# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES


Federal Office of Rural Health Policy
Immediate Office of the Administrator

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

**Funding Opportunity Number:** HRSA-20-031
**Funding Opportunity Types:** New
**Assistance Listings (CFDA) Number:** 93.912

## NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

**MODIFIED on May 20, 2020: Cover, Executive Summary, and Section IV.4- Extended the Application Due Date.**

## Application Due Date: May 29, 2020

*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: February 4, 2020**

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Authority: Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)), as amended; Public Law No. 116-94.

# EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 Rural Communities Opioid Response Program-Implementation (RCORP-Implementation). RCORP is a multi-year initiative by HRSA aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high-risk rural communities. This funding opportunity, RCORP-Implementation, will advance RCORP's overall goal by strengthening and expanding SUD/OUD prevention, treatment, and recovery services to enhance rural residents' ability to access treatment and move towards recovery.

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| Funding Opportunity Title: | Rural Communities Opioid Response Program-Implementation |
| Funding Opportunity Number: | HRSA-20-031 |
| Due Date for Applications: | May 29, 2020 |
| Anticipated Total Available FY 2020 Funding: | $89,000,000 |
| Estimated Number and Type of Awards: | Approximately 89 grants |
| Estimated Award Amount: | $1,000,000 for a three-year period of performance and awarded fully in Year 1. |
| Cost Sharing/Match Required: | No |
| Period of Performance: | September 1, 2020 through August 31, 2023 (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: Tuesday, February 25, 2020
Time: 1-2 p.m. ET
Call-In Number: 1-800-369-2015
Participant Code: 5425076
Weblink: https://hrsaseminar.adobeconnect.com/rcorp-implementation-ta/
Playback Number: 1-800-513-1167
Passcode: 52147

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# I. Program Funding Opportunity Description

## 1. Purpose

The Rural Communities Opioid Response Program (RCORP) is a multi-year 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 high risk rural communities. This notice announces the opportunity to apply for funding under RCORP-Implementation. This funding opportunity, RCORP-Implementation, will advance RCORP's overall goal by strengthening and expanding SUD/OUD prevention, treatment, and recovery services to enhance rural residents' ability to access treatment and move towards recovery.

In 2017, the U.S. Department of Health and Human Services (HHS) published a five-point Strategy to Combat Opioid Abuse, Misuse, and Overdose, which outlines concrete steps local communities can take to address the opioid epidemic. In alignment with the HHS Five-Point Strategy, and as part of the RCORP initiative, RCORP-Implementation award recipients will implement a set of **core SUD/OUD prevention, treatment, and recovery activities**, as outlined in Section IV.2. These activities are grounded in evidence-based or promising practice models, and applicants are encouraged to tailor these models to address the unique needs of their communities.

Given the complex and multifaceted nature of SUD/OUD, as well as the need to secure community buy-in and generate adequate patient volume to sustain services, HRSA requires that applicants be part of **broad, multi-sectoral consortia. 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 entities, including the applicant organization, must all have different Employment Identification Numbers (EINs).**[1] Consortia should be able to operationalize their proposed work plans immediately upon receipt of award.

The target population for this grant are: 1) individuals who are at risk for, have been diagnosed with, and/or are in treatment and/or recovery for OUD; 2) their families and/or caregivers; and 3) other community members who reside in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer.

The primary focus of the grant is OUD. However, recognizing that many individuals with OUD are polysubstance users, or have other co-occurring conditions, consortia may address other SUD-related needs of the target population. Recent data from the Centers for Disease Control and Prevention (CDC) indicate a rise in drug overdose deaths involving psychostimulant (e.g., methamphetamine) misuse in rural communities, with synthetic opioids playing an increased role in those deaths.[2] If the needs and capabilities exist, applicants may also propose additional activities beyond

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[1] Tribal entities may be exempt from this requirement. Please reference Section III.1 for more information.
[2] See, e.g., Kariisa et al (2019), "Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential—United States, 2003-2017," *CDC Morbidity and Mortality Weekly Report*, https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6817a3-H.pdf.

the core/required activities that will strengthen their consortium's capacity to combat methamphetamine misuse in their communities. Applicants should link any additional activities they propose to the needs of their target population and service area. Please note that no competitive advantage, funding priority, or preference is associated with proposing activities that address other SUDs, including methamphetamine misuse.

HRSA expects that consortia funded by RCORP-Implementation will sustain services during and beyond the period of performance. Over the course of the three-year period of performance, RCORP-Implementation award recipients will complete a detailed **plan for sustaining their consortium and SUD/OUD services** beyond the RCORP-Implementation period of performance.

Finally, RCORP-Implementation award recipients are expected to **work closely with a HRSA-funded technical assistance (TA) provider** throughout the three-year period of performance. Targeted TA is provided to each award recipient at no additional cost, and is intended to help recipients achieve desired project outcomes, sustain services, and overcome challenges to project implementation. HRSA will provide more information about TA support upon receipt of award.

## 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. Rural providers and communities in particular face a number of challenges in providing and accessing SUD/OUD services. The national shortage of providers who administer medication-assisted treatment (MAT), including waivered providers who prescribe buprenorphine, is a critical issue.[3] More than half of rural counties still lack physicians with a waiver to prescribe buprenorphine.[4] In addition to workforce shortages, rural communities face barriers such as stigma, transportation, and costs associated with setting up MAT and other SUD/OUD services.[5]

Rural opioid users are more likely than their urban counterparts to have socioeconomic vulnerabilities, including limited educational attainment, poor health status, lack of health insurance, and low income,[6] which may further limit their abilities to access

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[3] Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. American Journal of Public Health, 105(8), e55–e63. http://doi.org/10.2105/AJPH.2015.302664

[4] Holly et al (2017),"Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder," WWAMI Rural Health Research Center, http://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC5505456&blobtype=pdf

[5] See, e.g., *Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care: Environmental Scan Volume 1,* AHRQ, https://integrationacademy.ahrq.gov/sites/default/files/mat_for_oud_environmental_scan_volume_1_1.pdf

[6] Lenardson, Jennifer et al (2016), "Rural Opioid Abuse: Prevalence and User Characteristics," Maine Rural Health Research Center, http://muskie.usm.maine.edu/Publications/rural/Rural-Opioid-Abuse.pdf

treatment. 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.[7] Rural communities are particularly vulnerable to outbreaks of HIV and HCV among uninfected PWID.[8]

Finally, recent CDC data suggest that synthetic opioids are increasingly playing a role in psychostimulant-involved deaths.[9] Drug overdose deaths involving psychostimulants with abuse potential, including methamphetamine, increased by over a third in rural communities between 2016 and 2017. [10]

As part of HRSA's overall strategy for addressing SUD/OUD in rural communities, in FY 2020, HRSA will provide funds for the National Health Service Corps (NHSC) Rural Community Loan Repayment Program (LRP) under a separate funding opportunity to support the recruitment and retention of SUD workforce in rural communities:

- 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.
- To learn how to become an NHSC site, visit the NHSC website.

In addition to the RCORP initiative, there are a number of HRSA-wide and federal activities targeting SUD/OUD that applicants and award recipients may be able to leverage.

- For information on HRSA-supported SUD/OUD funding opportunities, resources, technical assistance, and training, visit https://www.hrsa.gov/opioids.
- For information on other federal SUD/OUD resources, please 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.

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[7] 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.

[8] Ibid.

[9] See, e.g., Kariisa et al (2019), "Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential—United States, 2003-2017," *CDC Morbidity and Mortality Weekly Report*, https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6817a3-H.pdf.

[10] See, e.g., Kariisa et al (2019), "Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential—United States, 2003-2017," *CDC Morbidity and Mortality Weekly Report*, https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6817a3-H.pdf.

### 2. Summary of Funding

HRSA expects approximately $89,000,000 to be available to fund 89 recipients. You may apply for a ceiling amount of up to $1,000,000 total cost (includes both direct and indirect, facilities and administrative costs) for the three-year period of performance. No competitive advantage, funding priority, or preference is associated with requesting an amount below the $1,000,000 ceiling. The period of performance is September 1, 2020 through August 31, 2023 (three years). **Recipients will receive the full award amount in the first year of the three-year period of performance and must allocate the grant funding across each of the three years.**

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.

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.

All activities supported by RCORP-Implementation must exclusively occur in HRSA-designated rural counties or rural census tracts in urban counties, as defined by the Rural Health Grants Eligibility Analyzer.

In general, multiple applications associated with the same DUNS number and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations with the same EIN and/or DUNS number could be located in different rural service areas that have a need for SUD/OUD services. Please refer to **Attachment 8** for information on how to request an exception to this policy.

***Consortium Specifications:***
HRSA requires that applicants be part of **broad, multi-sectoral consortia comprised of at least four or more separately owned entities, including the applicant organization. The entities should all have different EINs and have established working relationships**. The consortium should include members from multiple sectors and/or disciplines and have a history of collaborating to address SUD/OUD in a rural area. See **Appendix C** for a non-exhaustive list of potential consortium partners.

Consortium members may be located in urban or rural areas, but at least two separately owned consortium members involved in the proposed project must be located in HRSA-designated rural areas, as defined by 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 separately owned (i.e., different EINs) entities, including the applicant organization, must sign a **single** letter of commitment (**Attachment 3**) that delineates the expertise, roles, responsibilities, and commitments of each consortium member.

***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 the case of tribes and tribal governments, only a single EIN located in a HRSA designated rural area is necessary for eligibility as long as the EIN is associated with an entity located in a HRSA-designated rural area. 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.

***Current FY19 RCORP-Implementation Grant Recipients (Attachment 7):***
Applicants that are current recipients of FY19 RCORP-Implementation awards, as either the applicant organization or a consortium member, may not apply for this funding opportunity unless the following conditions are met:

1. **Target Geographic Rural Service Area:** The target geographic rural service area proposed in this application does not overlap with the one currently served by the consortium for the FY19 RCORP-Implementation grant and all proposed services are delivered in the new target rural service area; **and**
2. **Consortium Membership:** At least two consortium members proposed in this application are physically located in the new service area and are signatories to the letter of commitment (**Attachment 4**).

***HRSA will not review applications from current FY19 RCORP-Implementation grant recipients that do not meet these conditions and will consider these applications non-responsive. Current FY19 RCORP-Implementation grant recipients should demonstrate they meet these conditions in Attachment 7.***

**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.

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.

NOTE: In general, multiple applications associated with the same DUNS number and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations with the same EIN and/or DUNS number could be located in different rural service areas that have a need for SUD/OUD services. **Therefore, at HRSA discretion, separate applications associated with a single DUNS number and/or EIN may be considered for this funding opportunity if the applicants provide HRSA with the following information in Attachment 8**:

1. Names, street addresses, EINs, and DUNS numbers of the applicant organizations;
2. Name, street address, EIN, and DUNS number of the parent organization;
3. Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
4. Proposed RCORP-Implementation service areas for each applicant organization (these should not overlap);
5. Justification for why each applicant organization must apply to this funding opportunity separately as the applicant organization, as opposed to serving as consortium members on other applications;
6. Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and
7. Signatures from the points of contact at each applicant organization and the parent organization.

Applications associated with the same DUNS number or EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in Attachment 8 to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last validated electronic submission associated with the EIN or DUNS number.

# 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 notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of 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) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are 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 you are 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, consortia must implement all **core/required SUD/OUD prevention, treatment, and recovery activities** described below:

**Prevention Core Activities**

1. Provide culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based prevention, treatment, and recovery strategies for SUD/OUD, and to reduce stigma associated with the disease.

2. Increase access to naloxone within the rural service area and provide training on overdose prevention and naloxone administration to ensure that individuals likely to respond to an overdose can take the appropriate steps to reverse an overdose.

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

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

5. Identify and screen individuals at risk for SUD/OUD and provide or make referrals to prevention, harm reduction, early intervention, treatment, and other support services to minimize the potential for the development of SUD/OUD.

**Treatment Core Activities**

1. Screen and provide, or refer to, treatment patients with SUD/OUD who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among PWID.

2. Recruit, train, and mentor interdisciplinary teams of SUD/OUD clinical and social service providers who are trained, certified, and willing to provide medication-assisted treatment (MAT), including both evidence-based behavioral therapy (e.g., cognitive behavioral therapy, community reinforcement approach, etc.) and FDA-approved pharmacotherapy (e.g., buprenorphine, naltrexone). This can include providing support for the required training of providers who are pursuing DATA 2000 waivers for the prescription of buprenorphine-containing products and intend to provide these medications to their patients.

3. Increase the number of providers and other health and social service professionals who are able to identify and treat SUD/OUD by providing professional development opportunities and recruitment incentives 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, the criminal justice system, dentistry, and social services. As appropriate, provide support to pregnant women, children, and other at-risk populations using approaches that minimize stigma and other barriers to care.

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

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

7. Enable individuals, families, and caregivers to find, access, and navigate evidence-based, affordable treatments for SUD/OUD, as well as home- and community-based services and social supports.

**Recovery Core Activities**

1. 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, including case management, housing, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, and sober/transitional living facilities.

2. Expand peer workforce and programming as interventionists in various settings, including hospitals, emergency departments, law enforcement departments, jails, SUD/OUD treatment programs, and in the community.

3. Support the development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.

## Requirements for Service Provision

All activities funded by this grant must exclusively occur in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer. Additionally, award recipients should bill for all services covered by a reimbursement plan and should make every reasonable effort to obtain payments. At the same time, award recipients may not deny services to any individual because of an inability to pay.

## Target Population

The target population for this grant are: 1) individuals who are at risk for, have been diagnosed with, and/or are in treatment and/or recovery for OUD; 2) their families and/or caregivers; and 3) other community members who reside in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer.

The primary focus of the grant is OUD. However, recognizing that many individuals with OUD are polysubstance users, or have other co-occurring conditions, consortia may address other SUD-related needs of this population.

Recent CDC data indicate a rise in drug overdose deaths involving psychostimulant (e.g., methamphetamine) misuse in rural communities, with synthetic opioids playing an increased role in those deaths.[11] If the needs and capacities exist, applicants may also propose additional activities beyond the core/required activities that will strengthen their consortium's capacity to combat methamphetamine misuse in their communities. Applicants should link any additional activities they propose to the needs of their target population and service area. Please note that no competitive advantage, funding priority, or preference is associated with proposing activities that address other SUDs, including methamphetamine misuse.

## Additional Activities

If capacity exists, award recipients may use funding to implement additional activities that strengthen the consortium's ability to deliver preventive, treatment, and/or recovery services for SUD/OUD in their service area. Applicants must provide detailed descriptions of all additional activities in the Project Narrative, as well as justifications for how those activities will advance RCORP-Implementation's goal and fulfill the needs of the target population. No funding priority or preference is associated with proposing additional activities. Please see **Appendix D** for a non-exhaustive list of allowable additional activities.

[11] See, e.g., Kariisa et al (2019), "Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential—United States, 2003-2017," *CDC Morbidity and Mortality Weekly Report*, https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6817a3-H.pdf.

### *i. Project Abstract*

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

The abstract is a one-page, single-spaced, standalone document, and should not refer to other sections of the application. Please include the following information at the top of your abstract (it is recommended that you provide this information in a table format):

1. Project Title
2. Requested Award Amount
3. Applicant Organization Name
4. Applicant Organization Address
5. Applicant Organization Facility Type (e.g., Rural Health Clinic, Critical Access Hospital, Tribe/Tribal Organization, Health System, Institute of Higher Learning, Community-based Organization, Foundation, Rural Health Network, etc.)
6. Project Director Name and Title
7. Project Director Contact Information (phone and email)
8. EIN/DUNS Number Exception Request in Attachment 8? (Y/N)
9. How the Applicant **First** Learned About the Funding Opportunity (**select one**: State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department)
10. Number of Consortium Members & List of Consortium Members
11. Previous or Current RCORP Grant Recipient? (**specify:** FY18 RCORP-Planning Applicant Organization; FY18 RCORP-Planning Consortium Member; FY19 RCORP-Planning Applicant Organization; FY19 RCORP-Planning Consortium Member; FY19 RCORP-MAT Expansion; FY19 RCORP-Implementation Consortium Member)
12. Brief Description of the Target Population
    - Indicate approximately what percentage (if any) of the target population is Native American
        - If applicable, provide 2-3 sentences regarding how this project specifically targets tribal populations.
13. Target Service Area (**must be exclusively rural, as defined by the Rural Health Grants Eligibility Analyzer**)
    - Fully Rural Counties: Provide the county name and state
    - Partially-Rural Counties: Provide county name, state, **and** the rural census tract (**list of rural census tracts**)

### *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 and succinctly summarize the overarching goals of the proposed project; the characteristics and needs of the target population and service area; the consortium's proposed approach to meeting those needs; and the consortium's history of collaborating to address SUD/OUD in a rural area and capacity to implement the proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 – "Need"*
  This section outlines the needs of the target population. Data used to complete this section should derive from appropriate sources (e.g., local, state, tribal, and federal) and reflect the most recent timeframe available. Applicants encountering difficulty obtaining data for certain indicators are encouraged to contact their state or local health departments and/or refer to data and information provided by the Rural Health Information Hub and the Opioid Misuse Community Assessment Tool developed by NORC at the University of Chicago. If you are still unable to locate appropriate and accurate data, please provide an explanation for why the data could not be found and how you will leverage the RCORP-Implementation grant to strengthen the quality and availability of OUD/SUD data in your target rural service area.
  Use the following headings in this section as you complete your narrative:
  - "RCORP Core Measures"
  - "Population Demographics"
  - "SUD/OUD Prevalence"
  - "Existing SUD/OUD Services and Programs"
  - "Gaps and Unmet Needs"

**RCORP Core Measures**

Using the most recent data sources available, please report baseline numbers for the RCORP Core Measures in the table below. Please cite the data sources (including year) you use to complete the table. If funded, you will be required to continue to track and regularly report on these measures.

| # | Measure | Definition | Baseline | Data Source |
|---|---|---|---|---|
| **1 Core** | **Total population in the project's service area** | Please report the total number of individuals in your project's service area.<br><br>***NOTE:*** *This is not necessarily the number of people who availed themselves of your services but the number of people in the project's service area.* | | |
| **2 Core** | **Number of individuals screened for SUD within the consortium** | Please report the total number of individuals who have been screened for SUD, including OUD, in the past 6-months. Include screenings using evidence-based screening tools such as the CAGE, | | |

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|---|---|---|---|---|
| | | Michigan Alcohol Screening Test, Drug Abuse Screening Test, or screening methods such as SBIRT: Screening Brief Intervention, and Referral to Treatment or provider-developed screening questions. | | |
| **3 Core** | **Number of non-fatal opioid overdoses in the project's service area** | Please report the total number of non-fatal overdoses from opioid poisoning in your project's service area in the past 6-months. Include all types (e.g., accidental, intentional, undetermined). | | |
| **4 Core** | **Number of fatal opioid overdoses in the project's service area** | Please report the total number of fatal overdoses from opioid poisoning in your project's service area in the past 6-months. Include cases where opioids are the underlying **or** contributing cause of death and include all types (e.g., accidental, intentional, undetermined). | | |
| **5 Core** | **Number of healthcare providers within the project's service area who have a DATA waiver** | Please report the total number of healthcare providers **within the service area** who have a Data Treatment Act 2000 (DATA) waiver to prescribe buprenorphine-containing products for medication-assisted treatment (MAT). Additionally, please report the total number of health care providers **within your consortium** who have a DATA Waiver. Please specify by provider type:<br>○ Physicians (MD/DOs, including internal medicine, family medicine, pediatrics, and other specialties)<br>○ Psychiatrists (i.e. physician in the specialty of psychiatry)<br>○ Physician Assistants<br>○ Nurse practitioners<br>○ Clinical nurse specialists<br>○ Certified nurse-midwives<br>○ Certified registered nurse anesthetists | | |

**Population Demographics**

Using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), describe the **target rural population** and, where possible, compare the data for the target population to regional, statewide, and/or national data to demonstrate need. Please cite the data sources (including year) you use to complete the table.

| # | Measure | Data for Target Rural Population | Comparative Data (include columns for regional, statewide, national data) – if possible | Data Source(s) and/or explanation for why data could not be provided |
|---|---|---|---|---|
| 1 | Percentage of target rural population with health insurance | | | |
| 2 | Breakdown of target rural population by race/ethnicity | | | |
| 3 | Breakdown of target rural population by sex | | | |
| 4 | Breakdown of target rural population by age: | | | |
| | Children (0-12) | | | |
| | Adolescents (13-17) | | | |
| | Adults (18-64) | | | |
| | Elderly (65 and over) | | | |
| 5 | Percentage of target rural population who are unemployed | | | |
| 6 | Percentage of target rural population who are living below the federal poverty line | | | |

**SUD/OUD Prevalence**

Using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), describe the **SUD/OUD prevalence within the target rural population** and, where possible, compare the data for the target population to regional, statewide, and/or national data to demonstrate need. Please cite the data sources (including year) you use to complete the table.

| # | Measure | Data for Target Rural Population | Comparative Data (include columns for regional, statewide, national data) – if possible | Data Source(s) and/or explanation for why data could not be provided |
|---|---|---|---|---|
| 1 | [If available] Number of SUD/OUD hospitalizations and/or emergency room visits in the target rural service area(s) | | | |
| 2 | Prevalence or incidence of SUD in the target rural population, by type:* | | | |
| | Alcohol | | | |
| | Psychostimulants | | | |
| | Opioids | | | |
| | Other substances—please specify | | | |
| 3 | *If data for #2 are not available, provide proxy measures such as medical examiner, court, law enforcement, child welfare, or other data. | | | [e.g., Poison Control, drug courts, child welfare, criminal justice system, medical examiner/coroner, EMS, etc.] |

**Existing SUD/OUD Services**

Provide the following information for the **target rural service area:**

- Overview of existing SUD/OUD-related prevention, treatment, and recovery support services, including MAT, and how the applicant organization will avoid duplication of effort; and
- Overview of existing/known federal, state, or locally-funded SUD/OUD initiatives in the target rural service area and how the applicant organization will avoid duplicating efforts funded through other means. This includes other RCORP grants in your service area. Please reference the RCORP website for a list of RCORP grant recipients in each program—Planning, Implementation, and MAT Expansion—as well as this table of grantee service areas for more information.
    - Current or past RCORP grant recipients must detail how proposed activities funded by RCORP-Implementation will complement—versus duplicate—activities funded by previous or current RCORP grants.
    - Applicants are also encouraged to reference **Appendix B** for information on other SUD/OUD-related initiatives as well as the Office of National Drug Control Policy's Federal Resources for Rural Communities to Help Address Substance Use Disorder and Opioid Misuse.

**Gaps and Unmet Needs**
Detail gaps in SUD/OUD-related prevention, treatment, and recovery services and workforce in the **target rural service area**. If applicable, highlight disparities in access and health outcomes due to SUD/OUD among vulnerable populations in your service area (e.g., pregnant women, adolescents, incarcerated individuals, etc.)

- *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 needs and meet each of the previously described program requirements and expectations in this NOFO. Your methodology should directly link to and reflect the data and information provided in the "Needs Assessment" section of the Project Narrative.

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

  **Methods for Fulfilling Core and Additional 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—and any additional activities. 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"; and
  - "Methods for Fulfilling Additional Activities (if applicable)."
    - You must provide a detailed description for any additional 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 membership and support;
  - 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:
  - Optimize reimbursement for services across insurance types;
  - Facilitate 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.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2 – "Response"*
  Provide a clear and coherent work plan that details the **responsible individual(s) and/or consortium member(s), timeframes, and deliverables for each core activity and any additional activity**, as outlined in the "Program-Specific Instructions" section of this NOFO. Your work plan should reflect a three-year period of performance. You should also include specific activities related to the tracking and collection of aggregate data and other information from consortium members to fulfill HRSA reporting requirements. Finally, you should incorporate processes for achieving financial and programmatic sustainability beyond the period of performance.

  Please provide your work plan in **Attachment 1.** (It is appropriate to refer reviewers to **Attachment 1** in this section instead of including the work plan twice in the application.) It is **strongly** recommended that you provide your work plan in a table format.

  Note that while the "Methodology" section of the Project Narrative centers on the overall strategy for fulfilling the core/additional activities, the work plan is more detailed and focuses on the inputs, activities, and timelines by which you will execute your strategy.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 – "Response"*
  Describe challenges that your consortium is likely to encounter in implementing the activities described in the work plan and approaches you will use to resolve each challenge. You should highlight both internal challenges (e.g., maintaining cohesiveness among consortium members) and external challenges (e.g., stigma around SUD/OUD in the target rural service area, securing patient engagement in treatment, geographical limitations, policy barriers, etc.). **You must detail potential challenges to sustaining services after the period of performance ends and how your consortium intends to overcome them.**

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 – Evaluative Measures – and #4 – Impact.*
  Describe the process (including staffing and workflow) for how you will track, collect, aggregate, and report data and information from all consortium members to fulfill HRSA reporting requirements. Applicants should also demonstrate that the consortium has the capacity to work with a HRSA-funded evaluator to take part in a larger, RCORP-wide evaluation. Finally, applicants should clearly describe their plan for updating participating entities, the target rural service area, and the broader public on the program's activities, lessons learned, and success stories. You should provide examples of mediums and platforms for disseminating this information.

  It is the applicant organization's responsibility to ensure compliance with HRSA reporting requirements. Applicants should make every reasonable effort to track, collect, aggregate, and report data and information from all consortium members throughout the period of performance. Applicants should designate at least one individual in the staffing plan (**Attachment 5)** to serve as a "Data Coordinator," responsible for coordinating the data collection and reporting process across consortium members. Finally, consortium members should commit to sharing aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements in the signed Letter of Commitment (**Attachment 3)**.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria #3 – Evaluative Measures – and #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. ***NOTE: It is appropriate to refer reviewers to the relevant attachment(s) in this section instead of including the information twice in the application.***

  Applicants should include the following information:

  **Consortium Membership (Attachment 2)**
  For each member of the consortium reflected on the proposed work plan, include the following (list the applicant organization first). It is recommended that you provide this information in a table format:
  - Consortium member organization name;
  - Consortium member organization street address;
  - Consortium member organization county;
  - Consortium member primary point of contact at organization (name, title, email);
  - Consortium member organization EIN and DUNS. The consortium must consist of at least four separately owned (i.e., different EINs) entities, including the applicant organization. Tribal entities may be exempt from this requirement;
  - Service delivery sites (street address, including county) defining where services **for the RCORP-Implementation grant** will be administered. All services must be exclusively provided in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer;

- Sector (e.g., health care, public health, education, law enforcement, tribal entity, etc.). Consortium membership should be diverse and encompass more than one sector;
- Current and/or previous RCORP awards received (list award name, year, and whether the entity served as the applicant organization or consortium member);
- Specify (yes/no) whether a National Health Service Corps (NHSC) site or NHSC–eligible site (see https://nhsc.hrsa.gov/sites/eligibility-requirements.html for more details);
- 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. As a reminder, at least two separately-owned consortium members must be located in a HRSA-designated rural area; and
- Specify (yes/no) whether consortium member has signed the Letter of Commitment (**Attachment 3**).

**Consortium Letter of Commitment (Attachment 3)**
Provide a **single** scanned and dated copy of a letter of commitment that is signed by at least four separately owned (i.e., different EINs) consortium members, including the applicant organization. Any consortium members in excess of four do not need to submit additional letters with the application.

The letter of commitment must identify each consortium member 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 the length of commitment to the project. The letter must also include a statement indicating that consortium members understand 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. Finally, consortium members should commit to sharing aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements. Stock or form letters are not recommended.

**Letters of Commitment should be submitted as part of the electronic application package through Grants.gov. HRSA will not accept or consider Letters of Commitment or Support received through other means, including through the mail, e-mail, etc.**

**Organizational Chart (Attachment 4)**
Provide a one-page organizational chart that clearly depicts the relationships and/or hierarchy among all consortium members participating in the project.

**Staffing Plan (Attachment 5)**
Provide a clear and coherent staffing plan that includes the following information for each proposed project staff member (it is recommended that you provide this information in a table format):

- Name;
- Title;
- Organizational affiliation;
- Full-time equivalent (FTE) devoted to the project;
- Roles/responsibilities on the project; and
- Timeline and process for hiring/onboarding, if applicable.

The staffing plan should directly link to the activities proposed in the work plan. If a staff member has yet to be hired (TBH), please put "TBH" in lieu of a name and detail the process and timeline for hiring and onboarding the new staff, as well as the qualifications and expertise required by the position.

All staffing plans should include a Project Director and a Data Coordinator (although not recommended, the same individual can serve both roles):

- **Project Director:** The Project Director is the point person on the award and makes staffing, financial, and other decisions to align project activities with project outcomes. You should detail how the Project Director will facilitate collaborative input and engagement across consortium members to complete the proposed work plan during the period of performance. The Project Director is a key staff member and an FTE of at least 0.25 is recommended, though not required, for this position. If awarded, the Project Director is expected to attend monthly calls with HRSA/Technical Assistance team. 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. Any given staff member, including the Project Director, may not bill for more than 1.0 FTE across federal awards.
    - **Please ensure that you list the designated Project Director in Box 8f of the SF424 Application Page.**

- **Data Coordinator:** The Data Coordinator is responsible for tracking, collecting, aggregating, and reporting quantitative and qualitative data and information from consortium members to fulfill HRSA's quarterly and biannual reporting requirements. Note that this position does not necessarily entail analyzing the data or utilizing the data to inform process or quality improvement. There is no minimum FTE for this position.

**Staff Biographical Sketches (Attachment 6)**

All proposed staff members should have the appropriate qualifications and expertise to fulfill their roles and responsibilities on the grant. For each staff member reflected in the staffing plan, provide a brief biographical sketch (not to exceed one page per staff member) that directly links their qualifications and experience to their designated RCORP-Implementation project activities.

| NARRATIVE GUIDANCE<br>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. Any attachments referenced in a narrative section may be considered during the objective review. | |
|---|---|
| **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<br>(4) Impact |
| Organizational Information | (3) Evaluative Measures<br>(5) Resources/Capabilities |
| Budget and Budget Narrative | (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.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 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 the following fiscal years, as required by law.

Indirect costs are those costs incurred for common or joint objectives, which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For some institutions, the term "facilities and administration" (F&A) is used to denote indirect costs. If your organization does not have an indirect cost rate, you may wish to obtain one through HHS's Cost Allocation Services (CAS) (formerly the Division of Cost Allocation (DCA)). Visit CAS's website to learn more about rate agreements, the process for applying for them, and the regional offices, which negotiate them. If indirect costs are included in the budget, attach a copy of the indirect cost rate agreement. If the indirect cost rate agreement is required per the NOFO, it will not count toward the page limit. Any non-federal entity that has never received a negotiated indirect cost rate, (except a governmental department or agency unit that receives more than $35 million in direct federal funding) may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all federal awards until such time as a non-federal entity chooses to negotiate for a rate, which the non-federal entity may apply to do at any time.

In addition, RCORP-Implementation requires the following:
**Technical Assistance Workshop:** Applicants should budget for two individuals to travel annually to a conference/workshop located in the Washington, DC area. If funded, more information will be provided upon receipt of award.

### *iv. Budget Narrative*

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

In addition, RCORP-Implementation program requires the following:

RCORP-Implementation award recipients will receive the full award amount in the first year, but must allocate the grant funding across each year of the three-year period of performance.

### *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**.

#### *Attachment 1: Work Plan*

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

#### *Attachment 2: Consortium Membership*

Attach the information for each consortium member detailed in Section IV.2.ii. Project Narrative. As a reminder, the consortium must consist of at least four separately owned entities (i.e., different EINs), including the applicant organization, and two of those entities must be located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer.

***Attachment 3: Letter of Commitment***

Attach a **single** scanned and dated Letter of Commitment signed by at least four separately owned (i.e., different EINs) consortium members, including the applicant organization, in accordance with the instructions provided in Section IV.2.ii. Project Narrative.

***Attachment 4: Organizational Chart***

Attach the one-page organizational chart in accordance with the instructions provided in Section IV.2.ii. Project Narrative.

***Attachment 5: Staffing Plan***

Attach the staffing plan that includes all of the information detailed in Section IV.2.ii. Project Narrative. As a reminder, all staffing plans should include a Project Director and a Data Coordinator position (the same individual may serve both roles).

***Attachment 6: Staff Biographical Sketches***

Attach brief biographical sketches (not to exceed one page per staff member) for each of the staff members listed on the staffing plan in accordance with the instructions provided in Section IV.2.ii. Project Narrative.

***Attachment 7: Other RCORP Awards (if applicable)***

Provide the following information for each additional past or current RCORP award the applicant organization has received (it is recommended you provide this information in a table format):

- Name of RCORP award (e.g., RCORP-Planning)
- Dates of award (e.g., September 30, 2018 to September 29, 2019)
- Indicate whether you serve/d as the applicant organization or consortium member
- Target rural service area for past or current RCORP award
    - For fully rural counties, list the county and state
    - For partially rural counties, list the county, state, and eligible rural census tract(s)
- Target rural service area for proposed FY20 RCORP-Implementation award
    - For fully rural counties, list the county and state
    - For partially rural counties, list the county, state, and eligible rural census tract(s)
- List of consortium members for past or current RCORP award
- List of consortium members for proposed FY20 RCORP-Implementation award
- Detail how, if funded, activities performed under the RCORP-Implementation grant will complement—versus duplicate—activities performed under current or previous RCORP awards.

Note that an applicant organization who is a current recipient of an FY19 RCORP-Implementation award, as either the applicant organization or consortium member, is not eligible to apply for this funding opportunity unless certain criteria are met, as detailed in the Eligibility Section of this NOFO.

***Attachment 8: EIN/DUNS Number Exception Request (if applicable)***

In general, multiple applications associated with the same DUNS number and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations with the same EIN and/or DUNS number could be located in different rural service areas that have a need for SUD/OUD services. **Therefore, at HRSA discretion, separate applications associated with a single DUNS number and/or EIN may be considered for this funding opportunity if the applicants provide HRSA with the following information in Attachment 8**:

1. Names, street addresses, EINs, and DUNS numbers of the applicant organizations;
2. Name, street address, EIN, and DUNS number of the parent organization;
3. Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
4. Proposed RCORP-Implementation service areas for each applicant organization (these should not overlap);
5. Justification for why each applicant organization must apply to this funding opportunity separately as the applicant organization, as opposed to serving as consortium members on other applications;
6. Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and
7. Signatures from the points of contact at each applicant organization and the parent organization.

Applications associated with the same DUNS number or EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in Attachment 8, or are nearly identical in content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last submitted application associated with the EIN or DUNS number.

***Attachments 9-12: Other Documents (if applicable)***

If applicable, include other relevant documents including indirect cost rate agreements, letters of support from non-consortium members, etc.

### 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*.

**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.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

**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 29, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar 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 three years, for $1,000,000 (inclusive of direct **and** indirect costs).

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) 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 fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- To acquire real property;
- To purchase syringes;
- For construction; and
- To pay for any equipment costs not directly related to the purposes for which this grant is awarded.[12]

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

**Minor Alteration and Renovation (A/R) Costs**

Minor alteration and renovation (A/R) costs to enhance the ability of the consortium to deliver SUD/OUD services are allowable, but must not exceed $200,000 total over the three-year period of performance (or 20 percent of the total award amount). Additional post-award submission and review requirements apply if you propose to use RCORP-Implementation funding toward minor A/R costs**. You may not begin any minor A/R activities or purchases until you receive HRSA approval.** You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your minor A/R plans do not affect your ability to execute work plan activities and HRSA deliverables on time.

Examples of minor A/R include, but are not limited to:

- Reconfiguring space to facilitate co-location of SUD, mental health, and primary care services teams;

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

- Creating space to deliver virtual care that supports accurate clinical interviewing and assessment, clear visual and audio transmission, and ensures patient confidentiality;
- Creating or improving spaces for patients to participate in counseling and group visit services, and to access and receive training in self-management tools; and
- Modifying examination rooms to increase access to pain management options, such as chiropractic, physical therapy, acupuncture, and group therapy services.

The following activities are not categorized as minor A/R:
- Construction of a new building;
- Installation of a modular building;
- Building expansions;
- Work that increases the building footprint; and
- Significant new ground disturbance.

RCORP-Implementation grant funds for minor renovations may not be used to supplement or supplant existing renovation funding; funds must be used for a new project. Pre-renovation costs (Architectural & Engineering costs prior to 90 days before the budget period start date) are unallowable.

**Mobile Units or Vehicles**

Mobile units or vehicles purchased with RCORP-Implementation grant funds must be used exclusively to carry out grant activities. Additional post-award submission and review requirements apply if you propose to use RCORP-Implementation funding toward mobile units or vehicles. You may not begin any purchases until you receive HRSA approval. You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your mobile unit or vehicle purchase do not affect your ability to execute work plan activities and HRSA deliverables on time.

**Participant Support Costs**

Participant support costs—i.e., direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences, or training projects—are allowable costs, subject to HRSA review and approval upon receipt of award.

**Medication**

Food and Drug Administration (FDA)-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination and buprenorphine mono-product formulations) for the maintenance treatment of OUD, opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use, and naloxone to treat opioid overdose are all allowable costs under RCORP-Implementation.

# V. Application Review Information

## 1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review 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.

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. See the review criteria outlined below with specific detail and scoring points.

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

- The extent to which the applicant clearly and succinctly summarizes the characteristics and needs of the target rural population and service area(s) in the "Introduction" section of the Program Narrative;
- The quality and extent to which the applicant organization clearly and succinctly summarizes the goals of the proposed project and the consortium's approach and capacity to meet those goals, including their history of collaborating to address SUD/OUD;
- The extent to which the applicant provides the requested data and information outlined in the "Needs Assessment" section of the Project Narrative;
    - If applicable, the reasonableness of the applicant's justification for not being able to furnish data/information for particular measures;
- The quality and appropriateness of the sources used to provide the data/information in the "Needs Assessment" section of the Project Narrative; and
- The extent to which the data/information the applicant provides in the "Needs Assessment" section of the Project Narrative demonstrates the relatively high need for RCORP-Implementation-funded prevention, treatment, and recovery services in the target rural population as compared to the rest of the state, region, and/or nation.

*Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's "Methodology," "Work Plan," and "Resolution of Challenges"*

**Methodology (10 points):**

- The clarity and comprehensiveness of the applicant's proposed methods for fulfilling all core activities, as outlined in Section IV.2 of the NOFO;
    - If applicable, the extent to which the applicant details methods for fulfilling any additional activities and provides compelling justification for how those activities will advance RCORP's goal and fulfill the needs of the target population;
- The appropriateness of the methods proposed for fulfilling all core and additional activities given the needs and characteristics of the target population;

- The clarity and comprehensiveness of the applicant's proposed methods to ensure sustainability of the proposed activities beyond the period of performance, including its proposed methods to:
    - Sustain consortium membership and support;
    - Secure target population support and engagement;
    - Leverage local/community, state, and regional partnerships;
    - Optimize reimbursement for services across insurance types and facilitate the health insurance process for eligible uninsured patients;
    - Leverage other funding streams to cover the cost of services; and
    - Ensure that services are accessible and affordable to individuals most in need, including the uninsured and underinsured.

**Work Plan (10 points):**

- The clarity and completeness of the proposed work plan, including its inclusion of the responsible individuals and/or consortium members, timeframes, and deliverables associated with each core activity and, if applicable, additional activity;
- The extent to which the work plan reflects a three-year period of performance;
- The extent to which the work plan details processes for achieving financial and programmatic sustainability beyond the period of performance, including the deliverables, responsible individuals and/or consortium members, and timelines associated with these processes;

**Resolution of Challenges (5 points):**

- The extent to which the applicant describes both internal and external challenges they are likely to face in implementing their proposed work plan, and the quality of the solutions proposed to address them; and
- The extent to which the applicant details potential challenges and solutions to sustaining services after the period of performance ends.

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

- The clarity and comprehensiveness of the applicant's proposed processes (including staffing and workflow) for tracking, collecting, aggregating, and reporting data and information from all consortium members to fulfill HRSA reporting requirements;
- The extent to which the applicant designates at least one individual in the staffing plan (**Attachment 5**) to serve as a "Data Coordinator"; and
- The extent to which the Letter of Commitment (**Attachment 3**) contains an explicit commitment by consortium members to sharing aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements.

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

- The clarity and comprehensiveness of the applicant's proposed plan for updating participating entities, the target rural service area, and the broader public on the program's activities, lessons learned, and success stories;
- The extent to which the applicant provides examples of mediums and platforms for disseminating this information.

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

- The extent to which the applicant demonstrates that the consortium is comprised of at least four separately owned (i.e., different EINs) entities, including the applicant organization (**see Attachment 2**);
    - **Note: Tribal applicants are exempt from this requirement (applicant organizations will indicate whether they are a tribal entity in the Project Abstract)**
- The extent to which the applicant demonstrates that at least two consortium members are physically located in HRSA-designated rural areas, as defined by Rural Health Grants Eligibility Analyzer (**see Attachment 2**);
- The extent to which consortium members represent diverse sectors and disciplines;
- The extent to which the applicant demonstrates that all services will be provided exclusively in HRSA-designated rural areas, as defined by Rural Health Grants Eligibility Analyzer;
- The extent to which at least four separately owned (i.e., different EINs) consortium members, including the applicant organization, have signed and dated a **single** Letter of Commitment (**Attachment 3**) that contains, at a minimum, the following elements:
    - Description of each consortium member 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 the length of commitment to the project;
    - A statement indicating that consortium members understand 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; and
    - An explicit commitment by consortium members to sharing aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements.
    - **Note: Tribal applicants are exempt from the four separate EINs requirement.**
- The clarity of the Organizational Chart (**Attachment 4**) and extent to which it depicts the relationships and/or hierarchy among all consortium members participating in the project;
- The clarity and completeness of the applicant's proposed staffing plan (**Attachment 5**), including the extent to which the staffing plan includes all of the elements outlined in the "Project Narrative" section of the NOFO;

- If a staff member has yet to be hired, the extent to which the applicant details the process and timeline for hiring and onboarding the new staff, as well as the qualifications and expertise required by the position;
- The extent to which the staffing plan directly links to the activities proposed in the work plan;
- The extent to which the applicant demonstrates that the Project Director will devote adequate time and resources to the proposed project;
- The clarity and comprehensiveness with which the applicant describes how the Project Director will serve as the point person on the award and facilitate collaborative input and engagement among consortium members to complete the proposed work plan during the period of performance;
- The extent to which the applicant clearly describes how the designated Data Coordinator will track, collect, aggregate, and report data and information from all consortium members to fulfill HRSA data requirements;
- The extent to which all proposed staff members have the appropriate qualifications and expertise to fulfill their roles and responsibilities;
- The extent to which the applicant clearly links staff members' qualifications and experience to their designated RCORP-Implementation project activities (**Attachment 6**);

*Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's "Budget and Budget Narrative" section*

- The degree to which the estimated cost to the government for proposed grant-funded activities is reasonable given the scope of work;
- The extent to which the applicant includes a budget and budget narrative for each of the three years of the grant;
- The extent to which the applicant allocates the award across a three-year period of performance (i.e., the applicant should not plan to spend the entire award in the first two years); and
- The clarity and comprehensiveness of the budget narrative, including the extent to which the applicant logically documents how and why each line item request (such as personnel, travel, equipment, supplies, and contractual services) supports the goals and activities of the proposed work plan and project.

## 2. Review and Selection Process

The objective 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

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

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

## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2020. 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 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, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

**Data Rights**
All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular federally supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's data rights.

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

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on a **quarterly** basis. These progress reports should reflect data and information from across consortium members, not just the applicant organization. Further information will be available in the NOA.

2) **Performance Integrity Management System (PIMS) Reports.** The recipient must submit quantitative performance reports on a **biannual basis**. These data should reflect the performance of all consortium members, not just the applicant organization. If awarded, applicants will receive an Onboarding Package, which will include the performance measures for reporting in PIMS, as well as additional data collection and reporting guidance.

3) **Sustainability Plan.** Building off the sustainability strategies outlined in your application, award recipients will submit a 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 the underinsured. HRSA will provide further information during the period of performance.

4) **Federal Financial Report (FFR).** The FFR (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 EHBs. HRSA will provide more detailed information in the NOA.

5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

## VII. Agency Contacts

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

Benoit M. Mirindi, PhD, MPH, MPA.
Senior Public Health Analyst
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857Telephone: (301) 443-6606
Fax: (301) 443-6343
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, MPH
Public Health Analyst
Attn: RCORP-Implementation
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
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: Tuesday, February 25, 2020
Time: 1-2 p.m. ET
Call-In Number: 1-800-369-2015
Participant Code: 5425076
Weblink: https://hrsaseminar.adobeconnect.com/rcorp-implementation-ta/
Playback Number: 1-800-513-1167
Passcode: 52147

### 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)

Division H, Title II, of the Consolidated Appropriations Act, 2018 (P.L. 115-141) and Division B, 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), and Further Consolidated Appropriations Act, 2020 (P.L. 116-94) 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 communities. As directed, this funding will be used for a nationwide workforce expansion to combat the opioid epidemic.

A part of this initiative, the NHSC Rural Community 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).

The NHSC will make awards of up to $100,000 for three years to eligible providers under the NHSC Rural Community LRP. 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, SUD counselors 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 about 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

Several sources offer data and information that may help you in preparing the application. Please note HRSA is not affiliated with all of the resources provided, however, you are especially encouraged to review the reference materials available at the following websites:

***HRSA Resources:***

- **HRSA Rural Communities Opioid Response Program (RCORP) Website**
  Provides information regarding HRSA's RCORP initiative.
  Website: https://www.hrsa.gov/rural-health/rcorp

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

- **HRSA Data Warehouse**
  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://datawarehouse.hrsa.gov/

- **Ending the HIV Epidemic: A Plan for America**
  Learn how HRSA—in conjunction with other key HHS agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA)—is supporting the President's new initiative to reduce new HIV infections by 75 percent in the next five years and by 90 percent in the next 10 years.
  Website: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

- **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

***Other 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

- **Case Study: Medication Assisted Treatment Program for Opioid Addiction**

  Learn about Vermont's Hub & Spoke Model for treating opioid addiction here: http://www.astho.org/Health-Systems-Transformation/Medicaid-and-Public-Health-Partnerships/Case-Studies/Vermont-MAT-Program-for-Opioid-Addiction/

- **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

- **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**
  Legal Services Corporation (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 Institutes of Health (NIH)**
  - **HEALing Communities Study:** Learn about the multi-site implementation research study launched by NIH and SAMHSA to test the impact of an integrated set of evidence-based practices across health care, behavioral health, justice, and other community-based settings.

    Website: https://heal.nih.gov/research/research-to-practice/healing-communities
  - **National Institute on Drug Abuse (NIDA):** NIDA advances science on the causes and consequences of drug use and addiction and applies that knowledge to improve individual and public health.

    Website: https://www.drugabuse.gov/about-nida

- **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/

- **Providers Clinical Support System**
  PCSS is a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) created in response to the opioid overdose epidemic to train primary care providers in the evidence-based prevention and treatment of opioid use disorders (OUD) and treatment of chronic pain.
  Website: https://pcssnow.org/

- **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 systematic 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 grants to 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 grant award activities:
    https://www.samhsa.gov/sites/default/files/grants/pdf/other/ti-17-014- opioid-str-abstracts.pdf

  - **SAMHSA State Opioid Response Grants**
    The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs)
    Website: https://www.samhsa.gov/grants/grant-announcements/ti-18-015
    List of awarded states:
    https://www.hhs.gov/about/news/2019/09/04/state-opioid-response-grants-by-state.html

  - **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

- **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.
  https://www.usda.gov/topics/opioids

- **U.S. Department of Labor**
  - **Federal Bonding Program:** The U.S. Department of Labor established The Federal Bonding Program in 1966 to provide Fidelity Bonds for "at-risk," hard-to-place job seekers. The bonds cover the first six months of employment at no cost to the job applicant or the employer.
    Website: https://nicic.gov/federal-bonding-program-us-department-labor-initiative

  - **Work Opportunity Tax Credit:** The Work Opportunity Tax Credit (WOTC) is a Federal tax credit available to employers for hiring individuals from certain target groups who have consistently faced significant barriers to employment.
    Website: https://www.doleta.gov/business/incentives/opptax/

- **U.S. Department of Health and Human Services (HHS)**
  Provides resources and information about the opioid epidemic, including HHS' 5- point strategy to combat the opioid crisis.
  https://www.hhs.gov/opioids/
  https://www.outreach.usda.gov/USDALocalOffices.htm

## Appendix C: Potential Consortium Members

Examples of potential partner organizations include, but are not limited to:

- Other 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 agencies and organizations.

## Appendix D: Allowable Additional Activities (Optional)

While RCORP-Implementation award recipients are required to implement all core/required activities outlined in the Program-Specific Instructions section of this NOFO, HRSA recognizes that some applicants may have the capacity (e.g., staffing, infrastructure, resources, etc.) to pursue additional activities beyond the core/required activities. Under these circumstances, award recipients may propose additional activities that aim to reduce SUD/OUD morbidity and mortality in high-risk rural communities.[13] Proposals for additional activities will be evaluated on a case-by-case basis by HRSA Program Staff. Examples include, but are not limited to, the following:

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. Create space to deliver virtual care that supports accurate clinical interviewing and assessment, clear visual and audio transmission, and ensures patient confidentiality.

3. Purchase Food and Drug Administration (FDA)-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination and buprenorphine mono-product formulations) for the maintenance treatment of OUD, opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use, and naloxone to treat opioid overdose.

4. Perform minor renovations to facilitate co-location of SUD, mental health, and primary care services teams. Please reference the Funding Restrictions section of the NOFO for more information on minor renovations.

5. Provide training and education to patients, families, and communities on SUD prevention and treatment, mental health, neo-natal abstinence syndrome, trauma-informed care, suicide prevention, and opioid overdose.

6. Test and implement new payment models that facilitate and incentivize coordinated care.

7. 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.

[13] Applicants will demonstrate the level of need and risk in their communities in the Project Narrative section of this NOFO.

8. Identify at least one individual within the consortium who has the capacity and ability to manage HIV care and treatment; understands the HIV care continuum to better identify gaps in HIV services; and can develop strategies to improve engagement in care and outcomes for people with HIV.

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

10. Recruit, train, and mentor interdisciplinary teams, including clinical and social service providers, who can engage with, and provide evidence-based psychosocial treatment to, the target population and address underlying social determinants of health.