

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

Flex Rural Veterans Health Access Program

Announcement Type: Initial: New, Competing
Funding Opportunity Number: HRSA-16-015

Catalog of Federal Domestic Assistance (CFDA) No. 93.241

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: February 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.

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Authority: Title XVIII, § 1820 (g)(6) of the Social Security Act (42 U.S.C. 1395i-4(g)(6)), as amended.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2016 Flex Rural Veterans Health Access Program (RVHAP). The Federal Office of Rural Health Policy's RVHAP will provide support to eligible entities to coordinate activities to provide rural veterans access to services for needed mental health care via the use of networks, electronic communication and telehealth networks. The funding requirements under this FY 2016 announcement continue the requirements of FY 2015, Public Law 113-235, 128 STAT. 2468, under "RURAL HEALTH", which requires funds be used," ...to carry out section 1820(g)(6) of the Social Security Act, with funds provided for grants under section 1820(g)(6) available for the purchase and implementation of telehealth services, including pilots and demonstrations on the use of electronic health records to coordinate rural veterans care between rural providers and the Department of Veterans Affairs electronic health record system."

Funding Opportunity Title:	Flex Rural Veterans Health Access Program
Funding Opportunity Number:	HRSA-16-015
Due Date for Applications:	February 8, 2016
Anticipated Total Annual Available Funding:	\$900,000
Estimated Number and Type of Award(s):	Up to 3 grants
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required:	No
Project Period:	August 1, 2016 through August 31, 2019 (three (3) years)
Eligible Applicants:	<p>Only States (Current Medicare Rural Hospital Flexibility Program grantees in States with certified Critical Access Hospitals) are eligible to apply for funding under this solicitation. (The Governor designates the eligible applicant from each State. Eligibility is limited to entities designated by the Governor of States with certified critical access hospitals.)</p> <p>[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</p>

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 FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Flex Rural Veterans Health Access Program (RVHAP). A key component of the RVHAP is to facilitate coordination by the Secretary of Health and Human Services with the Department of Veterans Affairs (VA) as required in Section 1820 (g)(6)(C) of the Social Security Act.

RVHAP grant funds are to be used to increase the delivery of mental health services or other health care services for veterans living in rural areas through the use of health information technology. For the purposes of this FOA, grant funds can be used for two primary focus areas:

- Telehealth Networks (RVHAP-TH): providing clinical services to rural veterans from more distant clinicians including both direct interactive tele-consultations and store-and-forward applications of telehealth service; and/or;
- Health Information Exchange Networks (RVHAP-HIE): activities to support the transfer of clinical information for veterans in rural areas to other providers both within VA and its electronic health record system and private providers who are involved in their care with the goal of improving care coordination for the rural veteran.

RVHAP goals are as follows:

- 1) To utilize telehealth and health information technology to enhance access and quality of mental health service and other healthcare services to veterans residing in rural areas. These services include crisis intervention, detection of post-traumatic stress disorders (PTSD), traumatic brain injury (TBI), and other signature injuries which meet the needs of rural veterans. The services provided with RVHAP grant funds are in conjunction with veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) initiatives;
- 2) To utilize telehealth and health information technology, including electronic health records, to help improve care coordination for veterans who are seen by both the Department of Veterans Affairs and private health care providers through the sharing of clinical information that is compatible with VA privacy and security standards and uses established methods of health information exchange (HIE) currently in use by VA;
- 3) To expand existing networks to provide access to mental health and other services to rural veterans via partnerships with other healthcare entities such as: critical access hospitals, Federally Qualified Health Centers, rural health clinics, State hospital associations, home health agencies, mental health service providers, pharmacists, local Government agencies, private practice physicians, and other providers who demonstrate the ability to provide access to health care services to rural veterans;

2. Background

This program is authorized by Title XVIII, Section 1820 (g)(6) of the Social Security Act (42 U.S.C. 1395i-4), as amended by Sec. 121 of the Medicare Improvement for Patients and Providers Act of 2008, P.L. 110-275.

This program guidance supports the RVHAP collaborative objectives, and facilitates the larger objectives of providing better health care to veterans. The success of the RVHAP is enhanced by broader collaborative efforts.

On August 24, 2012, the VA Veterans Health Administration (VHA) Office of Rural Health, the Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology, and the HHS Federal Office of Rural Health Policy (FORHP) in HRSA, signed a memorandum of agreement (MOU). The goal of this MOU is to promote and train an effective health information technology (IT) workforce to meet health care needs and improve health information exchange and interoperability between VA and rural health providers in order to ensure coordinated, high-quality care for veterans living in rural areas. The MOU is currently being revised to reflect ongoing collaborative efforts between FORHP and VHA's Office of Rural Health. As members of the White House Rural Council, partners from VA and HHS will collaborate to increase the number of trained health IT and information professionals and ensure that training programs available are sufficiently diverse to meet a wider range of health care needs through targeted outreach to potential workers and employers to place students and graduates where they are most needed.

On August 31, 2012, the President issued an Executive Order (EO), "Improving Access to Mental Health Services For Veterans, Service Members, and Military Families" which, in part, mandates "Enhanced Partnerships Between the Department of Veterans Affairs and Community Providers" through which VA and HHS shall establish pilot projects with community-based providers such as community mental health clinics, community health centers, substance abuse treatment facilities, and rural health clinics, to test the effectiveness of community partnerships in meeting the mental health needs of veterans in a timely way. The EO also requires HHS and VA to develop a recruitment plan for rural mental health care providers.

For additional information see <http://www.whitehouse.gov/the-press-office/2012/08/31/executive-order-improving-access-mental-health-services-veterans-service> and <https://www.whitehouse.gov/the-press-office/2014/08/26/fact-sheet-president-obama-announces-new-executive-actions-fulfill-our-p>

It should be emphasized that RVHAP will seek to select projects that have demonstrated successful collaboration with VA. Due to the collaborative nature of the RVHAP activities, it is strongly recommended that applicants develop a memorandum of agreement (MOA) with key project partners to insure mutual understanding of the roles and commitments that will be required for a successful project. In addition, applicants (and their partners) must demonstrate a successful track record in one or more of the following areas: health information exchange and/or telehealth services.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation. Prior RVHAP awardees must indicate how funding will be utilized to build upon, but not duplicate or simply continue, past rural veteran efforts.

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 \$900,000 is expected to be available annually to fund three (3) recipients. Applicants may apply for a ceiling amount of up to \$300,000 per year. The actual amount available will not be determined until enactment of the final FY 2016 Federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Flex Rural Veterans Health Access Program, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Under the RVHAP, grants will be awarded to support three categories:

Unless otherwise noted, the requirements listed below refer to the RVHAP-TH, RVHAP-HIE and, RVHAP-TH-HIE networks. Applicants must clearly identify under which category they are applying.

1. Telehealth Networks (RVHAP-TH) – Grants made under this category will support telehealth networks that provide services in different settings (e.g., long-term care facilities, community health centers or clinics, physician offices, hospitals, schools, assisted living facilities) to enhance access to and quality of mental health service and other healthcare services, to veterans residing in rural areas, including the provision of crisis intervention services detection of post-traumatic stress disorders (PTSD), traumatic brain injury (TBI), and other signature injuries deemed necessary to meet the needs of rural veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).
2. Health Information Exchange Networks (RVHAP-HIE) – Grants made under this category will support health information exchanges to help improve care coordination for veterans who are seen by both the Department of Veterans Affairs and community-based providers.

3. Combined Telehealth and Health Information Exchange Networks (RVHAP-TH-HIE) --
– Grants made under this category will support both telehealth networks and health information exchanges as described above.

The maximum award for individual RVHAP-TH, RVHAP-HIE and RVHAP-TH-HIE grants will be up to \$300,000 (including direct and indirect costs) for FY 2016, and up to \$300,000 per year for up to two additional years (for a combined project period of 3 years). **The budget period for new RVHAP-TH, RVHAP-HIE and RVHAP-TH-HIE projects will be for a 12-month period beginning August 1, 2016. Current RVHAP participants who are selected for funding under this FY 2016 announcement will also begin a 12-month budget period on August 1, 2016.**

Important-Applying for RVHAP-TH, RVHAP-HIE and RVHAP-TH-HIE grants:
Applicants may only apply for one type of grant (RVHAP-TH, RVHAP-HIE or RVHAP-TH-HIE).

Previous RVHAP awardees may apply for either type of grant (RVHAP-TH, RVHAP-HIE or RVHAP-TH-HIE), but must describe how the efforts in this application will build upon previously funded efforts and not simply continue previously funded activities.

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 supersede the previous administrative and audit requirements and cost principles that govern Federal monies.

III. Eligibility Information

1. Eligible Applicants

Only States (Current Medicare Rural Hospital Flexibility Program grantees in States with certified Critical Access Hospitals) are eligible to apply for funding under this solicitation.

The Governor designates the eligible applicant from each State. Eligibility is limited to entities designated by the Governor of States with certified critical access hospitals.

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

Special consideration of certain applications

Per Section 1820(g)(6)(B)(iv), HRSA will give special consideration in funding to applications submitted by States in which veterans make up a high percentage of the total population of the State. Such consideration shall be given without regard to the number of veterans of Operation Iraqi Freedom and Operation Enduring Freedom living in the areas in which mental health services and other health care services would be delivered under the application. Applicants that

qualify for the special consideration will be placed in a more competitive position among applications that can be funded.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

LIMITATION ON USE OF GRANT FUNDS FOR ADMINISTRATIVE EXPENSES.

As stated at Section 1820 (G)(6) (E) a State awarded a grant under this paragraph may not expend more than 15 percent of the amount of the grant for administrative expenses. Applications that exceed the ceiling amount 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.3* 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 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](#).

In addition to the instructions in the SF-424 Application Guide, include disclosure of the category of application to which the applicant is applying. Indicate either a RVHAP-TH grant, a RVHAP-HIE grant, or a RVHAP-TH-HIE grant.

An applicant may **only** apply for one type of grant.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. In addressing the sections in the Program Narrative, applicants must address the RVHAP goals as set forth in, Section I. "Funding Opportunity Description." FORHP requires applicants to describe demonstration and pilot initiatives that can specifically show how RVHAP funding will support the coordination of care for veterans who may be receiving care at both a rural location near their residence as well as VA facilities. The emphasis is on ensuring the health care providers and VA clinicians who provide health care for the veterans, share information using telehealth technology to enhance the quality of and coordination of care for rural veterans. Applicants must use telehealth equipment that is compatible with VA privacy and security standards. Applicants must focus on HIE that will engage only in the HIE pathways identified by VA (i.e., VLER, MyHealtheVet and Blue Button).

Use the following section headers for the Narrative:

- ***INTRODUCTION -- Corresponds to Section V's Review Criterion(a) #1 Need***
This section should briefly describe the purpose of the proposed project. Provide a general

overview of your organization. Clearly and succinctly describe the specific goals and objectives. Goals and objectives should be driven by the problem/need the applicant seeks to address/remedy. The goals and objectives should be achievable, measurable, time-limited, and clearly stated. For new applicants, this includes describing how they will be pursuing a telehealth network and/or a health information exchange. For prior recipients, this includes describing the use of new and innovative strategies that will build upon but do not duplicate past RVHAP efforts (as well as any other previous/current funding sources for telehealth, EHRs and/or HIEs.)

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

The applicant should quantify the need and demand for services proposed in the application and use any applicable data which highlights this need. This section should describe the veteran population and target community(ies) to be served by the proposed project. According to VA, priority areas include a variety of mental health conditions and other health conditions which include: the detection of post-traumatic stress disorders, traumatic brain injury, and other signature injuries of veterans. Include the estimated size of the target population and the number of counties to be served by the project.

In addition, the applicant must provide a needs assessment that highlights the services that will be offered by the proposed project and discuss existing services and referral patterns.

The applicant must describe existing telehealth and/or health information exchange capacity and show how RVHAP funding will either improve the existing telehealth and/or health exchange environment or provide telehealth and/or health information exchange where no such capacity exists.

The applicant must discuss any organizations that will be involved in the proposed project and how they intend to contribute to the proposed project. The applicant should also discuss the success and/or failure of previous telehealth and/or information exchange programs that target veteran populations both on a Regional and National level. The applicant must discuss the strength of the partnerships for the proposed project, including clear documentation of the roles and responsibilities of the state, VA, and other partners such as critical access hospitals, federally qualified health centers, rural health clinics, home health agencies, community mental health clinics and other providers of mental health services, pharmacists, local governments, private practice physicians, and other providers deemed necessary to provide access to services that meet the need of rural veterans

The applicant must include a map that shows the location of the target population, in respect to the geographic area that will be served by the project, and any other information that will help reviewers visualize and understand the scope of the proposed activities should be included. The map needs to include the locations of organizations that will be involved in the project. The RVHAP program targets veterans living in rural areas. For the purposes of this application, rural areas include any area that is covered under the FORHP criteria for eligibility. To check the eligibility of a county or a particular address, see <http://datawarehouse.hrsa.gov/RuralAdvisor/>. The applicant must describe how the

target area(s) were selected to be included in the project. The applicant will demonstrate how they utilized appropriate data sources (e.g., local, State, Federal) in their analysis of the environment.

The applicant must provide documentation that funding applied for under this announcement will not be used to duplicate efforts in respective applicants' states and that If the applicant has previously received funding under the RVHAP, please describe the outcomes of the previous federal investment and how the efforts in this application will build upon previously funded efforts and do not simply continue previously funded activities.

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

Describe the approach to be taken in the project to address the "needs" described above. Clearly identify the roles and responsibilities of each organization involved, and provide an overview of the memorandum of agreement between the key partners. The Memorandum of Agreement (MOA) should be included as **Attachment 6**.

The applicant will propose methods to be used to meet the RVHAP expectations, including the following:

- 1) Describe the working relationship with VA and with VA facilities within the state, including the regional Veteran Integrated Service Network (VISN) organization.
- 2) Describe collaborations, including prior collaborative history, which may include collaboration between and among critical access hospitals, federally qualified health centers, rural health clinics, home health agencies, community mental health clinics and other providers of mental health services, pharmacists, local governments, private practice physicians, and other providers deemed necessary to provide access to services that meet the need of rural veterans.
- 3) Describe the deployment of telehealth networks and services, including electronic health records, which will make VA health system accessible to veterans in remote areas currently without access to quality healthcare.
- 4) Project the number of veterans served if applying for a RVHAP-TH grant or a RVHAP-TH-HIE grant.
- 5) Define the specific goals and objectives of the network's proposed grant-funded activities and explaining the strategy for accomplishing the stated goals and objectives. These goals and objectives should directly relate to the information presented in the Needs Assessment section.
- 6) Describe patient screening and assessment tools that will be used to determine eligibility. Also provide the methodology behind developed eligibility criteria to identify veteran patient populations. The applicant must describe how they will reach out and enroll eligible veteran patients into the proposed project. Include how the patient's current physician/primary clinician will be involved in their care and how information will be communicated to him/her. Applicants should address how information will be maintained and stored in the patient record, including the

maintenance of confidentiality and security of data in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards.

- 7) Explain how rural veteran patients enrolled in the VA system will be linked up to the VA system from non-VA rural facilities, and how their health information will be shared with the VA system, including coordinating with VA initiatives such as Blue Button, My HealtheVet, and VLER Health Program.
- 8) Activities involving telehealth and health information exchange:
 - Applicants will describe the process for vendor selection and provide evidence of knowledge of technical requirements and a rationale for cost-effective deployment and operation in a telehealth network environment (including consideration of various feasible alternatives). Describe how the proposed technology complies with existing federal and industry standards, including any functional requirements the network outlined that may be specific to program participants.
 - Describe existing or planned protocols to reflect respective facilities' ongoing quality assurance and risk management activities, including meeting clinical management and patient safety standards. The protocols must prove useful for ensuring the quality of a telehealth encounter, increasing provider acceptance, and facilitating incorporation of telehealth mental and/or health services into the daily practice of health care. The protocols should describe how services will be provided, including staff requirements, how patients will be prepared for the encounter, etc. A protocol should be available for each service provided. Applicants must demonstrate preparedness and contingencies for on-site resources to address acute behavioral and mental health episodes and other exacerbated health conditions.
 - Describe how data will be integrated using a common structure, business rules and practices, in order to facilitate a centralized telehealth or health information exchange solution that is replicable across a State or a Regional marketplace. Applicants should describe how information will be exchanged within the network and with other entities in the community. Applicants should outline the steps it will take to integrate the proposed telehealth or health information exchange application with other existing IT such as practice management systems or legacy HIT applications.
 - Award dollars may be used to pay for transmission costs, such as the cost of satellite time or the use of phone lines. Applicants must describe how they will either a) apply for the Universal Service Administrative Corporation (USAC) company (Rural Health Care Division) provider subsidy program to obtain lower transmission rates, or b) provide documentation of the rationale for choosing not to apply. For additional information about the provider subsidy program, see the USAC web site at <http://www.rhc.universalservice.org>.

Organizations that do not intend to seek USAC support should clearly state their reasons for not doing so. For example, services in the home are not eligible for USAC support.

- RVHAP Grant recipients must document how they are ensuring HIPAA compliance across the network. Additional information on HIPAA is available at: <http://www.hhs.gov/ocr/hipaa/>.
- **Important Note:** HRSA encourages the purchase of new EHR products and software that conform to the standards and certification criteria adopted by the Secretary of Health and Human Services. The Office of Health IT Certification was established to develop and oversee national programs for the certification of health information technology. Health IT certification provides assurance to purchasers and other users that a system meets the technological capability, functionality, and security requirements adopted by HHS. Certification also gives providers and patient's confidence that the Health IT products and systems they use are secure and can work with other systems to share information (interoperability). For more information on the Health IT Certification Program, go to <https://www.healthit.gov/policy-researchers-implementers/about-onc-health-it-certification-program>. For Telehealth projects, HRSA strongly encourages applicants to seek interoperable and easily upgradable technologies that will interface easily with a range of technologies, including EHRs.
- *WORK PLAN -- Corresponds to Section V's Review Criterion(a) #2 Response and #4 Impact*

Describe the specific activities or steps that will be undertaken to achieve the objectives of the project. Demonstrate how the proposed project activities relate to the project objectives (i.e. the proposed activities should lead to the achievement of the stated objectives).

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 specify his/her specific role and time commitment.

Applicants must include a time line for each proposed activity and identify the responsible staff. Describe the plan for accomplishing proposed activities. Clearly describe the plan to train clinicians, patients, patient family/caregivers or other appropriate individuals in the use of telehealth technologies if appropriate for the project. The applicant must describe a clear and coherent work plan for each year of the project period that is aligned with the RVHAP program goals.

Clearly describe any training needs of clinicians, patients, patient family/caregivers or other appropriate individuals as it relates to telehealth.

The work plan must describe the capacity to track and report data on key activities including but not limited to number of individual veterans that receive services, proposed project activities, as well as the number of community providers/organizations participating in the project.

If the applicant received prior RVHAP funding, the workplan should detail how the program builds on prior work plan activities.

The applicant should address strategies for dissemination of information to a wide audience to demonstrate the effectiveness of the project in meeting RVHAP goals and objectives.

Applicants proposing to engage in HIE activities should specifically identify demonstrations and/or pilot initiatives and describe a detailed strategy for implementation that will show how to coordinate rural veterans care between rural providers and the Department of Veterans Affairs via programs such as Blue Button, My HealtheVet, or the VLER Health Program. RVHAP-TH-HIE and RVHAP-HIE applications that do not include programs such as Blue Button, My HealtheVet, or the VLER Health Program, will be considered to be non-responsive to the guidance.

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

Project Implementation and information dissemination: Discuss challenges that may be encountered in designing and implementing the activities described in the Work Plan, and outline the approaches that will be used to resolve such challenges. Describe how the applicant will work collaboratively with project stakeholders such as VA, State hospital associations, rural hospitals, providers of mental health services, or other appropriate stakeholders to coordinate care or exchange health information for veterans. Discuss the plan to disseminate project results related to RVHAP program goals and objectives. The applicant must demonstrate that their project results may be replicated nationally, and that the project can serve as a model for telehealth/health information technology networks that provide specific, quantifiable and measurable outcomes for: 1) quality of care; 2) efficiency; 3) cost savings; or 4) the integration of either the telehealth or EHR/HIE information systems (or both). The applicant must document plans and strategies for marketing, promotion, and information dissemination. Include a description of how the overcome the challenges of identifying the impact of the services provided when patients need to be tracked across different components of the health care system. The applicant should discuss any barriers in the service area that the proposed project hopes to overcome

Applicants must demonstrate a substantive understanding of how it will overcome the challenges of identifying the impact of the services provided when veteran patients need to be tracked across different components of the health care system. Applicants must also describe in detail potential benefits for veterans based on the results of successful implementation of the proposed project providing access to mental health and other healthcare services.

Sustainability: The applicant will document how the project will be sustained during and after the period of Federal funding. This includes a discussion of the following issues: financial and other commitments of the applicant and project partners to the project; community support; 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.).

Describe the problems to be overcome in order to sustain the telehealth project, and the specific activities to be undertaken to do so. Discuss the market-driven aspects of achieving sustainability, and describe what, if any, third party reimbursement the project receives or expects to receive, to continue the program. Address activities and actions that will occur to pursue reimbursement or other income to support the program. Address all appropriate costs of deploying technology and operating the project on an ongoing basis.

■ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion(a) #3 Evaluative Measures and #5Resources /Capabilities*

In an effort to maximize allocation of award funds towards project activities, the applicant is not required to conduct a formal evaluation. A self-assessment throughout the project is required. The self-assessment will provide information to identify the project's strengths and areas for improvement. Specifically, the self-assessment should include, but is not limited to, the following elements:

- Outcomes focus: Ensure that the goals and objectives of the project are assessed.
- Data collection: Illustrates accuracy and consistency of data collected, producing results that are as objective as possible. Ensure that data collection methods are feasible for the project and data are collected in a timely manner.
- Sustainability: Identify factors and strategies that will lead to viability and sustainability after Federal funding ends. Explain how sustainability data will be used to help inform quality improvement strategies and future efforts.

■ *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion(a) #5 Resources/Capabilities*

This section addresses how the project fits in with the current mission, structure, and scope of current activities of the applicant and network partners. The applicant will describe how the project will be organized, staffed, and managed. The applicant will describe how the organizational structure contributes to the ability of the organization to conduct the program requirements and meet program expectations (Attachment 3 Network Identification).

Provide a brief overview of the applicant organization that includes mission, structure, and current primary activities. Explain why each of the project partners is appropriate collaborators, and the expertise each partner brings to the project. Outline the roles and responsibilities of each organization involved in the project. Describe the relationship between the applicant and the other project partners. The applicant must also include a one page organizational chart that depicts the relationship between the project members including subcontractors/sub-recipients and other significant collaborators. The organizational chart(s) should be uploaded as **Attachment 7**.

The applicant will describe the prior history working with project partners and/or in addressing the health care needs of rural veterans. The applicant must demonstrate they

have actively engaged the VA, State hospital association, rural hospitals located within the target service area, providers of mental health services, or other appropriate stakeholders in providing mental health and other services to veterans in the planning for proposed activities. Letters of support must be included in **Attachment 8**.

State whether the applicant has a project director in place, or an interim director. If the project has an interim director, discuss the process and timeline for hiring a permanent director.

The applicant must have a Memorandum of Agreement (MOA) signed and dated by all project partners that reflects the mutual commitment of the partners. **IMPORTANT: The MOA should include the applicant's regional Veterans Integrated Service Network (VISN) organization. RVHAP-TH and RVHAP-TH-HIE applicants should also submit a Telehealth Service Agreement with the applicant's local VA facilities and/or regional VISN.** VA medical facilities may submit a Letter of Commitment (LOC) in place of the MOA for the application, but the letter must include specific information as to the specific activities and responsibilities in the project. Please obtain electronic signatures whenever possible to verify commitment. We recognize that not all network members may have the ability to utilize an electronic signature, so it is perfectly acceptable to submit the MOA unsigned when applying. Include the MOA in **Attachment 6**. Note: The original signed and dated MOA should be kept by the applicant organization. If the application is funded, the signed original will be required for submission to FORHP within 30 days of award.

NARRATIVE GUIDANCE

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.

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

iii. Budget

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included 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. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The funding requirements under this FY 2016 announcement continue the requirements of FY 2015, Public Law 113-235, 128 STAT. 2468, under "RURAL HEALTH", which requires funds be used," ...to carry out section 1820(g)(6) of the Social Security Act, with funds provided for grants under section 1820(g)(6) available for the purchase and implementation of telehealth services, including pilots and demonstrations on the use of electronic health records to coordinate rural veterans care between rural providers and the Department of Veterans Affairs electronic health record system."

HRSA desires to fund projects that will, to the greatest extent possible, utilize at least 50% of grant funds to pay costs directly related to direct provision of telehealth services, and/or to share electronic health records, depending on the focus of the application - RVHAP-TH, RVHAP-HIE and RVHAP-TH-HIE.

Important Note: Applications will be evaluated based on the extent to which grant funds identified in this section are proposed to be used.

In addition, the RVHAP program requires applicants specify budget details for the following:

1. The provision of services via telehealth for rural veterans who receive mental health and other health care services from VA facilities, rural non-VA facilities, and community providers;
2. Equipment, including hardware, and software to develop and deliver clinical telehealth services that enhance access and/or incorporate telehealth capability among non-VA rural sites and/or to facilitate connectivity between those sites and VA facilities. Software, hardware, and other technology to facilitate HIE among participating non-VA rural sites and VA facilities, or among other participating state and local health care entities;
3. Technical assistance for planning, developing or implementing telehealth technology, EHRs or HIE. This may include contracts for telemedicine and EHR solution integrators that provide expertise for technology development, training, or to ensure that such systems comport with VA privacy and security requirements or

other protocols and to ensure that such systems are economically and technically sound;

4. Organizational capacity building related to the implementing telehealth networks and EHRs/HIEs to carry out RVHAP purposes. This includes: a) building partnerships and coalitions among VA facilities, critical access hospitals, federally qualified health centers, rural health clinics, home health agencies, community mental health clinics and other providers of mental health services, pharmacists, local government, private practice physicians, and other providers deemed necessary to provide access to services and meet the needs of rural veterans; and, b) consulting with the state hospital association, rural hospitals, providers of mental health services and other stakeholders for the provision of services to rural veterans and their families;
5. Outreach to rural veterans, families and other rural residents to promote utilizing telehealth and health information technology to carry out RVHAP purposes. This includes enrolment of rural veterans in VA healthcare programs;
6. Training of clinicians and other care givers, in a manner that enhances access to care, in the provision of mental health services and other healthcare services to veterans residing in rural areas, including the provision of crisis intervention services, detection of post-traumatic stress disorders (PTSD), traumatic brain injury (TBI), and other signature injuries deemed necessary to meet the needs of rural veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF);
7. Providing distance education, in a manner that expands access to care, to enhance health care and support services to rural veterans. Distance education technology can be utilized to mentor or supervise health care providers and students seeking to become health care providers, for rural veterans, their families and other rural residents to carry out RVHAP purposes;
8. Paying for transmission costs, such as the cost of satellite time or the use of phone lines. However, Flex RVHAP network members must either a) first apply for the Universal Service Administrative Corporation Company (Rural Health Care Division) provider subsidy program to obtain lower transmission rates, or b) provide documentation of the rationale for choosing not to apply. For additional information about the provider subsidy program, see the Universal Service Administrative Corporation (USAC) web site at <http://www.rhc.universalservice.org>. Organizations that do not intend to seek USAC support should clearly their reasons for not doing so.

Administrative Expenses

In accordance with 1820(g)(6)(E), a State awarded a grant may not expend more than 15% of the amount of the grant for “administrative expenses.” To ensure that the maximum amount of funding is used to carry out RVHAP program purposes, "administrative expenses" are the actual costs incurred in connection with the administration of the grant (including both direct and indirect costs). **A recipient will be limited to the lesser of: (1) the actual administrative expenses incurred in connection with the administration of the grant, up to 15% of the award amount; or, (2) the amount of indirect costs allowable under the State's federally negotiated indirect cost rate.**

Examples of Administrative activities subject to the 15 percent cap include:

- Routine award administration and monitoring activities, including the receipt and disbursement of program funds; administrative staff (executive and clerical); accounting and billing functions; preparation of routine programmatic and financial reports; and compliance with award conditions and audit requirements.
- Costs which could qualify as either indirect or direct costs but are charged as direct costs, such as: rent, occupancy, utilities, computer hardware and software (unrelated to electronic medical records or CQM), telecommunications (telephones, toll-free lines, cell phones, pagers, fax, internet), and postage.
- Liability insurance
- Office supplies
- Audits
- Payroll-Accounting services

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

- 1) To build or acquire real property, or for construction or renovation, except for minor renovations (e.g. adding electrical wiring or installing shelving and cabinets) related to the installation of equipment. Note: Building a new room or completely remodeling a room for the telehealth system would not be considered a minor renovation;
- 2) To pay for any equipment or transmission costs not directly related to the purposes of the award. Note: Transmission costs associated with out-of-network sessions will not be covered;
- 3) To pay transmission costs where the applicant’s Flex RVHAP network members fail to first apply for the Universal Service Administrative Corporation Company (Rural Health Care Division) provider subsidy program to obtain lower transmission rates, OR, fail to provide documentation of the rationale that justifies not applying for such assistance. For additional information about the provider subsidy program, see the Universal Service Administrative Corporation (USAC) web site at <http://www.rhc.universalservice.org>.
- 4) For costs that duplicate existing efforts in a State for pre-existing activities in place prior to an applicant submitting an application for RVHP funding under this announcement without sufficient justification provided by the applicant;

To reimburse expenses incurred for RVHAP-type purposes for an ongoing State initiative prior to the date of application, without sufficient justification provided by the applicant; or,

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) 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](#)

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: Detailed Budget Information

Provide a narrative for amounts requested for each line item in the SF-424A Budget Information – Non-Construction Programs Form. Applicants must project costs for the three year project period and all costs must be directly related to the award program.

Attachment 2: Work Plan

Attach the Work Plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

The applicant must describe a clear and coherent work plan that is aligned with the network’s goals and objectives. To accomplish this, applicants are strongly encouraged to present a matrix that illustrates the network’s goals, strategies, activities, and measurable process and outcome measures. The work plan must outline the **individual and/or organization responsible** for carrying out each activity and **includes a timeline** for *all* three years of the award. The work plan for the second and third year of the award may be somewhat less detailed.

Attachment 3: Network Identification Information.

All applicants are required to submit information regarding the various applicant/network member sites in the proposed Telehealth/Electronic Health Records network(s) to be developed. **For States with multiple networks, list each network separately.**

For each site:

- Name, address, designated contact person, phone, fax, email.
- Network name and URL (if applicable).
- County name
- Indicate whether this is an existing site or site to be added. (*note: if a new site indicate when it will be added to the network*)
- Clinical services to be provided
- Service area
- Veteran population to be served

- County population where the applicant site is located
- The focus/function of the site's activities:
 - (i) Clinical telemedicine
 - (ii) Distance learning/education
 - (iii) Electronic Health Record Exchange
 - (iv) Telehomecare
 - (v) Other (specify)
- For a site where Clinical Telemedicine/Distance Learning/Electronic Health Record Exchange will occur, a listing of equipment that will be used at the site, and the clinical services or other purposes, for which each item will be used.
- Specify whether the site will:
 - (i) Provide and/or receive telemedicine services
 - (ii) Provide and/or receive distance education
 - (iii) Provide for Health Information Exchange
 - (iv) Engage in other activities (please specify)
- Indicate whether the site is located in the following areas:
 - (i) A Health Professional Shortage Area (HPSA)
 - (ii) A Partial Health Professional Shortage Area (p-HPSA)
 - (iii) A Mental Health HPSA or p-HPSA
 - (iv) A Medically Underserved Area (MUA)
 - (v) A Partially Medically Underserved Area (p-MUA)
- Description of the site's facilities
 - (i) Rural or Urban
 - (ii) Hospital and # of beds
 - (iii) Private physician office
 - (iv) Public health clinic
 - (v) State/county health department
 - (vi) Community health center
 - (vii) Multi-specialty facility
 - (viii) Nursing home
 - (ix) Community mental health center
 - (x) Health professions institution
 - (xi) Rural Health Clinics
 - (xii) Other (specify)

Attachment 4: 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. For each key person assigned to the project, including key personnel at all partner organizations, provide position descriptions (PDs). 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 job descriptions that give the title of the position, duties and responsibilities, required qualifications, supervisory relationships, and salary ranges.

Attachment 5: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 4, not to exceed two pages in length. 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 6: Memoranda of Agreement (MOA) or Memoranda of Understanding (MOU) or Telehealth Service Agreement (TSA) or Letters of Commitment (LOC) and/or Description(s) of Proposed/Existing Contracts (project specific)

Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. MOAs/TSAs or LOCs must be dated. The documents should describe the roles of subcontractors/sub-recipients and their deliverables with dates that include the length of the agreement. **Note: The original signed and dated MOA/TSA or LOC should be kept by the applicant organization. If the application is funded, the signed original will be required for submission to FORHP within 30 days of award.**

Attachment 7: Project Organizational Chart

Provide a one-page organizational chart that illustrates the structure of the project, including subcontractors/sub-recipients and other significant collaborators. If the program is part of a larger institution, please depict where the project fits in the larger institution.

Attachment 8: List of Project Partners and Letters of Commitment/Support

List the participating VA facility and other project partners. Include a key point of contact for each participant and include their contact information. Attach a letter from each of the participants that includes the service(s) provided, number of clients served, geographic areas served. The attached letter should also highlights their commitment to the project and the specific roles each will play in the development and operation of the proposed project.

Any submitted Letters of Commitment or Support should align with the MOU/TSA between the applicant and any participating VA facilities and should specify key roles and responsibilities.

Include here any other documents that are relevant to the application, including letters of support from the state hospital association, rural hospitals located in the target area, providers of mental health services, or other appropriate stakeholders in providing mental health and other services to veterans. Include only letters of support which specifically indicate a commitment to the project (in-kind services, dollars, staff, space, etc.).

Attachment 9: Summary Progress Report - Accomplishment Summary (FOR COMPETING CONTINUATIONS ONLY)

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The

accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the accomplishment summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The accomplishment summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments and outcomes, in relation to the goals and objectives of the program under previous RVHAP funding. The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives – Briefly summarize the specific objectives of the project as actually funded.
- (3) Results – Describe the program activities and outcomes conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 10-15 – Other Relevant Documents

Include here any other documents that are relevant to the application, including additional letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreements and support must be dated. List all other support letters on one page.

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 FOA is February 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.

5. Intergovernmental Review

The Flex Rural Veterans Health Access Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 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

Applicants responding to this announcement may request funding for a project period of up to three (3) 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.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) 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 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 RVHAP has six (6) review criteria:

Criterion 1: NEED (25 points) – Corresponds to Section IV's Introduction and Needs Assessment

- The extent to which the application describes the population and problems impacting rural veterans and the relationship to the need for increased access to mental health and other services using appropriate data sources.
- The extent to which the information provided, including the map and other documentation, clearly shows the location of the target population, the geographic area that will be served by the project, and includes organizations involved in the project.
- The extent to which the applicant provides a realistic needs assessment of actual demand for any services offered by the project, aligning the project's proposed services to the demand of the target community(ies) and, as appropriate, neighboring communities, taking into consideration existing use and referral patterns.
- The extent to which new applicants describe how they will pursue a telehealth network or health information exchange.
- For past recipients of RVHAP funding, the extent to which the applicant clearly documents how the new project builds upon, but does not duplicate, existing HIE infrastructure or telehealth services services.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges

The extent to which the application describes the course of action to carry out the RVHAP goals and objectives, as follows:

- A. The effectiveness of the plan to make the VA health system accessible to veterans in remote areas presently without access to quality healthcare including development of demonstrations and pilot initiatives. The extent to which:

- The applicant thoroughly addresses relevant barriers in the service area with respect to servicing rural veterans, their families and other rural residents that the project proposes to overcome for project implementation, information dissemination and sustainability.
- The applicant has described a detailed strategy for implementation that will show how to coordinate rural veterans care between rural providers and the Department of Veterans Affairs via programs such as Blue Button, My HealtheVet, or the VLER Health Program. RVHAP-TH-HIE and RVHAP-HIE applications that do not include programs such as Blue Button, My HealtheVet, or the VLER Health Program, will be considered to be non-responsive to the guidance.
- The applicant provides a plan for how eligible enrolled rural veterans will be determined, patient screening and assessment tools will be used to determine eligibility, and how the patient's physician/primary clinician will be integrated into the process, including how information will be communicated to the physician/clinician. If they are applying for funds under the RVHAP-TH grant or RVHAP-TH-HIE grant, the applicant has a clear projection of the number of veterans it intends to serve via telehealth during the first year of this project
- The applicant has clear commitments from key partners in this activity as evidenced by the attached MOA, telehealth service agreement, or letters of commitment.

B. The extent to which the applicant documents a feasible technical approach to implement telehealth programs and health information technology to provide rural veterans with increased access to quality mental health and other medical services.

The extent to which the applicant:

- Demonstrates knowledge of technical requirements, provides a rationale for cost-effective deployment and operation, and justifies the technology as the optimum and most efficient technology to meet the identified needs.
- Integrates administrative and clinical information systems within the proposed telehealth/EHR system, and integrates the proposed system into each provider's normal practice.
- Explains how the project will ensure the privacy of veteran 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.
- Evidences knowledge of telecommunications transmission services available in the project service area, and justify the deployment at each site considering the range of choices available.
- Given the proposed telehealth network, articulates the process for vendor selection and the timelines for related activities.
- Evidences results in achieving cost savings through assistance offered by the Universal Service Administrative Company (USAC) for Rural Health Care (see <http://www.universalservice.org/default.aspx>)

C. The extent to which the applicant documents a feasible programmatic approach; i.e., a strategy to facilitate partnerships and coalitions to expand and strengthen existing healthcare networks.

- The applicant demonstrates the strength of the partnerships for the proposed project, including clear documentation of the roles and responsibilities of the state, VA, and other partners such as critical access hospitals, federally qualified health centers, rural health clinics, home health agencies, community mental health clinics and other providers of mental health services, pharmacists, local governments, private practice physicians, and other providers deemed necessary to provide access to services that meet the need of rural veterans. Evidence of the commitment to this project should be clear in the MOA, MOU, telehealth service agreement, or letters of commitment.
- The extent to which applicants with existing telehealth networks describes the existing structure and explains how the existing network will be expanded to provide mental health and other services to increase access for rural veterans and other rural residents.
- The extent to which the applicant adequately discusses the development of clinical protocols to reflect a facility's ongoing quality assurance and risk management activities, including meeting clinical management and patient safety standards.

Criterion 3: EVALUATIVE MEASURES 5 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

- The appropriateness of the program self-assessment and the effectiveness of the methods proposed to monitor and assess the project results.
- The extent to which the applicant demonstrates specific outcomes to be achieved and measures by which the achievement can be measured; data to be collected; and sustainability of the program

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's Methodology and Work Plan

Programmatic Results and Implementation

The extent to which the applicant:

- Demonstrates a substantive understanding of how it will overcome the challenges of identifying the impact of the services provided when veteran patients need to be tracked across different components of the health care system.
- Describes in detail potential benefits for veterans based on the results of successful implementation of the proposed project providing access to mental health and other healthcare services.
- Describes in detail the quantifiable difference the project expects to make on the availability of mental health care and other health care services to rural veterans. Information should be provided to evidence how the improved healthcare access will facilitate the improvement of specific health outcomes for the rural veterans.
- Describes issues of project implementation such that it demonstrates substantive understanding of the 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.

Information Dissemination

The extent to which the applicant:

- Has, or will actively engage in consultation with the stakeholders such as State hospital associations, rural hospitals, providers of mental health services, or other appropriate stakeholders in disseminating project results related to RVHAP program goals and objectives.
- Demonstrates that project results may be replicated nationally.

Sustainability

The extent to which the applicant:

- 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.).
- Outlines a network partners plan that measure the contribution of each partner to the proposed goals. Also include a description of how each project partner will contribute to the long-term success of the project.
- Document and measure how telehealth/health information applications contribute to clinical cost-savings.
- Provide evidence that the identified project partners intend to commit, engage, and will accept financial responsibility of the proposed project.

Criterion 5: RESOURCES/CAPABILITIES (20 Points) – Corresponds to Section IV's Evaluation and Technical Support Capacity, and Organizational Information, Attachments

The extent to which the applicant evidences the capability to implement and carry out the proposed project. The application should clearly address the capabilities of the applicant organization, in respect to the availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

A. Organizational Network Capability and Experience

The extent to which the applicant:

- Submits verifiable information with respect to the commitment of network partners as evidenced by the Memoranda of Agreement or Letters of Commitment that are signed and dated by all key project partners.

- Documents 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.
- Provides strength of the evidence that clearly obligates the participating network sites to carry out the goals and objectives of the project.
- Outlines the roles and responsibilities of each organization involved in the project and describe the relationship between the applicant and the other project partners.
- Illustrates that the management personnel in place are appropriate for the proposed project. Demonstrate a plan so that the identified Project Director will be in place and working towards project goals upon grant award.

B. Project Management and Work Plan

The extent to which the applicant's work plan:

- Is realistic and feasible for effective project implementation.
- Adequately reflects the duties and competence of key project personnel for applicant and network members.
- Relates to project goals and objectives.
- Provides sufficient evidence to show that the project will be ready to begin to implementation upon grant award.
- Effectively aligns staffing to the proposed activities to carry out the proposed project.

C. Clinician Acceptance and Support

The extent to which the applicant:

- For rural partners, evidences commitment, involvement and support of senior project partner management, clinicians, and other care givers in developing and operating the project.
- For VA facility personnel and management, evidences project buy in and support.
- Evidences clinicians' and other care givers' understanding of the challenges in project implementation and their competence and willingness to meet those challenges.
- Provides commitment of resources for training and outreach to staff and technical support to operate and maintain the system.
- Demonstrates that the technology to be implemented is integrated into clinician practice.

Criterion 6: SUPPORT REQUESTED (10 Points) – Corresponds to Section IV’s Budget and Budget Narrative

Financial Feasibility and Soundness

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

- Is realistic and justified in terms of the project goal(s), objectives, and proposed activities.
- Documents that the budgeted costs are realistic, necessary, and justifiable to implement and maintain the project, including the human and technical infrastructure.
- Documents a realistic, necessary, and justifiable full-time equivalents and expertise necessary to implement and maintain the project.
- Is complete and detailed in supporting each line item and allocating resources.
- Documents the costs associated with telehealth services and health information exchange.
- Documents demonstrable experience with regard to technical costs of hardware and software, and telecommunication charges.
- Is clearly articulated in detail for each item presented in the budget tables.
- Demonstrates the level of commitment of partner organizations including allocation of time, personnel, cash, and other in-kind contributions. (A table may be used to present this information.)

2. Review and Selection Process

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

Funding Special Considerations –HRSA will give special consideration in funding to applications submitted by States in which veterans make up a high percentage of the total population of the State. Such consideration shall be given without regard to the number of veterans of Operation Iraqi Freedom and Operation Enduring Freedom living in the areas in which mental health services and other health care services would be delivered under the application. Applicants that qualify for the special consideration will be placed in a more competitive position among applications that can be funded.

Please Note: 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](#)). 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 OPDIV or HHS official or board.

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 [§ 200.205 Federal Awarding Agency Review of Risk Posed by Applicants](#).

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 August 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of August 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 FOA must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

Note: The Health Resources and Services Administration (HRSA) acting through Federal Office of Rural Health Policy (FORHP) will be collecting annual performance data and, on an ongoing basis, request information concerning progress of the project in fulfilling RVHAP goals and objectives. Grantees will be expected to provide timely responses to HRSA requests for data on grantee activities and program outcomes and compliance with this requirement will be a condition of an award and subsequent funding

Performance Data. The Federal Office of Rural Health Policy (FORHP) has created specific performance measures that grantees will be required to report within the Performance Improvement System (PIMS) located in HRSA's Electronic Handbook (EHB). This data helps HRSA to determine the larger impact of its Rural Health Programs and in particular, will help determine the impact of the new Rural Veterans Health Access Program. Performance measures can be process or outcome measures that allow grantees to track their progress toward meeting stated objectives. Measures around mental health access will be developed for this program and shared with awarded grantees. Once these measures are finalized by FORHP, all Rural Veterans Health Access grantees will be required to collect the approved measures and to provide data on these measures annually for continued funding. **Important Note: FORHP will, on an ongoing basis, as necessary, request information from grantees on their progress in meeting the RVHAP objectives.**

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. Award recipients are expected to respond to requests for data and information from their project officer.

2) **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 grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by grantees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>. Further information will be provided upon receipt of reward.

3) **OAT Grantee Directory.** Applicants accepting this award must provide information for OAT's Grantee Directory Profiles. Further instructions will be provided by OAT. The current Telehealth directory is available online at: <http://www.hrsa.gov/telehealth>.4) If applicable, **Integrity and Performance Reporting.** the Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR 75 Appendix XII](#).

VII. Agency Contacts

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

Olusola Dada

Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-75
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0195
Fax: (301) 594- 6096
E-mail: ODada@hrsa.gov

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

Anthony Oliver
Project Officer, Office for the Advancement of Telehealth
Attn: Licensure Portability Grant Program
FORHP/HRSA
Parklawn Building, Room 17W09-C
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2919
Fax: (301) 443-2803
E-mail: aoliver@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
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

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

VIII. Tips for Writing a Strong Application

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

