

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Health Resources & Services Administration

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

***Telehealth Center of Excellence***

**Funding Opportunity Number:** HRSA-17-123  
**Funding Opportunity Type(s):** Initial: New  
**Catalog of Federal Domestic Assistance (CFDA) Number:** 93.211

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2017

**Application Due Date: August 21, 2017**

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

**Issuance Date: July 19, 2017**

Sarah Bryce  
Team Lead, Office for the Advancement of Telehealth  
Telephone: (301) 443-5982  
Fax: (301) 443-1330  
Email: [sbryce@hrsa.gov](mailto:sbryce@hrsa.gov)

Authority: Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)) and the Consolidated Appropriations Act, 2017 (Public Law No. 115-31)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP), Office for the Advancement of Telehealth (OAT), is accepting applications for fiscal year (FY) 2017 for a Telehealth Center of Excellence. The primary purpose of this program is to examine the efficacy of telehealth services in rural and urban areas. The Telehealth Center of Excellence will be located in a public academic medical center that:

- Has a successful telehealth program with a high annual volume of telehealth visits;
- Is financially self-sustaining; and
- Has established programs that provide telehealth services in medically underserved areas with high chronic disease prevalence and high poverty rates.

Funding Opportunity Title:	Telehealth Center of Excellence
Funding Opportunity Number:	HRSA-17-123
Due Date for Applications:	August 21, 2017
Anticipated Total Annual Available FY17 Funding:	\$1,000,000
Estimated Number and Type of Award(s):	1 cooperative agreement
Estimated Award Amount:	Up to \$1,000,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 30, 2017 through September 29, 2020. (3 years)
Eligible Applicants:	Eligible applicants must be public academic medical centers located in states with high chronic disease prevalence, high poverty rates, and a larger percentage of medically underserved rural areas.  See <a href="#">Section III-1</a> of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), 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. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

## **Technical Assistance**

The following technical assistance webinar has been scheduled:

### *Webinar*

Day and Date: Tuesday, August 1, 2017

Time: 2 – 3 p.m. ET

Call-In Number: 1-888-603-6973

Participant Code: 8827004

Weblink: <https://hrsa.connectsolutions.com/telehealthcoe/>

Playback Number: 1-800-884-1527

Passcode: 5982

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice solicits applications to support a Telehealth Center of Excellence. The primary purpose of this program is to examine the efficacy of telehealth<sup>1</sup> services in rural and urban areas. The Telehealth Center of Excellence will be located in a public academic medical center that:

- Has a successful telehealth program with a high annual volume of telehealth visits;
- Has an established reimbursement structure that allows telehealth services to be financially self-sustaining; and
- Has established programs that provide telehealth services in medically underserved areas with high chronic disease prevalence and high poverty rates.

The Telehealth Center of Excellence will serve as a national clearinghouse for telehealth research and resources, including technical assistance. To achieve that goal, the Telehealth Center of Excellence should have substantial experience operating a telehealth program that offers a broad range of clinical services and has experience demonstrating how their efforts have improved access to care and enhanced health outcomes for their patients.

The range and use of telehealth services has expanded over the past several decades. Traditional telehealth models deliver care to patients at a series of originating (or spoke) sites from a specialist working at a distant (or hub) site. It has proven capabilities to reduce travel time, increase access to specialty care, and improve patient safety, quality of care, and provider support. Telehealth services can be especially beneficial to rural communities, which are often older and sicker than their urban counterparts and have fewer specialists per capita.<sup>2</sup> Medically underserved areas, particularly those with high rates of chronic disease and poverty, can benefit from using telehealth technology to receive vital health care services close to home.

The successful applicant for the Telehealth Center of Excellence will be required to work closely and collaborate with other relevant entities, including other FORHP-funded award recipients. In particular, the Telehealth Center of Excellence awardee will need to work closely with the National and Regional Telehealth Resource Centers (TRCs)<sup>3</sup> and the Rural Telehealth Research Center.<sup>4</sup> The Regional TRCs assist health care organizations, networks and providers implement cost-effective telehealth programs to serve rural and medically underserved areas and populations as well as serve as focal points for advancing the effective use of telehealth technologies in their respective

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<sup>1</sup> The Office for the Advancement of Telehealth defines Telehealth as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

<sup>2</sup> 2014 Update of the Rural-Urban Chartbook <https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf>

<sup>3</sup> <http://www.telehealthresourcecenter.org/>

<sup>4</sup> <https://www.ruralhealthresearch.org/centers/telehealth>

states. There are two National TRCs, one with a focus on telehealth policy and one with a focus on telehealth technology, which support the Regional TRCs. The purpose of the Rural Telehealth Research Center is to increase the amount of publically available clinically informed and policy relevant telehealth research.

The Telehealth Center of Excellence will serve a distinct purpose from the programs described above, but it is important that all three programs work collaboratively with OAT to ensure that work plans are complementary and work towards the overarching goal of growing telehealth nationally. The Telehealth Center of Excellence will share its expertise operating a successful, high volume, clinically diverse telehealth program and will use that base to explore new telehealth applications, examine the efficacy of telehealth, plan better integration of telehealth services into health care delivery, and examine the impact of telehealth on federal health care spending.

Lastly, the Telehealth Center of Excellence will need to effectively demonstrate over the course of the project period how telehealth programs and networks can improve access to health care services in rural and underserved communities, particularly those with high rates of poverty and chronic disease. To that end, the Telehealth Center of Excellence will be required to gather and submit performance data (including clinical and claims data) on a wide range of telehealth metrics related to the overall purpose of the funding opportunity to examine the efficacy of telehealth services in rural and urban areas.

***Important.*** *This NOFO is not intended to fund the development or expansion of a telehealth network. Applicants must have an existing telehealth program that meets the requirements outlined in this notice.*

## **2. Background**

This program is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)) and directed by the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2017 (Public Law No. 115-31).

FORHP is the focal point for rural health activities within the Department of Health and Human Services (HHS). FORHP plays two distinct but complementary roles within HHS. The first is to advise the Secretary on rural policy issues across the Department, including interactions with the Medicare and Medicaid programs, and support policy-relevant research on rural health issues. The second is to administer grant programs focused on supporting and enhancing health care delivery in rural communities. By locating both functions in the same office, FORHP is able to use its policy role to inform the development of grant programs and its grant role to provide community-level perspective when assessing the impact of HHS policy on rural areas.<sup>5</sup> OAT is located within FORHP and supports a wide range of telehealth activities. Information about current FORHP/OAT programs is located on the FORHP website: <https://www.hrsa.gov/ruralhealth/telehealth/>.

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<sup>5</sup> FORHP homepage <http://www.hrsa.gov/ruralhealth/>.

## **II. Award Information**

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

Type of applications sought: New.

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

#### **HRSA Program involvement will include:**

- Participating in conference calls or meetings with the Telehealth Center of Excellence;
- Supporting effective collaboration between the Telehealth Center of Excellence and HRSA's National and Regional Telehealth Resource Center and Rural Health Research Center programs;
- Involvement and assistance connecting the Telehealth Center of Excellence to other HRSA programs or other federal agencies involved with telehealth;
- Ongoing review of activities and input on content or approach;
- Identifying or suggesting special projects, studies, products or publications;
- Reviewing products or publications before dissemination; and
- Identifying entities or networks to receive technical assistance.

#### **The Telehealth Center of Excellence responsibilities will include:**

- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (Acknowledgement of Federal Funding);
- Completion of activities proposed in the application except as modified in consultation with HRSA;
- Participation in conference calls or meetings with HRSA;
- Collaboration with HRSA in ongoing review of activities and budgets;
- Timely response to requests for assistance or training from telehealth providers or programs;
- Providing assistance or training to telehealth providers or programs without charge, within approved budget;

- Coordination with other HRSA telehealth awardees to avoid duplication of effort and provide a unified approach to advancing telehealth;
- Assessment of the telehealth field and work with stakeholders to understand and best identify and reach target audiences for activities of the Telehealth Center of Excellence;
- Identification of appropriate professional meetings to present or exhibit; and
- Establishment of evaluation metrics and tracking related data to assist in measuring the success of the Telehealth Center of Excellence in advancing telehealth.

## 2. Summary of Funding

Approximately \$1,000,000 is expected to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to \$1,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The project period is September 30, 2017 through September 29, 2020 (3 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Telehealth Center of Excellence in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

As outlined in the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2017, eligible applicants for this funding opportunity include public academic medical centers located in states with high chronic disease prevalence, high poverty rates, and a large percentage of medically underserved areas. For the purposes of this funding notice, these criteria are defined as follows:

High Prevalence of Chronic Disease – You must be located in a state where the chronic disease prevalence among Medicare beneficiaries is equal to or above the national prevalence for at least three of the following five chronic conditions:<sup>6</sup>

- Heart Disease
- Chronic Obstructive Pulmonary Disease
- Cancer
- Stroke
- Diabetes

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<sup>6</sup> Top five chronic conditions that contribute to the widening rural-urban disparities in life expectancy. Widening Rural–Urban Disparities in Life Expectancy, U.S., 1969–2009. [http://www.ajpmonline.org/article/S0749-3797\(13\)00590-4/fulltext](http://www.ajpmonline.org/article/S0749-3797(13)00590-4/fulltext)

The data file to determine if you meet this eligibility criteria can be found on the Centers for Medicare & Medicaid website: [http://download.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/cc\\_prev\\_state\\_county.zip](http://download.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/cc_prev_state_county.zip).

High Poverty Rates – You must be located in a state with a Federal Medical Assistance Percentage (FMAP) at or above 65.0 percent. The 2017 FMAP percentages can be found at: <https://aspe.hhs.gov/basic-report/fy2017-federal-medical-assistance-percentages>.

Medically Underserved Areas – You must be located in a state where at least 85 percent of the counties (either the entire county or a smaller division within the county) have been designated as a medically underserved area (MUA). More information about MUAs, including analyzers (<https://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspx>), maps ([https://datawarehouse.hrsa.gov/ExportedMaps/MUA/HGDWMapGallery\\_MUA.pdf](https://datawarehouse.hrsa.gov/ExportedMaps/MUA/HGDWMapGallery_MUA.pdf)), and downloadable data sources ([https://datawarehouse.hrsa.gov/DataDownload/DD\\_Files/MUA\\_DET.xlsx](https://datawarehouse.hrsa.gov/DataDownload/DD_Files/MUA_DET.xlsx)) are located on the HRSA Data Warehouse.

Rurality – You may be located in an urban area but must provide telehealth services to rural areas in your state in order to receive funding. You must include a list of rural health care facilities in your state where you currently provide telehealth services. To determine whether the facility is located in a rural area see: <https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>

Applications that do not meet the eligibility criteria listed above will not be considered for this funding opportunity.

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

Cost sharing/matching is not required for this program.

## **3. Other**

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

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 notice.

NOTE: Multiple applications from an organization are not allowable. Organizations funded as a Regional or National Telehealth Resource Center are not eligible to apply.

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

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

**Effective December 31, 2017** - You **must** use the [Grants.gov Workspace](#) to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished 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 [Find Grant Opportunities](#) 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. Applications must be submitted in the English language and must be 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** 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 application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

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

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

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

### **Program-Specific Instructions**

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

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

The project abstract must be single-spaced and limited to one page in length. Include the information requested in Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

#### ***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.

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)***  
Briefly describe the purpose of the proposed project. Include an overview of your vision for the Telehealth Center of Excellence and explain how your experience in operating a telehealth program will help you succeed as a center of excellence.

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

This section should outline need from two perspectives: (1) the broad need to create a Telehealth Center of Excellence from a national perspective and (2) the local need at the patient and provider level that could be addressed by locating the Telehealth Center of Excellence in your service area/state. Address the following items:

National Need for Establishing a Telehealth Center of Excellence

- A. Describe the existing national environment of telehealth resources and technical assistance (particularly those funded by FORHP) and discuss how the proposed Telehealth Center of Excellence could fill gaps in that environment.
- B. Discuss the issues or impediments to the universal integration of telehealth into health services delivery that the proposed Telehealth Center of Excellence would address. For the purposes of this application, choose no more than three areas to discuss. You may want to consider (but are not limited to) topics such as:
  - a. Impact of telehealth on federal health care spending;
  - b. Telehealth reimbursement and business models;
  - c. Scheduling and efficiency in telehealth practice;
  - d. Credentialing and privileging;
  - e. Encouraging patient and provider acceptance of telehealth;
  - f. Hardware and software procurement, use, maintenance, interfacing and/or integration; or
  - g. Telehealth and electronic medical records/health information exchange.

Local Need for Providing Telehealth Services

- A. Describe the need for telehealth in your service area (local and state). Cite data whenever possible to support the information provided. Include a discussion of the following:
  - a. Chronic disease
  - b. Poverty
  - c. Medically underserved areas
- B. Document the target population of the existing telehealth program and explain the needs met by your telehealth services.
- C. Discuss telehealth barriers in your state/service area that the proposed project hopes to overcome and how those barriers may relate to telehealth barriers nationally.
- D. Explain how you will use your experience addressing the need in your service area (local and state) to inform work addressing need on a national level as a Telehealth Center of Excellence.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 (Response) and #4 (Impact)*

Discuss your proposed methodology for establishing and implementing a Telehealth Center of Excellence. Include:

- A. The scope of the Telehealth Center of Excellence, including how the Telehealth Center of Excellence will address the three issues/impediments identified in the Needs Assessment;
- B. How the Telehealth Center of Excellence will be organized and operated;
- C. How the Telehealth Center of Excellence will communicate/collaborate with other relevant telehealth entities, including other FORHP-funded award recipients; and
- D. How the Telehealth Center of Excellence will advance the use of telehealth on a national scale.

If applicable: If your application includes any partners from outside of your organization please include the following information:

- A. Signed and dated Memorandum of Agreement (MOA) (*Attachment #3*); and
- B. An explanation of how the outside partner(s) will work with your organization in the Telehealth Center of Excellence.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 (Response), #3 (Evaluative Measures) and #4 (Impact)*
  - A. Describe the specific activities or steps that you will use to achieve the project goals/objectives. Provide a timeline that includes each activity and identify the staff responsible for completing each activity.
  - B. Describe the project management plan. How will you ensure that you are on target to meet your project goals?
  - C. Describe a plan to collect and manage any data (including claims data) necessary to examine the efficacy of telehealth services in rural and urban areas as well as to measure the success of the Telehealth Center of Excellence.
  - D. Describe a plan to disseminate any best practices or lessons learned from the Telehealth Center of Excellence.
  - E. Describe a plan to sustain all or part of the Telehealth Center of Excellence's activities after federal funding for the project has ended.
  - F. If applicable, describe the plans to procure equipment, software, or other technology services necessary to complete the project work plan.
  
- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #4 (Impact)*  
 Discuss anticipated challenges in the design and implementation of the activities described in the work plan and the approaches that you will use to resolve them. In particular, consider the challenges that may occur in sharing best practices and lessons learned outside of your state's reimbursement environment.
  
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (Evaluative Measures)*
  - A. Clearly describe how you will track and demonstrate the success of the Telehealth Center of Excellence.
  - B. Describe how you will use data (quantitative and qualitative) to inform the development of your work plan in subsequent funding years (budget periods two and three).

▪ **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria #4 (Impact) and #5 (Resources/Capabilities)**

As described in the Purpose, this funding notice is directed towards established telehealth programs with demonstrated success, a high annual volume of telehealth visits, an established reimbursement structure, and established programs that provide telehealth services to medically underserved areas with a high prevalence of chronic disease and high poverty rates. This section should describe how your organization meets those criteria. At minimum, discuss:

- A. The length of time that the telehealth program has existed and how it has grown over the years. Document changes in the number of patients served (or number of telehealth visits), the types of clinical services offered, and/or other indicators of an established telehealth program. See <http://www.telehealthresourcecenter.org/toolbox-module/types-telemedicine-specialty-consultation-services#> for a list of recognized specialties
- B. Previous activities conducted by your organization that have had an impact on improving health in rural and underserved communities or advanced the field of telehealth.
- C. The strengths of your current telehealth program, including how you have achieved a high volume of telehealth visits.
- D. Your existing telehealth program's success in establishing a reimbursement structure that allows telehealth services to be financially self-sustaining. Describe how many of your current services are reimbursed (by type and volume) and why some services are not reimbursed or operate at a financial loss.
- E. The extent to which telehealth services are integrated into the broader provision of care within your organization.
- F. Your organization's ability to successfully target telehealth services to areas that are designated as medically underserved, have high rates of chronic disease and/or high rates of poverty.
- G. The number of urban locations and the number of rural locations in your existing telehealth network. A list of health care facilities where you currently provide telehealth services should be included in *Attachment #8*.
- H. The experience and qualifications of project personnel that makes them uniquely suited to establish and operate a Telehealth Center of Excellence.

Include the staffing plan and job descriptions for key personnel in *Attachment #1*. Biographical sketches of key personnel should be included in *Attachment #2*. A project organizational chart should be included in *Attachment #4*.

<b>NARRATIVE GUIDANCE</b>	
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.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response, (3) Evaluative Measures and (4) Impact
Resolution of Challenges	(4) Impact
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(4) Impact and (5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) 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. Please 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 the application is selected for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

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

In addition, the Telehealth Center of Excellence program requires the following:

Travel should include sufficient funds to support travel costs for up to three (3) individuals to attend a workshop or other meeting for OAT award recipients in the Washington, D.C. metropolitan area each year of the project period.

Transmission Costs – Award 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, you must either (1) apply for the Universal Service Administrative Rural Health Care Program to obtain lower transmission rates or (2) document why it is not applicable. For additional information about the provider subsidy program, see the Universal Service Administrative Company (USAC) website at <http://www.usac.org/rhc/>. Applicants currently being supported by USAC should indicate what is supported and the amount of support.

Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202, states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

**iv. Budget Narrative**

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

Note: You should describe third party telehealth payment opportunities for the activities proposed under this funding notice.

**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: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))*

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

*Attachment 2: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 1, not to exceed two pages in length per person. 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.

*Attachment 3: Memoranda of Agreement*

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Documents containing generic information referencing the proposed Telehealth Center of Excellence are not acceptable. Memoranda of agreement must be signed and dated.

*Attachment 4: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the project, including any subcontractors or other significant collaborators. The organizational chart should illustrate where project staff are located and reporting lines for each component of the project. The application should designate a project director who has the day-to-day responsibility for the technical, administrative, and financial aspects of the project.

*Attachment 5: Tables, Charts, etc.*

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

*Attachment 6: Letters of Support*

Include only letters of support that 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 7: Indirect Cost Rate Agreement (if applicable)*

Include documentation if your organization has an established indirect cost rate.

*Attachment 8: Facilities*

Include a list of health care facilities in your state where you currently provide telehealth services. For each site, please identify:

- A. The site name and address.
- B. If it is located in a rural or urban geographic area.<sup>7</sup>
- C. If it is located in a Health Professional Shortage Area (HPSA) or a Medically Underserved Area (MUA).<sup>8</sup>
- D. The telehealth services you offer to the site.
- E. The National Provider Identifier and Primary Taxonomy of the site.<sup>9</sup>
- F. The Universal Service Administrative Company (USAC) Health Care Provider (HCP) number (if the site receives Universal Service funding).<sup>10</sup>

*Attachment 9: Other Relevant Documents*

Include here any other documents that are relevant to the application.

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in 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.

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<sup>7</sup> To determine whether the facility is located in a rural area see:

<https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>

<sup>8</sup> To find if a site is a HPSA or MUA, see: <https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx>.

<sup>9</sup> <https://npiregistry.cms.hhs.gov/>.

<sup>10</sup> <http://www.usac.org/rhc>

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](#).

**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 *August 21, 2017 at 11:59 p.m. Eastern Time.*

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

#### **5. Intergovernmental Review**

The Telehealth Center of Excellence is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

#### **6. Funding Restrictions**

You may request funding for a project period of up to 3 years, at no more than \$1,000,000 per year (inclusive of direct **and** indirect costs). 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.

Consistent with Section 330I of the Public Health Service Act (42 USC 254c-14), funds under this notice should 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 constitute the majority of the total grant funds;
- 3) 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 (as determined by the Secretary), 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, 2017 (P.L. 115-31) 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 2017, as required by law.

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 under the program will be addition. Post-award requirements for program income can be found at [45 CFR § 75.307](#).

## **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 you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The Telehealth Center of Excellence has six review criteria:

*Criterion 1: NEED (30 points) – Corresponds to Section IV's Introduction and Needs Assessment*

This criterion includes two subsections: (1) the broad need for a Telehealth Center of Excellence and (2) the applicant organization's local need for a strong telehealth program.

### National Need for Establishing a Telehealth Center of Excellence (10 points)

The extent to which:

- A. The applicant clearly explains the purpose of the proposed project and their vision for the Telehealth Center of Excellence.
- B. The applicant effectively demonstrates an understanding of the national need for a Telehealth Center of Excellence.
- C. The applicant identifies a maximum of three telehealth issues to focus on in the application and demonstrates a strong understanding of the issues and their relation to the universal integration of telehealth.
- D. The applicant effectively explains where the Telehealth Center of Excellence would fit into the existing universe of telehealth resources and technical assistance, particularly those funded by the Federal Office of Rural Health Policy.

### Local Need for Providing Telehealth Services (20 points)

The extent to which:

- A. The application documents the critical need for telehealth as a delivery mode in the service area (local and state) of the existing telehealth program that will house the Telehealth Center of Excellence and how that will allow the Telehealth Center of Excellence to inform the broader national need.
- B. The existing telehealth program provides care to medically underserved areas with high poverty rates and high chronic disease rates.
- C. The applicant clearly articulates the barriers to providing telehealth services in the local service area that they hope to overcome with a Telehealth Center of Excellence and how these barriers may relate to telehealth barriers nationally.
- D. The applicant submits a strong argument for housing a nationally focused Telehealth Center of Excellence within their existing telehealth program.
- E. The applicant organization explains how their experience operating a telehealth program will help them succeed as a Telehealth Center of Excellence.

### *Criterion 2: RESPONSE (15 points) – Corresponds to Section IV's Methodology and Work Plan*

The extent to which:

- A. The scope of the Telehealth Center of Excellence aligns with the issues and/or impediments to the universal integration of telehealth into the delivery of health identified in the application.
- B. The applicant clearly explains how the Telehealth Center of Excellence will be organized and operated, including plans to communicate and/or collaborate with other relevant telehealth entities.
- C. The applicant's timeline is appropriate for the proposed activities.
- D. The project management plan is designed to keep the awardee on track to meet project goals.

If the application includes outside partnership(s), the extent to which:

- E. The proposed relationship between the applicant organization and partner organization(s) is clearly described; and

- F. Appropriate documentation, such as a Memorandum of Agreement (MOA) is included in Attachment #3.

If the applicant indicates that they will procure equipment, software, other technology services, the extent to which:

- G. The applicant clearly explains how the items will be used and why they are integral to the project work plan.

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

Consider the extent to which the applicant:

- A. Documents a plan to use a data-driven approach to develop/modify the work plan for budget years 2 and 3.
- B. Plans to collect and manage data (including claims data).
- C. Plans to track and demonstrate the success of the center of excellence.

*Criterion 4: IMPACT (20 points) – Corresponds to Section IV’s Methodology, Work Plan, Resolution of Challenges, and Organizational Information*

The extent to which:

- A. The application identifies potential challenges in the design and implementation of the proposed activities and identifies reasonable approaches to address those challenges.
- B. The applicant organization can demonstrate success in providing telehealth care in rural areas.
- C. The applicant organization can demonstrate success at targeting telehealth services to areas that are medically underserved, have high rates of chronic disease and have high rates of poverty.
- D. The previous activities conducted by the applicant organization have had an impact on improving health in rural and underserved communities and/or advancing the field of telehealth.
- E. The proposed activities will advance the use of telehealth on a national scale.
- F. The applicant organization’s plans to disseminate best practices or lessons learned will effectively reach a broad audience.
- G. The plan to sustain all or part of the center of excellence’s activities after federal funding has ended is clear and reasonable.

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

The application will be evaluated on the extent to which project personnel are qualified to implement the goals of the program and the applicant organization is suited to house the telehealth center of excellence. In particular, reviewers will consider:

- A. The extent to which project personnel are suited (by experience and/or qualifications) for the tasks that they are responsible for in the work plan.
- B. The volume of telehealth services (either number of patients served or number of telehealth visits) delivered by the existing telehealth program provides.

- C. The breadth of specialty services offered by the existing telehealth program. See <http://www.telehealthresourcecenter.org/toolbox-module/types-telemedicine-specialty-consultation-services#> for a list of recognized specialties.
- D. The length of time that the existing telehealth program has been operational and the growth that the program has shown over time.
- E. The demonstrated ability of the applicant organization to successfully receive reimbursement for the provision of telehealth services from third party public and private payers.
- F. The extent to which telehealth services are integrated into the broader provision of care within your organization.
- G. The size of the existing telehealth network (rural and urban sites).

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

Extent to which the proposed budget and budget justification:

- A. Are realistic and justified with respect to project goals/objectives and proposed activities.
- B. Includes the appropriate number of full-time equivalents (FTEs) and expertise necessary to implement and maintain the project.

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

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

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

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

Applications receiving a favorable objective review are reviewed for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all

applicable information, HRSA's approving and business management officials will determine whether an award can be made, 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](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

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

HRSA anticipates issuing/announcing awards prior to the start date of September 30, 2017.

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will issue the Notice of Award prior to the start date of September 30, 2017. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

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

See Section 2.2 of HRSA's [SF-424 Application Guide](#).

### **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 awardee must submit a progress report to HRSA on a semi-annual basis. The Progress Report template will be provided by OAT and further information will be provided in the Notice of Award. Award recipients are expected to respond to requests for data and information from their project officer.

- 2) **Performance Measure Reporting.** The awardee will be required to submit data on specific performance measures through HRSA's Electronic Handbooks on a semi-annual basis. More information will be provided by HRSA in the Notice of Award.
- 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 online 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 in the Notice of Award. The current Telehealth directory is available online at <https://www.hrsa.gov/ruralhealth/telehealth/index.html>.
- 5) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

## VII. Agency Contacts

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

Patryce Peden  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-2277  
Fax: (301) 443-9810  
Email: [ppeden@hrsa.gov](mailto:ppeden@hrsa.gov)

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

Sarah Bryce  
Team Lead, Office for the Advancement of Telehealth  
Attn: Telehealth Center of Excellence  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, Room 17N162

Rockville, MD 20857  
Telephone: (301) 443-5982  
Fax: (301) 443-1330  
Email: [sbryce@hrsa.gov](mailto:sbryce@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](mailto: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**

The following technical assistance webinar has been scheduled:

#### *Webinar*

Day and Date: Tuesday, August 1, 2017  
Time: 2 – 3 p.m. ET  
Call-In Number: 1-888-603-6973  
Participant Code: 8827004  
Weblink: <https://hrsa.connectsolutions.com/telehealthcoe/>  
Playback Number: 1-800-884-1527  
Passcode: 5982

### **Helpful Websites**

For information about the FORHP-funded Telehealth Resource Centers:  
<http://www.telehealthresourcecenter.org/>

For information about potential telehealth practice areas:

<http://www.telehealthresourcecenter.org/toolbox-module/types-telemedicine-specialty-consultation-services#>

For information about the FORHP-funded Rural Telehealth Research Center:

<https://www.ruralhealthresearch.org/centers/telehealth>

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

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