# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES


Federal Office of Rural Health Policy

***Rural Communities Opioid Response Program-Implementation***

**Funding Opportunity Number:** HRSA-19-082
**Funding Opportunity Type:** New
**Catalog of Federal Domestic Assistance (CFDA) Number:** 93.912

## NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

## Application Due Date: May 6, 2019

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

**Issuance Date: March 6, 2019**

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

# EXECUTIVE SUMMARY

The Rural Communities Opioid Response Program (RCORP) is a multi-year opioid-focused initiative by the Health Resources and Services Administration (HRSA) aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural communities at the highest risk for SUD. HRSA is accepting applications for fiscal year (FY) 2019 RCORP-Implementation. RCORP-Implementation will advance RCORP's overall goal by strengthening and expanding SUD/OUD prevention, treatment, and recovery service delivery in high-risk rural communities.

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|---|---|
| Funding Opportunity Title: | Rural Communities Opioid Response Program–Implementation (RCORP-Implementation) |
| Funding Opportunity Number: | HRSA-19-082 |
| Due Date for Applications: | May 6, 2019 |
| Anticipated Total Annual Available FY 2019 Funding: | Approximately $75,000,000 |
| Estimated Number and Type of Awards: | Approximately 75 grants |
| Estimated Award Amount: | Up to $1,000,000 for the period of performance, subject to the availability of appropriated funds. |
| Cost Sharing/Match Required: | No |
| Period of Performance: | September 1, 2019 through August 31, 2022 (3 years) |
| Eligible Applicants: | All domestic public and private entities, nonprofit and for-profit, are eligible to apply. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.<br><br>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 http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

## Technical Assistance

HRSA has scheduled the following technical assistance:

*Webinar*

Day and Date: Wednesday, March 27, 2019
Time: 11:30 -1 p.m. ET
Call-In Number: 1-888-566-7680
Participant Code: 5808487
Weblink: https://hrsaseminar.adobeconnect.com/rcorp-implementation/
Playback Number: 1-800-839-4845
Passcode: 4321

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# I. Program Funding Opportunity Description

## 1. Purpose

The Rural Communities Opioid Response Program (RCORP) is a multi-year opioid-focused initiative by the Health Resources and Services Administration (HRSA) aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural communities at the highest risk for SUD. This notice announces the opportunity to apply for funding under the RCORP-Implementation. RCORP-Implementation will advance RCORP's overall goal by strengthening and expanding SUD/OUD prevention, treatment, and recovery service delivery in high-risk rural communities. By expanding the options for SUD/OUD services across the care spectrum, RCORP-Implementation will help rural residents access treatment and move towards recovery.

In 2017, the U.S. Department of Health and Human Services (HHS) initiated a comprehensive effort to empower local communities to combat the opioid crisis through a Five-Point Strategy. In alignment with the HHS Five-Point Strategy, and as part of RCORP, RCORP-Implementation award recipients will implement robust, evidence-based interventions and promising practice models to expand access to, and strengthen the quality of, SUD/OUD prevention, treatment, and recovery services in high-risk rural communities. (See **Appendix B** for resources to identify appropriate models)

You are required to align your application with the following RCORP-Implementation focus areas:

- **Prevention**: Reducing the occurrence and associated risk of OUD among new and at-risk users (including polysubstance users), as well as fatal opioid-related overdoses, and promoting infectious disease detection through activities such as community and provider education, harm reduction strategies, and referral to treatment and recovery support services.

- **Treatment**: Implementing or expanding access to evidence-based practices, including medication-assisted treatment (MAT) with psychosocial intervention, and eliminating or reducing treatment costs for uninsured and underinsured patients.

- **Recovery:** Implementing or expanding access to recovery and treatment options that help people battling OUD (including those with polysubstance disorders) start and stay in recovery, including ensuring access to support services such as, but not limited to, transportation, housing, peer recovery, case management, employment assistance, and child care.

HRSA envisions that award recipients will sustain programs beyond the three-year period of performance. In particular, it is expected that RCORP-Implementation award recipients will:

- Leverage other available opioid resources at the federal, state and local levels to maximize program impact;
- Expand the ability of providers to bill for treatment services;

- Monitor and evaluate the impact and outcomes of SUD/OUD prevention, treatment, and recovery activities; and
- Develop a long-term strategy to achieve financial and operational sustainability absent federal funding and address the future needs of the community.

In FY 2019, HRSA will provide support for additional programs to improve access to prevention, treatment, and recovery support services in rural communities, including additional RCORP-Planning grants and National Health Service Corps (NHSC) Loan Repayment Program (LRP) awards. For additional information on the NHSC LRP and sites, see **Appendix A**. For a list of current NHSC-approved sites, visit HRSA's Health Workforce Connector. Please visit the NHSC website to learn how to become an NHSC site.

## 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.

In 2017, HHS declared the opioid crisis a nationwide public health emergency. Drug overdoses are currently the leading cause of unintentional injury death in the United States.[1] The opioid epidemic has also led to an increase in people who inject drugs (PWID), which in turn has increased the risk of transmission of viruses such as human immunodeficiency virus (HIV) and hepatitis B and C viruses (HBV and HCV) through shared equipment.[2] Rural communities are particularly vulnerable to outbreaks of HIV and HCV among uninfected PWID.[3]

Rural communities face a number of challenges gaining access to health care, including SUD/OUD prevention, treatment, and recovery services. There is often limited SUD/OUD treatment infrastructure for several reasons, including low patient volume; reimbursement issues that vary from state to state; high fixed costs; lack of specialized health services; health workforce shortages; and potentially greater stigma related to SUD due to living in smaller communities. Research shows that rural opioid users are more likely than their urban counterparts to have socioeconomic vulnerabilities including low income, limited educational attainment, poor health status, and lack of health insurance.[4] Furthermore, more than half of rural counties nationally lack a provider with a waiver to prescribe buprenorphine, which may limit access to treatment in rural areas.[5]

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[1] Centers for Disease Control and Prevention, "CDC Reports Rising Rates of Drug Overdose Deaths in Rural Areas," October 19, 2017, https://www.cdc.gov/media/releases/2017/p1019-rural-overdose- deaths.html.
[2] Van Handel MM et al, "County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States," J Acquir Immune Defic Syndr (2016): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479631/; *See also* Centers for Disease Control and Prevention, "Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs," March 2018, https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-guide.pdf.
[3] Van Handel MM et al, "County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States," J Acquir Immune Defic Syndr (2016): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479631/; *See also* Centers for Disease Control and Prevention, "Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs," March 2018, https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-guide.pdf.
[4] Lenardson, Jennifer et al, "Rural Opioid Abuse: Prevalence and User Characteristics," Maine Rural Health Research Center, February 2016, http://muskie.usm.maine.edu/Publications/rural/Rural-Opioid- Abuse.pdf
[5] Andrilla et al (2018), "Geographic Distribution of Providers With a DEA Waiver to Prescribe Buprenorphine for the Treatment of Opioid Use Disorder: A 5-Year Update," Journal of Rural Health, https://onlinelibrary.wiley.com/doi/epdf/10.1111/jrh.12307

HRSA administers grant programs designed to build health care capacity, improve quality and stability, and enhance and coordinate rural health initiatives through strategic partnerships with states, tribes, and communities. HRSA also analyzes the effects of current policies and proposed statutory, regulatory, and administrative changes on rural communities. This expertise in working directly with rural communities and diverse and medically underserved population groups, including people living with HIV/AIDS, children, and pregnant women, uniquely positions the agency to have a significant impact on the nation's opioid epidemic. HRSA is investing in programs and activities targeting SUD/OUD and encourages applicants and award recipients to leverage these opportunities. For more information on additional HRSA and federal resources, see **Appendix B.**

## 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 anticipates spending approximately $75,000,000 in FY 2019 to fund approximately 75 awards. The period of performance is September 1, 2019 through August 31, 2022. **Recipients will receive the full amount of the award in the first year of the three-year period of performance.** You may apply for a ceiling amount of up to $1,000,000 total cost to cover three years (includes both direct and indirect, facilities and administrative costs).

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

***Applicant Organization Specifications:***
Eligible applicants include all domestic public or private, non-profit or for-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations and should serve rural communities at the highest risk for SUD. All activities supported by RCORP-Implementation must exclusively target populations residing in HRSA-designated rural counties or rural census tracts in urban counties (as defined by the Rural Health Grants Eligibility Analyzer).

The applicant organization may be located in an urban or rural area and should have the staffing and infrastructure necessary to oversee program activities, serve as the fiscal agent for the award, and ensure that local control for the award is vested in the targeted rural communities.

***Consortium Specifications:***
The applicant organization must be part of a consortium that has had experience working together. For the purposes of RCORP-Implementation, **a consortium is an organizational arrangement among four or more separately owned domestic public or private entities, including the applicant organization, with established working relationships**. The consortium may also add new members that have committed to the proposed approach.

While consortium members may be located in urban or rural areas, at least two consortium members involved in the proposed project must be located in HRSA-designated rural counties or rural census tracts in urban counties. To ascertain whether a particular county or census tract is rural, please refer to the Rural Health Grants Eligibility Analyzer. **HRSA will not review applications that fail to include at least two rural entities and will consider these applications non-responsive.**

At least four consortium members must sign a letter of commitment (**Attachment 4**) that delineates the expertise, roles, responsibilities, and commitments of each consortium member.

The applicant organization, along with each consortium member that will receive any of the awarded funds, must have separate and different Employer Identification Numbers (EINs). For more information on potential consortium member or partner organizations, please see **Appendix C**.

**Tribal exception:** HRSA is aware that tribes and tribal governments may have an established infrastructure without separation of services recognized by filing for EINs. In case of tribes and tribal governments, only a single EIN located in a HRSA designated rural area is necessary for eligibility. Tribes and tribal entities under the same tribal governance must still meet the consortium criteria of four or more entities committed to the proposed approach, as evidenced by a signed letter of commitment that delineates the expertise, roles, responsibilities, and commitments of each consortium member.

### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

### 3. Other

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

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.

NOTE: Multiple applications from an organization are not allowable.

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

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this NOFO following the directions provided at how to apply for grants section at Grants.gov.

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

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

**Application Page Limit**
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit.

**We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

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

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachment 9: Other Relevant Documents.**

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

**Program-Specific Instructions**

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

**Core Activities**

In support of RCORP's goal, and in alignment with the HHS Five-Point Strategy, over the course of the three-year period of performance, recipients are required to address all **core activities** described below within each of RCORP-Implementation's three focus areas—prevention, treatment, and recovery. All activities funded by this award must exclusively occur in HRSA-designated rural service area(s), as defined by the Rural Health Grants Eligibility Analyzer. Additionally, all services covered by a reimbursement plan should be billed and every reasonable effort should be made to obtain payment. At the same time, no individual will be denied services because of an inability to pay.

**Prevention Core Activities:**

1. Develop, implement, and assess intervention models that leverage opioid overdose reversal and increased naloxone availability as a bridge to treatment and ensure that rural communities have sufficient access to naloxone.

2. Provide and assess the impact of culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based treatments and prevention strategies for SUD/OUD and to eliminate stigma associated with the disease.

3. Provide training and other professional development opportunities to increase the number of providers, including physicians, behavioral health providers, advanced practice nurses, pharmacists, and other health and social service professionals, who are able to identify and treat SUD/OUD.

4. Increase the number of providers who regularly use a Prescription Drug Monitoring Program (including prescribers and pharmacists).

5. Identify and screen individuals who are at risk of SUD/OUD and make available prevention, harm reduction, early intervention services, referral to treatment and other supportive services to minimize the potential for the development of SUD/OUD.

6. Track, screen, prevent, and refer to treatment patients with SUD/OUD who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among PWID.

**Treatment Core Activities:**

1. Increase the number of providers, including physicians, nurse practitioners, clinical nurse specialists, certified nurse-midwives, certified registered nurse anesthetists, and physician assistants who are trained, certified, and willing to provide MAT, including by providing opportunities for existing rural providers to obtain DATA 2000 Drug Enforcement Agency waivers.

2. Increase the number of support staff with the training and education to provide activities and services to complement MAT.

3. Recruit and retain rural SUD/OUD providers by providing workforce development opportunities and recruitment incentives through mechanisms such as, but not limited to, the NHSC.

4. Reduce barriers to treatment, including by supporting integrated treatment and recovery, including integration with behavioral health, dentistry, and social services, and, as appropriate, providing support to pregnant women, children, and at-risk populations using approaches to minimize stigma and other barriers to care.

5. Train providers, administrative staff, and other relevant stakeholders to maximize reimbursement for treatment encounters through proper coding and billing across insurance types to ensure financial sustainability of services.

6. Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/OUD.

**Recovery Core Activities:**

1. Enable individuals, families, and caregivers to find, access, and navigate evidence-based and/or best practices for affordable treatment and recovery support services for SUD/OUD, including home and community-based services and social supports such as transportation, housing, child care, legal aid, employment assistance and case management.

2. Develop recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.

3. Enhance discharge coordination for people leaving inpatient treatment facilities and/or the criminal justice system who require linkages to home and community-based services and social supports. These services and organizations may include case management, housing, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, and sober/transitional living facilities.

**Additional Activities**

If additional capacity exists, award recipients may use funding to implement other activities that strengthen the consortium's ability to deliver preventive, treatment, and/or recovery services for SUD/OUD across multi-county or state rural service areas. **Appendix B** includes resources you can use to identify additional activities. In addition, please find examples of allowable additional activities in the section below:

**Additional Prevention Activities**

1. Implement year-round drug take-back programs.

2. Increase and support the use of school- and community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances.

3. Implement or expand access to evidence-based and/or promising practices that enhance better pain management through implementing opioid prescribing guidelines and other evidence-based methods of pain management.

4. Encourage the use of multidisciplinary team models for the management of pain.

5. Engage community and faith-based organizations to use evidence-based messages on prevention, treatment, and recovery.

6. Support providers to serve as on-hand consultants for their colleagues in topics essential to quality integrated SUD, mental health, and OUD treatment services (e.g., diagnosing co-occurring mental health conditions, providing MAT, patient engagement, care coordination, hepatitis virus treatment).

**Additional Treatment Activities:**

1. Advance telehealth direct care and consultation approaches to MAT. Note that the Drug Enforcement Agency (DEA) has issued a clarification of current law allowing the prescribing of MAT via telehealth under certain circumstances.

2. Enable family-centered treatment that endeavors to keep families and caregivers together in their homes and communities, including utilizing out of home care only when in the best interest of the child. This could include partnerships with entities receiving funding for other HRSA programs, such as Maternal and Child Health Title V agencies, Community Health Centers, Healthy Start, and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant programs. These partnerships create entry points into additional support services, help to build a recovery community for mothers, and address the gap of parenting-focused activities within the SUD treatment community.

3. Work with states to address the complex challenges of those at risk of, or suffering from, SUD/OUD through Medicaid flexibilities as well as novel payment models for integrated care.

4. Test and implement new payment models that facilitate and incentivize coordinated care, and build in incentives for adoption of payment models across programs.

5. Build new and enhance existing clinical workflows to further integrate and support the delivery of SUD and mental health services, including virtual care modalities.

6. Provide support for pregnant and postpartum women to enter and adhere to family-centered SUD/OUD treatment, reduce the risk of relapse, and prevent, reduce, and manage medical complications in the newborn and other children, using approaches that minimize stigma and other barriers to care and support the long-term recovery of the women.

**Additional Recovery Activities:**

1. Provide culturally and linguistically appropriate education and support to individuals, families, and caregivers to understand the importance of recovery and to find and access a range of evidence-based services.

2. Improve the availability and coordination of transportation services to connect rural residents to recovery and other support services.

3. Strengthen partnerships to better leverage other SUD and mental health-related community resources, and support more effective and efficient referrals between clinical partners, including Certified Community Behavioral Health clinics, opioid treatment programs, health departments, emergency departments, emergency medical services, and other community-based organizations.

### *i. Project Abstract*

See Section 4.1.ix of HRSA's *SF-424 Application Guide*. The project abstract must be single-spaced, and limited to one page in length. Please include the following information at the top of the abstract:

- Project title;
- Applicant organization name;
- Applicant organization address (street, city, county, state, ZIP code);
- Applicant organization website, if applicable;
- Requested award amount;
- Applicant organization facility type (e.g., critical access hospital, State Office of Rural Health, tribal organization, federally qualified health center, rural health clinic, institution of higher learning, public health department, etc.);
- Project Director name and title;
- Project Director contact information (phone and e-mail);
- Consortium member organization names;
- Service delivery sites (city, state, ZIP, county) defining where project services will be physically administered;
- Indicate if you are a recipient of an FY 2018 RCORP-Planning award, and whether you serve/d as the applicant organization or a consortium member;
- Indicate whether you have applied for an FY 2019 RCORP-Planning award, and whether you applied as the applicant organization or a consortium member;
- Indicate if you are a National Health Service Corps (NHSC) site or NHSC–eligible site (See https://nhsc.hrsa.gov/sites/eligibility-requirements.html for more details)
- How the applicant learned about this funding opportunity (e.g., State Office of Rural Health, Grants.gov, HRSA news release, etc.); and
- Target Service Area:
    a. Entirely Rural Counties (list county name(s))
    b. Partially Rural Counties (list city, state, ZIP code, and census tract) Applicants should specify whether the area is in a HRSA-designated rural county or rural census tract in an urban county. To ascertain whether a particular county or census tract is rural, please refer to http://datawarehouse.hrsa.gov/RuralAdvisor/.
    c. Applicant organizations are encouraged to provide this information in a table format.

### *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:

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

This section should clearly outline your proposed approach to implementing the core activities and any additional activities, as described in the **Program-Specific Instructions** section. You should also provide a brief overview of the target population(s) and service area(s), as well as the consortium members involved in the project. Applicant organizations should provide current information and data demonstrating the consortium's accomplishments related to SUD/OUD; history of collaboration in rural communities; and ability to immediately, upon receipt of award, operationalize the proposed approach.

If the applicant organization for this RCORP-Implementation NOFO is a recipient of an FY 2018 RCORP-Planning award (as either the applicant organization or a consortium member), they should detail how this award will build on plans developed during the RCORP-Planning period of performance. Note that there is no funding preference or priority associated with being a recipient of an RCORP-Planning award.

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

This section outlines the needs of the target population and rural service area.

Use the following headings in this section as you complete your narrative: "RCORP Core Measures"; "Population Demographics"; "Map of Rural Service Area"; "Incidence and Prevalence of SUD/OUD"; "Overview of Existing SUD/OUD Programs and Services"; and "Gaps and Unmet Needs."

**RCORP Core Measures:** Using the most recent data sources available, you should report baseline numbers for the past year in the application for the core measures in the table below. If funded, applicants will be required to track and regularly report on these measures. More detail about these measures is provided in **Appendix D**.

| # | Measure | Baseline |
|---|---|---|
| 1 | Total population in the project's service area | |
| 2 | Number of individuals screened for SUD/OUD in the last year | |
| 3 | Number of non-fatal opioid overdoses in the project's service area | |
| 4 | Number of fatal opioid overdoses in the project's service area | |
| 5 | Number of health care providers within the service area who have completed the necessary training and received a waiver to provide MAT (specify by provider type) | |

**Population Demographics:** Using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), identify the target rural service area, describe the target population to be served by this project, and highlight specific behavioral or health outcome characteristics of the population in need. Where possible, compare population demographics to data for the general population regionally, statewide, and/or nationally.

At a minimum, include the following **for the target rural service area**:

- Justification for why the target population was selected;
- Total population size;
- Percent of population with health insurance coverage;
- Percent of population living below the federal poverty line;
- Percent of population who are unemployed;
- Breakdown of race/ethnicity; and
- Breakdown of age.

Applicant organizations are encouraged to provide this information in a table format. For additional support in locating this information, please refer to **Appendix B**.

**Map of Rural Service Area:** Include a map that illustrates the geographic rural service area that will be served by the consortium in **Attachment 7.** As a recommendation, use the mapping tools available online at data.hrsa.gov to identify the rural service area.

**Incidence and Prevalence of SUD/OUD:** Using data from appropriate sources (e.g., local, state, tribal, and federal), provide information on the SUD/OUD prevalence and incidence in the target rural service area. Where possible, compare population demographics to data for the general population regionally, statewide, and/or nationally. At a minimum, include the following **for the target rural service area**:

- Population(s) at increased risk for SUD/OUD and neonatal abstinence syndrome (i.e., women, infants, children, incarcerated individuals, veterans, the aging population, tribes, racially/ethnically diverse communities, and/or others);
- (As available) Number of SUD/OUD hospitalizations and/or Emergency Department visits in rural service area; and
- (As available) Number of neonatal abstinence syndrome occurrences in the rural service area.

**Overview of Existing SUD/OUD Programs and Services:** Provide the following information on the availability of existing SUD/OUD-related programs and services **within the targeted rural service area**:

- Overview of existing SUD/OUD-related prevention, treatment, and recovery support services, and
- Overview of existing/known SUD/OUD-related initiatives (e.g., federally-, regionally-, state-, or locally-funded programs).

**Gaps and Unmet Needs:** Describe gaps and needs in SUD/OUD prevention, treatment (including MAT), and recovery support services in the rural service area. At a minimum, and to the extent possible, provide the following information **for the target rural service area**:

- Number and location of mental health providers, including, but not limited to, psychiatrists, psychologists, licensed clinical social workers specializing in mental health care, professional counselors with SUD credentials, and peer support specialists;

- Number of physicians, nurse practitioners, clinical nurse specialists, certified nurse-midwives, certified registered nurse anesthetists, and physician assistants who have a DATA 2000 waiver to provide MAT services and are treating SUD/OUD patients;
- Barriers to MAT among providers, including stigma and bias; and
- Barriers to primary care and behavioral health integration.

***METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response***

This section outlines the methods that the applicant organization will use to address the stated need and meet each of the previously described program requirements and expectations in this NOFO.

Use the following headings in this section as you complete your narrative: "Methods for Fulfilling Core Activities"; "Methods for Fulfilling Additional Activities"; and "Methods for Sustaining Project Beyond Period of Performance."

**Methods for Fulfilling Core Activities (as outlined under the "Program-Specific Instructions" section of this NOFO):** Describe methods for fulfilling each core activity within RCORP-Implementation's three focus areas—prevention, treatment, and recovery. Use the following sub-headings for this section:

- Methods for fulfilling Prevention Core Activities
- Methods for fulfilling Treatment Core Activities
- Methods for fulfilling Recovery Core Activities

**Methods for Fulfilling Additional Activities (if applicable):** If additional capacity exists, provide a detailed description for any other prevention, treatment, and/or recovery activities and justify why they are needed and how they will benefit the target population.

**Methods for Sustaining Project Beyond Period of Performance:** Describe the methods by which you will sustain **program activities** beyond the period of performance. At a minimum, discuss strategies to:

- Sustain the consortium;
- Secure target population support and engagement; and
- Leverage partnerships at the local/community, state, and regional levels, including with rural counties and municipalities, health plans, law enforcement, community recovery organizations, faith-based organizations, and others.

Applicants should also describe the methods by which they will work towards **financial sustainability** after the period of performance. At a minimum, discuss strategies to:

- Maximize reimbursement for services across insurance types;
- Facilite the health insurance enrollment process for eligible uninsured patients; and
- Leverage other funding streams to cover the cost of services (e.g., state and/or judicial coverage of treatment through the criminal justice system).

At the same time, applicants must detail how they will ensure that services will be accessible and affordable to individuals most in need, including the uninsured and underinsured populations, both during and after the period of performance. No individual will be denied services due to an inability to pay.

### *WORK PLAN -- Corresponds to Section V's Review Criterion #2 Response*

Describe the timeframes, deliverables, and roles of consortium members to address each of the core, and any additional, activities as outlined in the "Program-Specific Instructions" section of this NOFO. Note that while the methodology section centers on the overall strategy for fulfilling your project goals, the work plan is more detailed and focuses on the inputs, activities, and timelines by which you will execute your strategy. You should include your work plan in **Attachment 1**, and the work plan should contain the following elements (it is recommended that you provide this information in a table format):

- **Activities**: All core activities within the focus areas, as well as any proposed additional activities, and related tasks or deliverables;
- **Data**: Processes and capacity for selecting, gathering, aggregating and analyzing data required to provide requested evaluation measures (**see Appendix D**);
- **Responsible consortium and staff members**: Organization and/or staff members responsible for implementing and evaluating the proposed activity; and
- **Timeline**: Specific time-period during which the activity will occur.

Per the "Methodology" section of the Project Narrative, you should also incorporate into your work plan processes for achieving financial and programmatic sustainability beyond the period of performance.

It is appropriate to refer reviewers to Attachment 1 and not include the work plan twice in your application.

### *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response*

Highlight internal (e.g., human resource, policy, equipment, infrastructural, organizational, financial, etc.) and external (e.g., stigma around OUD in the target rural service area, geographical limitations, health workforce shortages, insurance access, provider reimbursement for OUD and telehealth, and/or others) challenges that the consortium is likely to encounter in implementing the activities described in the work plan and describe approaches that will be used to resolve identified challenges.

### *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #4 Impact*

Applicants should clearly describe the process (including staffing and workflow) and frequency by which quantitative and qualitative data/information for the measures

outlined in **Appendix D** will be identified, collected, monitored, analyzed, secured, and utilized for quality improvement. Applicants should also describe the extent to which the organization has the capacity to take part in a larger RCORP-wide evaluation. Finally, applicants should clearly describe the process by which evaluation results and lessons learned will be communicated to both internal and external audiences and how the applicant organization will leverage HRSA technical assistance resources to promote dissemination of this information.

Note that RCORP-Implementation award recipients will be expected to work with a HRSA-funded technical assistance provider and evaluator during the period of performance (and potentially share project updates and information with them after the period of performance ends). HRSA will provide additional guidance on the technical assistance components of the project throughout the period of performance.

***ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources and Capabilities***

This section provides insight into the organizational structure of the consortium and the consortium's ability to implement the activities outlined in the work plan. As a reminder, for the purposes of RCORP-Implementation, a consortium is defined as an **organizational arrangement among four or more separately owned domestic public or private entities, including the applicant organization, with established working relationships**, and at least two consortium members must be located in a HRSA-designated rural area (as defined by https://data.hrsa.gov/tools/rural-health)**.**

Applicants should include the following information:

- **List of consortium members (Attachment 6)**: For each member of the consortium, include the following (list the applicant organization first):
  - Consortium member organization name;
  - Consortium member organization street address (include city, county, state, ZIP code);
  - Consortium member primary point of contact at organization (name, title, contact information);
  - Consortium member EIN (*tribal entities may be exempt from this requirement);*
  - Facility type (e.g., hospital, school, rural health clinic, federally qualified health center, institution of higher learning, tribal entity, etc.);
  - Sector (e.g., health care, public health, education, law enforcement, tribal entity, etc.);
  - Current role in the community/region;
  - Indicate whether they are a National Health Service Corps (NHSC) site or NHSC–eligible site (see https://nhsc.hrsa.gov/sites/eligibility-requirements.html for more details);
  - Indicate whether they are a recipient of an FY 2018 RCORP-Planning award, and whether they serve/d as the applicant organization or a consortium member;
  - Indicate whether they have applied for an FY 2019 RCORP-Planning award,

and whether they applied as the applicant organization or a consortium member;

- Service delivery sites (city, state, ZIP, county) defining where services defined in this project will be administered; and
- Specify (yes/no) whether consortium member is located in a HRSA-designated rural county or rural census tract of an urban county, as defined by the Rural Health Grants Eligibility Analyzer.

**It is recommended that you provide this information in a table format.**

- **Organizational chart (Attachment 5):** Provide a one-page organizational chart of the proposed or existing consortium that clearly depicts the relationships among the proposed or existing consortium members.

- **Consortium Letter of Commitment (Attachment 4):** Provide a scanned and dated copy of a letter of commitment that is signed by at least four consortium members. Any consortium members in excess of four do not need to submit additional letters with the application. The letter of commitment must identify the organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and length of commitment to the project. The letter must indicate understanding of the benefits that the consortium will bring to the member and to the target rural service area. The letter must also include a statement indicating that the proposed or existing consortium member understands that: the RCORP-Implementation award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one consortium member. Stock or form letters are not recommended.

- **Staffing Plan (Attachment 2):** Provide a clear and coherent staffing plan that includes the following information for each proposed project staff member:
  - Name;
  - Title;
  - Organizational affiliation;
  - Full-time equivalent (FTE) devoted to the project; and
  - Roles/responsibilities on the project.

  The staffing plan should directly link staff to the activities proposed in the work plan and staff members should dedicate adequate FTE to complete proposed activities.

  *Note about Project Director:* The Project Director is typically the point person on the award, and makes staffing, financial, or other adjustments to align project activities with the project outcomes. You should detail how the project director will facilitate collaborative input across consortium members to fulfill the proposed project activities in the work plan and HRSA-required reporting requirements. If the project director changes during the course of the period of

performance, please provide a continuity plan. **If the Project Director serves as a Project Director for other federal awards, please list the federal awards as well as the percent FTE for that respective federal award.**

- **Staff resumes and/or biographical sketches (Attachment 3):** For each proposed project staff member, provide their resume and/or biographical sketch that details their qualifications and relevant experience (not to exceed one page per staff member).

**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** |
|---|---|
| Introduction | (1) Need |
| Needs Assessment | (1) Need |
| Methodology | (2) Response |
| Work Plan | (2) Response |
| Resolution of Challenges | (2) Response |
| Evaluation and Technical Support Capacity | (3) Evaluative Measures and (4) Impact |
| Organizational Information | (5) Resources/Capabilities |
| Budget and Budget Narrative (below) | (6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested. |

### *iii. Budget*

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

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

In addition, the RCORP-Implementation program requires the following:

**Travel**: HRSA may require award recipients to travel to conference(s) and/or technical assistance workshop(s). Further information will be provided to award recipients during the period of performance and project officers will work with award recipients to make any budget adjustments if necessary.

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." 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 Narrative

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

### v. Attachments

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**. All attachments must be uploaded as part of the application package.

***Attachment 1: Work Plan***
Attach the work plan for the project that includes all information detailed in Section IV.ii. Project Narrative.

***Attachment 2: Staffing Plan and Job Descriptions for Key Personnel*** *(see Section 4.1. of HRSA's SF-424 Application Guide)*
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

***Attachment 3: Resumes and/or Biographical Sketches of Key Personnel***
Include biographical sketches for persons occupying the key positions described in **Attachment 2**, not to exceed one page in length per person.

***Attachment 4: Consortium Letter of Commitment***
Provide a scanned copy of a letter of commitment that is dated and signed by at least four consortium members. The letter of commitment must identify the organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and length of commitment to the project. The letter must indicate understanding of the benefits that the consortium will bring to the member and to the target rural service area. The letter must also include a statement indicating that each proposed or existing consortium member understands

that: the RCORP-Implementation award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one consortium member. Stock or form letters are not recommended.

***Attachment 5: Organizational Chart***
Provide a one-page organizational chart of all the proposed or existing consortium that clearly depicts the relationship between the proposed or existing consortium members and includes the consortium's governing board, if already established.

***Attachment 6: List of existing and/or proposed consortium members***
For each member of the existing or proposed consortium, include the following (may be provided in a table format):

a. Consortium member organization name;
b. Consortium member organization street address (include city, county, state, ZIP code);
c. Consortium member primary point of contact at organization (name, title, contact information);
d. Consortium member EIN (*tribal entities may be exempt from this requirement);*
e. Facility type (e.g., hospital, school, rural health clinic, federally qualified health center, institution of higher learning, tribal entity, etc.);
f. Sector (e.g., health care, public health, education, law enforcement, tribal entity etc.);
g. Indicate whether they are a National Health Service Corps (NHSC) site or NHSC–eligible site (see https://nhsc.hrsa.gov/sites/eligibility-requirements.html for more details);
h. Indicate whether they are a recipient of an FY 2018 RCORP-Planning award, and whether they serve/d as the applicant organization or a consortium member;
i. Indicate whether they have applied for an FY 2019 RCORP-Planning award, and whether they applied as the applicant organization or a consortium member;
j. Current role in the community/region;
k. Service delivery sites (city, state, ZIP, county) defining where services defined in this project will be administered; and
l. Specify (yes/no) whether member located in a HRSA-designated rural county or rural census tract of an urban county, as defined by https://data.hrsa.gov/tools/rural-health?tab=Address Rural Health Grants Eligibility Analyzer.

It is recommended that applicants provide this information ***in a table format.***

***Attachment 7: Map of target rural service area***
Include a map that illustrates the geographic service area that will be served by the consortium.

***Attachment 8: Other awards (if applicable)***
If the applicant organization has received any HRSA funds within the last five years, include the grant number(s) from the previous award(s).

The applicant organization may only apply as the lead applicant once for this funding opportunity. However, an entity that has applied as the lead applicant may also apply to this funding opportunity as part of another consortium applying for this funding opportunity under a different applicant organization.

***Attachments 9-15: Other relevant documents (if applicable)***
Include here any other documents that may be relevant to the application (e.g., indirect cost rate agreement).

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

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

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

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

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

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

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

**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 *May 6, 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 of HRSA's *SF-424 Application Guide* for additional information.

## 5. Intergovernmental Review

RCORP-Implementation is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

## 6. Funding Restrictions

You may request funding for a period of performance of up to three years, at no more than $1,000,000 (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 the following purposes:

1. To acquire real property;
2. To purchase syringes;
3. For construction; and
4. To pay for any equipment costs not directly related to the purposes for which the grant is awarded.[6]

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

[6] These requirements/restrictions align with those found in similar programs.

# 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 reviewed. HRSA has 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. RCORP-Implementation has six review criteria:

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

**5 points: Introduction**

- The quality and extent to which the applicant outlines their proposed approach to implementing the core activities and any additional activities;
- The quality and extent to which the applicant provides a brief overview of the target population(s) and service area and the consortium members involved in the project;
- The quality and extent to which the applicant provides current information and data demonstrating the consortium's accomplishments related to SUD/OUD; history of collaborating in rural communities; and ability to immediately, upon receipt of award, operationalize the proposed approach;
- **If an FY 2018 RCORP-Planning award recipient:** The extent to which the applicant details how this award will build on plans developed during the RCORP-Planning period of performance. There is no funding priority or preference associated with being an FY 2018 RCORP-Planning award recipient.

**10 points: Demonstrated need of the target population/service area**

- The extent to which the applicant provides the required core RCORP baseline measures in table format to clearly demonstrate need;
- The extent to which the applicant provides a description and justification for why they have chosen to focus on the target population and target area; and
- The extent to which the applicant provides the requested demographic, SUD/OUD program and service, unmet needs, and SUD/OUD workforce data and information for the target rural service to clearly demonstrate need.

**5 points: Service Area:**

- The extent the applicant demonstrates the entire service area is rural, as defined by HRSA (https://data.hrsa.gov/tools/rural-health); and

- The extent to which the applicant provides a clear map of the target rural service area.

*Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's "Methodology," "Work Plan," and "Resolution of Challenges"*

**15 points: Methods for fulfilling core and additional activities and sustaining activities beyond the period of performance**

- The quality and extent to which the applicant clearly details the methods and strategies they will use to complete **each core prevention, treatment, and recovery activity**, and any additional activities; and
- The quality and extent to which the applicant describes the methods by which they will sustain **program activities** beyond the period of performance. At a minimum, they should discuss strategies to:
  - Sustain the consortium;
  - Secure target population support and engagement; and
  - Leverage partnerships at the local/community, state, and regional levels, including with rural counties and municipalities, health plans, law enforcement, community recovery organizations, faith-based organizations, and others.
- The quality and extent to which the applicant describes methods for achieving **financial sustainability** beyond the period of performance. At a minimum, they should discuss strategies to:
  - Maximize reimbursement for services across insurance types;
  - Facilite the health insurance enrollment process for eligible uninsured patients;
  - Leverage other funding streams to cover the cost of services (e.g., state and/or judicial coverage of treatment through the criminal justice system); and
  - Ensure that services will be accessible and affordable to individuals most in need, including the uninsured and underinsured populations, both during and after the period of performance. No individual will be denied services due to an inability to pay.

**15 points: Work Plan**

- The quality and extent to which the work plan contains the following elements (it is recommended that applicants provide this information in a table format):
  - **Activities**: All core activities within the focus areas, as well as any proposed additional activities, and related tasks or deliverables;
  - **Data**: The processes and capacity for selecting, gathering, aggregating and analyzing data required to provide requested evaluation measures (see Appendix D);
  - **Responsible consortium and staff members**: The organization and/or staff members responsible for implementing and evaluating the proposed activity;
  - **Timeline**: The specific time period during which the activity will occur; and

- **Processes for sustaining activities beyond period of performance:** Processes for achieving financial and programmatic sustainability beyond the period of performance.

**5 points: Resolution of Challenges**

- The quality and extent to which the applicant highlights internal and external challenges that the consortium is likely to encounter in implementing the activities described in the work plan, as well as approaches that will be used to resolve such challenges.

*Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's "Evaluation and Technical Support Capacity"*

- The quality and extent to which the applicant clearly describe the process (including staffing and workflow) and frequency by which quantitative and qualitative data/information for the measures outlined in Appendix D will be identified, collected, monitored, analyzed, secured, and utilized for quality improvement; and
- The quality and extent to which the applicant explains how the consortium members have the capacity to collect, validate and report data and take part in a larger RCORP-wide evaluation.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV's "Evaluation and Technical Support Capacity"*

- The quality and extent to which the applicant clearly describes the process by which evaluation results and lessons learned will be communicated to both internal and external audiences and how the applicant organization will leverage HRSA technical assistance resources to promote dissemination of this information.

*Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's "Organizational Information"*

**10 points: Consortium Composition and Structure**

- The extent to which the applicant includes all of the required information for Attachment 6 for at least four separately-owned entities (including the applicant organization);
- The extent to which at least two consortium members are located in a HRSA-designated rural area, as defined by https://data.hrsa.gov/tools/rural-health;
- The quality and extent to which the applicant provides a one-page organizational chart of the proposed or existing consortium that clearly depicts the relationships among the proposed or existing consortium members;
- The extent to which the applicant provides a scanned and dated copy of a letter of commitment that is signed by at least four consortium members;

- The quality and extent to which the letter of commitment identifies the organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and length of commitment to the project;
- The quality and extent to which the letter indicates understanding of the benefits that the consortium will bring to each member and to the target rural service area; and
- The extent to which the letter includes a statement indicating that the proposed or existing consortium member understands that: the RCORP-Implementation award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one consortium member.

**10 points: Staffing**

- The quality and extent to which the applicant provides a clear and coherent staffing plan that directly links to the activities proposed in the work plan;
- The extent to which the applicant provides the following information for each staff member:
  - Name;
  - Title;
  - Organizational affiliation;
  - Full-time equivalent (FTE) devoted to the project; and
  - Roles/responsibilities on the project;
- The extent to which staff members will dedicate adequate FTE to complete proposed activities;
- The quality and extent to which the applicant details how the project director will serve as the point person on the award; make staffing, financial, or other adjustments to align project activities with the project outcomes; and facilitate collaborative input across consortium members to fulfill the proposed project activities in the work plan and HRSA-required reporting requirements;
- If the Project Director serves as a Project Director for other federal awards, the extent to which the applicant lists the other federal awards as well as the percent FTE for that respective federal award; and
- The quality and extent to which the applicant provides the resumes and/or biographical sketches that details the qualifications and relevant experience for each proposed project staff member.

*Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's "Budget" and "Budget Narrative"*

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

## 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.

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

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

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

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

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

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

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

## 4. Anticipated Announcement and Award Dates

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

# VI. Award Administration Information

## 1. Award Notices

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

## 2. Administrative and National Policy Requirements

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

**Requirements of Subawards**

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

**Human Subjects Protection**

Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

## 3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and should expect to work closely with the HRSA-funded Technical Assistance and Evaluation programs** to provide the following reporting and review activities:

1) **Progress Report(s):** The award recipient must submit a progress report to HRSA on a quarterly basis. HRSA will provide further information in the Notice of Award.

2) **Sustainability Plan:** Building off of the sustainability strategies outlined in their applications, award recipients will submit a final sustainability plan that identifies strategies for achieving programmatic and financial sustainability beyond the period of performance and ensuring that services remain accessible and affordable to individuals who need them most, including the uninsured and underinsured. HRSA will provide further information during the period of performance.

3) **Federal Financial Report:** The Federal Financial Report (SF-425) is required no later than January 30 for each budget period. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically through EHB. HRSA will provide more specific information in the Notice of Award.

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

5) **Final performance/closeout report(s)**: Consortiums are required to submit quantitative and/or qualitative performance data and information to HRSA at the end of the period of performance to enable HRSA to determine the impact of the consortium's activities and RCORP-Implementation more generally. The report will focus on the recipient's progress towards meeting program-specific goals and activities; successes and challenges; and overall experience during the period of performance. Further instructions for this report will be provided during 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:

LCDR Benoit Mirindi
Senior Public Health Analyst
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6606
Fax: (301) 443-6343
Email: bmirindi@hrsa.gov

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

Allison Hutchings, MA, MPH
Public Health Analyst, Federal Office of Rural Health Policy
Attn: Rural Communities Opioid Response-Implementation
Health Resources and Services Administration
5600 Fishers Lane, Room 17W17A
Rockville, MD 20857
Telephone: (301) 945-9819
Email: ruralopioidresponse@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 a.m. to 8 p.m. ET, excluding federal holidays at:

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

## VIII. Other Information

### Technical Assistance

HRSA has scheduled following technical assistance:

*Webinar*

Day and Date: Wednesday, March 27, 2019
Time: 11:30-1 p.m. ET
Call-In Number: 888-566-7680
Participant Code: 5808487
Weblink: https://hrsaseminar.adobeconnect.com/rcorp-implementation/
Playback Number: 1-800-839-4845
Passcode: 4321

### Tips for Writing a Strong Application

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

## Appendix A: Rural Communities Opioid Response Program (RCORP) and the National Health Service Corps (NHSC)

Title II of the Consolidated Appropriations Act, 2018 and Title II 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) appropriated up to $45 million to the NHSC for the purpose of expanding and improving access to quality OUD and other SUD treatment in rural. As directed, this funding will be used for a nationwide workforce expansion to combat opioid epidemic.

A part of this initiative, the NHSC Loan Repayment Program (LRP) will recruit and retain medical, nursing, and behavioral/mental health clinicians with specific training and credentials, and are part of an integrated care team, providing evidence-based SUD treatment and counselling in eligible communities of need, designated as Health Professional Shortage Areas (HPSAs).

HRSA seeks providers with Drug Addiction Treatment Act of 2000 (DATA) waivers and SUD-licensed or SUD-certified professionals to provide quality evidence-based SUD treatment health care services at SUD treatment facilities located in Health Professional Shortage Areas (HPSAs). For this initiative, the NHSC has expanded the list of eligible disciplines to include pharmacists, registered nurses and nurse anesthetists.

Eligibility

To be eligible for NHSC service, a provider must:

- Be a U.S. citizen or national;
- Currently work, or have applied to work, at an NHSC-approved site;
- Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts; and
- Be licensed to practice in state where the employer site is located.

Eligible Occupations

Members of the SUD integrated treatment team who qualify for NHSC SUD expansion include:

Primary Care:

- Physician (MD or DO)
- Nurse Practitioner
- Certified Nurse-Midwife
- Physician's Assistant

New Program Disciplines:

- Substance Use Disorder Counselors
- Pharmacists
- Registered Nurses
- Nurse Anesthetists (RCORP NHSC LRP only)

Mental Health:

- Physicians (MD or DO)
- Health Service Psychologist
- Clinical Social Worker
- Psychiatric Nurse Specialist
- Marriage and Family Therapist
- Professional Counselor
- Physician's Assistant
- Nurse Practitioners

Eligible Site Criteria

NHSC-approved sites must:

- Be located in and serve a federally-designated HPSA;
- Be an outpatient facility providing SUD services;
- Utilize and prominently advertise a qualified discounted/sliding fee schedule (SFS) for individuals at or below 200 percent of the federal poverty level;
- Not deny services based on inability to pay or enrollment in Medicare, Medicaid, and Children's Health Insurance Program (CHIP);
- Ensure access to ancillary, inpatient, and specialty care;
- Have a credentialing process that includes a query of the National Practitioner Data Bank; and
- Meet all requirements listed in the NHSC Site Agreement.

For more complete information on site eligibility and the site application process, please see the NHSC Site webpage and the NHSC Site Reference Guide.

For a list of current NHSC-approved sites, please see HRSA's Health Workforce Connector.

Eligible Site Types

Regular Application Process:

1. Certified Rural Health Clinics;
2. State or Local Health Departments;
3. State Prisons;
4. Community Mental Health Centers;
5. School-Based Clinics;
6. Mobile Units/Clinics;
7. Free Clinics;
8. Critical Access Hospitals (CAH);
9. Community Outpatient Facilities; and
10. Private Practices.

Newly-eligible SUD Site Types:

1. Opioid Treatment Program (OTP);
2. Office-based Opioid Agonist Treatment (OBOT); and
3. Non-Opioid SUD treatment sites.

Auto-Approval Process:
1. Federally-Qualified Health Centers (FQHC);
2. FQHC Look-Alikes;
3. American Indian Health Facilities: Indian Health Service (IHS) Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs);
4. Federal Prisons; and
5. Immigration and Customs Enforcement.

Please note that all NHSC sites must deliver comprehensive mental/behavioral health on an outpatient basis, with the exception of CAHs and IHS hospitals.

NHSC-approved sites must provide services for free or on a SFS to low-income individuals, and:

1. Offer a full (100 percent) discount to those at or below 100 percent of the federal poverty level
2. Offer discounts on a sliding scale up to 200 percent of the federal poverty level;
3. Use the most recent HHS Poverty Guidelines;
4. Utilize family size and income to calculate discounts (not assets or other factors); and
5. Have this process in place for a minimum of 6 months.

Additional information on the SFS can be found in the recently updated SFS Information Package.

## Appendix B: Resources for Applicants

The following websites provide information and reference materials to assist you in preparing your application. Please note HRSA is not affiliated with all of the resources provided.

**HRSA Resources:**

- **HRSA Opioids Website**
  Offers information regarding HRSA-supported opioid resources, technical assistance and training. Website: https://www.hrsa.gov/opioids

- **Data.hrsa.gov**
  Provides maps, data, reports and dashboard to the public. The data integrate with external sources, such as the U.S. Census Bureau, providing information about HRSA's grants, loan and scholarship programs, health centers and other public health programs and services. Website: https://data.hrsa.gov/

- **Uniform Data System (UDS) Mapper**
  The UDS Mapper is a mapping and decision-support tool driven primarily from data within the Uniform Data System. It is designed to help inform users about the current geographic extent of U.S. federal (Section 330) Health Center Program award recipients and look-alikes. Applicants can use this resource to locate other collaborative partners. Website: https://www.udsmapper.org/index.cfm

- **National Health Service Corps (NHSC)**
  HRSA's Bureau of Health Workforce administers the NHSC Loan Repayment Program, which is authorized to provide loan repayment to primary health care professionals in exchange for a commitment to serve in a Health Professional Shortage Area. For general information about NHSC, please visit: https://nhsc.hrsa.gov/. For state point of contacts, please visit here: https://nhsc.hrsa.gov/sites/helpfullcontacts/drocontactlist.pdf

- **Primary Care Offices (PCOs)**
  The PCOs are state-based offices that provide assistance to communities seeking health professional shortage area designations and recruitment assistance as NHSC-approved sites. To locate contact information for all of the PCOs, visit here: https://bhw.hrsa.gov/shortage-designation/hpsa/primary-care-offices

- **Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program**
  HRSA's MIECHV Program gives pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn. For general information about the MIECHV Program, please visit: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview.

A new MIECHV Program resource of evidence-based practices entitled *Supporting Families Impacted by Opioid Use and Neonatal Abstinence Syndrome,* is available here: https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/MIECHV-Opioid-NAS-Resource.pdf

**Additional Resources:**

- **American Society of Addiction Medicine (ASAM)**
  Offers a wide variety of resources on addiction for physicians and the public.
  Website: https://www.asam.org/resources/the-asam-criteria/about

- **Centers for Disease Control and Prevention (CDC)**
  Offers a wide variety of opioid-related resources, including nationwide data, state-specific information, prescription drug monitoring programs, and other useful resources, such as the *Guideline for Prescribing Opioids for Chronic Pain*.
  Website: https://www.cdc.gov/drugoverdose/opioids/index.html

  - ***Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs: A Guide for State and Local Health Departments (March 2018):*** https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-guide.pdf

  - **National Center for Health Statistics**
    Provides health statistics for various populations.
    Website: http://www.cdc.gov/nchs/

  - **Syringe Services Programs**
    For more information on these programs and how to submit a Determination of Need request visit here:
    https://www.cdc.gov/hiv/risk/ssps.html

- **Centers for Medicare and Medicaid Services (CMS)**
  Guidance on how states may leverage the Medicaid Program to combat the opioid crisis
  Website: https://www.medicaid.gov/federal-policyguidance/downloads/cib060818.pdf
  https://www.medicaid.gov/federal-policy-guidance/downloads/smd18006.pdf

- **Community Health Systems Development Team at the Georgia Health Policy Center**
  Offers a library of resources on topics such as collaboration, network infrastructure, and strategic planning.
  Website: http://ruralhealthlink.org/Resources/ResourceLibrary.aspx

- **Legal Services Corporation (LSC)**
  LSC is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans.
  Website: https://www.lsc.gov/

- **National Area Health Education Center (AHEC) Organization**
  The National AHEC Organization supports and advances the AHEC Network to improve health by leading the nation in recruitment, training and retention of a diverse health work force for underserved communities.
  Website: http://www.nationalahec.org/

- **National Association of County and City Health Officials (NACCHO)**
  NACCHO created a framework that demonstrates how building consortiums among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.
  Website: http://archived.naccho.org/topics/infrastructure/mapp/

- **National Center for Medical-Legal Partnership (NCMLP)**
  Embeds lawyers and paralegals alongside health care teams to detect, address and prevent health-harming social conditions for people & communities.
  Website: https://medical-legalpartnership.org/

- **National Health Care for the Homeless Council (NHCHC)**
  NHCHC works to eliminate homelessness by providing comprehensive Training and Technical Assistance to health centers and look-alikes using over 25 years of experience working with communities to improve delivery of health care for people experiencing homelessness.
  Website: https://www.nhchc.org/

- **National Opinion Research Center (NORC) at the University of Chicago—Overdose Mapping Tool**
  NORC and the Appalachian Regional Commission have created the Overdose Mapping Tool to allow users to map overdose hotspots in Appalachia and overlay them with data that provide additional context to opioid addiction and death.
  Website: http://overdosemappingtool.norc.org/

- **National Organization of State Offices of Rural Health (NOSORH)—Toolkit**
  NOSORH published a report on lessons learned from HRSA's Rural Opioid Overdose Reversal Grant Program and compiled a number of tools and resources communities can use to provide education and outreach to various stakeholders.
  Website: https://nosorh.org/rural-opioid-overdose-reversal-program/

- **Primary Care Associations (PCAs)**
  To locate contact information for all of the PCAs, visit here:
  http://www.nachc.org/about-nachc/state-affiliates/state-regional-pca-listing/

- **Rural Health Information Hub – Community Health Gateway**
  Offers evidence-based toolkits for rural community health, including step-by-step guides, rural health models and innovations, and examples of rural health projects other communities have undertaken.
  Website: https://www.ruralhealthinfo.org/community-health

- **Rural Health Information Hub – Rural Response to Opioid Crisis**
  Provides activities underway to address the opioid crisis in rural communities at the national, state, and local levels across the country.
  Website: https://www.ruralhealthinfo.org/topics/opioids

- **Rural Health Information Hub - Rural Prevention and Treatment of Substance Abuse Toolkit**
  Provides best practices and resources that organizations can use to implement substance abuse prevention and treatment programs.
  Website: https://www.ruralhealthinfo.org/toolkits/substance-abuse

- **Rural Health Research Gateway**
  Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997-present, including projects pertaining to substance use disorder.
  Website: http://www.ruralhealthresearch.org/

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  Offers a wide variety of resources on the opioid epidemic, including data sources, teaching curriculums, evidence-based and best practices, and information on national strategies and initiatives.
  Website: https://www.samhsa.gov/

  - **SAMHSA Evidence-Based Practices Resource Center**
    Contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.
    Website: https://www.samhsa.gov/ebp-resource-center

  - **SAMHSA State Targeted Response to the Opioid Crisis Grants**
    This program awards states and territories and aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD.
    List of individual award activities:
    https://www.samhsa.gov/sites/default/files/grants/pdf/other/ti-17-014-opioid-str-abstracts.pdf

  - **SAMHSA Peer Recovery Resources**
    https://www.samhsa.gov/brss-tacs
    https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

- **State Offices of Rural Health (SORHs)**
  All 50 states have a SORH. These offices vary in size, scope, organization, and in services and resources, they provide. The general purpose of each SORH is to help their individual rural communities build health care delivery systems.
  List of and contact information for each SORH: https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/

- **State Rural Health Associations (SRHAs)**
  To locate contact information for all of the SRHAs, visit here:
  https://www.ruralhealthweb.org/programs/state-rural-health-associations

- **Telemedicine and Prescribing Buprenorphine for the Treatment of Opioid Use Disorder**
  Department of Health and Human Services (DHHS) issued guidance allowing the prescribing of MAT via telehealth under certain circumstances.
  Website: https://www.hhs.gov/opioids/sites/default/files/2018-09/hhs-telemedicine-hhs-statement-final-508compliant.pdf

- **U.S. Department of Agriculture (USDA)**
  Provides information and resources—including relevant USDA funding opportunities such as the Community Facilities Loan and Grant Program—for rural communities that want to address the opioid epidemic. Visitors can also share feedback on what prevention, treatment and recovery actions have been effective in addressing the opioid epidemic in their rural communities.
  Website: https://www.usda.gov/topics/opioids

- **U.S. Department of Health and Human Services (HHS)**
  Provides resources and information about the opioid epidemic, including HHS' Five-Point Strategy to combat the opioid crisis.
  Website: https://www.hhs.gov/opioids/

## Appendix C: Potential Consortium Members

Given the complex and multifaceted nature of SUD/OUD, consortium members should come from multiple sectors and disciplines. Examples of potential consortium members include, but are not limited to:

- Health care providers, such as:
  - Critical access hospitals or other hospitals;
  - Rural health clinics;
  - Local or state health departments;
  - Federally qualified health centers;
  - Ryan White HIV/AIDS clinics and community-based organizations;
  - Substance abuse treatment providers;
  - Mental and behavioral health organizations or providers;
- Opioid Treatment Programs;
- HIV and HCV prevention organizations;
- Single State Agencies (SSAs);
- Prisons;
- Primary Care Offices;
- State Offices of Rural Health;
- Law enforcement;
- Cooperative Extension System Offices;
- Emergency Medical Services entities;
- School systems;
- Primary Care Associations;
- Poison control centers;
- Maternal, Infant, and Early Childhood Home Visiting Program local implementing agencies;
- Healthy Start sites; and
- Other social service and non-medical agencies and organizations.

## Appendix D: Program Specific Measures

The table below summarizes all the measures required for all RCORP-Implementation award recipients to report into the Performance Improvement Measurement System (PIMS), pending approval by the Office of Management and Budget (OMB).

**Summary of Required Measures for Reporting**

| RCORP Measures | Measure Development Process or Location | Reporting Frequency |
|---|---|---|
| *Core Measures* | Core measures listed below (and provided in Section IV.2.ii of the NOFO) | • Baseline (reported in application)<br>• Reported bi-annually in PIMS |
| *Implementation Measures* | Draft Implementation Measures listed below (pending OMB approval, may be minor adjustments) | Reported bi-annually in PIMS |
| *Additional Activity Measures* | Award recipients will work with the TA Provider to select measures that match additional activities in work plan | Reported bi-annually in PIMS |

*Core Measures*
As discussed in Section IV.2.ii of this NOFO, all applicants must report the five core measures below as a baseline for their service areas. Applicants should use the most recent data sources available, reporting baseline numbers for the past year in the applications. If awarded, these measures would also be collected on a bi-annual basis in the Performance Improvement Measurement System (PIMS).

**RCORP Core Measures (required)**

| | |
|---|---|
| 1 | Total population in the project's service area |
| 2 | Number of individuals screened for SUD in the project's service area |
| 3 | Number of non-fatal opioid overdoses in the project's service area |
| 4 | Number of fatal opioid overdoses in the project's service area |
| 5 | Number of health care providers within the service area who have completed the necessary training and received a waiver to provide MAT (specify by provider type) |

*Implementation Measures*
All award recipients are required to report implementation measures in PIMS to help monitor the project and demonstrate RCORP-Implementation's impact. Reported measures will include the five core measures above, as well as the draft implementation measures listed below. Please note that these draft measures are pending OMB approval so there may be minor adjustments.

**Draft Implementation Measures (required, pending OMB approval)**

| | |
|---|---|
| 1 | Number and percentage of patients with a diagnosis of SUD |
| 2 | Number and percentage of patients with a diagnosis of SUD who were also screened for depression |
| 3 | Number of patients diagnosed with SUD who were tested for HIV/AIDS and HCV |
| 4 | Number of patients diagnosed with SUD who were referred to treatment |
| 5 | Number of unduplicated patients who have received MAT (including both medication and psychosocial therapy) in the past year |
| 6 | Number of patients who have been in treatment (including both MAT and psychosocial therapy) for 3-5 months without interruption |
| 7 | Number of providers eligible to provide MAT (by provider type) |
| 8 | Number of providers who have prescribed MAT in the past year (by provider type) |
| 9 | Number of providers or support staff who received general SUD education or training in the past year (e.g., stigma reduction, prescribing guidelines, mental health first aid, etc.) |
| 10 | Number of community members (non-providers) who received general SUD education or training in the past year (e.g., stigma reduction, prescribing guidelines, mental health first aid, etc.) |
| 11 | Number of patients referred to support services in the past year, by type of service (e.g., transportation to treatment, child care, employment services, recovery housing, etc.) |

*Additional Activity Measures*
Working with the technical assistance provider, all award recipients will also be required to develop project-specific measures to track throughout the period of performance. These measures may demonstrate health status improvement or process measures to encompass the full range of activities proposed in your work plan, to complement the required measures listed above.