U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administered by the Federal Office of Rural Health Policy
and Bureau of Health Workforce

Rural Residency Planning and Development Program

Funding Opportunity Number: HRSA-19-088
Funding Opportunity Type: Initial: New

Catalog of Federal Domestic Assistance (CFDA) Number 93.155

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Letter of Intent Requested by: January 17, 2019

Modified on 2/13 to Extend Deadline

Application Due Date: March 25, 2019

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

Issuance Date: November 29, 2018

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Authority: Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)), as amended, and the Economy Act, 31 U.S.C. § 1535.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 Rural Residency Planning and Development (RRPD) Program. The purpose of this grant program is to develop new rural residency programs or Rural Training Tracks (RTT) in family medicine, internal medicine, and psychiatry, to support expansion of the physician workforce in rural areas. The new rural residency programs or RTTs are intended to be sustainable through separate public or private funding beyond the RRPD grant period of performance. The funds will support planning and development costs accrued while achieving program accreditation through the Accreditation Council for Graduate Medical Education (ACGME). Hospitals, medical schools and community-based ambulatory settings that have a rural designation along with consortia of urban and rural partnerships are eligible to apply for a grant award. The applicant organization must demonstrate it has the capacity to acquire accreditation and provide ongoing support for resident training, including financially, by the end of the period of performance.

Funding Opportunity Title:	Rural Residency Planning and Development Program
Funding Opportunity Number:	HRSA-19-088
Due Date for Applications:	March 25, 2019
Anticipated Total Available FY19 Funding:	$21,000,000
Estimated Number and Type of Award(s):	Approximately 28 grants
Estimated Award Amount:	Up to $750,000 (fully funded at the outset for use over the period of performance)
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2019 through July 31, 2022 (3 years)

Eligible Applicants:	Eligible applicants are: 1) rural hospitals, 2) rural community-based ambulatory patient care centers including federally qualified health centers, community mental health centers or rural health clinics, 3) health centers operated by the Indian Health service, an Indian tribe or tribal organization, or an urban Indian organization, 4) schools of allopathic medicine or osteopathic medicine, 5) public or private non-profit graduate medical education consortiums, 6) entities such as faith-based and community-based organizations, capable of carrying out the grant activities. Either the applicant or a consortium's primary training partner must be located in a rural area. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance webinar to help you understand, prepare, and submit an application for this NOFO. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions.

*Webinar*Day and Date: Monday, December 17, 2018
Time: 2 – 3.30 p.m. ET
Call-In Number: 1-888-603-7090
Participant Code: 4023556
Web link: https://hrsa.connectsolutions.com/ruralplanning_development_ta/

Playback Number: 1-800-839-2204
Passcode: 5678

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Residency Planning and Development (RRPD) Program. This program is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5), as amended, and will be administered by the Health Resources and Services Administration's (HRSA's) Federal Office for Rural Health Policy and Bureau of Health Workforce.

Program Purpose

The purpose of this grant program is to develop new rural residency programs or Rural Training Tracks (RTT) in family medicine, internal medicine, and psychiatry, to support expansion of the physician workforce in rural areas. The new rural residency programs or RTTs are intended to be sustainable through separate public or private funding beyond the RRPD grant period of performance.

Rural residency programs are allopathic and osteopathic physician residency training programs that primarily train in rural communities, place residents in rural locations for greater than 50 percent of their training, and focus on producing physicians who will practice in rural communities. A common model is the RTT, where the first year of training occurs within a larger program in an urban academic medical center and the final two years occur in a rural facility.

Program Goal

By the end of the period of performance, each awardee is required to have established a rural residency program(s) or RTT(s) that is ACGME- accredited and has a stable future financial outlook. The rural residency program or RTT should be capable of effectively training physicians to practice in and meet the clinical needs of rural populations. As such, the number of graduates entering careers in outpatient practices serving rural populations from these programs is expected to be higher than the primary care residency national average.

Program Objectives

1. Develop a newly accredited, rural family medicine, internal medicine, or psychiatry residency program or RTT based in a rural area that is sustainable after the period of performance ends. The rural residency program or RTT should be ready to begin training its first class of residents no later than the academic year immediately following the end of the RRPD period of performance.

2. Have a sustainability plan that includes ongoing funding to sustain resident training once the program has been established. For example, through:

A. Qualifying under current regulatory authority for Medicare graduate medical education (GME) payments in rural hospitals starting a new residency training program.[1] Specifically, the applicants:
    i. Either have a viable direct GME Per Resident Amount or are eligible to establish one after training residents for the first time, and
    ii. Are eligible for a viable indirect GME and direct GME resident cap adjustment;
B. Creating an RTT program in accordance with Medicare law and regulations[2]; and/or
C. State or other public and/or private support.

Please see *Section IV.2 (ii) Project Sustainability* for further details.

3. Have the ability and a structured plan to track residents' career outcomes after graduation to determine retention in rural communities. Examples of information collected may include practice location, patient population served, service time committed to the care of safety net patients, part/full-time practice status and services offered. Tracking should continue for a period of at least 5 years after the first graduating class.

In addition, programs should: 1) provide interprofessional training specific to the needs of their rural health community which may include training with behavioral health professionals, nutrition specialists and pharmacists; and 2) address other known challenges specific to rural residency programs or RTTs such as having sufficient specialty and subspecialty preceptors and ensuring residents will encounter a high enough volume of patients.

2. Background

This program is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5), as amended.

Approximately 14 percent of the population - around 46.1 million individuals - live in rural communities.[3] Residents of rural communities typically are older than their urban counterparts and generally experience higher frequency of chronic disease. Coupled with these demographic characteristics, rural Americans often have poorer health status than urban counterparts[4], likely due in part to challenges in accessing health care such as limited transportation options, geographic isolation, and lack of infrastructure. In particular, rural communities are much less likely to have the health professionals necessary to adequately care for their communities' needs. Of the nearly 2,000 rural

[1] CMS's criteria for determining if a program is new are in the August 27, 2009 Federal Register, page 43908: http://www.gpo.gov/fdsys/pkg/FR-2009-08-27/html/E9-18663.htm
[2] CMS's rules and regulations for RTT programs are available at 42 CFR 413.79(k) (https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol2/xml/CFR-2011-title42-vol2-sec413-79.xml)
[3] USDA Economic Research Service Population & Migration Overview: https://www.ers.usda.gov/topics/rural-economy-population/population-migration/.
[4] ASPE Issue Brief, https://aspe.hhs.gov/system/files/pdf/211061/RuralHospitalsDSR.pdf

counties in the United States (U.S.), 1,550 (78 percent) are primary care health professional shortage areas (HPSAs).[5]

However, higher primary care physician densities in rural areas correlate with increased quality of care and reduced rates of hospitalization for certain conditions.[6] Enrolling trainees with rural backgrounds, and training residents in rural settings, are strategies shown to successfully encourage graduates to practice in rural settings.[7] As such, increasing the opportunities for residents to train in rural communities is one approach to addressing physician shortages in rural communities.

To support potential RRPD program applicants, HRSA has funded a RRPD Technical Assistance (TA) cooperative agreement (HRSA-18-117). The primary purpose of this competitive announcement is the establishment of a rural residency planning and development TA center. The RRPD-TA awardee will identify and work with potential RRPD program applicants to share resources as well as conduct preparatory work in anticipation of supporting the RRPD awardees (see section VIII). All RRPD awardees are required to collaborate with the TA center during this period of performance and attend virtual and in-person annual meetings.

Contingent on the availability of resources, the secondary purpose of the RRPD-TA is to provide TA to other entities that a) would have been eligible for the RRPD program but did not apply, and b) were not selected for a RRPD program award.

Program Definitions

The following definitions apply to the RRPD Program for Fiscal Year 2019:

Rural – a geographical area located in a non-metropolitan county.

Note: To determine whether a geographical area is considered rural as determined by the Federal Office of Rural Health Policy (FORHP), please use the Rural Health Grants Eligibility Analyzer. It is important to note that the FORHP's definition of rural may differ from that of the Centers for Medicare & Medicaid Services (CMS). This is a particularly important distinction to understand if developing a financial sustainability plan for a rural residency program or RTT based on Medicare GME support.

CMS defines rural in accordance with Medicare regulations at 42 CFR 412.64(b)(ii)(C); that is, a rural area is an area outside of an urban Metropolitan Statistical Area. Note that this excludes hospitals that are physically located in an urban area, but reclassify to a rural area under 42 CFR 412.103. To determine if a

[5] Department of Health and Human Services, Health Resources and Services Administration Data Warehouse, February 2015.

[6] Alex McEllistrem-Evenson. Informing Rural Primary Care Workforce Policy: What Does the Evidence Tell Us?: A Review of Rural Health Research Center Literature, 2000-2010. April 2011. Available at: https://www.ruralcenter.org/resource-library/informing-rural-primary-care-workforce-policy-what-does-the-evidence-tell-us-a

[7] Rosenthal TC, McGuigan MH, Anderson G. Rural residency tracks in family practice: graduate outcomes. Fam Med. 2000;32:174 –7.

hospital is located in a county that is rural for CMS inpatient prospective payment system (IPPS) wage index purposes, refer to the FY 2019 "County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available on the FY 2019 IPPS Final Rule Homepage.

Rural Residency Programs - Rural residency programs are allopathic and osteopathic physician residency training programs that primarily train in rural communities, place residents in rural locations for greater than 50 percent of their training, and focus on producing physicians who will practice in rural communities. A common model is the RTT.

CMS New Medical Residency Training Program - CMS's criteria for determining if a program is new are in the August 27, 2009 Federal Register, page 43908: http://www.gpo.gov/fdsys/pkg/FR-2009-08-27/html/E9-18663.htm. In determining whether a program is new, CMS will consider the accrediting body's characterization of the program as new and whether the program existed previously at another hospital, as well as factors such as (but not limited to) whether there are new program directors, new teaching staff, and whether there are only new residents training in the program.

Rural Training Tracks (RTT) - RTT programs are partnerships between urban and rural clinical settings where the first year of resident training occurs within a larger program in an urban academic medical center and the final two years occur in a rural facility. For Medicare purposes, RTT programs, are separately accredited rural track programs where residents rotate at a rural hospital for more than one-half of the duration of the program. CMS's rules and regulations for RTT programs are available at 42 CFR 413.79(k) (https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol2/xml/CFR-2011-title42-vol2-sec413-79.xml).

National Provider Identifier (NPI) - The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identification number for covered health care providers. Additional information about NPIs can be found at the following site: https://nppes.cms.hhs.gov/#/.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $21,000,000 to be available to fund approximately 28 recipients. You may apply for a ceiling amount of up to $750,000 total cost (includes both direct and indirect, facilities and administrative costs) for the full period of performance. The budget period and the period of performance are a three-year co-extensive duration, from August 1, 2019 through July 31, 2022. Awards are fully funded at the outset for use over the period of performance.

Only one application will be accepted per organization. You may apply for funding to support developing multiple rural residency programs or RTTs under one award but must demonstrate in the application your ability to do so. It is anticipated that most awards will be for one rural residency program or RTT.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are: 1) rural hospitals, 2) rural community-based ambulatory patient care centers, including federally qualified health centers, community mental health centers or rural health clinics, 3) health centers operated by the Indian Health service, an Indian tribe or tribal organization, or an urban Indian organization; 4) schools of allopathic medicine or osteopathic medicine, 5) public or private non-profit graduate medical education consortiums 6) entities such as faith-based and community-based organizations, capable of carrying out the grant activities.

If the applicant's sustainability plan is to obtain Medicare graduate medical education payments, the applicant organization must be a rural hospital in accordance with Medicare regulations 42 CFR 412.64(b)(ii)(C). See *Section IV(ii) Project Sustainability* for more information on sustainability options. For more information about rural eligibility, please see Section I (2) Program Definitions.

Eligible applicants must be located in a rural location. In the case of a consortium, a school of allopathic medicine or osteopathic medicine, or other public or non-profit entity, eligible applicants must have a primary training partner (where resident training will occur primarily or exclusively) located in a rural area. For more information about rural eligibility, please see *Section I (2) Program Definitions*. Proof of rural designation of facilities and training sites must be submitted in Attachment 5. Letters of agreement for residency partnerships and consortiums must be submitted in Attachment 3.

The RRPD-TA awardee (HRSA-18-117) is not eligible to receive funding under this notice.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount
HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

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

Multiple Applications
NOTE: Multiple applications from an organization are not allowable.

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

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

IV. Application and Submission Information

1. Address to Request Application Package

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

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

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **60 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do NOT count in the page limitation. Biographical Sketches **do** count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to any of the statements in this certification, an explanation shall be included in Attachment 8: Other Relevant Documents.

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

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

i. Project Abstract

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

The Abstract must include:

1. A brief overview of the project as a whole;
2. Specific, measurable objectives that the project will accomplish; and
3. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

ii. Project Narrative

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

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

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

  You must include a brief statement of the purpose of the proposed project and clearly identify specific goals and objectives.

  This section should provide an overview of the health care and health workforce needs of the geographical area/community to be served, but should primarily focus on the needs of the facility(s) in order to develop a successful, new rural residency program or RTT.

  This section must include:

  - A description of the geographic area and demographics of the population(s) who will benefit from the proposed rural residency program or RTT. Include information on social determinants of health, health disparities, barriers to access and care, and any other unmet needs. Indicate the presence of Medically Underserved Communities (MUC) and/or HPSAs;
  - A description of the rural health care delivery system and a detailed description of what the specific needs of facility(s) are to host the rural residency program or RTT.
  - Current (within 3 years) information and data demonstrating primary care or mental health physician shortages in your service area and identify specific reasons for this shortage; and
  - A description of how the rural residency program or RTT will help address the needs of the community.
  - A description of any progress that has already been made towards developing a rural residency program or RTT.

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

  You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here: http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx). You must:
  - Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section;
  - Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section;
  - Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation;
  - Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and/or geographic diversity of the populations and communities served; and
  - If funds will be sub-awarded or expended on contracts, describe how your organization will ensure these fund distributions are properly documented.

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

  Propose methods that will be used to address the stated needs and how these will achieve identified goals and objectives. Clearly specify how the proposed methods will overcome each of the needs and any challenges and barriers identified in the 'Purpose and Need' section.

  This section must include how you will achieve:

  1) Program accreditation as per ACGME requirements. Applicants must describe:
     - Clinical capacity to meet ACGME requirements – including sufficient numbers of dedicated, supervisory faculty, adequate patient care volume, and appropriate resident training time in relevant medical specialties and subspecialties. This capacity may be achieved through work with partner organizations. In this case, letters of agreement should be provided in Attachment 3;
     - The capacity of the organization to meet the sponsoring institution requirements;
     - A plan to recruit and develop faculty, including required specialty faculty for the residency specialty, to meet ACGME requirements;

- Current organizational structures and a plan to meet ACGME requirements. This can include acquiring access to electronic health records, library services, learning management systems, etc.; and
- The planned training curriculum, including any plans to:
    - incorporate inter-professional training and development;
    - ensure a high quality educational program, leading to successful board certification of graduates and readiness for clinical practice following completion of training; and
    - address topics such as provision of culturally and linguistically-appropriate care, and addressing the health care needs (and health disparities) of the safety net and patients from rural and remote areas.

2) Recruitment of a cohort of residents by the end of the period of performance and in line with the academic year. The new rural residency program or RTT developed through the support of this grant must begin training its first class of residents no later than the academic year immediately following the end of the RRPD period of performance. Applicants must describe:
    - A plan to recruit and support a diverse cohort of high quality residents;
    - A plan to recruit and train at least the minimum number of residents required to achieve and maintain accreditation.
    - A plan to promote retention of rural residency program or RTT graduates in practice within rural communities.

3) A plan to track residents' career outcomes after graduation from the rural residency program or RTT for a period of at least 5 years. Applicants must describe a plan for tracking the career outcomes of their rural residency program or RTT graduates, including retention in primary care and practice in rural and other underserved areas and other key career outcomes (e.g., practice location, patient population served, service time committed to the care of safety net patients, part-/full-time practice status, services offered). This graduate tracking plan should be equipped with the ability to accurately collect NPI and report data relative to the practice location, specialty area, and other descriptive information about the practice characteristics of residency graduates. While developing or leveraging a previously existing graduate tracking system may be required, the actual tracking of graduate practice characteristics is not funded under this funding opportunity, as the period of performance ends prior to the expected graduation of any residents.

In addition, applicants must:

- Describe innovative approaches and include any emerging patient care or health care delivery strategies such as implementation of patient centered medical homes that would improve the quality of residency training; and
- Include any unique characteristics of the program being proposed and experiences these will provide to residents, particularly ways the proposed program would integrate interprofessional education and practice, oral health, and/or mental health and substance use disorders training and care delivery.

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

  Describe barriers and challenges to developing a rural residency program or RTT in the area of service and how your proposal will address these. Rural residency programs and RTTs face unique challenges and barriers not experienced by urban programs. Common challenges often include having sufficient community-based specialty and subspecialty preceptors willing to sponsor residents for educational/clinical rotations, or ensuring residents will encounter a high enough volume of patients as is required for accreditation.

  Discuss any additional challenges both internal and external to your organization that may directly or indirectly affect development of the program. Provide details of how these will be resolved. Also, discuss challenges and resolutions to incorporating inter-professional health care approaches and developing a diverse cohort of high quality residents.

  Applicants are encouraged to utilize the resources and support of the RRPD-TA center to address barriers and challenges during the application phase. Awardees are required to work with the RRPD-TA center to achieve the goals of the RRPD award.

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

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

  Prior to the end of the period of performance, awardees must report on the following outputs. Please provide anticipated values for these outputs in your application:

  - Number of newly established rural residency programs or RTTs;
  - Number of residents each rural residency program or RTT can support at the onset, and the longer-term goal for rural residency program or RTT size;
  - Number and type of newly established or existing clinical training sites for residents;
  - Number of faculty and staff trained to teach, support and administer the curriculum at each rural residency program or RTT site; and
  - Number and type of newly established or existing partnerships that support the rural residency program or RTT at each site.

By the end of the period of performance, awardees must also submit:

- Documentation of ACGME accreditation status and plans for future accreditation review and status maintenance; and
- Detailed professional certification, training profile, and planned time dedicated to residency supervision and training of rural residency program or RTT leadership (Program Directors/Associate and Assistant Program Directors)

and Key Clinical Faculty, in line with the current ACGME accreditation requirements for these positions.

You must describe the plan for program performance evaluation to meet these requirements. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. (In Attachment 2, you must submit a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form). You must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

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

Applicants must propose a plan for rural residency program or RTT sustainability beyond the RRPD period of performance covered by this funding opportunity. Awardees will be expected to arrange for a sustainable funding mechanism to support the costs of training new residents following the development of an accredited rural residency program or RTT. Health care sites sponsoring new rural residency programs or RTTs through this grant program must additionally have a strong, long-term outlook in regard to their financial stability. The application must speak at least broadly to this institutional financial outlook.

You must clearly describe a plan for supporting the costs of your rural residency program or RTT, any foreseeable challenges and barriers to your proposed sustainability plan, and how you will address these challenge and barriers. Several options that residency programs and RTTs currently employ for ongoing funding are delineated below. You must include all required documentation, as described below, to demonstrate the feasibility of your sustainability plan.

To propose any option that relies on Medicare GME payments (Options 1, 2, or 3), you must be a rural hospital in accordance with CMS's definition of "rural" and plan to train residents in a program that is new for Medicare payment purposes. Medicare does not allow costs borne by non-hospital entities (medical schools, clinics, and grants, local governments) to then be shifted to a hospital that, in turn, would seek to receive reimbursement from Medicare for those costs originally not supported by Medicare. For example, if a medical school receives a grant, the medical school cannot pass the cost of resident training onto the hospital, with the hospital then claiming those costs on the Medicare cost report. However, Medicare does provide that if a grant goes directly to a hospital, it is considered hospital costs, and there is no concern of replacing community support. Therefore, to ensure applicants are able to receive Medicare GME payments, only rural hospitals are eligible if proposing Medicare GME payments for a new residency training program as their sustainability plan. For more information about rural and

new medical residency training program eligibility, please see Section I (2) Program Definitions.

For Options 1, 2, and 3, you must provide documentation in Attachment 5 that the area in which the hospital is physically located is considered a rural hospital in accordance with CMS's definition of "rural" for the purposes of the IPPS wage index. To determine if a hospital is located in a county that is rural for CMS IPPS wage index purposes, refer to the FY 2019 "County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File" that is available on the FY 2019 IPPS Final Rule Homepage.[8] It is important to note that for hospitals that have been reclassified as rural, they are rural for indirect medical education (IME) but not direct graduate medical education (DGME).

Option 1: Establishing a Medicare Resident FTE Cap. Medicare provides payments to hospitals to support the IME and DGME costs of residency training programs. Both IME and DGME payments are calculated based in part on the number of full time equivalent (FTE) residents a hospital trains. The Balanced Budget Act (BBA) of 1997 established a limit on the number of allopathic and osteopathic FTE residents for which each hospital can receive IME and DGME payment. This limitation, one for IME and one for DGME, is based on the number of such FTE residents the hospital trained in its most recent cost report ending on or before December 31, 1996. It is referred to as the "1996 Base Year Resident Cap." Hospitals that have not established a Medicare resident FTE cap, may establish caps by training residents in a new allopathic or osteopathic residency training program(s).

In addition, applicants should consider that the DGME payment is based in part on a hospital-specific Per Resident Amount (PRA). Establishment of a hospital's PRA is triggered when the hospital trains a resident or residents in an approved GME program for the first time, regardless of whether those residents are part of a new approved program or an existing approved program, regardless of whether or not the hospital is the sponsor of the approved program, and regardless of whether or not the hospital incurs costs for the resident(s). **This option is focused on supporting new residency programs associated with rural hospitals that have not yet triggered their PRA and do not yet have FTE resident caps set.** To demonstrate that the PRA has not yet been triggered, rural hospitals must demonstrate that no prior residency training has taken place in their hospital.

No Prior Training: If planning to establish a new Medicare resident FTE cap at your hospital, you must provide a letter from the hospital's Chief Executive Officer or other responsible leadership stating that the hospital has not hosted pre-planned and scheduled residency training in past cost reporting periods that have been settled, but are still within the 3-year reopening period, and that the hospital does not have a previously set Medicare resident FTE caps. Applicants should be able to determine that no previous caps have been set and no prior residents have been

[8] For other facilities not seeking Medicare GME funding, more information about the definition of rural for the eligibility of this grant can be found at: ftp://ftp.hrsa.gov/ruralhealth/Eligibility2005.pdf. To determine if a specific geographical area is considered rural according to HRSA's definition, go to http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx)

trained through a careful examination of past cost reports since 1996. This information should be included in Attachment 6.

An online Rural GME Analyzer tool examining publicly available CMS cost reports for prior resident training is available. This tool is provided as a starting point for potential applicants. Applicants should review their own CMS cost reports from 1996 and onward.

Option 2: Rural Hospital "New" Residency Program. Rural hospitals that already have IME and DGME FTE resident caps from a previous accredited program may also receive an increase to their resident caps any time they participate in training allopathic or osteopathic residents in new programs. A rural hospital may be eligible to receive an increase in their resident cap if they start a new medical residency training program in a specialty that has not previously trained in the rural hospital. For example, a rural hospital with an established Family Medicine residency program may be eligible for an increase in their resident cap if they start training residents in a new psychiatry program.

CMS defines a new medical residency program as "a medical residency that receives initial accreditation by the appropriate accrediting body or begins training residents on or after January 1, 1995." In evaluating whether a program is truly new, CMS will consider whether the program existed previously at another hospital and other supporting factors such as whether there are new program directors, new teaching staff, and whether there are new program year one residents training in the program without previous training experience in the residency program specialty. (CMS's criteria for determining if a program is new are in the August 27, 2009 Federal Register, page 43908: http://www.gpo.gov/fdsys/pkg/FR-2009-08-27/html/E9-18663.htm.) No cap increases are provided when a rural hospital expands the number of FTE residents it is training in an existing program or if an existing residency program is transferred to a new training site.

Option 3: Rural Training Tracks. There exists some flexibility for urban hospitals to expand their existing Medicare resident FTE caps through the creation of a separately accredited RTT, as specified in the 1999 Balanced Budget Refinement Act. Under this flexibility, urban hospitals may expand their FTE Resident Cap to accommodate additional residents designated to train in an RTT. Rural hospitals are not eligible for this cap expansion and are only able to receive additional FTE resident cap slots if the RTT is a brand new program in their hospital as described in Options 1 and 2, above.

Rural hospitals looking to apply as a new RTT site must include letters of agreement in Attachment 7 from the hospitals with whom they will partner in establishing their proposed RTT.[9] Urban hospitals with existing or previous RTT programs in a

[9] Section (k) of 42 CFR, §413.79 indicates that urban hospitals may expand their FTE residency cap to accommodate their rural training tracks. Residents training in rural track programs: Subject to the provisions of 413.81, an urban hospital that establishes a new residency program, or has an existing residency program with rural track (or an integrated rural track) may include in its FTE count residents in those rural tracks, in addition to the residents subject to its FTE cap specified under paragraph (c) of this section. An urban hospital with a rural track

specialty will not qualify for expanded Medicare resident FTE caps when starting a new RTT in the same residency specialty. Therefore, if you pursue this option, you must provide documentation in Attachment 7 from the current accrediting body of any previously existing or current physician residency training programs indicating that the urban hospital did not or does not have an RTT in the specialty proposed in the project narrative. More information on RTTs is available at: https://rttcollaborative.net/rural-programs.

Option 4: Other public or private funding. Rural residency programs or RTTs may be supported by funds from sources other than Medicare. Examples include funding from the Department of Veterans Affairs, Indian Health Service, Medicaid, state, or other public and private funding. Eligible applicants for Option 4 include schools of allopathic medicine or osteopathic medicine and community-based ambulatory settings, in addition to hospitals. If you propose this option, you must clearly describe the funding mechanism; application process (competitive vs. noncompetitive), how your program qualifies for the funding; the anticipated award date and the expected duration and availability of the funding. If you propose private funding for ongoing support of your residency program, you must provide a letter of agreement from the funder in Attachment 7.

Sustainability Options and Required Documents			
		Required Document	
	Eligible Entities	**Attachment 6**	**Attachment 7**
Option 1: Rural Hospital Establishing New Medicare Resident FTE Cap	Rural Hospital	Letter from the Hospital CEO stating: a) the hospital has not hosted pre-planned and scheduled residents training in past cost reports that are settled but within the 3-year reopening periods; and b) the hospital does not have previously set Medicare resident FTE caps or previously triggered DGME PRA	
Option 2: Rural Hospital "New" Residency Program	Rural Hospital		

residency program may count residents in those rural tracks up to rural track FTE limitation if the hospital complies with the conditions specified in paragraphs (k) (2) through (k) (7) of this section.

Option 3: Rural Training Track	Rural Hospital	Letter from the Hospital CEO stating: a) the hospital has not hosted pre-planned and scheduled residents training in past cost reports that are settled but within the 3-year reopening periods; and b) the hospital does not have a previously set Medicare resident cap	Documentation of geographically rural location for CMS purposes; and documentation of no previous or existing RTT in the planned specialty of your RTT program
Option 4: Other Public or Private Funding	Rural Hospital, rural community-based ambulatory patient care center, school of allopathic medicine or osteopathic medicine, or a public or private non-profit entity capable of carrying out the grant activities		Letters of agreement from public or private funding sources

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

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. (A project organizational chart is requested in Section IV.2.v, Attachment 4.) Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

The staffing plan and job descriptions for key faculty/staff must be included in Attachment 2 (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form that can be accessed in the Application Package under

"Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs

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

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

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

iii. Budget

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

Applicants may use funds to:

a) Achieve accreditation. This funding will support planning and development costs of establishing new rural residency programs or RTTs at eligible facilities that demonstrate specific needs for family medicine, internal medicine, and psychiatry physicians. Rural residency programs or RTTs supported by this funding announcement must obtain ACGME accreditation prior to the end of the RRPD period of performance and will be required to submit the appropriate Program Information Form (PIF)[10] before the start of the third year of the award. Planning and development costs might include curriculum development, building faculty and staff capacity through recruitment and training, and other costs directly associated with achieving program accreditation and sustainability.

[10] For more information about ACGME and to see examples of PIF documentation for Family Medicine and Internal Medicine Residencies, please visit: http://www.acgme.org/acgmeweb/

b) Recruit residents. Funds may be used to support costs associated with the recruitment of new residents. Applicants are encouraged to recruit and support a diverse cohort of high quality residents. As such, funds may be used to promote the rural residency program or RTT to medical students and/or to establish pipeline activities that encourage local youth to ultimately train in the applicant's program.

c) Develop a graduate tracking plan as described above.

d) Support annual travel for the project director to attend a RRPD awardee meeting to be held over 2 days.

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

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

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

Upload the Budget Justification Narrative for the entire period of performance. Although there is only one budget period, applicants must submit individual budget justifications for each 12-month increment of activity. This yearly breakdown must be included in the budget justification only. The budget form must reflect a single budget period of three years. The budget narrative should match the SF424 line item forms and provide details of the allocation of the RRPD grant funds.

Be very careful about showing how each item in the "other" category is justified.

If your plan includes hiring new personnel, awarding contracts, or making sub-awards, then you must take into account the processes and time needed to put these parts of your plan in place. Awarded applicants shall work to ensure that new hires are on-board within three months of the planned start date. Additionally, failure to execute any sub-awards or contracts in a timely manner, as noted in the work plan, may lead to administrative action, up to cancellation of the award.

Thoroughly cover your requested amounts, but be concise. Do NOT use the budget justification narrative to expand the project narrative.

In addition, the RRPD Program requires the following:

Travel: Include annual travel support for the project director to attend an awardee meeting to be held over 2 days. Include this for each year of the project.

Planning and Development Costs: Provide details of planning and development costs that might support the new rural residency program or RTT, curriculum development and building faculty and staff capacity through trainings. Allowable expenses include salaries for staff members such as program directors and other faculty involved in resident training. Achieving program accreditation and other associated costs accrued, including travel to partnering sites of practice should be included.

Resident Recruitment Costs: Provide any costs associated with recruitment of residents to ensure training can begin at or before the end of the period of performance. The new rural residency program or RTT developed through the support of this grant must begin training its first class of residents no later than the academic year immediately following the RRPD period of performance end date. Costs for resident recruitment may include advertising, travel reimbursement, or staff time dedicated to recruitment.

Graduate Resident Tracking Plan Development Costs: Once residents graduate from the program, your organization should be able to track them for a period of at least 5 years to determine employment details (e.g., fellowship, primary care, hospitalist), location of employment and whether/how long they remained in rural service (see prior guidance above). Include any costs associated with developing processes to do this.

Consultant Services: If you are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.

vi. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

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

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. **Letters of agreement related to the options in Section IV.2.(ii) Project Sustainability should be included in Attachment 7**.

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of *the project (not the applicant organization)*.

Attachment 5: Rural Designation Eligibility.

As outlined in Section III.1, provide proof of rural designation of the service area using the following information. For information about rural designation, please refer to "rural" in Program Definitions.

Attachment 6: Documentation of No Prior Training

Applicants must provide a letter from the eligible facility's Chief Executive Officer or other responsible leadership stating that the facility has not hosted pre-planned and scheduled residency training in past cost reporting periods that have been settled, but are still within the 3-year reopening period, and that the facility does not have Medicare resident caps set. Letters must indicate that you have done a careful review for any residency training occurring in the hospital as well as of past Medicare cost reports since 1996.

Attachment 7: Program Sustainability Documents

Please include any additional documentation to support your sustainability plan, including documentation of no previous or existing RTT in the planned specialty of your RTT program and/or letters of agreement (as they relate to Section IV.2 (ii) Project Sustainability) for other public or private funding.

Note: Letters of agreement for non-sustainability related partnerships (e.g. rotations, staff capacity) should be included in Attachment 3.

Attachment 8: Other Relevant Documents

Include here any other document that is relevant to the application.

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

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

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

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *March 25, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

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

5. Intergovernmental Review

The RRPD program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the HHS Grants Policy Statement.

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

6. Funding Restrictions

You may request funding for a co-extensive duration of the budget period and period of performance of up to 3 years, at no more than $750,000 (inclusive of direct **and** indirect costs).

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

You cannot use funds under this notice for ongoing support for resident training, i.e., as a sustainability plan option.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

7. Other Submission Requirements

Letter of Intent to Apply
The letter should identify your organization and its intent to apply, and briefly describe the proposal. HRSA will ***not*** acknowledge receipt of letters of intent.

This letter should be sent via email by *January 17, 2019,* to:

HRSA Digital Services Operation (DSO)
Please use HRSA opportunity number as email subject (HRSA-19-088)
HRSADSO@hrsa.gov

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The RRPD program has five review criteria:

Criterion 1: PURPOSE AND NEED (10 points) – Corresponds to Section IV's Purpose and Need

The extent to which you:

- Demonstrate a significant primary care workforce need and are likely to address this need through the proposed rural residency program or RTT; and
- Serve a high need rural population and are likely to improve health for the population served.

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

Criterion 2 (a): WORK PLAN (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan

The extent to which the proposed work plan will support the establishment of a successful rural residency program or RTT to start training no later than the academic year following the final year of the project, including the following:

- Describes in detail the appropriate activities or steps needed to establish a successful rural residency program or RTT;
- Provides a clear, coherent work plan to achieve the proposed project's goals and objectives;
- Proposes a feasible timeline for achieving the necessary steps to establish an accredited program by the end of the period of performance;
- Identifies key faculty and/or staff member responsible for each activity or step in the work plan; and
- Identifies and provide letters of agreement for the key partnerships involved with each activity or step in the work plan.

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

The quality and extent to which you describe:

- Activities that will achieve and meet program goals and objectives;
- Activities that are likely to achieve accreditation as per ACGME requirements and be successful in establishing a new rural residency program or RTT, specifically in regard to:
    - Clinical capacity to meet ACGME requirements;
    - Capacity of the organization to meet the sponsoring institution requirements;
    - Recruiting and developing faculty, including required specialty faculty for the residency specialty, to meet ACGME requirements;
    - Developing program structure needed to meet ACGME requirements, including acquiring access to electronic health records, library services, learning management systems, etc.; and,
    - A curriculum that incorporates:
        - inter-professional training and development;
        - a high quality educational program, likely to lead to successful board certification of graduates and readiness for clinical practice upon completion of training; and
        - topics such as provision of culturally and linguistically-appropriate care, addressing the health care needs (and health disparities) of the safety net and patients from rural and remote areas, and inter-professional training and development.

- A recruitment plan with strategies likely to attract a diverse cohort of high quality residents prepared to serve in rural communities; and
- A feasible development plan for graduate resident tracking that will track the future practice locations of residents after graduation as specified earlier in this announcement.

In addition, reviewers will assess the degree to which you:

- Propose innovative approaches and includes any emerging patient care or health care delivery strategies that will provide high quality residency training;
- Propose an educational program likely to lead to successful board certification of graduates and readiness for clinical practice upon completion of training;
- Propose to integrate inter-professional education and practice into the rural residency program or RTT; and
- Address rural population health needs, particularly among the health care safety net.

Criterion 2 (c): RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges

The extent to which you demonstrate an understanding for the challenges of starting a rural residency program or RTT and propose reasonable strategies to address these challenges. The extent to which you discuss any additional challenges both internal and external to your organization that may directly or indirectly affect the development of the program and provide details of how these will be resolved.

Criterion 3: IMPACT (35 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

The quality and extent to which you:

- Demonstrate the ability to effectively report on the measurable outcomes requested in achieving program goals. This includes both HRSA's required performance measures as well as their internal performance evaluation dedicated to achieving rural residency program or RTT accreditation, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a)
- Include a plan for continuous quality improvement to assess the program's performance, including rapid-cycle quality improvement strategies;
- Report on specific criteria including:
    - Number of newly established rural residency programs or RTTs;
    - Number of residents each rural residency program or RTT can support at the onset, and the longer-term goal for rural residency program or RTT size;
    - Number and type of newly established or existing clinical training sites for residents;

    - Number of faculty and staff trained to teach, support and administer the curriculum at each rural residency program or RTT site; and
    - Number and type of newly established or existing partnerships that support the rural residency program or RTT at each site.
- Demonstrate adequate technical support capacity to conduct evaluation processes.

Criterion 3 (b): PROJECT SUSTAINIBILITY (25 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

The extent to which you describe a solid plan for rural residency program or RTT sustainability after the period of federal funding ends and include supporting documentation in **Attachments 6 and 7**. You must clearly describe a plan for supporting the costs of the rural residency program or RTT that mirrors one of the three options described in the project sustainability discussion within *Section IV.2.ii*. Additionally, institutional and training sponsors should have a stable future financial outlook, and speak to this in their application.

If you select Option 1 or 2, then reviewers will consider the quality and extent to which you describe your strategy to qualify for Medicare IME and DGME payments. Reviewers will specifically determine the viability and sustainability of the proposed strategy.

If you select Option 3, reviewers will consider the quality and extent of your strategy to develop a new RTT. Reviewers will consider the degree to which you describe how the non-rural partner hospital will be able to expand their existing Medicare resident FTE caps to account for the creation of a separately accredited RTT. Reviewers will also consider the strength of letters of agreement for applicants wishing to develop new RTT sites from urban or rural hospitals with whom they will partner in establishing their proposed RTT and consider the adequacy of the letter from the hospital's Chief Executive Officer or other responsible leadership that confirms that the hospital has not hosted pre-planned and scheduled residency training in past cost reporting periods that have been settled, but are still within the 3-year reopening period, and that the hospital does not have a Medicare resident cap set.

If you select Option 4, reviewers will consider the quality and extent to which you demonstrate, through letters of agreement, that the proposed program would be supported from sources other than Medicare such as Medicaid, state, or other public or private funding. Reviewers will consider the degree to which you explain the funding mechanism(s) and how the proposed program qualifies for the funding. Reviewers will also consider whether the proposed funding source would sufficiently sustain a rural residency program or RTT.

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

The extent to which you:

- Provide information on your organization's current mission and structure and scope of current activities;
- Provide an organizational chart in **Attachment 4** and describe how the organizational structure and resources contribute to your ability to conduct the program requirements and meet program expectations;
- Provide biographical sketches for the program lead director, coordinator, and other key personnel in **Attachment 2** and demonstrate the adequacy and expertise of the staff to implement the proposed work plan; and
- Provide a staffing plan in **Attachment 2** including short paragraphs on each key faculty or staff member identified in the work plan, with a brief description of staffs' relevant background and qualifications, role and responsibilities, and percentage of time they will dedicate to the program, and the extent to which the staffing plan is sufficient to achieve the goals of the project.

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

The extent to which:

- The proposed budget is reasonable for each year of the period of performance in relation to the objectives, the complexity of the project activities, and the anticipated results;
- Costs as outlined in the budget and required resources sections are reasonable given the scope of work;
- Key personnel, particularly the Project Director, have adequate effort devoted to the project to achieve project objectives; and
- The budget justification is reasonable and describes anticipated program costs, including planning and development costs, resident recruitment costs, graduate resident tracking, consultant services, sub-awardees, and data collection.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

HRSA will not make an award under this NOFO to the recipient of the Rural Residency TA and Development Program cooperative agreement award.

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

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

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's *SF-424 Application Guide* .

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

3. Reporting

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

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

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

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

   Further information will be provided in the award notice.

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

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

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

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

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information:
  - Project overview.
  - Project impact.
  - Prospects for continuing the project and/or replicating this project elsewhere.
  - Individual level demographic information and National Provider Identification (NPI) numbers for residents recruited during the grant period.
  - Publications produced through this grant activity.
  - Changes to the objectives from the initially approved grant.

Further information will be provided in the award notice.

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

5) **Program Information Form**. The Program Information Form is required for accreditation by the ACGME and must be submitted to HRSA prior to the start of year 3 of the period of performance.

VII. Agency Contacts

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

Brad Barney
Grants Management Officer
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6916
Email: bbarney@hrsa.gov

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

Tracey Smith, MSc, MPH
Public Health Analyst, Division of Medicine & Dentistry
Attn: Rural Residency Planning and Development Program
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 15N130C
Rockville, MD 20857
Telephone: (301) 443-3612
Email: tsmith @hrsa.gov

Or

Jemima Drake, MPH, RN
Health Insurance Specialist, FORHP
Attn: Rural Residency Planning and Development Program
Federal Office of Rural Health Policy, HRSA
5600 Fishers Lane, 17W17B
Rockville, MD 20857
Telephone: (301) 443-4499
Email: jdrake@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

For residency program development and GME-specific questions, please contact the Rural Residency Planning and Development Technical Assistance Center (RRPD-TAC) at:
Email: info@ruralgme.org

HRSA has scheduled the following technical assistance webinar to help you understand, prepare, and submit an application for this NOFO. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions.

Webinar
Day and Date: Monday, December 17, 2018
Time: 2 – 3.30 p.m. ET
Call-In Number: 1-888-603-7090
Participant Code: 4023556
Web link: https://hrsa.connectsolutions.com/ruralplanning_development_ta/

Playback Number: 1-800-839-2204
Passcode: 5678

IX. Tips for Writing a Strong Application

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

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

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