Other Relevant Documents (i.e., Maps)* [optional]

Please include any other documents (not provided for elsewhere in this Table of Contents) that you chose to submit, as necessary. Be sure the attachment is clearly labeled.

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

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

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

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

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

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

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

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

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this NOFO is *August 23, 2017 at 11:59 p.m. Eastern Time*.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

#### **5. Intergovernmental Review**

The Substance Abuse Treatment Telehealth Network Grant Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

#### **6. Funding Restrictions**

You may request funding for a project period of up to 3 years, at no more than \$250,000 per year (inclusive of direct and indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this notice may not be used for the following purposes:

- 1) to acquire real property;
- 2) for expenditures to purchase or lease equipment, to the extent that the expenditures would exceed 40 percent of the total grant funds;
- 3) in the case of a project involving a telehealth network, to purchase or install transmission equipment (such as laying cable or telephone lines, or purchasing or installing microwave towers, satellite dishes, amplifiers, or digital switching equipment);
- 4) to pay for any equipment or transmission costs not directly related to the purposes for which the grant is awarded;
- 5) to purchase or install general purpose voice telephone systems;
- 6) for construction; or
- 7) for expenditures for indirect costs, to the extent that the expenditures would exceed 15 percent of the total grant funds.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be addition. Post-award requirements for program income can be found at [45 CFR § 75.307](#).

## **V. Application Review Information**

### **1. Review Criteria**

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

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

Review criteria are used to review and rank applications. The Substance Abuse Treatment Telehealth Network Grant Program has seven review criteria:

*Criterion 1: NEED (20 points) – Corresponds to Section IV’s Introduction and Needs Assessment*

The application will be evaluated based on the extent to which the applicant:

- A) Clearly articulates the purpose of the proposed project and provided an overview of the telehealth network.
- B) Clearly identifies the rural areas and specific clinical settings (including small rural hospitals) to be served by this project, using county and sub-county level data.
- C) Describes the target population and its unmet health needs, specifically describing the lack of access to health care, with an emphasis on substance abuse treatment, experienced by patients. In particular, the applicant should include a robust discussion (using available data) of poverty, unemployment, and substance abuse in the target service areas.
- D) Provides appropriate data sources (e.g., local, state, federal) to substantiate the need for the project, including providing quantifiable information on the lack of existing health care services/programs available in the applicant’s target area.

*Criterion 2: RESPONSE (20 points) – Corresponds to Section IV’s Methodology and Resolution of Challenges*

Applicants must propose a project that provides substance abuse treatment. A secondary focus on additional behavioral health services and treatment for chronic diseases is strongly encouraged.

- A) Goals and Objectives (10 points) – The extent to which the application proposes project goals and objectives that:
  - a. relate to identified community needs, market demand and the purpose of the SAT-TNGP;
  - b. are consistent with the rationale for the proposed project;
  - c. maximize the use of the telehealth equipment in the originating network sites;
  - d. are measurable, outcome-oriented, time-limited, and achievable; and
  - e. are consistent with the applicant organization’s mission.

The application will be evaluated based on the extent to which the project goals and objectives describe:

- a. The strength of the applicant’s strategy to address the health care needs of the target rural population (with a primary focus on substance use treatment and other behavioral health issues and a secondary focus on chronic disease) through telehealth networks (including small rural hospitals, where applicable).
- b. The evidence base or promising practice cited to support the planned project.

- c. The alignment of the project's proposed health care services and small rural hospitals (where applicable) to the demand of the target communities and, where appropriate, neighboring communities, considering existing use and referral patterns.
- B) Benefits (10 points) – The extent to which the application:
- a. Proposes quantifiable benefits of the clinical services being delivered by the project through the use of telehealth technologies;
  - b. Explains how the benefits relate to the mission of the applicant and the needs of the community; and
  - c. Explains the actual community demand for the services to be provided, including well-reasoned estimates of the number of patients that will receive each offered health care service during each year of the grant.

The application will also be evaluated based on the extent to which:

- d. The proposed technology is a medically effective and cost efficient way to provide substance abuse treatment, as well as provide additional behavioral health care and treatment for chronic diseases such as congestive heart failure, cancer, stroke, chronic respiratory disease, and/or diabetes (as applicable); and
- e. The applicant demonstrates knowledge of technological and human resources in the community and how they can support the infrastructure of the proposed project.

*Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity*

- A) The appropriateness of the plan (in terms of methodology and allocation of resources) to conduct a self-assessment of the project's strengths and areas for improvement. *Note: in an effort to maximize the amount of award funds available towards project activities, the applicant should not propose to conduct a formal evaluation of the project.*
- B) The extent to which the applicant proposes to quantify, during the course of the project period:
  - a. types of telehealth network partner settings;
  - b. number of encounters and claims submitted and reimbursed by specialty/service, by patient care setting, and by type of telemedicine encounter;
  - c. service availability in rural areas;
  - d. patient travel miles saved;
  - e. number of practitioner referrals;
  - f. unduplicated number of patients receiving services and types of substances used by patients seeking treatment;
  - g. type of substance abuse treatment provided;
  - h. number and percentage of patients with a diagnosis of substance use disorder who were also screened for depression;
  - i. number and percent of patients with a diagnosis of substance use disorder who were counseled on psychosocial and pharmacologic treatment options, when appropriate; and

- j. number and percent of patients who completed chemical dependency treatment (all or most goals met) or were retained in treatment at the 30, 60 and 90 day mark and the 1 year mark.

*Criterion 4: IMPACT (20 points) – Corresponds to Section IV’s Methodology, Work Plan, Resolution of Challenges, and Organization Information*

The application will be evaluated based on the clarity with which the application identifies how the health status of target population will be improved as a result of the activities conducted by the telehealth network. Specifically, this criterion will be evaluated based on two parts:

- A) Sustainability (10 points) – The extent to which the application documents how the project will be sustained during and after the period of federal grant funding as evidenced by:
  - a. Financial or other commitment of the applicant and project partners to the project;
  - b. A realistic plan for integrating existing clinical resources to serve the health care needs of the target population;
  - c. Strong community involvement and support in formulating and sustaining the network;
  - d. Network management, including integration of the project into the long-term strategic plans of the participating institutions;
  - e. Operational project management;
  - f. Demonstrated knowledge regarding reimbursement for services provided via telehealth technologies, specific to the service(s) that will be provided, the population(s) that will be served and the location(s) (state and facility type) that the services will be provided in;
  - g. A plan for clinician reimbursement not to exceed \$90 per session/encounter for circumstances where non-grant reimbursement is unavailable; and
  - h. A realistic plan for sustainability after federal support ends.
  
- B) Project Impact (10 points) – the extent to which the applicant documents:
  - a. Strength of their approach and success in serving the target population;
  - b. The projected number of patients that will be served through the proposed telehealth network grant project each year and provides rationale for any changes in the projected numbers from year to year; and
  - c. Ability and preparation to report on specific performance measures including process, clinical and outcome measures.

*Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s Work Plan and Organizational Information*

The application will be evaluated based on the extent to which project personnel are qualified by training and/or experience to implement and carry out the projects. Additionally, the application should address the capabilities of the applicant organization and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

A) Network Experience/Network Member Sites (7 points)

- a. The quality of the technical and organizational ability to implement the proposed project, including:
  - i. Size of the network;
  - ii. Governance structure;
  - iii. Involvement of network members
- b. Extent to which the network has conducted previous activities that have had an impact on improving the health and well-being of the rural population through telehealth technologies.

B) Clinical Acceptance and Support (8 points)

- a. The extent to which the applicant provides evidence that they will be able to begin to implement the work plan upon receiving the grant award.
- b. The extent of commitment, involvement, and support of senior management and clinicians in developing and operating the proposed project.
- c. The extent of the clinicians' understanding of the challenges in project implementation and their competence and willingness to meet those challenges.
- d. The commitment of resources for training staff and technical support to operate and maintain the telehealth system.
- e. The extent to which the technology is integrated into clinician practice.
- f. Appropriateness of the responsible individual(s) and organization(s) as well as the timeline for each activity across the 3 years of the project period.

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget, Detailed Budget, and Budget Justification.*

Extent to which the budget, including the cost projections, and budget justification:

1. Is realistic and justified in terms of the project goal(s), objectives, and proposed activities, and the budgeted costs are necessary, and justifiable to implement and maintain the project, including the human and technical infrastructure.
2. Documents a realistic, necessary, and justifiable full-time equivalents (FTEs) and expertise necessary to implement and maintain the project.
3. Is complete and detailed in supporting each line item and allocating resources for each year of the project period.
4. Documents experience with regard to technical costs of hardware and software, and telecommunication charges, describing appropriate costs of deploying technology and operating the project on an ongoing basis.
5. Describes cost savings expected through the Universal Service Rural Health Care Program (see <http://www.universalservice.org/rhc/>).

*Criterion 7: ASSESSING TECHNOLOGY AND INTEGRATING ADMINISTRATIVE AND CLINICAL SYSTEMS (10 points) – Corresponds to Section IV's Methodology, Resolution of Challenges, and Organizational Information.*

Extent to which the applicant and network members demonstrate knowledge of technical requirements and rationale for cost-effective deployment and operation including:

- A) The ability to integrate administrative and clinical information systems within the proposed telehealth network through technologies that are upgradeable and scalable.
- B) Justifying the technology as the optimum and most efficient technology to meet the identified need.
- C) Explaining how the project will ensure the privacy of patients and clinicians using the system and the confidentiality of information transmitted via the system. This includes compliance with Federal and State privacy and confidentiality, including HIPAA regulations.
- D) Describing knowledge of telecommunications transmission services available in the project service area, and justifying the deployment at each site considering the range of choices available.
- E) Describing the ability to integrate administrative and clinical information systems with the proposed telehealth system and small rural hospital partners.

## **2. Review and Selection Process**

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

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

PLEASE NOTE: In order to achieve this distribution of awards, HRSA may need to fund out of rank order.

For this program, HRSA will use funding priorities and preferences.



## Funding Priorities

This program includes a funding priority, as authorized by the Consolidated Appropriations Act, 2017 (Public Law No. 115-31). A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The funding factor will be determined by HRSA staff. The Substance Abuse Treatment Telehealth Network Grant Program has one funding priority:

### High Rate of Unemployment and Percent of Persons in Poverty (5 points)

You will be granted a funding priority of 5 points if your proposed network includes two or more small hospitals located in Alabama, Arizona, Louisiana, Mississippi, New Mexico, or West Virginia. According to data from HRSA's Area Health Resource File, these states<sup>9</sup> have both the highest rates of unemployment<sup>10</sup> and the highest percentage of persons living in poverty.<sup>11</sup>

## Funding Preferences

This program provides a funding preference for some applicants, as authorized by Section 330I(i) of the Public Health Service 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 Objective Review Committee will determine the funding factor. Funding preference will be granted to any qualified applicant that specifically requests and demonstrates that they meet at least one of the following requirements:

- (A) ORGANIZATION – the eligible entity is a **rural** community-based organization or another community based organization.
- (B) SERVICES – the eligible entity proposed to use Federal funds made available through such a grant to develop plans for, or to establish, telehealth networks that provide mental health, public health, long-term care, home care, preventive, or care management services or prenatal care for high-risk pregnancies.
- (C) COORDINATION – the eligible entity demonstrates how the project to be carried out under the grant will be coordinated with other relevant federally funded projects in the areas, communities, and populations to be served through the grant.
- (D) NETWORK – the eligible entity demonstrates that the project involves a telehealth network that includes an entity that –
  - a. Provides clinical health care services, or educational services for health care providers and for patients or their families; and
  - b. Is –
    - i. A public library;

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<sup>9</sup> States were identified as having one of the top ten highest rates of unemployment as well as one of the top ten highest percentages of persons living in poverty.

<sup>10</sup> Area Health Resource File. 2015 Local Area Unemployment Statistics File from Bureau of Labor and Statistics. Persons age 16 years and older.

<sup>11</sup> Area Health Resource File. 2014 Small Area Income and Poverty Estimates File from Census Bureau.

- ii. An institution of higher education; or
  - iii. A local government entity.
- (E) CONNECTIVITY – the eligible entity proposes a project that promotes local connectivity within areas, communities, and populations to be served through the project.
- (F) INTEGRATION – the eligible entity demonstrates that clinical health care information has been integrated into the project.

You must indicate in your project abstract if you qualify for this funding preference and include supporting documentation in *Attachment 6*.

### **3. Assessment of Risk and Other Pre-Award Activities**

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

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

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

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

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

#### 4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 30, 2017.

## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 30, 2017. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's [SF-424 Application Guide](#).

### 3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA through the Electronic Handbooks (EHBs) on an **annual** basis. Further information will be provided in the award notice.
- 2) **Performance Measures.** Upon award, recipients will be required to report through the EHBs on specific performance measures (including clinical measures) such as:
  - a. types of telehealth network partner settings;
  - b. number of encounters and claims submitted and reimbursed by specialty/service, by patient care setting, and by type of telemedicine encounter;
  - c. service availability in rural areas;
  - d. patient travel miles saved;
  - e. number of practitioner referrals;
  - f. unduplicated number of patients receiving services and types of substances used by patients seeking treatment;
  - g. type of substance abuse treatment provided;
  - h. number and percentage of patients with a diagnosis of substance use disorder who were also screened for depression;
  - i. number and percent of patients with a diagnosis of substance use disorder who were counseled on psychosocial and pharmacologic treatment options, when appropriate; and
  - j. number and percent of patients who completed chemical dependency treatment (all or most goals met) or were retained in treatment at the 30, 60 and 90 day mark and the 1 year mark.

Additional information on performance measure reporting, including measures related to chronic disease, will be made available to recipients in the Notice of Award.

- 3) **OAT Grantee Directory.** Applicants accepting this award must provide information for OAT's Grantee Directory. Further instructions will be provided by OAT upon receipt of award. The current directory is available online at <https://www.hrsa.gov/ruralhealth/telehealth/index.html>.
- 4) **Final Report.** A final report is due within 90 days after the project period ends. The final report must be submitted online in the EHBs. Further information will be provided upon receipt of the award.
- 5) **Final Sustainability Plan.** Recipients are required to submit a Final Sustainability Plan by January 1, 2020. This sustainability plan will be more robust than the plan submitted with the original application and will reflect any changes or modifications made to the project over the course of the grant. Further information will be provided upon receipt of the award.
- 6) **Final Assessment Plan.** Recipients are required to submit a final assessment plan detailing the strategy for assessing performance measures (implementation and operations) to determine program effectiveness so that adjustments, as needed, can be made. Further information will be provided upon receipt of the award.
- 7) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

## VII. Agency Contacts

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

Patryce Peden  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-2277  
Email: [ppeden@hrsa.gov](mailto:ppeden@hrsa.gov)

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

Carlos Mena  
Public Health Analyst  
Attn: Funding Program  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, Room 17W49B  
Rockville, MD 20857  
Telephone: (301) 443-3198  
Fax: (301) 443-1330  
Email: [cmena@hrsa.gov](mailto:cmena@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](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

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

## **VIII. Other Information**

### **Technical Assistance**

The following technical assistance webinar has been scheduled:

#### *Webinar*

Day and Date: Tuesday, August 8, 2017

Time: 2 – 3 p.m. ET

Call-In Number: 1-888-324-8132

Participant Code: 2444307

Weblink: <https://hrsa.connectsolutions.com/sud-tngp/>

Playback Number: 1-888-566-0571

Note: Replays are generally available one hour after the call ends.

## **Common Definitions**

For the purposes of the Substance Abuse Treatment Telehealth Network Grant Program, the following definitions apply:

**Budget Period** – the interval of time into which the project period is divided for budgetary and reporting purposes. For this grant program, the time interval is 12 months.

**Community-Based Program** – a planned, coordinated, ongoing effort operated by a community that characteristically includes multiple interventions intended to improve the health status of the members of the community.

**Community Health Centers (CHCs)** – See “Health Centers.”

**Existing Network vs. New Network** – An existing network is a network in which individual members are currently providing and/or receiving telehealth/telemedicine services. Under this grant program, an existing network that proposes to add new network members/sites is still considered an existing network. A new network is one in which the individual sites are not currently collaborating to provide telehealth/telemedicine services, but intend to do so as part of the proposed network.

**Federally Qualified Health Centers** – Federally and non-federally-funded health centers that have status as federally-qualified health centers under Section 1861(aa)(4) or Section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1395x(aa)(4) and 1396(l)(2)(B), respectively).

**Health Centers** – Health Centers refer to all the diverse public and non-profit organizations and programs that receive federal funding under Section 330 of the Public Health Service (PHS) Act, as amended by the Health Centers Consolidation Act of 1996 (P.L. 104-299) and the Health Care Safety Net Amendments of 2002 (P.L. 107-251). They include Community Health Centers, Migrant Health Centers, Health Care for the Homeless Health Centers, and Primary Care Public Housing Health Centers.

**Interoperability/Open Architecture** – the condition achieved among telecommunication and information systems when information (i.e., data, voice, image, audio, and video) can be easily and cost-effectively shared across acquisition, transmission, and presentation technologies, equipment, and services. It is facilitated by using industry standards rather than proprietary standards.

**Poverty** – The Census Bureau defines poverty by using a set of income thresholds that vary by family size and composition. More information about the Census Bureau’s Small Area Income and Poverty Estimates can be found at: <https://www.census.gov/did/www/saipe/about/index.html>

**Program Income** – The gross income earned by a recipient, sub-recipient, or a contractor under a grant, which is directly generated by the grant-supported activity or earned as a result of the award.

**Project Period** – The total time for which federal support of a discretionary project has been approved. A project period may consist of one or more budget periods. For this grant program, the project period will generally consist of four budget periods

**Rural** – All counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural. In addition, OAT uses the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture's Economic Research Service, to designate "Rural" areas within MAs.

<https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>

**Small Hospital** – A facility with less than 50 available beds, as reported on the hospital's most recently filed Medicare Cost Report.

**Substance Use Disorder** – The recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment such as health problems, disability, and failure to meet major responsibilities.

**Substance Abuse Treatment** – This can involve a variety of services including: individual and group counseling, inpatient and residential treatment, intensive outpatient treatment, partial hospital programs, case or care management, medication, and recovery support services.

**Telehealth** – The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.

**Telemedicine** – The use of electronic communication and information technologies to provide or support clinical care at a distance. Included in this definition are patient counseling, case management, and supervision/preceptorship of rural medical residents and health professions students when such supervising/precepting involves direct patient care. The term "telemedicine" also includes clinical activities such as mHealth, telehomecare, remote monitoring, e-health, tele- ICUs.

**Telemedicine Session/Encounter** – An interaction relating to the clinical condition or treatment of a patient utilizing telemedicine technologies over distance. It is the process by which a clinical service is delivered. The session may be interactive (i.e., in real-time) or asynchronous (i.e., using store-and-forward technology). Examples of sessions include, but are not limited to the following: an interaction between two practitioners, with or without the patient present, regarding the diagnosis and/or treatment of the patient; an interaction between a specialty practitioner and a patient; a session involving two interdisciplinary health care teams with or without the patient and patient's family present; a session between a home care health professional and an individual in the home; and an interaction between a practitioner and a student in elementary or high school-based health centers. Professionals from a variety of health

care disciplines may be involved in requesting and/or providing telemedicine sessions/encounters including, but not limited to: physicians, physician assistants, dentists, dental hygienists, nurses, nurse practitioners, nurse-midwives, clinical nurse specialists, physical therapists, occupational therapists, speech therapists, clinical psychologists, clinical social workers, substance abuse counselors, podiatrists, optometrists, dietitians/nutritionists, pharmacists, optometrists, EMTs, etc.

## **IX. Tips for Writing a Strong Application**

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