

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

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

***Telehealth Network Grant Program***

**Announcement Type:** New  
**Funding Opportunity Number:** HRSA-16-012

**Catalog of Federal Domestic Assistance (CFDA) No. 93.211**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2016

**Application Due Date: April 8, 2016**

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

**Release Date:** February 8, 2016  
**Issuance Date:** February 8, 2016

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## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2016 for the Telehealth Network Grant Program (TNGP). The purpose of this program is to demonstrate how telehealth networks are used to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making. In particular, we wish to encourage telehealth services delivered through school-based health centers/clinics (SBHC), particularly those serving high-poverty populations.

Funding Opportunity Title:	Telehealth Network Grant Program
Funding Opportunity Number:	HRSA-16-012
Due Date for Applications:	April 8, 2016
Anticipated Total Annual Available Funding:	\$6,000,000
Estimated Number and Type of Award(s):	Up to twenty (20) grants
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 31, 2020 (4 years)
Eligible Applicants:	Eligible applicants include public and private non-profit entities, including faith-based and community organizations, as well as Federally-recognized Indian tribal governments and organizations.  [See Section III-1 of this Funding Opportunity Announcement (FOA) for complete eligibility information.]

### Application Guide

All applicants 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 funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guides* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

### Technical Assistance

The Federal Office of Rural Health Policy will hold a technical assistance webinar on **Monday, February 29, 2016 at 2:00 PM Eastern Standard Time** to assist applicants in preparing their applications. The technical assistance webinar is open to the general public.

The purpose of the webinar is to review the funding opportunity announcement (FOA), and to provide clarifying information that may be necessary. There will be a Q & A session at the end of the call to answer any questions. FORHP strongly recommends that potential applicants read this FOA prior to the webinar and have the FOA available during the webinar. While participation on the webinar is not required, it is highly recommended that anyone who is interested in applying for

this program plan to attend the webinar. FORHP has found that it is most useful to the applicants when the funding opportunity announcement is easily accessible during the webinar and questions are written down ahead of time for easy reference.

The Adobe Connect webinar link and call-in information are as follows:

*Meeting Name:* **Telehealth Network Grant Program**

*To join the meeting as a guest:* **<https://hrsa.connectsolutions.com/hrsa-16-012/>**

*Prior to joining, please test your web connection:*

**[https://hrsa.connectsolutions.com/common/help/en/support/meeting\\_test.htm](https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm)**

*Toll-free call in number (for audio):* **888-790-1954** (participants must call in to verbally ask questions)

*Participant Passcode for call in number:* **4171383**

*Instant replay information of call:*

*Toll-free call in number:* 800-839-9140

*Passcode:* 3516

*Available until:* April 29, 2016

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# I. Program Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Telehealth Network Grant Program (TNGP). The primary objective of the TNGP as noted in Section 330I(d)(1) is to demonstrate how telehealth programs and networks can improve access to quality health care services in rural, frontier, and underserved communities. TNGP networks are used to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making.

Networks proposed for this award must consist of at least two of the entities listed in Section III.1.b below. Applications are especially encouraged from networks that will demonstrate how telehealth can expand access to, coordinate and improve the quality of health care services through SBHCs, especially those which may also serve the broader community beyond normal school hours. SBHCs can facilitate expanding access to key health services in schools in rural high poverty areas (<https://www.congress.gov/congressional-report/114th-congress/senate-report/74/1>). As defined by the Children’s Health Insurance Program Reauthorization Act of 2009 (Section 2110(c) (42 U.S.C. 1397jj), a ‘school-based health center’ means a health clinic that— “(i) is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; (ii) is organized through school, community, and health provider relationships; (iii) is administered by a sponsoring facility; (iv) provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and (v) satisfies such other requirements as a State may establish for the operation of such a clinic. The term ‘sponsoring facility’ includes any of the following: (i) a hospital, (ii) a public health department, (iii) a community health center, (iv) a nonprofit health care agency, (v) a local educational agency or (vi) a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.”

Applicants must identify the clinical focus areas for their project and SBHCs are strongly encouraged to provide telehealth services for rural children that focus on: asthma, obesity reduction and prevention, behavioral health, diabetes, and oral health. These conditions were selected from a review of the literature on rural child health status, supported by the HHS Office of the Assistant Secretary for Planning and Evaluation, which identified these as health disparity indicators where telehealth can be an effective way to provide service.<sup>1</sup> According to the School-Based Health Alliance, these are conditions that health providers can positively impact within a school-based setting. (<http://www.sbh4all.org/resources/core-competencies/>)

In each proposed clinical area, applicants should present data to demonstrate need and set a baseline for current health status for the target population to be served. Applicants should also describe how the use of telehealth technology may improve outcomes for the target population

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<sup>1</sup> Natzke, B., Horner, L. (September 23, 2015). *Environmental Scan of Programs and Policies Addressing Health Disparities Among Rural Children in Poverty*. Retrieved from <https://aspe.hhs.gov/pdf-report/environmental-scan-programs-and-policies-addressing-health-disparities-among-rural-children-poverty>

and set targets for that population in each identified clinical area. For example, to demonstrate expanding access to care, applicants would be expected to show how they improved access to health care services that would not reasonably have been available without the use of telehealth technologies. Upon award, applicants will be required to report data including encounters, services delivered, and health outcomes. In the course of establishing those data measures, those baseline measures and targets identified by applicants may be amended at the discretion of HRSA.

To further elaborate on the program's statutory requirements, we seek innovative applications that meet new and emerging needs in a changing health care delivery system with a focus on value and improved health care outcomes. Awardees will take part in a broad program evaluation with common measures to assess across all grantees how the use of this technology affected health care outcomes. Upon award, recipients will be required to report on specific performance measures, such as: (a) types of telehealth network partner settings; (b) the number of encounters by specialty/service, by patient care setting (network facility), and by type of telemedicine encounter; (c) third party and grant reimbursement received for the encounters; (d) new services available in rural areas due to the grant; (e) patient and practitioner travel miles saved by each network facility; (f) number of Practitioner Referrals at each network facility. Additional information on performance measure reporting will be made available to recipients after September 1, 2016.

## **2. Background**

This program is authorized by Section 330I(d)(1) of the Public Health Service Act (42 USC 254c-14(d)(1)). Applicants are asked to explain how they intend to base their project on established clinical evidence, in accordance with the Improving Rural Health Care Initiative included in the FY 2016 President's Budget request. There is an emerging telehealth evidence base as noted in the recent Institute of Medicine (IOM) report, titled "The Role of Telehealth in an evolving Health Care environment" (2012) (<http://www.nap.edu/read/13466/chapter/1>). To the extent practical, applicants are encouraged to cite how their proposed approach will be based on established practices. This could include citing telehealth-related journal articles that detail approaches that are being replicated in their applications. Applicants are encouraged to work with their State or Regional Telehealth Resource Center in identifying promising practices. As noted below, and in keeping with the legislative requirements, **grants activities must serve rural communities, although the recipients may be located in either urban or rural areas.**

## **II. Award Information**

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

Types of applications sought: New

Funding will be provided in the form of a grant.

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

This program will provide funding during federal fiscal years 2016 – 2019. Approximately \$6,000,000 is expected to be available annually to fund up to twenty (20) recipients. Applicants may apply for a ceiling amount of up to \$300,000 per year. The project period is four (4) years.

Funding beyond the first year is dependent on the availability of appropriated funds for the “Telehealth Network Grant Program” in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government as well as compliance with data collection as specified by OAT post award.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award will be subject to the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#), which supersedes the previous administrative and audit requirements and cost principles that govern federal monies.

The limitation on indirect cost rates is 15 percent (Section 330I(1)(7) of the Public Health Service Act).

### **III. Eligibility Information**

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

##### **A) Eligibility and Geographic Requirements:**

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

In awarding grants, OAT will ensure, to the greatest extent possible, that grants are equitably distributed among the geographical regions of the United States (Section 330I(j)(1) of the Public Health Service Act). As a result, grants could be limited to one per State.

Current and former OAT Telehealth Network recipients are eligible to apply for funds through this announcement for the FY 2016 cycle. If previously funded through the TNGP, then the new TNGP proposed project must differ in sites/services/concept from that previous project.

OAT also recommends that applicants consult their State or Regional Telehealth Resource Center (TRC), to confirm that resources requested for Telehealth Network funding are not otherwise available as technical assistance from the TRC.

##### **B) Composition of the Telehealth Network:**

The telehealth network shall include at least two (2) of the following entities (at least one of which shall be a community-based health care provider):

- a. school-based health centers;
- b. community health centers or other Federally qualified health centers;
- c. health care providers, including pharmacists, in private practice;
- d. entities operating clinics, including rural health clinics;
- e. local health departments;
- f. nonprofit hospitals, including community access hospitals;
- g. other publicly funded health or social service agencies;
- h. long-term care providers;

- i. providers of health care services in the home;
- j. providers of outpatient mental health services and entities operating outpatient mental health facilities;
- k. local or regional emergency health care providers;
- l. institutions of higher education; or
- m. entities operating dental clinics.

## **2. Cost Sharing/Matching**

Cost Sharing/Matching is not required for this program.

## **3. Other**

Applications that exceed the ceiling amount of \$300,000 per year will be considered non-responsive and will not be considered for funding under this announcement.

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

NOTE: Multiple applications from an organization are not allowable.

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

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

HRSA *requires* applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the directions provided at [Grants.gov](https://www.grants.gov).

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

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

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 FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the 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 the announcement.**

### **Program-Specific Instructions**

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

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

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

The project abstract must be single-spaced and limited to one page in length. In addition to the information provided in the application guide, include the following information:

- a) **Funding Preferences** – A funding preference will be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference listed (see Section V.2.). If you are requesting a funding preference, please state it here.
- b) **Service Area** – Briefly identify the geographic service area that the telehealth network serves or will serve, including its size and population. Note how many full and partial Health Professional Shortage Areas (HPSAs) and full and partial Medically Underserved Areas (MUAs) the service area contains. Also note any mental health and/or dental HPSAs. Note any other critical characteristics of the service area and its population.
- c) **Needs, Objectives, and Projected Outcomes** – Briefly describe the identified needs and expected demand for services, project objectives, and expected outcomes.
- d) **School-Based Health Centers (SBHC)** – **Indicate the number of SBHCs to be supported through this TNGP opportunity.**
- e) **Clinical Services to be Provided** – List clinical services. ***Important: The project must provide clinical services for which performance measures can be developed. In particular, we encourage an emphasis on the SBHC focus areas listed above.***
- f) **Actual Patients/Persons Served** – Specify the actual number of unduplicated patients/ persons served during the prior year (specify year start and end dates) at network sites proposed for the TNGP project. Estimate (by site and year) the number of unduplicated patients/persons to be served at each network site during the first year of the project period and in subsequent years 2, 3, and 4.
- g) **Self-Assessment** – Briefly describe how the applicant plans to measure their progress achieving the goals stated in their application.
- h) **Outcomes - Telehealth Services** – Describe the project's anticipated added value to healthcare using telehealth resulting from the evaluation of the proposed services (e.g., clinical telemedicine, distance learning, and/or informatics).

- i) **Additional Activities** – Describe any additional services and activities for which the network is being utilized or will be utilized and include an estimated amount of time (administrative meetings, community meetings, etc.).
- j) **Sustainability** – Briefly describe activities to sustain the telehealth network once Federal funding ends.

**ii. Project Narrative**

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

Use the following section headers for the Narrative:

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

The applicant should succinctly describe the purpose of the proposed project. This section should include an overview of the telehealth network, its members and plans for addressing the health care service needs of the target population in rural areas.

- **NEEDS ASSESSMENT** - *Corresponds to Section V's Review Criteria #1Need and #2Response*

This section should describe the health care needs of the population living in the target area. The following items must be addressed within the needs assessment:

1. Describe the target population in the rural area identified by this project and describe the unmet health care service needs that are not available locally. Include the estimated size of the target population and delineate the counties or sub-county areas being addressed by the network project. Appropriate demographic data should be used and cited wherever possible to support the information provided.
2. Describe the level of poverty experienced by the population in the target area. Compare local data to State and Federal data where possible to highlight the area's unique need. Provide maps and data using the Census Bureau Small Area Income and Poverty Estimates, by visiting the following website:  
<http://www.census.gov/did/www/saipe/data/statecounty/>
3. Provide the 2016 Federal Medical Assistance Percentage (FMAP) for the applicant state(s) and describe how it may relate to need for sites included in the network.
4. Include a map that shows the location of network members along with the geographic area that will be served through the project. Include any other information that will help reviewers visualize and understand the scope of the proposed activities.
5. The applicant should identify gaps in existing service and activities that the program and network can perform to fill that gap.
6. Describe the evidence base or a promising practice to support the proposed project.

- **METHODOLOGY**- *Corresponds to Section V's Review Criteria#2 Response, , #4 Impact, #6 Support Requested, and #7 Assessing Technology and Integrating Administrative and Clinical Systems*

In completing this section, the applicant should address how the project will, specifically:

1. Based on the “Needs Assessment” section, define specific goals and objectives for this project. Describe the range of activities and strategies that will be utilized for achieving the project’s goals and objectives.
  2. Discuss and demonstrate the community’s willingness and ability to support the network’s solution to the target population. Discuss the strategies to be used for the coordination and integration of care among the patient, their family, the primary physician, the SBHC (where applicable) and the network.
  3. Discuss the telehealth reimbursement environment and if Medicaid, CHIP and/or private insurance in the applicant state(s) cover telehealth services.
  4. Describe technology requirements and each type of equipment employed along with its relevance to the project, how it contributes to cost-effective, timely, and accurate care, and ease of use.
  5. Describe plans and activities to implement the technology with assurances that the technology complies with existing federal and industry standards; that the technologies are interoperable (i.e., are an “open architecture”); and that the proposed technology can be easily integrated into health care practice.
- *WORK PLAN- Corresponds to Section V’s Review Criterion #4 Impact, #5 Resources and Capabilities, and #6 Support Requested*
    1. Describe the specific activities or steps that will be undertaken to achieve the objectives of the project. Use a time line that includes each activity and identifies responsible staff, including their ability to begin work on September 1, 2016. Describe the plan for managing the project. Provide a short description of the responsibilities of key staff members, and note the full-time equivalent (FTE) each staff person will devote to the project. Identify who, in a leadership position in the applicant organization, will be involved in the project and what their specific role and time commitment will be.
    2. Describe: (1) how the clinicians and other key individuals (e.g. consumers, patients, community leaders, youth, families, educators, school administrators) have been and/or will be involved in defining needs and prioritizing services to be delivered; (2) how clinicians, site coordinators, and other key individuals will be oriented to the project and trained; and (3) how clinicians and other champions will be identified and utilized within the project.
    3. Describe how the Network will allocate the staff resources to ensure appropriate data collection as specified after award for each of the clinical areas.
  - *RESOLUTION OF CHALLENGES - Corresponds to Section V’s Review Criteria #3 Evaluative Measures, #4 Impact, #5 Resources and Capabilities, and #7 Assessing Technology and Integrating Administrative and Clinical System*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

1. Identify key challenges and barriers related to network functions as a whole and those related to the service area, such as geographic, socioeconomic, linguistic, cultural, ethnic or other barriers, and discuss how the network plans to overcome identified barriers.

2. Describe how patients will be tracked between different components of the health care delivery system, including SBHCs (where applicable), and how health information will be shared with the patient's primary care provider.
  3. Describe how patients who will receive services will be identified and how their assessed needs feed into the program design and link to the telehealth services to be provided.
  4. Describe how the applicants will bill for services to third-party public and private insurers and collect and retain those records for use in a broader program evaluation to be conducted by HRSA.
  5. Describe the actions to be taken to assure the privacy of patients and clinicians using the system and the confidentiality of information transmitted via the system, including the HHS Office of the National Coordinator for Health Information Technology (ONC) initiatives relating to Electronic Health Records (EHRs), including the Centers for Medicare and Medicaid Services (CMS) initiatives relating to meaningful use, including how the applicant will comply with Federal and State privacy and confidentiality, including HIPAA regulations (implementing the Health Insurance Portability and Accountability Act of 1996 - see <http://www.hhs.gov/ocr/hipaa/>).
  6. Describe, as appropriate, efforts to receive funding and expected assistance from Universal Service Rural Health Care programs (see <http://www.universalservice.org/rhc/>).
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY- Corresponds to Section V's Review Criteria #3 Evaluative Measures, #5 Resources and Capabilities and #6 Support Requested*
    1. In an effort to maximize allocation of award funds towards project activities, the applicant is not required to conduct a formal evaluation but rather a self-assessment at the end of their project period. The self-assessment will provide information to identify the project's strengths and areas for improvement.
    2. Applicants will be expected to report on the following: types of telehealth network partner settings; number of encounters and claims submitted and reimbursed by specialty/service, by patient care setting, and by type of telemedicine encounter; service availability in rural areas; patient travel miles saved; and number of practitioner referrals. Additionally, applicants will be expected to track outcomes related to conditions such as asthma, obesity reduction and prevention, behavioral health, diabetes, and oral health for children and adolescents receiving services through SBHCs (where applicable). Applicants should not propose a formal evaluation as that will be done by HRSA across all of the awardees.
  - *ORGANIZATIONAL INFORMATION - Corresponds to Section V's Review Criteria#4 Impact, #5 Resources and Capabilities , #6 Support Requested, #7 Assessing Technology and Integrating Administrative and Clinical Systems, and Attachments 3-8*
    1. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
    2. Describe previous activities conducted by the network that have had an impact on improving health in rural areas.
    3. Describe the ability of the network member sites and organizations to implement the project, including their ability to build partnerships and community support, and effectively target populations in rural areas.

4. Describe the network governance, including effective coordination of network member activities in the project.
5. Explain the relationship of the network project to the applicant organization's overall strategic/financial plan.
6. Describe how the information provided in the Project Organizational Chart (**Attachment 8**) contributes to the ability of the organization to conduct the program requirements and meet program expectations.
7. Briefly describe how the organization will function in developing or expanding a telehealth network, based on the information provided in Attachments 3 - 8.

In addition, each partner within the project should:

- Have a clearly defined role and a specific set of responsibilities for the project;
- Provide clearly defined resources (e.g., funding, space, staff) to benefit the network;
- Have a signed and dated Memorandum of Agreement (MOA) (**Attachment 5**) that delineates the member's role and resource contribution, and decisions on equipment placement and responsibility for maintenance throughout the funding period and beyond.

<b>NARRATIVE GUIDANCE</b>	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need (2) Response
Methodology	(2) Response (4) Impact (6) Support Requested (7) Assessing Technology and Integrating Administrative and Clinical Systems
Work Plan	(4) Impact (5) Resources/Capabilities (6) Support Requested
Resolution of Challenges	(3) Evaluative Measures (4) Impact (5) Resources and Capabilities (7) Assessing Technology and Integrating Administrative and Clinical Systems
Evaluation and Technical Support Capacity	(3) Evaluative Measures (5) Resources/Capabilities (6) Support Requested
Organizational Information	(4) Impact (5) Resources/Capabilities (6) Support Requested (7) Assessing Technology and Integrating Administrative and Clinical Systems

**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 differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, *if applicable*, the additional budget instructions provided below.

**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.

Applicants must submit a separate program-specific line item budget for each year of requested funding of the proposed project period, and upload it as **Attachment 2**. The program specific line item budget should reflect allocations for each 12 month budget period. Applicants must provide a consolidated budget that reflects all costs for proposed activities, including those for contractors.

**Allowable Costs** (Section 330I(d)(1))

**Use of Grant Funds:**

Grant funds may be used for salaries, equipment, and operating or other costs, including the cost of:

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

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L.114-113) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations will apply in FY 2016, as required by law.

**iv. Budget Justification Narrative**

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

In addition, the TNGP requires the following:

Detailed Budget Information is needed to capture information specific to the proposed telehealth activities. It provides a detailed break-out of how each Network site will expend funds requested for each Object Class Category. The Detailed Budget Information allows the applicant to identify how federal funds will be expended for each proposed site within the network.

The initial budget period for this funding opportunity is from 09/1/2016 – 8/31/2017. The applicant must provide a budget for each year of requested funding for each Object Class category that reflects the cost for proposed activities for each Network member/site. Based on the budget for each Object Class category, the applicant will develop a consolidated budget. The submission for the Detailed Budget in this subsection should be submitted as **Attachment 2**.

**Important - Each Object Class Category** should be reported on a separate page (or multiple pages if needed based on the number of network sites). The Object Class Categories that should be reported are as follows: Personnel/Fringe Benefits; Travel; Equipment; Supplies; Subcontracts; Other; and Indirect Costs. Each page should identify the Object Class Category and the Name of the Applicant and Network Member site. For each site, indicate if it is located in an urban area or a rural area. The definition of rural sites is based on the Rural Urban Commuting Area Codes (see **Attachment 1**).

**Combined Object Class Totals:** On one page, using the identical format for the Detailed Budget discussed above, summarize Federal and Non-Federal Costs for combined costs of all Object Classes for the Applicant and each Network Member Site. *Please include Indirect Costs in the summary worksheets when calculating these totals.*

In subsequent years, if the program-specific line item budget requires changes, then an adequate justification should be provided in the annual non-competing progress report. It is recommended that you present your line item budget in table format, listing each Object Class category for each Network Member Site name (Applicant site first) on the left side of the document, and the program corresponding costs (OAT- Federal Dollars, Other Federal Dollars, Federal Subtotal, Applicant/Network Partners Non-Federal Dollars, State Non-Federal Dollars, Other Non-Federal Dollars, Non-Federal Subtotal Dollars, and Total Dollars) across the top. Please label each site as being rural or urban. Under Personnel, please list each position by position title and name, with annual salary, FTE, percentage of fringe benefits paid, and salary charged to the grant for each site. Equipment should be listed under the name of the site where the equipment will be placed. List the types of equipment to be funded at each site. Only equipment expenditures should be listed here (personnel costs for equipment installation should be listed in the "Other" category). Equipment expenditures are limited to a 40 percent cap per year by statute (Section 330I(1)(2) of the Public Health Service Act). Transmission costs and clinician payments (limited to \$90 per session/encounter at each site for the proposed telehealth network) should be listed in the "Other" category. Indirect costs are for applicant sites only and are limited, by statute, to 15 percent of the total budget [Public Health Service Act Section 330I(1)(7)]. The amount requested on the SF-424A and

the amount listed on the line item budget must match. It is recommended that **Attachment 2** be converted to a PDF to ensure page count does not change when the document is uploaded into [www.grants.gov](http://www.grants.gov) .

**For Revenues by Site (for the budget period):** On a single separate page, report as two vertical columns. The left column should list each Network site starting with the Applicant site on the top followed downward by each Network Member Site; and the right column should list a revenue total corresponding to each Applicant/Network Member site. Include this document in **Attachment 2**.

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

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

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

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

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



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

**For this program, indirect costs are limited to 15% of the total grant funds and must apply to the activities funded under this program [Public Health Service Act Section 330I(1)(7)]** A copy of the most recent indirect cost agreement must be provided as

**Attachment 12. Program Income:** Discuss the planning assumptions used to determine the amount of estimated program income indicated in the total project budget. ‘*Program Income*’ is defined as gross income—earned by a recipient, sub-recipient, or a contractor under a grant—directly generated by the grant-supported activity or earned as a result of the award.

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

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

v. **Attachments**

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

*Attachment 1: Rural ID Eligibility*

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

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

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

<http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx>

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

**Rural ID Eligibility Headings: HEADINGS REQUIRING RESPONSES:**

- **Name of Site** – List the name of the Network Member Site.
- **Street Address** – Include City, State and Zip Code.
- **County** – List name of County.
- **Is this a Telehealth Network Rural Originating site or Destination site?**
- **Is the Telehealth Network Rural Originating site a School-Based Health Center (SBHC)?** Yes/No

**Do application attachment numbers 5& 9 contain evidence that each Network Member Site is committed to the project for Year 1?** Yes/No

*Attachment 2: Detailed Budget Information*

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

*Attachment 3: Work Plan.*

See Section IV.2.ii. Project Narrative for additional information.

*Attachment 4: Network Identification Information*

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

A. The Applicant Site:

- Network Name (Provide the name of the proposed telehealth network)
- Site name and address
- National Provider Identifier and Primary Taxonomy if the site bills for service. See <https://npiregistry.cms.hhs.gov/> If the site name or address do not match the NPI registration, please explain.
- HCP number (if the site receives Universal Service funding). See <http://www.usac.org/rhc>
- Indicate whether this is a currently active or new destination or originating site (Note: if a new site, indicate the year it will be added to the network)
- If a School-Based Health Center, indicate which of these services it will receive: asthma, obesity reduction and prevention, behavioral health, diabetes, and/or oral health

- Name, address, designated contact person, phone, fax, email, and URL for the applicant
- County where applicant site is located
- Population of County where applicant site is located
- Indicate whether the applicant site is located in the following areas:
  - (i) An urban or rural area
  - (ii) A Health Professional Shortage Area (HPSA)
  - (iii) A Partial Health Professional Shortage Area (p-HPSA)
  - (iv) A Medically Underserved Area (MUA)
  - (v) A Partially Medically Underserved Area (p-MUA)
- Description of the site's facility
  - a. School-Based Health Center
  - b. community health center or other Federally Qualified Health Center
  - c. health care provider, including a pharmacist, in private practice
  - d. entity operating a clinic, including a Rural Health Clinic
  - e. local health department
  - f. nonprofit hospital, including a Critical Access Hospital
  - g. other publicly funded health or social service agency
  - h. long-term care provider
  - i. provider of health care services in the home
  - j. provider of outpatient mental health services and an entity operating an outpatient mental health facility
  - k. local or regional emergency health care provider
  - l. institution of higher education
  - m. entity operating a dental clinic

**B. Successive Network Member Sites:**

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

*Attachment 5: Memorandum of Agreement and/or Description(s) of Proposed/Existing Contracts:*

Provide any documents that describe working relationships between the applicant agency and each member of the network, as part of the application for this FOA. Each Memorandum of Agreement shall be executed by the listed contact in the application or other appropriate official from the originating site with authority to obligate the originating site to the project. The Memorandum of Agreement will include a cover page on the letterhead of each respective originating site. Each memorandum will be tailored to the particular originating site and contain, as a minimum, the originating site's (a) clearly defined roles and specific set of responsibilities for the project; (b) clearly defined resources (e.g., funding, space, staff) to benefit the network; (c) past and current activities in participating in planning and implementing the Telehealth project; and, (d) the originating site's resource contribution, and decisions on equipment placement and responsibility for maintenance throughout the funding period and beyond. All Memorandum of Agreements must be dated and contain original signatures from the authorized representatives. MOAs containing generic information not referencing and

relevant to the proposed telehealth network grant project, are not acceptable. In addition, documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverables.

Note: Evidence must be provided that all network partners, including health and human/social service organizations, are committed to the project and are ready to implement the project on September 1, 2016, for Year 1. Signed Memorandum of Agreements (MOA) from those network partners committed to the proposed project must be included in the application. Applicants failing to submit verifiable information with respect to the commitment of network partners, including specific roles, responsibilities, and services being provided, will be deemed incomplete and will not be considered for funding.

*Attachment 6: Position Descriptions for Key Personnel.*

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

*Attachment 7: Biographical Sketches of Key Personnel.*

Keep each bio to one page in length if possible. For each key person assigned to the project, including key personnel at all network member sites, provide biographical sketches. Highlight the qualifications (including education and past experience) that each person has to carry out his/her respective role. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. **DO NOT SUBMIT FULL CURRICULUM VITAE.**

*Attachment 8: Project Organizational Chart*

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

*Attachment 9: Letters of Support*

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

*Attachment 10: Request for Funding Preference*

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification. See [Section V.2](#).

*Attachment 11: Proof of Non-profit Status*

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

*Attachment 12: Indirect Cost Rate Agreement (if applicable)*

For this program, indirect costs are limited to 15% of the total grant funds and must apply to the activities funded under this program [Public Health Service Act Section 330I(1)(7)].

*Attachment 13: Other documents, as necessary (i.e. Maps)*

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

### **3. Dun and Bradstreet Universal Numbering System Number and System for Award Management**

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant 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 it has 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 an applicant/recipient organization has 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- 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](#).

**Applicants that fail to allow ample time to complete registration with SAM or Grants.gov 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 funding opportunity announcement is April 8, 2016 at 11:59 P.M. Eastern Time.

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

#### **4. Intergovernmental Review**

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

It is the applicant's responsibility to identify what is needed to be done within their state's intergovernmental review process. See Section 4.1 ii of HRSA's SF-424 Application Guide for additional information.

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

#### **5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than \$300,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

- 5) to purchase or install general purpose voice telephone systems;
- 6) for construction; or
- 7) for expenditures for indirect costs, to the extent that the expenditures would exceed 15 percent of the total grant funds.

The General Provisions in Division H, of the Consolidated Appropriations Act, 2016 (P.L. 114-113), apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

## **V. Application Review Information**

### **1. Review Criteria**

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

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

Review Criteria are used to review and rank applications. The TNGP has seven (7) review criteria:

*Criterion 1: NEED (20 points)—Corresponds to Section V's Introduction and Needs Assessment*

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

1. Clearly identified the rural areas and specific SBHCs (where applicable) to be served by this project, using county and sub-county level data.
2. Described the target population and its unmet health needs, specifically describing the lack of access to health care experienced by children and adolescents (if applicable). Describe the socio-economic challenges of the service area including burden of poverty, etc.
3. Utilized appropriate data sources (e.g., local, State, Federal) to substantiate the need for the project, including providing quantifiable information on the lack of existing health care services/programs available in the applicant's target area. The Federal Medical Assistance Percentages will also be considered as a proxy for lack of community financial resources to implement telehealth services without a network grant.

*Criterion 2: RESPONSE (20 points)—Corresponds to Section IV’s Needs Assessment and Methodology*

The application will be evaluated based on the extent to which the application responds to the “Methodology” and “Needs Assessment” sections to address the project’s goals and objectives.

**This Criterion is comprised of two parts: a. Goals and Objectives (maximum 10 out of 20 points); and b. Benefits (maximum 10 out of 20 points)**

**a. Goals and Objectives (maximum 10 out of 20 points)** – The extent to which the application proposes project goals and objectives that: relate to identified community needs, market demand and the TNGP; are consistent with the rationale for the proposed project; are measurable, outcome-oriented, time-limited, and achievable; and, are consistent with the applicant organization’s mission.

The application will be evaluated based on the extent to which the project Goals and Objectives describe:

1. The adequacy of the applicant’s strategy to address the health care needs of the target population living in rural areas through telehealth networks including SBHCs (where applicable).
2. The evidence base or a promising practice cited to support their planned project.
3. The alignment of the project’s proposed health care services and SBHCs (where applicable) to the demand of the target community (ies) and, as appropriate, neighboring communities, considering existing use and referral patterns.

**b. Benefits (maximum 10 out of 20 points)** - The extent to which the application proposes: quantifiable benefits of the clinical services being delivered by the project through the use of telehealth technologies being used, and how the benefits relate to the mission of the applicant and the needs of the community; the actual community demand for the services to be provided; and the extent to which the chosen technology is the optimum solution that justifies the costs (both equipment and human) of its deployment.

The application will be evaluated based on:

1. The extent to which the application proposes quantifiable benefits of the clinical services being delivered by the project, and how the benefits relate to the mission of the applicant and the needs of the community.
2. The extent to which the proposed technology is medically effective and cost-effective way to address the identified health problem(s) including conditions such as asthma, obesity reduction and prevention, behavioral health, diabetes, and oral health.
3. The extent to which the applicant demonstrates knowledge of technological and human resources in the community and how the proposed projected infrastructure can be supported.

*Criterion 3: EVALUATIVE MEASURES (5 points)— Corresponds to Section IV’s Resolution of Challenges and Evaluation and Technical Support Capacity*

1. The appropriateness of the plan for completing a program assessment and the effectiveness of the methods proposed to monitor and assess the project results.
2. The extent to which the specific goals and objectives to be achieved by the applicant can be measured.



3. The extent to which the applicant describes obstacles and solutions to implementing the program assessment.

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

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

**a. Sustainability (maximum 10 out of 20 points)**

The extent to which the application documents how the project will be sustained during and after the period of federal grant funding as evidenced by: financial and other commitment of the applicant and project partners to the project; community involvement and support in formulating and sustaining the network; network management, including integration of the project into the long-term strategic plans of the participating institutions; operational project management; marketing and community education and outreach activities to build support; and financial and business planning (analyses of: project costs and benefits, revenues and expenses, tangible and intangible, benefits, etc.).

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

1. Satisfactorily documented the community's willingness and ability to support the network's solution and SBHCs (where applicable).
2. Demonstrates knowledge regarding reimbursement for services provided via telehealth technologies to the target population, in the state(s) identified.
3. Has a potential for non-grant reimbursement of telehealth services provided by the network.
4. If non-grant reimbursement is unavailable, has a plan for clinician reimbursement not exceeding the \$90 per session/encounter limit.
5. Will integrate existing clinical resources to serve the health care needs of the target population.
6. Outlines a realistic plan for sustainability after federal support ends, taking into consideration challenges and barriers that will be encountered.

**b. Project Impact and Information Dissemination (maximum 10 out of 20 points)**

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

1. Extent to which the applicants demonstrate the strength of their approach and success in serving the target population.
2. Satisfactorily describes the projected number of patients that will be served through the proposed telehealth network grant project each year, and provides rationale for any changes in projected numbers from year to year.
3. Preparation to report on specific performance measures including process, clinical and outcome measures.

*Criterion 5: RESOURCES/CAPABILITIES (15 points)—Corresponds to Section IV’s Workplan, Resolution of Challenges, Evaluation and Technical Support Capacity, and Organizational Information*

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

This Criterion is comprised of two parts:

- a. Network Experience/ Network Member Sites including, as applicable, Network Partner Rural Spoke sites and Hub site(s) and Network Organization (maximum 7 out of 15 points)
- b. Clinician Acceptance and Support (maximum 8 out of 15 points)

**a. Network Experience/ Network Member Sites including, as applicable, Network Partner Rural Spoke sites and Hub site(s) and Network Organization (maximum 7 out of 15 points)**

1. The quality of the technical and organizational ability to implement the proposed project, including the size of the network, governance structure of the project, and involvement of network members, in the project.
2. Extent to which the network has conducted previous activities that have had an impact on improving the health and well-being of the rural population through telehealth technologies.

**b. Clinician Acceptance and Support (maximum 8 out of 15 points)**

1. The extent to which the applicant provides evidence to support the work plan that shows it will be ready to begin to implement the project upon grant award.
2. The extent of commitment, involvement and support of senior management and clinicians in developing and operating the project; clinicians’ understanding of the challenges in project implementation and their competence and willingness to meet those challenges; the commitment of resources for training staff and technical support to operate and maintain the system; and, the extent to which the technology is integrated into clinician practice.
3. Appropriateness of the responsible individual(s) and organization(s) and a timeline for each activity for all four years.

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Methodology, Workplan, Resolution of Challenges, Evaluation and Technical Support Capacity, and Organizational Information*

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

1. Is realistic and justified in terms of the project goal(s), objectives, and proposed activities, and the budgeted costs are necessary, and justifiable to implement and maintain the project, including the human and technical infrastructure.
2. Documents a realistic, necessary, and justifiable full-time equivalents (FTEs) and expertise necessary to implement and maintain the project.

3. Is complete and detailed in supporting each line item and allocating resources for each year of the project period.
4. Documents experience with regard to technical costs of hardware and software, and telecommunication charges, describing appropriate costs of deploying technology and operating the project on an ongoing basis.
5. Describes cost savings expected through the Universal Service Rural Health Care Program (see <http://www.universalservice.org/rhc/> ).

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

The application will be evaluated on the extent to which the applicant and network members demonstrate knowledge of technical requirements and rationale for cost-effective deployment and operation including:

1. The ability to integrate administrative and clinical information systems within the proposed telehealth network through technologies that are upgradeable and scalable.
2. Justifying the technology as the optimum and most efficient technology to meet the identified need.
3. Explaining how the project will ensure the privacy of patients and clinicians using the system and the confidentiality of information transmitted via the system, including compliance with Federal and State privacy and confidentiality, including HIPAA regulations.
4. Describing knowledge of telecommunications transmission services available in the project service area, and justify the deployment at each site considering the range of choices available.
5. Describing the ability to integrate administrative and clinical information systems with the proposed telehealth system and school-based health center network partners.

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

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

### **Funding Preferences**

This program provides a funding preference for some applicants as authorized by Section 330I(i) of the Public Health Service Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The funding preference will be verified by the Objective Review Committee, provided the applicant has requested a funding preference(s) in their application. The law provides that a funding preference be granted to any qualified, Lead Applicant, which specifically requests the preference and meets the criteria for the preference as follows:

Applications that qualify for a funding preference(s) will be funded ahead of other approved applications. ***Preference will be given to an eligible entity that meets at least one (1) of the following requirements:***

- (A) ORGANIZATION – the eligible entity is a **rural** community-based organization or another community-based organization.
- (B) SERVICES – the eligible entity proposes to use Federal funds made available through such a grant to develop plans for, or to establish, telehealth networks that provide mental health, public health, long-term care, home care, preventive, or case management services.
- (C) COORDINATION – the eligible entity demonstrates how the project to be carried out under the grant will be coordinated with other relevant federally funded projects in the areas, communities, and populations to be served through the grant.
- (D) NETWORK – the eligible entity demonstrates that the project involves a telehealth network that includes an entity that –
  - (i) provides clinical health care services, or educational services for health care providers and for patients or their families; and
  - (ii) is—
    - (I) a public library;
    - (II) an institution of higher education; or
    - (III) a local government entity.
- (E) CONNECTIVITY.—the eligible entity proposes a project that promotes local connectivity within areas, communities, and populations to be served through the project.
- (F) INTEGRATION.—the eligible entity demonstrates that clinical health care information has been integrated into the project.

### **Funding Priorities**

A funding priority is defined as the favorable adjustment of review scores when applications meet specified criteria. **Applicants do not need to request funding priorities.** Prior to final funding decisions, HRSA will assess all TNGP applications within the fundable range for eligibility to receive priority point adjustment(s). Applications are eligible to receive fifteen priority points if the following conditions are met:

- ***The network includes School-Based Health Centers (5 points):*** As defined by the Children’s Health Insurance Reauthorization Act of 2009 (Section 2110(c) (42 U.S.C. 1397jj), a ‘school-based health center’ means a health clinic that— “(i) is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; (ii) is organized through school, community, and health provider relationships; (iii) is administered by a sponsoring facility; (iv) provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and (v) satisfies such other requirements as a State may establish for the operation of such a clinic. The term ‘sponsoring facility’ includes any of the following: (i) A hospital. (ii) A public health department. (iii) A community health center. (iv) A nonprofit health care agency. (v) A school or school system. (vi) A program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.”
- ***The proposed telehealth network project includes three or more rural SBHC originating sites (5 points).***

- ***The proposed telehealth network plans to address delivery of all of the clinical services for SBHC's specified in the purpose section of this funding opportunity announcement: asthma, obesity reduction and prevention, behavioral health, diabetes, and oral health (5 points)***

### **3. Assessment of Risk**

The Health Resources and Services Administration 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).

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

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS.

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

### **4. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of September 1, 2016.

## **VI. Award Administration Information**

### **1. Award Notices**

The Notice of Award will be sent prior to the start date of September 1, 2016. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements**

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

### **3. Reporting**

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **Performance Measures:** Upon award, recipients will be required to report on specific performance measures, such as:
  - a. Types of telehealth network partner settings.
  - b. The number of encounters by specialty/service, by patient care setting (network facility), and by type of telemedicine encounter.
  - c. Third party and grant reimbursement received for the encounters.
  - d. New services available in rural areas due to the grant.
  - e. Patient and practitioner travel miles saved by each network facility.
  - f. Number of Practitioner Referrals at each network facility.

Additional information on performance measure reporting will be made available to recipients after September 1, 2016.

- 3) **Final Report:** A final report is due within 90 days after the project period ends. The final report will collect information such as program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire project period. The final report must be submitted on-line by recipients in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>. Further information will be provided upon receipt of reward.
- 4) **OAT Recipient Directory:** Applicants accepting this award must provide information for OAT's Recipient Directory Profiles. Further instructions will be provided by OAT. The current Telehealth directory is available online at: <http://www.hrsa.gov/telehealth>.
- 5) **Final Sustainability Plan:** As part of receiving the grant, recipients are required to submit a final Sustainability Plan by month three of the fourth year of their grant period. This sustainability plan will be different and more robust in comparison to the plan submitted with the original application. Further information will be provided upon receipt of the award.
- 6) **Final Assessment Plan.** Recipients are required to submit a final assessment plan detailing the strategy for assessing performance measures (implementation and operations) to determine program effectiveness so that adjustments, as needed, can be made. Further information will be provided upon receipt of the award.
- 7) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [2 CFR 200 Appendix XII](#).

## VII. Agency Contacts

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

Sola Dada, MHA  
Grants Management Specialist  
Attn.: RCP-TNGP  
HRSA Division of Grants Management Operations, OFAM  
5600 Fishers Lane, Room MS 10NWH04  
Rockville, MD 20857  
Telephone: (301) 443-0195  
Email: [Odada@hrsa.gov](mailto:Odada@hrsa.gov)

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

Carlos Mena  
Public Health Analyst  
Office for the Advancement of Telehealth  
ATTN: TNGP  
Federal Office of Rural Health Policy, HRSA  
5600 Fishers Lane  
Room 17W49B  
Rockville, MD 20857  
Telephone: (301) 443-3198  
Fax: (301) 443-1330  
Email: [cmena@hrsa.gov](mailto:cmena@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

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

## VIII. Other Information

### 1. Common Definitions

For the purposes of this Telehealth Network Grant Program, the following definitions apply:

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

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

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

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

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

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

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

**Poverty** – The U.S. Department of Agriculture officially defines it as having an income below a federally determined poverty threshold.

**Project Period** – The total time for which federal support of a discretionary project has been approved. A project period may consist of one or more budget periods. For this grant program, the project period will generally consist of four (4) budget periods.



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

**School-Based Health Center (SBHC)** – As defined by the Children’s Health Insurance Reauthorization Act of 2009 (Section 2110(c) (42 U.S.C. 1397jj), a ‘school-based health center’ means a health clinic that— “(i) is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; (ii) is organized through school, community, and health provider relationships; (iii) is administered by a sponsoring facility; (iv) provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and (v) satisfies such other requirements as a State may establish for the operation of such a clinic. The term ‘sponsoring facility’ includes any of the following: (i) a hospital; (ii) a public health department; (iii) a community health center; (iv) a nonprofit health care agency; (v) a local educational agency; (vi) a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.”

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

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

**Telemedicine Session/Encounter** – An interaction relating to the clinical condition or treatment of a patient utilizing telemedicine technologies over distance. It is the process by which a clinical service is delivered. The session may be interactive (i.e. in real-time) or asynchronous (i.e. using store-and-forward technology). Examples of sessions include, but are not limited to the following: an interaction between two practitioners, with or without the patient present, regarding the diagnosis and/or treatment of the patient; an interaction between a specialty practitioner and a patient; a session involving two interdisciplinary health care teams with or without the patient and patient's family present; a session between a home care health professional and an individual in the home; and an interaction between a practitioner and a student in elementary or high school-based health centers. Professionals from a variety of health care disciplines may be involved in requesting and/or providing telemedicine sessions/encounters including, but not limited to: physicians, physician assistants, dentists, dental hygienists, nurses, nurse practitioners, nurse-midwives, clinical nurse specialists, physical therapists, occupational therapists, speech therapists, clinical psychologists, clinical social workers, substance abuse counselors, podiatrists, optometrists, dietitians/nutritionists, pharmacists, optometrists, EMTs, etc.

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

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