

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

Office of Rural Health Policy
Office for the Advancement of Telehealth

Flex Rural Veterans Health Access Program

**Announcement Type: New
Announcement Number: HRSA-13-246**

Catalog of Federal Domestic Assistance (CFDA) No. 93.241

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: May 17, 2013

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Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

**Release Date: April 3, 2013
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Authority: Title XVIII, § 1820 (g)(6) of the Social Security Act (42 U.S.C. 1395i-4(g)(6)), as amended.

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Office of Rural Health Policy is accepting applications for fiscal year (FY) 2013 Flex Rural Veterans Health Access Program (RVHAP). The Office of Rural Health Policy’s RVHAP will provide support to eligible entities to coordinate activities to provide rural Veterans access to services for needed mental health care via the use of networks, electronic communication and telehealth networks. The funding requirements under this Fiscal Year (FY) 2013 announcement continue the requirements of FY 2012, Public Law 112–74, 125 STAT. 1066, under “RURAL HEALTH”, which requires funds be used, “...to carry out section 1820(g)(6) of the Social Security Act, with funds provided for grants under section 1820(g)(6) available for the purchase and implementation of telehealth services, including pilots and demonstrations on the use of electronic health records to coordinate rural veterans care between rural providers and the Department of Veterans Affairs electronic health record system.”

Funding Opportunity Title:	2013 Flex Rural Veterans Health Access Program (RVHAP)
Funding Opportunity Number:	HRSA-13-246
Due Date for Applications:	May 17, 2013
Anticipated Total Available Funding:	\$960,000
Estimated Number of Awards:	3
Estimated Award Amount:	Up to \$320,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	<p>Only States (Current Medicare Rural Hospital Flexibility Program grantees in States with certified Critical Access Hospitals) are eligible to apply for funding under this solicitation. (The Governor designates the eligible applicant from each State. Eligibility is limited to entities designated by the Governor of States with certified critical access hospitals.)</p> <p>[See Section III-1 of this FOA for complete eligibility information.]</p>

All applicants are responsible for reading and complying with the instructions included in HRSA’s *SF-424 Application Guide*, available online at www.hrsa.gov/grants/guideforreview/applicationguideforreview.doc, except where instructed in this funding opportunity announcement to do otherwise.

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I. Funding Opportunity Description

1. Purpose

This competitive funding opportunity announcement serves as the program guidance for the Flex Rural Veterans Health Access Program (RVHAP). This funding opportunity is also based on the requirements set forth in Public Law 112-74, providing fiscal year (FY) 2012 RVHAP appropriations. The CFDA number for this program is 93.241.

RVHAP goals are as follows:

- 1) To utilize telehealth and health information technology to enhance access and quality of mental health service and other healthcare services, to veterans residing in rural areas, including the provision of crisis intervention services detection of post-traumatic stress disorders (PTSD), traumatic brain injury (TBI), muscular skeletal, and other signature injuries deemed necessary to meet the needs of rural Veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF);
- 2) To utilize telehealth and health information technology, including electronic health records, to help improve care coordination for Veterans who are seen by both the Veterans Administration (VA) and private providers.
- 3) To expand existing networks to provide access to mental health and other services to rural veterans via partnerships and coalitions with other healthcare entities such as: critical access hospitals, federally qualified health centers, rural health clinics, home health agencies, community mental health clinics and other providers of mental health services, pharmacists, local government, private practice physicians, and other providers deemed necessary to provide access to services and meet the needs of rural veterans; and
- 4) To consult with the state hospital association, rural hospitals, providers of mental health services and other stakeholders for the provision of services in the development of program activities.

This program provides funding to meet the goals described including the referral of these veterans to medical facilities operated by the Department of Veterans Affairs (VA), and for the delivery of these services to other residents of such rural areas.

The RVHAP is intended to improve access and services to rural Veterans of Operation Iraqi Freedom and Operation Enduring Freedom living in rural areas affected by poor accessibility and availability of mental health services and other health care services in rural areas of the United States.

A key component of the RVHAP is to facilitate coordination by the Department of Health and Human Services (HHS) Secretary with the Department of Veterans Affairs (VA) as required in Section 121 (a)(C) of the RVHAP authorizing legislation.

Through this announcement the Health Resources and Services Administration (HRSA) will provide support to eligible entities to coordinate activities to provide rural Veterans access to services for needed mental health care via the use of networks, electronic communication and telehealth networks. HRSA will make grants to up to three states to test innovative technological approaches to improve access to mental health and other healthcare services for rural Veterans and other residents of rural areas. While the primary beneficiaries for this program are OIF and OEF veterans, other veterans and other residents in rural areas may benefit from the increased access to services. Additionally, this program is targeting all veterans lacking access to services regardless of their enrollment status with the VA.

In accordance with Public Law 112-74, grant funds are to be used for the purchase and implementation of telehealth services, including pilots and demonstrations on the use of electronic health records to coordinate rural veterans care between rural providers and the Department of Veterans Affairs electronic health record system.

Projects funded under this announcement must, to the extent possible, facilitate and/or strengthen coordination by rural healthcare networks with the VA. Grant funds may also be used to help upgrade existing equipment and software in rural facilities to meet VA privacy standards essential to allowing for interoperability between the VA and non-VA providers.

Further, projects funded under this announcement will be required to develop demonstration and pilot initiatives that make the VA health system accessible to Veterans in remote areas without access to quality healthcare, by coordinating care with the VA through sharing of clinical information compatible with VA privacy and security standards.

IMPORTANT: Funding under this announcement shall not be used to duplicate efforts in respective applicants' states, nor will funding be used to reimburse expenses already incurred locally for the purposes of this program.

Note: The Health Resources and Services Administration (HRSA) acting through Office of Rural Health Policy (ORHP) will be collecting annual performance data and, on an ongoing basis, request information concerning funded projects' progress in fulfilling RVHAP goals and objectives. Grantees will be expected to provide timely responses to HRSA requests for data on grantee activities and program outcomes.

2. Background

This program is authorized by Title XVIII, Section 1820 (g)(6) of the Social Security Act (42 U.S.C. 1395i-4), as amended by Sec. 121 of the Medicare Improvement for Patients and Providers Act of 2008, P.L. 110-275.

This program guidance supports the RVHAP collaborative objectives, as well as to facilitate the larger objectives of providing better health care to veterans. The success of the RVHAP is enhanced by broader collaborative efforts as follows:

On August 24, 2012, the VA Veterans Health Administration (VHA) Office of Rural Health, the HHS Office of the National Coordinator for Health Information Technology and the HHS

Office of Rural Health Policy in the Health Resources and Services Administration signed a memorandum of agreement (MOU) to promote and train an effective health IT workforce to meet health care needs and improve health information exchange and interoperability between VA and rural health providers to ensure coordinated, high-quality care for U.S. veterans living in rural areas. As members of the White House Rural Council, partners from the VA and HHS will collaborate to increase the number of trained health IT and information professionals and ensure that training programs available are sufficiently diverse to meet a wider range of health care needs through targeted outreach to potential workers and employers to place students and graduates where they are most needed.

Further, on August 31, 2012, the President issued an Executive Order (EO), “Improving Access to Mental Health Services For Veterans, Service Members, and Military Families” which, in part, mandates “Enhanced Partnerships Between the Department of Veterans Affairs and Community Providers” through which the VA and HHS shall establish pilot projects whereby the VA contracts or develops formal arrangements with community based providers, such as community mental health clinics, community health centers, substance abuse treatment facilities, and rural health clinics, to test the effectiveness of community partnerships in helping to meet the mental health needs of veterans in a timely way. The EO also requires HHS and VA to develop a plan for a rural mental health recruitment initiative to promote opportunities for the VA and rural communities to share mental health providers when demand is insufficient for either the VA or the communities to independently support full time health care providers.

For additional information see <http://www.whitehouse.gov/the-press-office/2012/08/31/executive-order-improving-access-mental-health-services-veterans-service>.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2013-2015. Approximately \$960,000 is expected to be available annually to fund up to three grantees. Applicants may apply for a maximum of \$320,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the “Flex Rural Veterans Health Access Program” in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

This funding opportunity announcement is subject to availability of appropriated funds. If associated funding is not available for the program, this announcement will be withdrawn and grants will not be awarded.”

III. Eligibility Information

1. Eligible Applicants

Only States (Current Medicare Rural Hospital Flexibility Program grantees in States with certified Critical Access Hospitals) **are eligible to apply for funding under this solicitation.** The Governor designates the eligible applicant from each State. Eligibility is limited to entities designated by the Governor of States with certified critical access hospitals.

Special consideration of certain applications – HRSA will give special consideration to applications submitted by States in which veterans make up a high percentage of the total population of the State. Such consideration shall be given without regard to the number of veterans of Operation Iraqi Freedom and Operation Enduring Freedom living in the areas in which mental health services and other health care services would be delivered under the application. The list ranking percentage of veterans by state population is available in [Appendix A](#). Applicants that qualify for the special consideration will be placed in a more competitive position among applications that can be funded.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

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

Any application that fails to satisfy the deadline requirements referenced in Section IV.3 will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF 424 application package associated with this funding opportunity following the directions provided at www.Grants.gov.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

2. Content and Form of Application Submission

Application Format Requirements

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF 424 Application Guide*, available online at www.hrsa.gov/grants/guideforreview/applicationguideforreview.doc, except where instructed in the funding opportunity announcement.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA.

Program-specific Instructions

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

Application Format

i. Budget Justification

Provide a narrative that explains the amounts requested for each line in the 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.

IMPORTANT:

1) Particular attention should be paid to explaining and justifying the required RVHAP expenditures for technology and software related to deploying:

- *Telehealth networks and services, including electronic health records; and,*
- *Demonstrations and/or pilot initiatives coordinating rural veterans care with the VA by sharing clinical information compatible with the VA's electronic health record system, VISTA.*

2) The applicant will provide an itemized list of proposed expenditures for each sub category under "Primary Purposes" and "Secondary Purposes" as set forth in Section IV-5, "Use of Grant Funds". Applications will be evaluated in accordance with Evaluation Criterion 6, "Support Requested" in Section V-1.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be up to three (3) years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Please refer to section 4.1-v in the HRSA [SF 424 Application Guide](#) for instructions on the Budget Justification Narrative with the following clarification below regarding equipment and indirect costs.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

Indirect Costs: A State awarded a grant may not expend more than 15% of the amount of the grant for "administrative expenses". To ensure that the maximum amount of funding is used to carry out RVHAP program purposes, for purposes of this announcement, "administrative expenses" are the actual costs incurred in connection with the administration of the grant (including both direct and indirect costs). ***Thus, a Grantee will be limited to the lesser of: (1) the actual expenses incurred in connection with the administration of the grant, up to 15% of the grant amount or (2) the amount allowable under the State's federally negotiated indirect cost rate.***

Administrative Costs are those costs not directly associated with service provision. Staff activities that are administrative in nature should be allocated to administrative costs. Additionally, the administrative and indirect costs for sub-contractors do not lose their administrative nature by being part of a contract, and are included in the limitation of administrative costs. Examples of Administrative costs include:

- Routine grant administration and monitoring activities, including the receipt and disbursement of program funds; administrative staff (executive and clerical); accounting and billing functions; preparation of routine programmatic and financial reports; and compliance with grant conditions and audit requirements.
- Contracts for services awarded as part of the grant – such as development of RFPs, review of proposals, and monitoring contracts through onsite visits
- Costs which could qualify as either indirect or direct costs but are charged as direct costs, such as: rent, occupancy, utilities, computer hardware and software (unrelated to electronic medical records or CQM), telecommunications (telephones, toll-free lines, cell phones, pagers, fax, internet), and postage
- Liability insurance
- Office supplies
- Audits
- Payroll-Accounting services

Indirect Costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. The indirect cost rate agreement will not count toward the page limit.

ii. Project Abstract

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

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to two pages or less in length and include a synopsis of the following.

a. **Service Area** – Briefly identify the geographic service area to be served by the telehealth and/or EHR implementation, including its size and population. Note how many full and partial Health Professional Shortage Areas (HPSAs) and full and partial Medically Underserved Areas (MUAs) the service area contains. Also note any mental health HPSAs. Note any other critical characteristics of the service area and its population.

b. **Needs, Objectives, and Projected Outcomes** – Briefly describe the identified needs and expected demand for services, project objectives, and expected outcomes.

c. **Mental Health and other Clinical Services to be Provided** – Provide a list.

d. **Network Development** – Provide a list of sites, including the types of facilities committed to the project, where it is proposed to implement telehealth and/or EHRs or sharing of electronic health information.

e. **Projected Veterans and other Rural Residents to be Served:**

For Telehealth Implementation, specify the projected number of *unduplicated* veterans to be served as well as other patients to be served during Calendar Year 2013 at the participating

network sites. List projected number of **unduplicated** veterans and other patients to be served at each of the network sites during the first year of the project period. Provide an estimate of the projected number of **unduplicated** veterans and other patients to be served at each of the network sites for year 2 and 3. Identify the participating VA facilities.

For EHR and/or Health Information Exchange (HIE), **specify** the sites where EHRs and/or exchange of health information will occur, for calendar years 2013, 2014 and 2015. Specify the number of veterans or other rural residents with electronic health records interoperable with the VA or other facilities.

f. **Demonstration Projects** – Identify proposed demonstrations and/or pilot initiatives that will show how to coordinate rural veterans care between rural providers and the Department of Veterans Affairs by sharing clinical information compatible with the VA’s electronic health record system (i.e., Veterans Health Information Systems and Technology Architecture (VISTA) system).

h. **Additional Activities** – Describe any additional services and activities for which the network is being utilized or will be utilized. (administrative meetings, community meetings, etc.).

iii. **Project Narrative**

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

Important: In addressing the sections in the Program Narrative, applicants must address the RVHAP Goals and Objectives as set forth in this announcement, Section I. “Funding Opportunity Description.” This announcement facilitates program goals and objectives through implementation of telehealth services, including pilots and demonstrations on the use of electronic health records to coordinate rural veterans care between rural providers and the Department of Veterans Affairs electronic health record system.

Accordingly, **funding must be used to deploy telehealth networks and electronic health records that will be compatible and compliant with Department of Veterans Affairs’ (VA) Veterans Health Information Systems and Technology Architecture (VISTA) system, with the goal of treating illness and disabilities of Veterans, particularly with respect to mental healthcare.** The project must, to the extent possible, facilitate and/or strengthen the applicant organization’s coordination with the VA.

In addition, **HRSA is requiring grantees to develop demonstration and pilot initiatives** that can specifically show how RVHAP funding will help support the coordination of care for Veterans who may be receiving care at both a rural location near their residence as well as other VA facilities. The emphasis is on making sure the private clinicians and VA clinicians who jointly provide care for the Veteran to share information either via telehealth technology or via an EHR in order to improve quality of care. It is expected that rural providers supported by the grant would use equipment that is compatible with VA privacy and security standards.

▪ *INTRODUCTION*

The applicant should succinctly describe the overall purpose of the proposed project, together with specific goals and objectives. Goals and objectives should be driven by the problem/need the applicant seeks to address/remedy. The goals and objectives should be achievable, measurable, time-limited, and clearly stated.

▪ *NEEDS ASSESSMENT*

This narrative section will be reviewed under review criterion 1.

In discussing needs, the applicant must provide a realistic assessment of actual demand for any services offered by the project, aligning the project's proposed services to the demand of the target community (ies) and, as appropriate, neighboring communities, taking into consideration existing use and referral patterns.

Area demographics may indicate a need in a general sense, but the applicant must provide evidence of actual demand; e.g., individuals are seeking services that would otherwise be unavailable locally without the project, and such individuals will utilize the project's services. This section should describe the population to be served by the proposed project.

The applicant must document why support under this grant announcement is essential to implementing the proposed project and what the federal dollars will enable the applicant to do that otherwise would not be possible. Relevant barriers to serving rural veterans will be addressed.

The applicant must describe existing telehealth capacity and show how RVHAP funding will augment such capacity or provide telehealth capacity where no such capacity exists.

The applicant must provide documentation that funding applied for under this announcement will not be used to duplicate efforts in respective applicants' states and that RVHAP funding will not be used to reimburse expenses already incurred locally for the purposes of this program.

The applicant will provide evidence of the mental health needs in the target area(s) that the project proposes to address. The applicant should describe how the target area(s) were selected to be included in the project. The applicant will utilize appropriate data sources (e.g., local, State, Federal) in their analysis of the environment as follows:

- The target population of veterans and its unmet mental health and other health needs must be described and documented in this section. According to the VA priority areas for veterans include a variety of mental health conditions and other health conditions including the detection of post-traumatic stress disorders (PTSD), traumatic brain injury (TBI), muscular-skeletal and dermatological injuries. Include the estimated size of the target population and the number of counties being addressed by the project.
- A map that shows the location of the target population, the geographic area that will be served by the project and any other information that will help reviewers visualize and understand the scope of the proposed activities should be included. The map should also include the locations of organizations that will be involved in the project. Please be sure

that any maps included will photo copy clearly in black and white, as this is what reviewers will see. Color maps will not be helpful for the reviewers. This program targets veterans living in rural areas. For the purposes of this grant, rural areas include any area that is covered under the ORHP criteria for eligibility. To check the eligibility of a county or a particular address, see <http://datawarehouse.hrsa.gov/RuralAdvisor/>.

- Please describe the current health care environment within the target area. Explain how the health care needs of rural veterans are not currently being met, and how the project will help provide access to needed health services to veterans not currently being served. The applicant should describe the potential impact of the project's activities on existing providers.
- Please discuss any relevant barriers in the service area that the project hopes to overcome.

▪ **METHODOLOGY**

This narrative section will be reviewed under review criteria 2 and 3.

The applicant will propose methods that will be used to meet each of the previously-described RVHAP expectations in this grant announcement, including the following:

- 1) Describing working relationship with the VA and with VA facilities within the state, including the regional VISN organization.
- 2) Describing collaborations, including prior collaborative history, which may include collaboration between and among critical access hospitals, federally qualified health centers, rural health clinics, home health agencies, community mental health clinics and other providers of mental health services, pharmacists, local governments, private practice physicians, and other providers deemed necessary to provide access to services that meet the need of rural veterans, their families, and other rural residents.
- 3) Deployment of telehealth networks and services, including electronic health records, which will make the VA health system accessible to veterans in remote areas currently without access to quality healthcare.
- 4) Development of demonstrations and/or pilot initiatives that will show how to coordinate rural veterans care between rural providers and the Department of Veterans Affairs by sharing clinical information compatible with the VA's electronic health record system (i.e., Veterans Health Information Systems and Technology Architecture (VISTA) system).
- 5) Defining the specific goals and objectives of the network's proposed grant-funded activities and explaining the strategy for accomplishing the stated goals and objectives. These goals and objectives should directly relate to the information presented in the Needs Assessment section.
- 6) A discussion of how eligibility of patients to be enrolled in project will be determined, patient screening and assessment tools to be used to determine eligibility, and how the patient's physician/primary clinician will be integrated into the process, including how

information will be communicated to him/her. The applicant should address how information will be maintained and stored in the patient record, including the maintenance of confidentiality and security of data in compliance with HIPAA standards. Patients can also be encouraged to use My Healthvet (<https://www.myhealth.va.gov>) to keep any providers outside of the VISTA system informed, particularly around medication use.

7) A discussion of how rural patients enrolled in the VA system will be linked up to the VA system from non-VA rural facilities, and how their health information will be shared with the VA system.

8) For proposed activities involving telehealth:

- Applicants will describe the process for vendor selection and provide evidence of knowledge of technical requirements and a rationale for cost-effective deployment and operation in a telehealth network environment (including consideration of various feasible alternatives). Describe how the proposed technology complies with existing federal and industry standards, including any functional requirements the network outlined that may be specific to the program participants.
- Applicants will describe existing or planned protocols to reflect respective facilities' ongoing quality assurance and risk management activities, including meeting clinical management and patient safety standards. The protocols should prove useful for ensuring the quality of an encounter, increasing provider acceptance, and facilitating incorporation of telehealth mental and/or health services into the daily practice of health care. The protocols should describe how services are to be provided, including staff requirements, how patients should be prepared for the encounter, etc. A protocol should be available for each service provided. Protocols are particularly important for providing mental health services via telehealth. Therefore, applicants must demonstrate preparedness and contingencies for onsite resources to address acute behavioral and mental health episodes and other exacerbated health conditions.
- For the purposes of linking with the VA to coordinate care of enrolled veterans, the applicant should describe how the technology will be able to interface with the VA's VISTA system. Any telehealth or EHR system must meet VA confidentiality and data requirements as well as clinical management and patient safety standards. The applicant must demonstrate meaningful exchange of information through a secure and private Center for Medicare and Medicaid **and** VA compliant medium. Applicants must undertake steps to meet all VA national clinical, technology and business processes that are required to deliver safe, effective and appropriate services via telehealth. Additionally, providers working in collaboration with veterans enrolled in the VA should consider the credentialing and privileging according to the VA standards.
- Data should be integrated using a common structure, business rules and practices in order to facilitate a centralized telehealth solution that is replicable across a State or a regional marketplace. Also the applicant should describe how information will be exchanged within the network and with other entities in the community. The applicant should

outline the steps it will take to integrate the proposed telehealth application with other existing IT such as practice management systems or legacy HIT applications.

- **Transmission Costs:** Grant dollars may be used to pay for transmission costs, such as the cost of satellite time or the use of phone lines. However, Flex RVHAP network members must either a) first apply for the Universal Service Administrative Corporation Company (Rural Health Care Division) provider subsidy program to obtain lower transmission rates, or b) provide documentation of the rationale for choosing not to apply. For additional information about the provider subsidy program, see the Universal Service Administrative Corporation (USAC) web site at <http://www.rhc.universalservice.org>. ***Organizations that do not intend to seek USAC support should clearly their reasons for not doing so. For example, services in the home are not eligible for USAC support.***

Health Insurance Portability and Accountability Act of 1996 (HIPAA) – Grant recipients must document how they are ensuring HIPAA compliance across the network. Additional information on HIPAA is available at: <http://www.hhs.gov/ocr/hipaa/>.

Important Note: HRSA encourages the purchase of new EHR products and software that are certified by the Certification Commission for Healthcare Information Technology (CCHIT). CCHIT Certified products meet basic standards for functionality, interoperability, and security. The CCHIT certification program reduces risks of HIT investments by providers and ensures that prescriptions can be sent and refilled electronically, that laboratory results can be received in a standard format, better drug interaction checking, more thorough patient reporting and clinical management, and stronger security protections for your patient data. For more information on CCHIT, go to www.cchit.org. For Telehealth projects, HRSA strongly encourages applicants to seek interoperable and easily upgradable technologies that will interface easily with a range of technologies, including EHRs.

9) For Proposed Evaluation Activities (see review criterion 3):

- A description of project monitoring measures to be implemented for assuring effective performance of the proposed grant-funded activities, including on-going quality assurance and quality improvement strategies that will assist in the early identification and modification of ineffective efforts.
- An evaluation design that the applicant intends to use to measure process and outcomes. Quantitative outcomes should be measured in the following areas: quality of care, appropriateness of use of the technology; whether access was improved; whether clinical outcomes were improved; the cost of providing services; and how the cost of health care service delivery was affected in terms of efficiency and effectiveness of care.
- The evaluation design should be supported by a logic model and explain how the inputs, processes and outcomes will be measured, and how the resulting information will be used to inform improvement of funded activities.

WORK PLAN

This narrative section will be reviewed under review criterion 5.

The work plan must be submitted as Attachment 2.

Describe the specific activities or steps that will be undertaken to achieve the objectives of the project. Demonstrate how the proposed project activities relate to the project objectives (i.e. the proposed activities should lead to the achievement of the stated objectives). Use a time line that includes each activity and identifies responsible staff. Describe the 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 his/her specific role and time commitment will be. The applicant should clearly describe the training required of clinicians, patients, patient family/caregivers or other appropriate individuals. The work plan must outline the individual and/or organization responsible for carrying out each activity and includes a timeline for all three years of the grant. The work plan for the second and third year of the grant may be somewhat less detailed. The applicant must describe a clear and coherent work plan that is aligned with the network's goals and objectives.

The applicant should address strategies for dissemination of information to a wide audience to demonstrate the effectiveness of the project in meeting RVHAP goals and objectives.

▪ ***RESOLUTION OF CHALLENGES***

This narrative section will be reviewed under review criterion 4.

Project Implementation and information dissemination: The applicant will discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan and approaches that will be used to resolve such challenges. The applicant will also address how it will work with project stakeholders such as state hospital association of such State, rural hospitals, providers of mental health services, or other appropriate stakeholders in disseminating project results related to RVHAP program goals and objectives. This includes demonstrating that project results may be replicated nationally, and that the project can serve as a model for telehealth/health information technology networks that provide specific, quantifiable and measurable outcomes for: 1) quality of care; 2) efficiency; 3) cost savings; or 4) the integration of the telehealth and EHR/HIE information systems. The applicant will document plans and strategies for marketing, promotion, and information dissemination.

Evaluation: The applicant should discuss how it will overcome the challenges of identifying the impact of the services provided when patients need to be tracked across different components of the health care system. For example, for mental health services and if one outcome measure is "reduced hospitalizations/emergency visits for patients in the program," The applicant will describes potential benefits for veterans and other residents in rural areas based on the results of successful implementation of the proposed project providing access to mental health and other healthcare services. The applicant will also describe the quantifiable difference the project expects to make on the availability of mental health care and other

services to rural veterans. Applicants should address how the improved healthcare access will facilitate the improvement of specific health outcomes for the rural veterans and other residents in rural areas.

System Sustainability: The applicant will document how the project will be sustained during and after the period of federal grant funding. This includes a discussion of the following issues: financial and other commitments of the applicant and project partners to the project; community support; network management, including integration of the project into the long-term strategic plans of the participating institutions; operational project management; marketing and community education and outreach activities to build support; and financial and business planning (analyses of: project costs and benefits, revenues and expenses, tangible and intangible, benefits, etc.).

Describe the problems to be overcome in order to continue the telehealth project, and the specific activities to be undertaken to do so. As well as the market-driven aspects of achieving sustainability, a telehealth/EHR program should note what, if any, third party reimbursement it receives or projects to receive, for telehealth encounters, contracts to provide telehealth services and activities, and actions it has taken to pursue reimbursement or other income. For example, if considerable time is required for state and national telehealth-related activities (e.g., working on obtaining reimbursement); the applicant would discuss how they would resolve this challenge.

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

This narrative section will be reviewed under review criterion 5.

Describe current experience, skills, and knowledge, to carry out the proposed project, including individuals on staff, materials published, and previous work of a similar nature.

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe staff experience in data collection, including collecting, analyzing and tracking data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

In this section, the applicant describes the following:

Note: ORHP will be collecting annual performance data and, on an ongoing basis, request information concerning the project's progress in fulfilling RVHAP goals and objectives. Grantees will be expected to provide timely responses to HRSA requests for data on grantee activities and program outcomes.

1) A plan for staffing detailing requirements necessary to run the program. Specifically, the following for project participants should be addressed:

- (a) Defined role(s) in the network and a specific set of responsibilities for the project;
- (b) Defined resources (e.g., funding, space, staff) to benefit the network;
- (c) Participation in the planning and implementation of the project; and
- (d) For all Project Participants, signed and dated Memorandums of Agreements (MOAs) that

delineate the respective members' roles and resource contributions, and decisions on equipment placement and responsibility for maintenance throughout the funding period and beyond.

For existing networks, the applicant should discuss lessons learned in implementing and sustaining the telehealth program and the findings from evaluation efforts. If protocols have been developed for clinical telemedicine services, they should be noted by listing the specialties. The applicant should also indicate if it has received or will be receiving outside support to implement the network (i.e., Federal, State, or foundation). If so, the applicant should list the source of the award, the amount from each source, and the years funded.

Skill of Network Member Sites and Network Organization to implement the project – Given the respective roles of various members, document the technical and organizational ability to implement the proposed project in the following areas: (1) network development, i.e., the ability to build partnerships and community support; (2) network governance, including effective coordination of network member activities in the project; (3) network operation and management; and (4) evaluation. Start-up projects with no demonstrable telehealth experience will not be as competitive. ***Projects with prospective network partners not committed to the project will not be as competitive as other projects with a strong network of partners in place. In addition, an applicant must provide evidence to show that it will be ready to implement the project upon grant award. (Projects are projected to begin on September 1, 2013.)***

Community/Clinician Involvement for Ongoing Project Development/Marketing – Describe (1) how the clinicians and other key individuals (e.g. consumers, patients, community leaders) have been and/or will be involved in defining needs and prioritizing services to be delivered; (2) how clinicians, site coordinators, and other key individuals will be oriented to the project and trained; (3) how clinicians and other champions will be identified and utilized within the project; and (4) how clinicians and other key individuals will be involved in the evaluation process.

Clinician Acceptance and Support –The applicant will document: commitment, involvement and support of senior management and clinicians in developing and operating the project; clinicians' understanding of the challenges in project implementation and their competence and willingness to meet those challenges; the commitment of resources for training staff and technical support to operate and maintain the system; and, the extent to which the technology is integrated into clinician practice.

▪ **ORGANIZATIONAL INFORMATION**

This narrative section will be reviewed under review criteria 4, 5 and 7.

This section addresses how the project fits in with the current mission, structure, and scope of current activities of the applicant and network partners. The applicant will describe how the project will be organized, staffed, and managed. The applicant will describe in this section how the organization, with information summarized in required **Attachment 3**, "Network Identification", contributes to the ability of the organization to conduct the program requirements and meet program expectations.

The applicant will provide a brief overview of the applicant organization that includes information such as their mission, structure, and current primary activities. Explain why

each of the project partners is appropriate collaborators, and the expertise each partner brings to the project. Outline the roles and responsibilities of each organization involved in the project. Describe the relationship between the applicant and the other project partners. Additionally, the lead applicant must also include a one page organizational chart of the **partners in the project** that depicts the relationship between the project members. The organizational chart(s) should be uploaded as **Attachment 7**.

The applicant will describe the prior history working with project partners and/or in addressing the health care needs of rural veterans. The applicant must demonstrate they have actively engaged the state hospital association, rural hospitals located within the target service area, providers of mental health services, or other appropriate stakeholders in providing mental health and other services to veterans in the planning for proposed activities. Letters of support must be included in **Attachment 8**.

State whether the applicant has a project director in place, or an interim director. If the project has an interim director, discuss the process and timeline for hiring a permanent director.

The applicant must have a Memorandum of Agreement (MOA) signed and dated by all project partners that reflects the mutual commitment of the partners. ***IMPORTANT: The MOA should include the applicant's regional Veterans Integrated Service Network (VISN) organization.*** (The VA medical facilities may submit a Letter of Commitment (LOC) in place of the MOA for the application, but the letter must include specific information as to the specific activities and responsibilities in the project). Please obtain electronic signatures whenever possible to verify commitment. We recognize that not all network members may have the ability to utilize an electronic signature, so it is perfectly acceptable to submit the MOA unsigned when applying. Include the MOA in **Attachment 6**. Note: The original signed and dated MOA should be kept by the applicant organization. If the application is funded, the signed original will be required for submission to ORHP within 30 days of award.

iv. Attachments

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

Attachment 1: Detailed Budget Information

Provide a narrative for amounts requested for each line item in the SF-424A Budget Information – Non-Construction Programs Form. You must project your costs for all three years of the grant program and all costs must be directly related to the grant program. .

Attachment 2: Work Plan.

The applicant must describe a clear and coherent work plan that is aligned with the network's goals and objectives. To accomplish this, applicants are strongly encouraged to present a matrix that illustrates the network's goals, strategies, activities, and

measurable process and outcome measures. The work plan must outline the **individual and/or organization responsible** for carrying out each activity and **includes a timeline** for *all* three years of the grant. The work plan for the second and third year of the grant may be somewhat less detailed.

See Section IV-2-ix. Project Narrative, for additional information.

Attachment 3: Network Identification Information. See Section IV-2-ix. Project Narrative, for additional information.

All applicants are required to submit information regarding the various applicant/network member sites in the proposed Telehealth/Electronic Health Records network(s) to be developed. **For states with multiple networks, list each network separately.**

For each site:

- Name, address, designated contact person, phone, fax, email.
- Network Name and URL (if applicable).
- County Name
- Indicate whether this is an existing site or site to be added. (*note: if a new site indicate when it will be added to the network*)
- Clinical services to be provided
- Service Area
- Veteran Population to be served
- County population where the applicant site is located
- The focus/function of the site's activities
 - (i) Clinical telemedicine
 - (ii) Distance learning/education
 - (iii) Electronic Health Record Exchange
 - (iv) Telehomecare
 - (v) Other (specify)
- For a site where Clinical Telemedicine/Distance Learning/Electronic Health Record Exchange will occur, a listing of equipment that will be used at the site, and the clinical services or other purposes, for which each item will be used. d.
- Specify whether the site will:
 - (i) Provide and/or receive telemedicine services
 - (ii) Provide and/or receive distance education
 - (iii) Provide for Health Information Exchange
 - (iv) Engage in other activities (please specify)
- Indicate whether the site is located in the following areas:
 - (i) A Health Professional Shortage Area (HPSA)
 - (ii) A Partial Health Professional Shortage Area (p-HPSA)
 - (iii) A Mental Health HPSA or p-HPSA
 - (iv) A Medically Underserved Area (MUA)
 - (v) A Partially Medically Underserved Area (p-MUA)
- Description of the site's facilities
 - (i) Rural or Urban

- (ii) Hospital and # of beds
- (iii) Private physician office
- (iv) Public health clinic
- (v) State/county health department
- (vi) Community health center
- (vii) Multi-specialty facility
- (viii) Nursing home
- (ix) Community mental health center
- (x) Health professions institution
- (xi) Rural Health Clinics
- (xii) Other (specify)

Attachment 4: *Job Descriptions for Key Personnel* (see section 4.1 vi. of HRSA’s [SF-424 Application Guide](#)).

Each position description should not exceed one page in length. For each key person assigned to the project, including key personnel at all partner organization sites, provide position descriptions (PDs). 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 job descriptions that give the title of the position, duties and responsibilities, required qualifications, supervisory relationships, and salary ranges.

Attachment 5: *Biographical Sketches of Key Personnel* (see section 4.1 vi. of HRSA’s [SF-424 Application Guide](#)).

Keep each bio to one page in length if possible. For each key person assigned to the project, including key personnel at all partner organization 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 6: *Memorandum of Agreements (MOAs) or Letters of Commitment (LOC) and/or Description(s) of Proposed/Existing Contracts (project specific).* Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. MOAs or LOCs must be dated. **Note: The original signed and dated MOA or LOC should be kept by the applicant organization. If the application is funded, the signed original will be required for submission to ORHP within 30 days of award.**

Attachment 7: *Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 8: *Letters of Support*

Include here any other documents that are relevant to the application, including letters of support from the state hospital association, rural hospitals located in the target area, providers of mental health services, or other appropriate stakeholders in providing mental health and other services to veterans. Include only letters of support which specifically indicate a commitment to the project (in-kind services, dollars, staff, space, etc.).

Attachments 9-15: *Other Attachments, as necessary*

Please include any supplemental materials (not provided for elsewhere) that you choose to submit as optional attachments. Be sure each additional attachment is clearly labeled.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *May 17, 2013 at 11:59 P.M. Eastern Time*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by the organization's Authorized Organization Representative (AOR) through Grants.gov and validated by Grants.gov on or before the deadline date and time.

4. Intergovernmental Review

Flex Rural Veterans Health Access Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to 3 years, at no more than \$320,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal government.

Use of Grant Funds

The funding requirements under this Fiscal Year (FY) 2013 announcement continue the requirements of FY 2012, Public Law 112-74, 125 STAT. 1066, under "RURAL HEALTH", which requires funds be used, "...to carry out section 1820(g)(6) of the Social Security Act, with funds provided for grants under section 1820(g)(6) available for the purchase and implementation of telehealth services, including pilots and demonstrations on the use of electronic health records to coordinate rural veterans care between rural providers and the Department of Veterans Affairs electronic health record system."

Given the congressional mandate for the use of grant funds and RVHAP program experience, HRSA desires to fund projects that will, to the greatest extent possible, utilize at least 50% of grant funds to pay costs most directly related to the purchase and implementation of telehealth services and to establish development and sharing of electronic health records.

Important Note: Applications will be evaluated based on the extent to which grant funds identified in this section are proposed to be used. Please refer to evaluation criterion 6, “Support Requested”.

Accordingly, the most competitive proposals will use grant funding for the following primary purposes):

- 1) Equipment, including hardware, and software to develop and/or incorporate telehealth capability among non-VA rural sites and/or to facilitate connectivity between those sites and VA facilities. Funds may be used to develop and acquire, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and any other equipment and facilities necessary to implement technological capability at a rural facility to carry out the purposes of the RVHAP. Such technology may also be used for distance learning as an ancillary use to carry out RVHAP purposes.
- 2) Software, hardware, and other technology to implement electronic health records (EHRs) and/or to facilitate the exchange of electronic health information [e.g. Health Information Exchanges (HIEs)] among participating non-VA rural sites and VA facilities, or among other participating state and local health care entities.
- 3) Technical assistance for planning, developing or implementing telehealth technology and EHRs or EHR exchanges. This may include contracts for telemedicine and EHR solution integrators that provide expertise for technology development, training, or to ensure that such systems comport with VA privacy and security requirements or other protocols and to ensure that such systems are economically and technically sound.
- 4) For expenses to upgrade existing equipment and software in rural facilities to meet VA privacy standards essential to allowing for interoperability between the VA and non-VA providers.

Grant funds may also be used for the following secondary purposes:

- 1) Organizational capacity building related to the implementing telehealth networks and EHRs/HIEs to carry out RVHAP purposes. This includes: a) ***Building partnerships and coalitions*** among VA facilities, critical access hospitals, federally qualified health centers, rural health clinics, home health agencies, community mental health clinics and other providers of mental health services, pharmacists, local government, private practice physicians, and other providers deemed necessary to provide access to services and meet the needs of rural veterans; and, b) ***Consulting*** with the state hospital association, rural hospitals, providers of mental health services and other stakeholders for the provision of services to Rural Veterans and their families.
- 2) Outreach to rural veterans, families and other rural residents to promote utilizing telehealth and health information technology to carry out RVHAP purposes. This includes enrolment of rural veterans in VA healthcare programs

- 3) Training of clinicians and other care givers related to the provision of mental health services and other healthcare services, to veterans residing in rural areas, including the provision of crisis intervention services, detection of post-traumatic stress disorders (PTSD), traumatic brain injury (TBI), muscular skeletal, and other signature injuries deemed necessary to meet the needs of rural Veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF);
- 4) To coordinate care, including provision of continuity of care, among participating rural non-VA facilities, and to assist rural non-VA facilities in coordinating care with VA facilities, for enrolled rural veterans;
- 5) Providing distance education to enhance health care and support services to rural veterans, families and other residents rural underserved areas. In addition, distance education technology can be utilized to mentor or supervise health care providers and students seeking to become health care providers, for rural veterans, their families and other rural residents to carry out RVHAP purposes.
- 6) Transmission Costs: Grant dollars may be used to pay for transmission costs, such as the cost of satellite time or the use of phone lines. However, Flex RVHAP network members must either a) first apply for the Universal Service Administrative Corporation Company (Rural Health Care Division) provider subsidy program to obtain lower transmission rates, or b) provide documentation of the rationale for choosing not to apply. For additional information about the provider subsidy program, see the Universal Service Administrative Corporation (USAC) web site at <http://www.rhc.universalservice.org> . Organizations that do not intend to seek USAC support should clearly their reasons for not doing so. (Note that services in the home are not eligible for USAC support).
- 7) Other purposes consistent with the goals and objectives of the RVHAP.

Administrative Expenses

A State awarded a grant may not expend more than 15% of the amount of the grant for “administrative expenses”. To ensure that the maximum amount of funding is used to carry out RVHAP program purposes, for purposes of this announcement, "administrative expenses" are the actual costs incurred in connection with the administration of the grant (including both direct and indirect costs). Thus, a Grantee will be limited to the lesser of: (1) the actual administrative expenses incurred in connection with the administration of the grant, up to 15% of the grant amount; or, (2) the amount of indirect costs allowable under the State's federally negotiated indirect cost rate.

Administrative Costs are those costs not directly associated with service provision. Staff activities that are administrative in nature should be allocated to administrative costs. Additionally, the administrative and indirect costs for sub-contractors do not lose their administrative nature by being part of a contract, and are **included in the limitation of administrative costs**. Examples of Administrative activities subject to the 15 percent cap include:

- ◆ Routine grant administration and monitoring activities, including the receipt and disbursement of program funds; administrative staff (executive and clerical); accounting and billing functions;

preparation of routine programmatic and financial reports; and compliance with grant conditions and audit requirements.

- ◆ Contracts for services awarded as part of the grant – such as development of RFPs, review of proposals, and monitoring contracts through onsite visits
- ◆ Costs which could qualify as either indirect or direct costs but are charged as direct costs, such as: rent, occupancy, utilities, computer hardware and software (unrelated to electronic medical records or CQM), telecommunications (telephones, toll-free lines, cell phones, pagers, fax, internet), and postage
- ◆ Liability insurance
- ◆ Office supplies
- ◆ Audits
- ◆ Payroll-Accounting services

Indirect Costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. The indirect cost rate agreement will not count toward the page limit.

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

- 1) To build or acquire real property, or for construction or renovation, except for minor renovations (e.g. adding electrical wiring or installing shelving and cabinets) related to the installation of equipment. Note: Building a new room or completely remodeling a room for the telehealth system would not be considered a minor renovation;
- 2) To pay for any equipment or transmission costs not directly related to the purposes for which the grant is awarded. Note: Transmission costs associated with out-of-network sessions will not be covered;
- 3) To pay transmission costs where the applicant’s Flex RVHAP network members fail to first apply for the Universal Service Administrative Corporation Company (Rural Health Care Division) provider subsidy program to obtain lower transmission rates, OR, fail to provide documentation of the rationale that justifies not applying for such assistance. For additional information about the provider subsidy program, see the Universal Service Administrative Corporation (USAC) web site at <http://www.rhc.universalservice.org> .
- 4) For costs that duplicate existing efforts in a state for pre-existing activities in place prior to an applicant submitting an application for RVHP funding under this announcement without sufficient justification provided by the applicant;
- 5) To reimburse expenses incurred for RVHAP-type purposes for an ongoing state initiative prior to the date of application, without sufficient justification provided by the applicant; or,
- 6) For Administrative expenses, including direct and indirect costs, exceeding 15% of the total grant funds. (restricted by statute). For information as to what constitutes Administrative Expenses, please refer to section IV-2-iii, “Allowable Costs”, “Administrative Expenses”.

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

V. Application Review Information

1. Review Criteria

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

Review Criteria are used to review and rank applications. The Rural Veterans Health Access Program has six (6) review criteria:

Criterion	Number of Points
1. Need	17
2. Response	20
3. Evaluative Measures	8
4. Impact	15
5. Resources/Capabilities	15
6. Support Requested	25
<i>Total Points</i>	<i>100</i>

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

Criterion 1: NEED (17 Points)

The extent to which the application describes the problems impacting rural veterans and the relationship to the need for increased access to mental health and other services in accordance with the goals and objectives of the RVHAP

A. The extent to which the applicant uses appropriate data sources (e.g., local, State, Federal) in its analysis of the environment as follows (Up to 3 points):

- The target population and its **unmet mental health** and other healthcare needs is thoroughly described, including the estimated size of the target population and the number of counties being addressed by this project.

- Information provided, including the map and other documentation, clearly shows the location of the target population, the geographic area that will be served by the project, and includes organizations involved in the project.
- The applicant thoroughly addresses relevant barriers in the service area with respect to servicing rural veterans, their families and other rural residents that the project proposes to overcome.

B. Providing a realistic assessment of actual demand for any services offered by the project, aligning the project's proposed services to the demand of the target community(ies) and, as appropriate, neighboring communities, taking into consideration existing use and referral patterns (Up to 5 points).

The extent to which the applicant:

- Goes beyond need in a general sense (e.g., area demographics) by providing specific evidence of actual demand and projected system usage.
- Provides evidence of project partner and local community support for the proposed project and partners and communities' willingness and ability to support the proposed telehealth/EHR solutions.

C. The need for grant support (Up to 5 points).

The extent to which the applicant:

- Specified in detail existing telehealth capacity and shows how RVHAP funding will augment such capacity or provide telehealth capacity where no such telehealth capacity exists.
- Provides specific information on why support under this grant announcement is essential to implementing the proposed project and the lack of availability of local and state resources.
- Substantiates financial need for EHRs and/or HIEs funded under this announcement.

Non-Duplication (Up to 4 points)

The extent to which the applicant:

- Clearly identifies any other past or present funding sources for Telehealth, EHRs and/or HIEs. Where other funding was/is provided, the applicant will clearly document how RVHAP funding augments, but does not duplicate, existing infrastructure or other such other sources of funding.
- Specifically documents that funding used under this announcement will not be used to reimburse expenses already incurred locally for RVHAP purposes.

Criterion 2: RESPONSE (20 Points)

The extent to which the application describes the course of action to carry out the RVHAP goals and objectives, as follows:

A. The effectiveness of the plan to make the VA health system accessible to Veterans in remote areas presently without access to quality healthcare including development of demonstrations and pilot initiatives (Up to 6 Points). The extent to which:

- The applicant describes in detail specific telehealth networks and services, including electronic health records, which will be deployed to make the VA health system accessible to Veterans in remote areas currently without access to quality healthcare.
- The applicant has specifically identified demonstrations and/or pilot initiatives and a detailed strategy for implementation, that will show how to coordinate rural veterans care between rural providers and the Department of Veterans Affairs by sharing clinical information compatible with the VA's electronic health record system (i.e., Veterans Health Information Systems and Technology Architecture (VISTA) system).
- The applicant identifies specific sites and locations where services will be provided.
- The applicant has developed an overall coherent strategy to effectively link with the VA to coordinate care of enrolled veterans. This includes a description of how the technology will be able to interface with VISTA, meet the VA confidentiality and data requirements and demonstrate meaningful exchange of information through a secure and private Centers for Medicare and Medicaid and VA compliant medium.
- The applicant provides a plan for how eligible enrolled rural veterans will be determined, patient screening and assessment tools will be used to determine eligibility, and how the patient's physician/primary clinician will be integrated into the process, including how information will be communicated to the physician/clinician.

B. The extent to which the applicant documents a feasible technical approach to implement telehealth programs and health information technology to provide rural veterans, their families, and other rural residents with increased access to quality mental health and other medical services (Up to 8 points).

The extent to which the applicant:

- Demonstrates knowledge of technical requirements, provides a rationale for cost-effective deployment and operation, and justifies the technology as the optimum and most efficient technology to meet the identified needs.
- Integrates administrative and clinical information systems within the proposed telehealth/EHR system.
- Integrates the proposed system into each provider's normal practice.
- Explains how the project will ensure the privacy of patients and clinicians using the system and the confidentiality of information transmitted via the system, including compliance with Federal and State privacy and confidentiality, including HIPAA regulations.
- Evidences knowledge of telecommunications transmission services available in the project service area, and justify the deployment at each site considering the range of choices available.
- Considers all appropriate costs of deploying technology and operating the project on an ongoing basis.

- Given the proposed telehealth network, articulates the process for vendor selection and the timelines for related activities and demonstrates knowledge of technical requirements, provides rationale for cost-effective deployment and operation in a telehealth network, and describes how the proposed technology complies with existing federal and industry standards.
- Evidence results in achieving cost savings through assistance offered by the Universal Service Administrative Company (USAC) for Rural Health Care (see <http://www.universalservice.org/default.aspx>)

C. The extent to which the applicant documents a feasible programmatic approach; i.e., a strategy to facilitate partnerships and coalitions to expand and strengthen existing healthcare networks (Up to 6 points).

- The applicant demonstrates an effective and productive working relationship with the VA and with VA facilities within the state, *including the regional VISN organization*.
- The applicant demonstrates the strength of the partnerships for the proposed project. This includes specific evidence of productive collaborations, including prior collaborative history, which may include collaboration between and among critical access hospitals, federally qualified health centers, rural health clinics, home health agencies, community mental health clinics and other providers of mental health services, pharmacists, local governments, private practice physicians, and other providers deemed necessary to provide access to services that meet the need of rural veterans, their families, and other rural residents.
- The extent to which applicants with existing telehealth networks describes the existing structure and explains how the existing network will be expanded to provide mental health and other services to increase access for rural veterans and other rural residents.
- The extent to which the applicant adequately discusses the development of clinical protocols to reflect a facility's ongoing quality assurance and risk management activities, including meeting clinical management and patient safety standards. The protocols should evidence usefulness for ensuring the quality of an encounter, increasing provider acceptance, and facilitating incorporation of telehealth mental and/or health services into the daily practice of health care. The protocols should describe how a service is to be provided, including what staff is to be present, how patients should be prepared for the encounter, etc. A protocol should be available for each service provided, particularly for the provision of mental health services. Protocols are particularly important for providing mental health services via telehealth.

Criterion 3: EVALUATIVE MEASURES (8 points)

The extent to which the applicant describes measures and procedures for ensuring effective performance of proposed grant-funded activities.

The extent to which the applicant:

- Specifically documents the elements of effective quality improvement, describes measures to be implemented for assuring effective performance of the proposed grant-

funded activities including, clinical management and patient safety standards and commitment to ongoing quality assurance and risk management activities.

- Describes strategies that will assist in the early identification and modification of ineffective efforts.
- Proposes a feasible and effective method to monitor and evaluate the project results.
- Has clearly developed evaluative measures to assess: 1) the extent that program objectives will be met; and, 2) the health outcomes attributable to the project.
- Addresses the specific data planned for collection, the specific data collection strategies and tools to be used, and the types of analyses to be performed on the data.
- Has developed strategies and an infrastructure to collect and provide, as appropriate, data on costs, utilization, patient and practitioner satisfaction, improved health care outcomes, reduction of medical errors, and network organizational factors such as staffing, administration, etc.

Criterion 4: IMPACT (15 points)

Programmatic Results and Implementation (Up to 5 points).

The extent to which the applicant:

- Demonstrates a substantive understanding of how it will overcome the challenges of identifying the impact of the services provided when patients need to be tracked across different components of the health care system.
- Describes in detail potential benefits for veterans and other residents in rural areas based on the results of successful implementation of the proposed project providing access to mental health and other healthcare services.
- Describes in detail the quantifiable difference the project expects to make on the availability of mental health care and other services to rural veterans. Information should be provided to evidence how the improved healthcare access will facilitate the improvement of specific health outcomes for the rural veterans and other residents in rural areas.
- Describes issues of project implementation such that it demonstrates substantive understanding of the challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.

Information Dissemination (Up to 5 points)

The extent to which the applicant:

- Has, or will actively engage in consultation with the stakeholders such as state hospital association of such State, rural hospitals, providers of mental health services, or other appropriate stakeholders in disseminating project results related to RVHAP program goals and objectives.
- Demonstrates that project results may be replicated nationally.

- Demonstrates that the project can serve as a model for telehealth/health information technology networks that provide specific, quantifiable and measurable outcomes for: 1) quality of care; 2) efficiency; 3) cost savings; or 4) the integration of the telehealth and EHR/HIE information systems.
- Documents plans and strategies for marketing, promotion, and information dissemination

Sustainability (Up to 5 Points).

The extent to which the applicant:

- Documents how the project will be sustained during and after the period of federal grant funding as evidenced by: financial and other commitment of the applicant and project partners to the project; community involvement and support in formulating and sustaining the network; network management, including integration of the project into the long-term strategic plans of the participating institutions; operational project management; marketing and community education and outreach activities to build support; and financial and business planning (analyses of: project costs and benefits, revenues and expenses, tangible and intangible, benefits, etc.).
- Evidences that Network Partners plan to measure the contribution of the project to the goals of each project partner and how these goals contribute to the long-term success of the project.
- Demonstrates a plan to integrate the project into its respective partners' strategic plans, core business processes, and clinical practices.
- Documents how cost-savings to be realized and measured, as applicable.
- Evidences acceptance of financial responsibility, participation and commitment by project partners.
- Outlines a realistic plan for sustainability after federal support ends, taking into consideration challenges and barriers that will be encountered.
- Evidences local community/provider involvement in identifying the needs to be addressed, and in prioritizing the services to be provided.

Criterion 5: RESOURCES/CAPABILITIES (15 Points)

The extent to which the applicant evidences the capability to implement and carry out the proposed project. The application will 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.

This Criterion is comprised of three parts:

- A. Organizational Network Capability and Experience (Up to 5 Points)
- B. Project Management and Work Plan (Up to 5 Points)
- C. Clinician Acceptance, Support and Training (Up to 5 points)

A. Organizational Network Capability and Experience (Up to 5 Points).

The extent to which the applicant:

- Submits verifiable information with respect to the commitment of network partners as evidenced by the Memoranda of Agreement or Letters of Commitment that are signed and dated by all key project partners.
- Documents the technical and organizational ability to implement the proposed project, including the size of the network, governance structure of the project, and involvement of network members in the project.
- Provides strength of the evidence that clearly obligates the participating network sites to carry out the goals and objectives of the project.
- Outlines the roles and responsibilities of each organization involved in the project and describe the relationship between the applicant and the other project partners.
- Has a cadre of capable and experienced management personnel in place, including the Project Director to begin the project upon grant award.

B. Project Management and Work Plan (Up to 5 points).

The extent to which the applicant's work plan:

- Is clearly constructed and complete to provide a clear understanding as to how the project will be implemented.
- Is realistic and feasible for effective project implementation.
- Adequately reflects the duties and competence of key project personnel for applicant and network members.
- Relates to project goals and objectives.
- Provides sufficient evidence to show that the project will be ready to begin to implementation upon grant award.
- Effectively aligns staffing to the proposed activities to carry out the proposed project.

C. Clinician Acceptance and Support (Up to 5 Points)

The extent to which the applicant:

- For rural partners, evidences commitment, involvement and support of senior project partner management, clinicians, and other care givers in developing and operating the project.
- For VA facility personnel and management, evidences project buy in and support.
- Evidences clinicians' and other care givers' understanding of the challenges in project implementation and their competence and willingness to meet those challenges.
- Provides commitment of resources for training and outreach to staff and technical support to operate and maintain the system.
- Demonstrates that the technology to be implemented is integrated into clinician practice.

Criterion 6: Support Requested (25 Points)

Financial Feasibility and Soundness (Up to 10 points)

The application will be evaluated based on the extent to which the budget, including the cost projections, and budget justification:

- Is realistic and justified in terms of the project goal(s), objectives, and proposed activities.
- Documents that the budgeted costs are realistic, necessary, and justifiable to implement and maintain the project, including the human and technical infrastructure.
- Documents a realistic, necessary, and justifiable full-time equivalents (FTEs) and expertise necessary to implement and maintain the project.
- Is complete and detailed in supporting each line item and allocating resources.
- Documents demonstrable experience with regard to technical costs of hardware and software, and telecommunication charges.
- Is clearly articulated in detail for each item presented in the budget tables.
- Demonstrates the level of commitment of partner organizations including allocation of time, personnel, cash, and other in-kind contributions. (A table may be used to present this information.)

Note: Applications proposing to fund more than 15% of the budget for “Administrative Expenses” will receive Zero (0) out of Ten (10) Points. (*See definition of Administrative Expenses following this criterion)

Conformity to Programmatic Guidelines for use of grant dollars (Up to 15 Points)

(See Section IV-5, “Use of Grant Funds”).

An application will receive points based on the percentage of grant funds budgeted for “Primary Purposes” per section IV-5, items 1 through 4 below, in accordance with one of the following scenarios as follows:

15 Points if at least 50% of grant funds are budgeted for items 1 through 4 below; or, 10 Points if at least 40% of grant funds are budgeted for items 1 through 4 below; or, 5 Points if at least 30% of grant funds are budgeted for items 1 through 4 below.

1) Equipment, including hardware, and software to develop and/or incorporate telehealth capability among non-VA rural sites and/or to facilitate connectivity between those sites and VA facilities. Funds may be used to develop and acquire, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and any other equipment and facilities necessary to implement technological capability at a rural facility to carry out the purposes of the RVHAP. Such technology may also be used for distance learning as an ancillary use to carry out RVHAP purposes.

2) Software, hardware, and other technology to implement electronic health records (EHRs) and/or to facilitate the exchange of electronic health information [e.g. Health Information Exchanges (HIEs)] among participating non-VA rural sites and VA facilities, or among other participating state and local health care entities.

3) Technical assistance for planning, developing or implementing telehealth technology and EHRs or EHR exchanges. This may include contracts for telemedicine and EHR solution

integrators that provide expertise for technology development, training, or to ensure that such systems comport with VA privacy and security requirements or other protocols and to ensure that such systems are economically and technically sound.

4) For expenses to upgrade existing equipment and software in rural facilities to meet VA privacy standards essential to allowing for interoperability between the VA and non-VA providers.

Grant funds may also be used for “secondary purposes”, as defined in section IV-5 (but will not be counted in calculating points under this evaluation criterion.

***Administrative Expenses**

A State awarded a grant may not expend more than 15% of the amount of the grant for “administrative expenses”. To ensure that the maximum amount of funding is used to carry out RVHAP program purposes, for purposes of this announcement, "administrative expenses" are the actual costs incurred in connection with the administration of the grant (including both direct and indirect costs). **Thus, a Grantee will be limited to the lesser of: (1) the actual administrative expenses incurred in connection with the administration of the grant, up to 15% of the grant amount; or, (2) the amount of indirect costs allowable under the State's federally negotiated indirect cost rate.**

Administrative Expenses are not directly associated with service provision. Staff activities that are administrative in nature should be allocated to administrative costs. Additionally, the administrative and indirect costs for sub-contractors do not lose their administrative nature by being part of a contract, and are **included in the limitation of administrative costs**. Examples of Administrative activities subject to the 15 percent cap include:

- ◆ Routine grant administration and monitoring activities, including the receipt and disbursement of program funds; administrative staff (executive and clerical); accounting and billing functions; preparation of routine programmatic and financial reports; and compliance with grant conditions and audit requirements.
- ◆ Contracts for services awarded as part of the grant – such as development of RFPs, review of proposals, and monitoring contracts through onsite visits
- ◆ Costs which could qualify as either indirect or direct costs but are charged as direct costs, such as: rent, occupancy, utilities, computer hardware and software (unrelated to electronic medical records or CQM), telecommunications (telephones, toll-free lines, cell phones, pagers, fax, internet), and postage
- ◆ Liability insurance
- ◆ Office supplies
- ◆ Audits
- ◆ Payroll-Accounting services

Indirect Costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an

organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. The indirect cost rate agreement will not count toward the page limit.

2. Review and Selection Process

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

Funding Special Considerations – Per Section 121 of the Medicare Improvement for Patients and Providers Act of 2008, P.L. 110-275, HRSA will give special consideration in funding to applications submitted by States in which veterans make up a high percentage of the total population of the State. Such consideration shall be given without regard to the number of veterans of Operation Iraqi Freedom and Operation Enduring Freedom living in the areas in which mental health services and other health care services would be delivered under the application. Applicants that qualify for the special consideration will be placed in a more competitive position among applications that can be funded.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2013.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of August 1, 2013. See section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See section 2 of HRSA's [SF-424 Application Guide](#) for information.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the Section 6 of HRSA's [SF 424 Application Guide](#). In addition, please comply with the following program specific reporting requirement:

Performance Data. The Office of Rural Health Policy (ORHP) has created specific performance measures that grantees will be required to report within the Performance Improvement System (PIMS) located in HRSA's Electronic Handbook (EHB). This data helps HRSA to determine the larger impact of its Rural Health Programs and in particular, will help determine the impact of the new Rural Veterans Health Access Program. Performance measures can be process or outcome measures that allow grantees to track their progress toward meeting stated objectives.

Measures around mental health access will be developed for this program and shared with awarded grantees. Once these measures are finalized by ORHP, all Rural Veterans Health Access grantees will be required to collect the approved measures and to provide data on these measures annually for continued funding. **Important Note: ORHP will, on an ongoing basis, as necessary, request information from grantees on their progress in meeting the RVHAP objectives.**

VII. Agency Contacts

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

Inge Cooper
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11 A-02
Rockville, MD 20857
(301) 594-4236
icooper@hrsa.gov
Fax: (301) 443-6686

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

Larry Bryant
Senior Advisor, Office for the Advancement of Telehealth, Office of Rural Health Policy
Attn: Rural Veterans Health Access Program
Parklawn Building, Room 5A-55
5600 Fishers Lane
Rockville, MD 20857
301-443-0261
lbryant@hrsa.gov
Fax: 301-443-1330

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

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

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with

submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

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

VIII. Tips for Writing a Strong Application

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

APPENDIX A: SPECIAL CONSIDERATION CRITERIA

(Provided by VA Office of Rural Health)

Geographic Area	April 2010 Census Data Projections	2011 Veteran Population Data	Percent Veteran Population
United States	234,564,071	22,813,614	9.7%
Alaska	522,853	74,010	14.2%
Montana	765,852	103,590	13.5%
Virginia	6,147,347	827,810	13.5%
Wyoming	428,224	55,912	13.1%
Maine	1,053,828	135,118	12.8%
South Dakota	611,383	76,320	12.5%
Oklahoma	2,821,685	347,374	12.3%
West Virginia	1,465,576	179,623	12.3%
Idaho	1,138,510	138,546	12.2%
Washington	5,143,186	617,225	12.0%
South Carolina	3,544,890	422,297	11.9%
Arkansas	2,204,443	256,665	11.6%
Alabama	3,647,277	424,013	11.6%
Delaware	692,169	79,967	11.6%
Oregon	2,964,621	339,891	11.5%
Nevada	2,035,543	233,302	11.5%
Missouri	4,563,491	521,526	11.4%
New Hampshire	1,029,236	117,554	11.4%
Arizona	4,763,003	541,120	11.4%
New Mexico	1,540,507	174,470	11.3%
Hawaii	1,056,483	116,539	11.0%
Tennessee	4,850,104	533,803	11.0%
Kansas	2,126,179	233,342	11.0%
North Dakota	522,720	56,696	10.8%
Georgia	7,196,101	778,282	10.8%
Florida	14,799,219	1,588,029	10.7%
Ohio	8,805,753	943,046	10.7%
North Carolina	7,253,848	776,683	10.7%
Iowa	2,318,362	247,587	10.7%
Colorado	3,803,587	405,244	10.7%
Nebraska	1,367,120	145,399	10.6%
Indiana	4,875,504	516,673	10.6%
Maryland	4,420,588	464,207	10.5%
Kentucky	3,315,996	348,089	10.5%

Vermont	496,508	52,090	10.5%
Pennsylvania	9,910,224	1,035,566	10.4%
Mississippi	2,211,742	230,794	10.4%
Wisconsin	4,347,494	436,630	10.0%
Minnesota	4,019,862	386,598	9.6%
Louisiana	3,415,357	326,454	9.6%
Michigan	7,539,572	719,393	9.5%
Texas	18,279,737	1,689,759	9.2%
Rhode Island	828,611	75,968	9.2%
Connecticut	2,757,082	230,542	8.4%
Illinois	9,701,453	803,964	8.3%
Utah	1,892,858	153,901	8.1%
Massachusetts	5,128,706	416,443	8.1%
New Jersey	6,726,680	475,870	7.1%
California	27,958,916	1,942,775	6.9%
D.C.	500,908	33,070	6.6%
New York	15,053,173	983,844	6.5%

Data sources: US Census Bureau Statistical Abstract 2012 Table 16, based on 010 Decennial Census

Veteran Population Model 2011

http://www.va.gov/VETDATA/docs/Demographics/New_Vetpop_Model/61VetPop11_State.xlsx