

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

Federal Office of Rural Health Policy

***Frontier Community Health Integration Project  
Technical Assistance, Tracking, and Analysis Program***

**Announcement Type:** New, Competing Continuation

**Funding Opportunity Number:** HRSA-17-001

**Catalog of Federal Domestic Assistance (CFDA) No. 93.155**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2017

**Application Due Date: March 13, 2017**

*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.*

**Issuance Date: December 9, 2016**

Aaron Beswick, MSW, MPH  
Public Health Analyst  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
E-mail: [ABeswick@hrsa.gov](mailto:ABeswick@hrsa.gov)  
Telephone: (301) 945-9810  
Fax: (301) 443-2803

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP), is accepting applications for fiscal year (FY) 2017 Frontier Community Health Integration Project (FCHIP) Technical Assistance, Tracking, and Analysis (TA) Program. The purpose of this program is to provide technical assistance to ten (10) critical access hospitals (CAHs) selected by the Centers for Medicare & Medicaid Services (CMS) to participate in the FCHIP demonstration to test new approaches to health care delivery, reimbursement, and coordination in sparsely populated rural areas in three states: Montana, Nevada, and North Dakota.

Funding Opportunity Title:	Frontier Community Health Integration Project (FCHIP) Technical Assistance, Tracking, and Analysis (TA) Program
Funding Opportunity Number:	HRSA-17-001
Due Date for Applications:	March 13, 2017
Anticipated Total Annual Available Funding:	\$500,000
Estimated Number and Type of Award(s):	1 cooperative agreement
Estimated Award Amount:	Up to \$500,000 per year for years 1 and 2; up to \$450,000 per year for year 3
Cost Sharing/Match Required:	No
Project Period:	September 1, 2017 through August 31, 2020 (three (3) years)
Eligible Applicants:	<p>Eligible applicants include public, private, and nonprofit organizations, including faith-based and community organizations, as well as federally-recognized Indian tribal governments and organizations.</p> <p>[See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.]</p>

### **Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf>, except where instructed in this FOA to do otherwise. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

### **Technical Assistance**

FORHP will host a technical assistance webinar regarding this FOA on Thursday, February 2, 2017 from 11 AM to 12 PM EST. The webinar will address the purpose and requirements of the FCHIP TA Program and provide some tips on how to apply. You can join this webinar at <https://hrsa.connectsolutions.com/fchip-ta-webinar/> with the following call-in information: (866) 910-3280, passcode 270-458-86.

## Table of Contents

<b>I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION.....</b>	<b>1</b>
1. PURPOSE.....	1
2. BACKGROUND.....	1
<b>II. AWARD INFORMATION .....</b>	<b>3</b>
1. TYPE OF APPLICATION AND AWARD.....	3
2. SUMMARY OF FUNDING.....	4
<b>III. ELIGIBILITY INFORMATION.....</b>	<b>5</b>
1. ELIGIBLE APPLICANTS.....	5
2. COST SHARING/MATCHING .....	5
3. OTHER.....	5
<b>IV. APPLICATION AND SUBMISSION INFORMATION .....</b>	<b>6</b>
1. ADDRESS TO REQUEST APPLICATION PACKAGE .....	6
2. CONTENT AND FORM OF APPLICATION SUBMISSION .....	6
i. <i>Project Abstract</i> .....	7
ii. <i>Project Narrative</i> .....	7
iii. <i>Budget</i> .....	11
iv. <i>Budget Justification Narrative</i> .....	11
v. <i>Attachments</i> .....	12
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT .....	14
4. SUBMISSION DATES AND TIMES.....	14
5. INTERGOVERNMENTAL REVIEW .....	15
6. FUNDING RESTRICTIONS .....	15
<b>V. APPLICATION REVIEW INFORMATION .....</b>	<b>15</b>
1. REVIEW CRITERIA .....	15
2. REVIEW AND SELECTION PROCESS.....	19
3. ASSESSMENT OF RISK AND OTHER PRE-AWARD ACTIVITIES .....	20
4. ANTICIPATED ANNOUNCEMENT AND AWARD DATES .....	21
<b>VI. AWARD ADMINISTRATION INFORMATION .....</b>	<b>21</b>
1. AWARD NOTICES.....	21
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	21
3. REPORTING.....	22
<b>VII. AGENCY CONTACTS.....</b>	<b>23</b>
<b>VIII. OTHER INFORMATION.....</b>	<b>24</b>
<b>IX. TIPS FOR WRITING A STRONG APPLICATION .....</b>	<b>25</b>

# **I. Program Funding Opportunity Description**

## **1. Purpose**

This announcement solicits applications for Frontier Community Health Integration Project (FCHIP) Technical Assistance, Tracking, and Analysis (TA) Program. The purpose of the FCHIP TA Program is to provide technical assistance to ten (10) critical access hospitals (CAHs) selected by the Centers for Medicare and Medicaid Services (CMS) to participate in the FCHIP demonstration to test new approaches to health care delivery, reimbursement, and coordination in sparsely populated rural areas in three states: Montana, Nevada, and North Dakota. Technical assistance to the CAHs must include support for implementing one or any combination of three specific health care interventions: (1) the waiver of the 35-mile rule for ambulance services, allowing cost-based reimbursement for ambulance services regardless of nearby providers; (2) the waiver of the fixed \$25 originating site fee for telehealth services, instead allowing cost-based reimbursement for 101 percent of cost for overhead, salaries, fringe benefits, and the depreciation value of the telehealth equipment; and (3) the waiver of the 25-bed inpatient bed limit, allowing up to 10 additional beds to be used for skilled nursing facility (SNF)/nursing facility (NF) care. Other technical assistance activities should include support for quality measurement and performance improvement projects, strategic planning to improve patients' access to services, and other tracking, analytic, and administrative tasks as appropriate for the individual needs of the participating CAHs. The FCHIP demonstration began operation as of August 1, 2016 under the administration of the CMS. You can find more information on the FCHIP demonstration on the CMS website at <https://innovation.cms.gov/initiatives/Frontier-Community-Health-Integration-Project-Demonstration/>. The FCHIP TA Program is administered by the Federal Office of Rural Health Policy (FORHP), located in the Health Resources and Services Administration (HRSA).

The FCHIP TA program aims to support the CAHs participating in the FCHIP demonstration. This will ensure their activities align with the requirements of the demonstration as outlined by CMS and enhance their performance toward demonstration outcomes.

The FCHIP TA Program will not include demonstration-wide evaluation of the FCHIP demonstration, which will be the role of the evaluation contractor selected by CMS. Rather, the FCHIP TA Program will focus on supporting the appropriate planning, implementation, documentation, and analysis of the performance and outcomes among the participating CAHs.

## **2. Background**

This program is authorized by Title VII, Section 711(b) of the Social Security Act (42 U.S.C. 912(b)), as amended. FORHP is statutorily required in Title VII (Section 711) of the Social Security Act to advise the Secretary of the Department of Health and Human Services (HHS) on the effects of current policies and regulatory changes in the programs established under titles XVIII (Medicare) and XIX (Medicaid) on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians

and other health professionals and access to (and the quality of) health care in rural areas. The Social Security Act requires FORHP to coordinate activities within HHS that relate to rural health care and provide relevant information to the Secretary and others in the Department, and to administer funding to provide technical assistance and other activities as necessary to support activities related to improving the accessibility, quality, and efficiency of health care in rural areas.

The ongoing transformation of health care payment from volume-based to value-based schemes is pushing health care providers to improve health outcomes, control costs, and advance population health. However, existing payment structures and continuing statutory exemptions often leave providers serving rural and frontier communities outside these transformations. At the same time, given their relatively small patient volumes, the current Medicare payment system for CAH patients often leaves these providers facing significant financial, operational, and administrative challenges.

In an effort to begin testing new models of care and delivery transformation that may better serve rural communities, section 123 of the Medicare Improvements for Patients and Providers Act (MIPPA), as amended by section 3126 of the Affordable Care Act, authorized a three-year demonstration project on community health integration models in certain rural counties with low population density, commonly known as the FCHIP demonstration. MIPPA section 123(e)(2)(B), authorizes HRSA, through FORHP, to provide technical assistance related to the demonstration requirements to CAHs selected to participate. MIPPA also authorizes CMS to waive certain payment policies and restrictions that may limit the provision of certain acute care, post-acute care, and other essential health care services designed to prevent hospital admissions, readmissions, and patient transfers out of frontier communities. The services to be tested include ambulance services, telehealth, and hospital-based SNF/NF services. The demonstration began on August 1, 2016 and will run for three years through July 31, 2019. CMS selected the following ten CAHs to participate, each focusing on one or a combination of the available health care interventions:

<b>Project Sites (CAHs)</b>	<b>Interventions</b>
Dahl Memorial Healthcare Association Ekalaka, MT	Telehealth
McCone County Health Center Circle, MT	SNF/NF Beds, Telehealth
Roosevelt Medical Center Culbertson, MT	SNF/NF Beds, Ambulance, Telehealth
Battle Mountain General Hospital Battle Mountain, NV	Telehealth
Grover C. Dils Medical Center Caliente, NV	Telehealth
Mt. Grant General Hospital Hawthorne, NV	Telehealth
Pershing General Hospital Lovelock, NV	Telehealth
Jacobson Memorial Hospital Care Center Elgin, ND	SNF/NF Beds

McKenzie County Healthcare Systems Watford City, ND	Telehealth
Southwest Healthcare Services Bowman, ND	Ambulance

For more information, please see the CMS fact sheet on the FCHIP demonstration at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-08-04.html>.

As mandated by MIPPA, FORHP, in coordination with CMS, is responsible for completing interim (due by August 1, 2018) and final (due by August 1, 2020) reports to Congress, along with recommendations for appropriate legislative and administrative action based on the demonstration's outcomes. CMS has made a separate award to an independent research organization to evaluate the FCHIP demonstration. The evaluator will conduct research during and after the three-year project period and will use data and feedback from participating CAHs. The FCHIP TA Program awardee will work with this evaluation contractor to identify issues for further quantitative and qualitative analysis and provide an understanding of how the demonstration addressed the unique health care challenges facing sparsely populated frontier communities. Ultimately, the lessons learned throughout this demonstration have the potential to inform health care policy affecting CAHs and other providers in rural and frontier communities across the nation.

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative, **HRSA Program involvement will include:**

- Collaborating in the development of the individual technical assistance plans, including suggestions for expert health coaches, marketing experts, intervention implementation, and tracking and analytic support to meet the unique needs and goals of each participating CAH and the requirements of the demonstration;
- Supporting interactions with relevant outside entities, including, but not limited to, CMS contractors and demonstration staff, state Medicaid agencies, quality improvement organizations (QIOs), and Rural Hospital Flexibility Program coordinators and federal staff;

- Consulting with the FCHIP TA Program awardee to ensure appropriate documentation of data, outcomes, and other content to inform the interim and final reports to Congress on the FCHIP demonstration; and
- Participating, as appropriate, in the planning and implementation of any meetings, site visits, training activities, workgroups, or other collaborative activities conducted during the project period.

**The cooperative agreement recipient's responsibilities will include:**

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds;
- Developing, maintaining, and updating comprehensive technical assistance plans for each participating CAH, including identifying expert health coach(es) to consult on particular health services, marketing experts to increase community awareness of and access to new health services, and strategies to optimize CAHs' chosen health service interventions;
- Supporting implementation of additional and expanded ambulance services, telehealth services, and hospital-based SNF/NF beds, as appropriate for each individual CAH;
- Identifying FCHIP-related issues and challenges at each individual CAH and those shared across groups of CAHs, working closely with participating providers to help resolve those challenges, and reporting to relevant demonstration staff how these issues affect participating CAHs' ability to perform under the demonstration;
- Assisting FCHIP-participating providers to measure, track, document, and report the impact of changes in the delivery of health care services on various quality measures;
- Collecting, tracking, aggregating, and sharing demonstration data, outcomes, best practices, and lessons learned;
- Coordinating with FORHP to analyze and document key challenges and successes of the participating CAHs under the demonstration and broader health policy implications to inform national policy recommendations, including the drafting of interim and final reports to Congress;
- Facilitating regular peer-based learning opportunities (e.g., meetings, webinars, etc.) for participating CAHs, as well as presenting promising practices and training materials from relevant and applicable outside sources based on participating CAHs' needs and stated goals and preferences;
- Supporting participating CAHs' relationships with relevant outside entities, including, but not limited to, demonstration staff, CMS evaluation and implementation contractors, Medicare and Medicaid billing intermediaries, state Medicaid agencies, QIOs, Rural Hospital Flexibility Program staff, and local and distant providers.

## **2. Summary of Funding**

Approximately \$500,000 is expected to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to \$500,000 per year in the first two years of the FCHIP TA Program. In the final year of the FCHIP TA Program, you may apply for a

ceiling amount of up to \$450,000 to account for the reduced activities following the end of the FCHIP demonstration. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds. The project period is September 1, 2017 through August 31, 2020 (three (3) years). Funding beyond the first year is dependent on the availability of appropriated funds for the FCHIP TA Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

### **III. Eligibility Information**

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

Eligible applicants include public, private, and nonprofit organizations. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.

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.

#### **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 announcement.

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

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept 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** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 Research and Related (R&R) application package associated with this FOA following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

### 2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 R&R 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 *R&R 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 R&R Application Guide](#) except where instructed in the FOA to do otherwise.

See Section 8.5 of the [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

#### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit (Reminder: bio sketches **do** count 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 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 the announcement.**

#### **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) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

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

## Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 R&R 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 R&R 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.

Use the following section headers for the Narrative:

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

This section should briefly describe the purpose of the proposed project, how it will support the objectives of the FCHIP demonstration, and its implications for health care policy affecting rural and frontier communities nationally. This section should display a strong understanding of, and experience with, the unique assets and challenges facing patients and providers in sparsely populated rural areas, especially as they relate to the availability of health care services and providers, including, but not limited to, limited staffing and infrastructural resources among providers in frontier areas and the need for technical assistance, strategic planning support, data tracking and analytic aid to optimize new and expanded health care services in frontier CAHs. This section should also demonstrate knowledge of the financial, operational, and administrative considerations of providing health care services in CAHs, especially as related to ambulance services, telehealth, and hospital-based SNF/NF beds. Finally, this section should demonstrate close familiarity with the basic purpose, framework, requirements, and intended outcomes of the FCHIP demonstration, including, but not limited to, how potential changes in Medicare payment policy in the areas of ambulance services, telehealth services, and hospital-based SNF/NF services can promote better patient outcomes, improve provider quality, and reduce Medicare costs.

- **RESPONSE** -- *Corresponds to Section V's Review Criterion #2 (Response)*

This section should propose the work plan that will be used to meet the program needs and expectations/requirements in this funding opportunity announcement, including an understanding of the requirements of the FCHIP demonstration and the need to tailor technical assistance supports to the unique circumstances of each of the ten participating CAHs. Furthermore, you should demonstrate the strength and feasibility of the proposed project based on the expertise of the project team, including outside and/or local experts that will work on the project and the resources available to you and to the participating CAHs, particularly as

related to the three health care service areas included in the FCHIP demonstration (i.e., ambulance, telehealth, SNF/NF beds), community outreach and marketing tactics, quality measurement and reporting, and policy analysis.

Specifically, the work plan should describe in detail the steps that will be followed for the following activities:

1. Developing comprehensive technical assistance plans for all ten FCHIP CAHs, including expert health coach(es) to consult on hospitals' chosen health interventions; strategies to optimize those interventions while reducing or maintaining costs and promoting quality of care, patient safety, and community health; and tactics to market new local health services and improve community members' access to those services;
2. Assisting hospitals to measure, track, and report on a core set of quality measures and a set of measures for each of the CAHs' chosen health interventions (i.e., ambulance, telehealth, and/or SNF/NF bed expansion);
3. Facilitating participating CAHs' relationships with other demonstration-related entities, including, but not limited to, state Medicaid agencies, local and distant providers, CMS evaluation and implementation contractors, and Medicare and Medicaid billing intermediaries;
4. Supporting regular opportunities for peer-based information sharing among the participating CAHs on topics including, but not limited to, lessons learned, promising practices, and frequent challenges; and
5. Collecting information on key policy and regulatory challenges as well as successful strategies and best practices among the participating CAHs to inform national health care policy affecting rural and frontier communities.

The work plan should also include a timeline of project activities and objectives, including responsible staff and applicable resources to support technical assistance to the participating CAHs. These objectives should include, but are not limited to, the following:

1. At least quarterly updates to the comprehensive technical assistance plan for each participating CAH, including dates these plans will be shared with the FORHP and CMS demonstration teams;
2. Reporting of applicable quality measures to the CMS demonstration team, including quarterly and annual reports in collaboration with the CMS implementation contractor;
3. Submission of written reports to HRSA and CMS demonstration teams on key policy and regulatory challenges facing the participating CAHs, as well as successful strategies and best practices that may improve the CAHs' performance under the demonstration.

This work plan should also account for the planned reduction in project funds following the termination of the FCHIP demonstration as of July 31, 2019. In the third and final project year (i.e., September 1, 2019 through August 31, 2020), you should describe how your proposed activities will support learning, analysis, and communications of the outcomes of the FCHIP demonstration, including policy and

regulatory implications to inform national health care policy affecting rural and frontier providers.

Lastly, you must discuss challenges you are likely to encounter in designing and implementing the activities of the proposed project, and approaches you will use to resolve those challenges, including how you will remain sufficiently flexible to address participating CAHs' unique needs and changing circumstances as they arise. These challenges may include those faced by individual participating CAHs, such as limited staffing, infrastructural resources, and low patient volumes, as well as those that you may face in your plans to provide technical assistance, strategic planning support, and other supports as appropriate to CAHs in the three states.

- *EVALUATIVE MEASURES -- Corresponds to Section V's Review Criteria #3 (Evaluative Measures)*

This section must describe the approach for establishing evaluation metrics and tracking relevant data to assist in measuring the success of the FCHIP TA Program, including a discussion about how goals for technical assistance will be determined for each participating CAH.

You should describe how the collected data and information will be reported to FORHP and the CMS demonstration team, as well as how the information will be used to inform FCHIP TA Program development; technical assistance supports, including ongoing updates to the participating CAHs' comprehensive technical assistance plans; and plans to facilitate quality performance.

Finally, this section should include your plans for collaborating with the CMS implementation and evaluation contractors to review any relevant demonstration data and, if necessary, incorporate that demonstration data into your plans for ongoing technical assistance to the participating CAHs.

- *IMPACT -- Corresponds to Section V's Review Criterion #4 (Impact)*

This section should discuss how the work plan described under RESPONSE will lead to the goals of the FCHIP TA Program to provide individually tailored technical assistance to the ten CAHs participating in the FCHIP demonstration. Clearly indicate how the work plan will meet the requirements of the FCHIP demonstration, serve the unique needs of the participating CAHs, and generate information that may inform national health care policy affecting CAHs and other providers serving rural and frontier communities.

- *RESOURCES/CAPABILITIES -- Corresponds to Section V's Review Criterion #5 (Resources/Capabilities)*

This section should describe the capabilities of the applicant organization to successfully execute the activities of the FCHIP TA Program, including previous experience conducting similar work with small hospitals and/or in isolated,

sparsely populated communities. At a minimum, this section should describe the following about the applicant organization:

1. Organizational mission, structure, and current activities, including staff roles and responsibilities (may also be included in *Attachment 1*) and an organizational chart (should be included in *Attachment 4*);
  2. Evidence of staff's knowledge of and experience with policy issues and reimbursement systems under both Medicare and Medicaid that govern CAHs and the three health service areas included in the demonstration under both Medicare and Medicaid, which includes demonstrating a strong familiarity with the provision and reimbursement of
    - a. Ambulance services in frontier communities, including the 35-mile rule for cost-based reimbursement and impacts on patient access;
    - b. Telehealth services in frontier communities and in CAHs, including payments for distant and originating sites, relationships between distant and originating providers, infrastructural needs, services eligible for Medicare payment, and the distinction between telehealth delivered via real-time interaction and via asynchronous store-and-forward technology; and
    - c. Hospital-based SNF/NF services in CAHs, including the allocation of overhead under cost-based reimbursement;
  3. Evidence of organizational ability to provide technical assistance in each of the three states selected to participate in the demonstration (i.e., Montana, Nevada, North Dakota);
  4. Evidence of the capacity to work closely with CAH personnel to identify issues and challenges as they arise and to ensure participating CAHs' needs are promptly and effectively addressed;
  5. If applicable, partnerships with additional organizations to provide supplemental expertise on particular topics, such as the three health care service areas included in the demonstration (i.e., ambulance, telehealth, SNF/NF beds), including formal agreements with such partners (should be included in *Attachment 3*, if applicable); and
  6. Previous experience of the organization and its personnel in conducting the activities outlined in the work plan, including the development and maintenance of comprehensive technical assistance plans that promote health system improvement and community health as well as strategies to collect, analyze, and track data regarding clinical processes and outcomes.
- *SUPPORT REQUESTED -- Corresponds to Section V's Review Criterion #6 (Support Requested)*

This section should describe and justify the costs expected under the proposed project. At a minimum, this section should include

1. The budget and resources proposed to satisfy the requirements of the FCHIP demonstration and fulfill the technical assistance plans and other

- activities outlined in the work plan, including reduced costs in the third year of the program following the expiration of the FCHIP demonstration;
2. Evidence of the reasonable distribution of funds across the ten participating CAHs to allow for adequate technical assistance throughout the project period; and
3. The compensation and work time proposed for key personnel.

<b>NARRATIVE GUIDANCE</b>	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Needs Assessment	(1) Needs Assessment
Response	(2) Response
Evaluative Measures	(3) Evaluative Measures
Impact	(4) Impact
Resources/Capabilities	(5) Resources/Capabilities
Support Requested	(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 R&R Application Guide](#). Please note: the directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Please follow the instructions included in the *R&R 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 Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

### **iv. Budget Justification Narrative**

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

**This attachment is mandatory.** please keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

*Attachment 2: Biographical Sketches of Key Personnel*

**This attachment is mandatory.**, please 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: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project-specific)*

**This attachment is required only for those applicants that propose to include additional organizations as partners for the FCHIP TA Program.** If applicable, provide documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

*Attachment 4: Project Organizational Chart*

**This attachment is mandatory.** Provide a one-page figure that depicts the organizational mission, structure and current activities of the project. If applicable, please include any additional organizations serving as partners for the FCHIP TA Program.

*Attachment 5: Tables, Charts, etc.*

**This attachment is mandatory.** To give further details about the proposal, please include tables and/or charts that describe the potential challenges to be addressed, technical assistance services to be provided, planned timelines of site visits and data collection, and other relevant activities corresponding to your work plan for each participating CAH(e.g., Gantt or PERT charts, flow charts, etc.).

*Attachment 6: Summary Progress Report (ACCOMPLISHMENT SUMMARY)*

**Please note that the ACCOMPLISHMENT SUMMARY does not pertain to**

**new applicants.** 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, you are advised to include previously stated goals and objectives in your 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 for the addition of priority points for an incumbent applicant to the FCHIP TA Program.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates).
- (2) Specific objectives - Briefly summarize the specific objectives of the project as actually funded. At a minimum, these objectives should include the following:
  - (a) Assessing the organizational capacity of each participating CAH
  - (b) Assessing necessary supports for each participating CAH's chosen health service intervention(s)
  - (c) Developing infrastructure for quality measurement and reporting
  - (d) Developing opportunities for CAHs' peer-based learning
  - (e) Developing relationships with each participating CAH
- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important for continued technical assistance. When appropriate per the objective, provide information on each specific CAH, including the following:
  - (a) Strengths and weaknesses in the CAH's performance during the start-up phase prior to and thus far since the initiation of the FCHIP demonstration;
  - (b) Plans for overcoming specific barriers that you have identified in previous work with the CAH;
  - (c) Opportunities for continued growth based on successes you have identified in previous work with the CAH; and
  - (d) Your plans for continued technical assistance supports for each CAH based on each CAH's strengths and weaknesses as well as identified barriers and opportunities.

*Attachments 7 (and continued): Other Relevant Documents*

**These attachments are optional.** If applicable, include here any other documents that are relevant to the application, including 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.).

### **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 it 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 R&R 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 *March 13, 2017 at 11:59 P.M. Eastern Time*.

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

## 5. Intergovernmental Review

The FCHIP TA Program 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 R&R Application Guide](#) for additional information.

## 6. Funding Restrictions

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R 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 the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. 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.

## 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 the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The FCHIP TA Program has six (6) review criteria:

*Criterion 1: NEEDS ASSESSMENT (15 points) – Corresponds to Section IV's Needs Assessment*

The extent to which the application

1. Displays an understanding of and experience with the unique assets and challenges facing patients and providers in sparsely populated rural areas,

especially as related to the availability of health care services and providers, including, but not limited to,

- a. Limited staffing and infrastructural resources
  - b. Need for technical assistance, strategic planning support, data tracking, and analytic aid to optimize new and expanded health care services;
2. Demonstrates knowledge of the financial, operational, and administrative considerations of providing health care services in CAHs, especially as related to those services included in the demonstration (i.e., ambulance, telehealth, SNF/NF beds).
3. Demonstrates an understanding of the purpose, framework, requirements, and intended outcomes of the FCHIP demonstration, including, but not limited to
  - a. How Medicare payment changes (i.e., ambulance, telehealth, SNF/NF beds) might impact patient outcomes, quality, and Medicare costs
  - b. Potential implications for national health care policy affecting rural and frontier communities.

*Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Response*

The extent to which the application

*Sub-Criterion 1: Response to Work Plan (10 points)*

1. Describes a strong and feasible plan to provide tailored technical assistance supports to each of the ten participating CAHs, particularly as related to the three health care service interventions included in the demonstration (i.e., ambulance, telehealth, SNF/NF beds), community outreach and marketing tactics, quality measurement and reporting, and policy analysis;
2. Details steps to develop comprehensive technical assistance plans for all ten participating CAHs, which include, but are not limited to:
  - a. Health coaches to consult on CAHs' health care service interventions (i.e., ambulance, telehealth, SNF/NF beds);
  - b. Strategies to optimize CAHs' health care service interventions (i.e., ambulance, telehealth, SNF/NF beds) while reducing or maintaining costs and promoting quality of care, patient safety, and community health; and
  - c. Tactics to market and improve community members' access to new and expanded health care services at each CAH;
3. Details steps to assist CAHs to measure, track, and report on a core set of demonstration quality measures and a set of quality measures for each of the CAHs' health care service interventions (i.e., ambulance, telehealth, SNF/NF beds), all of which have already been established by the CMS implementation contractor;
4. Details steps to facilitate participating CAHs' relationships with other demonstration-related entities (e.g., state Medicaid agencies, local and distant providers, CMS contractors);
5. Details steps to support regular opportunities for peer-based information sharing among the participating CAHs on topics including, but not limited to, lessons learned, promising practices, and frequent challenges;
6. Details steps to collect information on key policy and regulatory challenges as well as successful strategies and best practices among the participating CAHs to inform national health care policy affecting rural and frontier communities;

7. Details activities in the third year of the program that include the termination of technical assistance to participating CAHs and support for learning, analysis, and communications of demonstration outcomes, including policy and regulatory implications to inform national health care policy affecting rural and frontier providers;

*Sub-Criterion 2: Timeline of Program Activities and Objectives (8 points)*

8. Plans at least quarterly updates to the comprehensive technical assistance plans for each participating CAH, including target dates for these plans to be shared with FORHP;
9. Schedules regular quality reporting as required by the demonstration, including the completion of quarterly and annual reports in collaboration with demonstration partners;
10. Arranges for the submission of written reports to both FORHP and the CMS demonstration team regarding the key policy and regulatory challenges facing the participating CAHs, as well as successful strategies and best practices that may improve the CAHs' demonstration performance;

*Sub-Criterion 3: Response to Challenges (7 points)*

11. Discusses challenges the applicant is likely to encounter in providing technical assistance to the participating CAHs (e.g., limited staffing and infrastructural resources, low patient volumes) and the approaches the applicant will use to resolve those challenges; and
12. Addresses participating CAHs' unique needs and changing circumstances as they arise.

*Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluative Measures*

The extent to which the application

1. Proposes evaluation metrics that are reasonable, feasible, and will assist in measuring the success of the FCHIP TA Program;
2. Proposes a reasonable and effective approach for determining the goals for technical assistance for each participating CAH;
3. Describes how the collected data and information will be reported to FORHP and CMS demonstration team;  
Describes how the collected data and information will be used to inform the recipient's performance and ongoing technical assistance supports, including updates to the participating CAHs' comprehensive technical assistance plans and plans to facilitate quality performance; and
4. Describes plans for collaborating with the CMS implementation and evaluation contractors to review relevant demonstration data and, if necessary, incorporate demonstration data into plans for ongoing technical assistance to each participating CAH.

*Criterion 4: IMPACT (20 points) – Corresponds to Section IV's Impact*

The extent to which the application

1. Discusses how the work plan will lead to the goals of the FCHIP TA Program and the FCHIP demonstration, to provide individually tailored technical assistance to the ten CAHs participating in the FCHIP demonstration;
2. Demonstrates how the work plan will meet the requirements of demonstration;
3. Demonstrates how the work plan will serve the unique needs of the participating CAHs; and
4. Demonstrates how the work plan will generate information that may inform national health care policy affecting CAHs and other providers serving rural and frontier communities.

*Criterion 5: RESOURCES/CAPABILITY (25 points) – Corresponds to Section IV's Resources/Capabilities*

The extent to which the application

*Sub-Criterion 1: Organizational Information (5 points)*

1. Describes an organizational mission, structure, and current activities, including staff roles and responsibilities (may be included in *Attachment 1*) and organizational chart (should be included in *Attachment 4*), that supports the goals and activities of the FCHIP TA Program;

*Sub-Criterion 2: Organizational Capacity and Experience (15 points)*

2. Demonstrates that staff have sufficient knowledge of and experience with policy and reimbursement systems under both Medicare and Medicaid that govern CAHs and the three health care service areas included in the demonstration, including strong familiarity with the provision and reimbursement of
  - a. Ambulance services in frontier communities, including the 35-mile rule for cost-based reimbursement and impacts on patient access;
  - b. Telehealth services in frontier communities and in CAHs, including payments for distant and originating sites, relationships between distant and originating providers, infrastructural needs, services eligible for Medicare payment, and the distinction between telehealth delivered via real-time interaction and via asynchronous store-and-forward technology; and
  - c. Hospital-based SNF/NF services in CAHs, including the allocation of under cost-based reimbursement;
3. Demonstrates that the organization has the ability to provide technical assistance in each of the three states included in the demonstration (i.e., Montana, Nevada, North Dakota);
4. Demonstrates the capacity of the organization to work closely with CAH personnel to identify issues and challenges as they arise and to ensure participating CAHs' needs are promptly and effectively addressed;
5. Describes previous experience conducting activities outlined in the work plan, including the development of comprehensive technical assistance plans and strategies to collect, analyze, and track data regarding clinical processes and outcomes;
6. Demonstrates the ability to propose feasible and effective methods to collect and report demonstration outcomes and policy implications that may inform national health care policy affecting rural and frontier communities, to FORHP and other policy making federal agencies.

Sub-Criterion 3: Organizational Partnerships (5 points)

7. Leverages partnerships with additional organizations to provide supplemental expertise on particular topics, if applicable;
8. When appropriate, shows evidence of formal agreements with organizational partners that can provide specific, expert assistance to participating CAHs in particular states or regarding particular health care services included in the FCHIP demonstration;

*Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Support Requested*

The extent to which the application

1. Proposes costs, as outlined in the budget and required resources sections, that are reasonable given the scope of work, including reduced costs in the third year of the program following the expiration of the FCHIP demonstration;
2. Demonstrates the flexibility to support assistance for ten participating CAHs, including the reasonable distribution of funding for individual technical assistance and implementation support as well as collective tracking, documentation, analysis and reporting activities; and
3. Demonstrates that key personnel have adequate time devoted to the project to achieve project objectives.

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

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. 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 R&R Application Guide](#) for more details.

For this program, HRSA will use funding priorities.

### **Funding Priorities**

This program includes a funding priority. A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The funding factor will be determined by HRSA staff. The FCHIP TA Program has three (3) funding priorities:

#### **Priority 1: Experience with CAHs participating in FCHIP (5 Points)**

An applicant will be granted a funding priority if the application demonstrates previous experience consulting for, partnering with, or providing other support services for any or all of the ten CAHs selected by CMS to participate in the FCHIP demonstration (see the list of hospitals in *Section I.2. Background*, p. 2-3). At a minimum, an applicant granted

funding priority should describe its previous experience working with the participating CAHs.

FORHP will assess applicants for priority points under this section based on your narrative response in the *RESOURCES/CAPABILITIES* section, which should include your previous organizational and personnel experience conducting work similar to that outlined in this FOA with small hospitals and/or CAHs in isolated, sparsely populated communities. To receive priority points, your narrative response must describe previous experience specifically serving any or all of the ten CAHs participating in the FCHIP demonstration.

#### Priority 2: Experience in Frontier States (5 Points)

An applicant will be granted a funding priority if the application demonstrates experience and familiarity with any of the five states qualified for inclusion in the FCHIP demonstration (i.e., Alaska, Montana, Nevada, North Dakota, Wyoming), or states with comparable frontier areas and providers serving those areas, including, but not limited to, expertise regarding:

1. The health care context in the state, particularly in rural and frontier areas;
2. Important health-related organizations and initiatives in the state; or
3. Programs and personnel of state health care organizations (e.g., state Medicaid agency, state hospital association).

FORHP will assess applicants for priority points under this section based on your narrative response in the *NEEDS ASSESSMENT* section, which should display a strong understanding of, and experience with, the unique assets and challenges facing patients and providers in sparsely populated rural areas.

#### Priority 3: Experience with Critical Access Hospitals (CAHs) (5 Points)

An applicant will be granted a funding priority if the application demonstrates experience and familiarity with the reimbursement schemes, Medicare conditions of participation, quality measurement requirements, and other policy and regulation governing CAHs. At a minimum, an applicant granted funding priority should show previous experience working with CAHs to:

1. Implement and manage quality measurement and performance improvement efforts; or
2. Provide technical assistance and/or consulting support regarding health care service expansions.

FORHP will assess applicants for priority points under this section based on your narrative response in the *NEEDS ASSESSMENT* section, which should demonstrate knowledge of the financial, operational, and administrative considerations of providing health care services in CAHs.

### **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 that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's 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 grants 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, the HRSA 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 the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 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 1, 2017.

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will issue the Notice of Award prior to the start date of September 1, 2017. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

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

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



### 3. Reporting

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

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **Quarterly Reports.** The recipient must submit tracking reports to HRSA on a quarterly basis. These reports should summarize recipient's activities over the previous quarter, identify any obstacles to completion and how they were overcome, and outline activities and deliverables for the coming quarter. Primarily, these quarterly reports should review participating CAHs' individual technical assistance needs that were identified and addressed in the previous quarter and provide a summary of individual technical assistance needs identified for the coming quarter. In addition, these quarterly reports should include individual data tracking and analysis regarding participating CAHs' performance on key quality metrics measuring demonstration progress in the previous quarter and performance interventions planned for the coming quarter. These quarterly reports must include the following:
  - a. A copy of each participating CAH's individual comprehensive technical assistance plan describing any changes and progress as related to (1) the health coach(es) connected to the CAH to consult on its chosen health intervention(s); (2) marketing expert(s) connected to the CAH to consult on tactics to market new or expanded health care services and improve community members' access to those services; and (3) strategies to optimize the CAH's chosen health intervention(s) while reducing or maintain costs and promoting quality of care, patient safety, and community health;
  - b. A review of each participating CAHs' individual demonstration performance describing any changes and progress as related to the hospital's measurement, tracking, and reporting of (1) the core set of FCHIP demonstration quality measures, and (2) the set of demonstration measures corresponding to the hospital's chosen health care service intervention(s); and
  - c. A review of key policy and regulatory challenges facing the participating CAHs, as well as successful strategies and best practices identified by the recipient or by the CAHs themselves that may inform national health care policy affecting rural and frontier communities.
- 3) **Interim Report.** An interim report is due no later than nine (9) months after the project period begins (i.e., by May 31, 2018). The interim report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall program; the degree to which the recipient achieved the mission, goals, 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 program period.

- 4) **Final Report.** A final report is due within 90 days after the project period ends (i.e., by November 30, 2020). The final report should include updates to all of the information included in the interim report, including program-specific goals and progress on strategies; core performance measurement data; impact of the overall program; the degree to which the recipient achieved the mission, goals, 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 program period.
- 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 obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Kimberly Dews  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Room 10-108B  
Rockville, MD 20857  
Telephone: (301) 443-0655  
Fax: (301) 594-6096  
E-mail: [KDews@hrsa.gov](mailto:KDews@hrsa.gov)

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

Aaron Beswick, MSW, MPH  
Public Health Analyst  
Attn: FCHIP Technical Assistance Program  
Federal Office of Rural Health Policy  
Health Resources and Services Administration  
5600 Fishers Lane, Room 17W-50  
Rockville, MD 20857  
Telephone: (312) 353-7214  
Fax: (301) 443-2803  
E-mail: [ABeswick@hrsa.gov](mailto:ABeswick@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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center

Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)

E-mail: [support@grants.gov](mailto:support@grants.gov)

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, 8:00 a.m. to 8:00 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

### Relevant Resources

The FCHIP demonstration includes participating CAHs in three (3) states: Montana, Nevada, and North Dakota. Applications from organizations with experience serving CAHs, particularly those in frontier communities and/or any of the five states included or qualified for inclusion in the demonstration (i.e., Alaska, Montana, Nevada, North Dakota, and Wyoming) will be prioritized during application review. Given the large geographic scope of the demonstration, you may consider including partners to support your technical assistance, with particular partners focused on particular states or health care service areas. Partner organizations could include, but are not limited to, SORHs, state hospital associations, area health education centers (AHECs), academic medical centers, or health research and education organizations. Any such relationships may ensure that you can supply technical assistance to participating CAHs working in different states and implementing different health care interventions, while also coordinating information-sharing, data collection and analysis, and identification of shared challenges and lessons learned among diverse CAHs.

CMS has established a [website](#) for the FCHIP demonstration, which includes a [fact sheet](#) on the demonstration, a list of answers to [frequently asked questions](#), and recordings of webinars held to [introduce](#) the demonstration and review the demonstration's [budget neutrality requirements](#).

Through funding from FORHP, the Montana Health Research and Education Foundation completed a white paper series on community health integration in frontier areas. This series included a [framework for a new frontier health system model](#); a report

on [frontier referral, admission, and readmission patterns](#); a case study on [frontier telehealth](#); a description of [frontier quality measures and payment for performance](#); a report on [frontier care coordination and long-term care](#); a report on [frontier health system reimbursement](#); and a report on the [frontier health care workforce](#).

The Medicare Learning Network offers a fact sheet series, including fact sheets on Medicare policies related to [ambulance services](#), [telehealth services](#), and [swing bed services](#), as well as the [CAH designation](#).

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

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