

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

Office of Rural Health Policy
Evidence-Based Tele-Emergency Network Grant Program

Evidence-Based Tele-Emergency Network Grant Program

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: June 19, 2014

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Release Date: May 16, 2014

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Office of Rural Health Policy (ORHP) is accepting applications for fiscal year (FY) 2014 for the Evidence-Based Tele-Emergency Network Grant Program. The purpose of this program is to support implementation and evaluation of broad telehealth networks to deliver Emergency Department consultation services via telehealth to rural and community providers without emergency care specialists.

Funding Opportunity Title:	Evidence-Based Tele-Emergency Network Grant Program
Funding Opportunity Number:	HRSA-14-138
Due Date for Applications:	June 19, 2014
Anticipated Total Annual Available Funding:	Up to \$1,600,000
Estimated Number and Type of Award(s):	Up to 4 grant(s)
Estimated Award Amount:	Up to \$400,000 per year
Cost Sharing/Match Required:	No
Length of Project Period:	3 years
Project Start Date:	September 1, 2014
Eligible Applicants:	<p>Eligible applicants include public, private, and non-profit organizations, including faith-based and community organizations, as well as Federally-recognized Indian tribal governments and organizations.</p> <p>[See Section III-1 of this Funding Opportunity Announcement (FOA) for complete eligibility information.]</p>

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guides* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Evidence-Based Tele-Emergency Network Grant Program (EB TNGP). The EB TNGP is intended to support implementation and evaluation of broad telehealth networks to deliver 24-hour Emergency Department (ED) consultation services via telehealth to rural providers without emergency care specialists. In this Funding Opportunity Announcement (FOA), Tele-Emergency is defined as an immediate, synchronous, interactive audio/video connection between an ED specialist at the distant site and general practitioners at the originating site used to support delivery of emergency care. These services may include assessment of patients upon admission to the ED, interpretation of patient symptoms and clinical tests or data, supervision of providers administering treatment or pharmaceuticals, or coordination of patient transfer out of the local ED. While the EB TNGP emphasizes expanding access to needed services for rural patients, it primarily seeks through systematic data collection and analysis to establish an evidence-base assessing the effectiveness of Tele-Emergency care for patients, providers, and payers.

The primary purpose of the EB TNGP is to support a range of Tele-Emergency care programs that will allow for the analysis of a significant volume of patient encounters to allow for detailed study and analysis of patient outcomes in rural areas. The goal is for each EB TNGP grantee under this FOA to analyze the provision of Tele-Emergency services under common metrics and protocols that will allow for a multi-site analysis of the effectiveness of those services. Each of the grantees will participate in a broad-scale analysis and evaluation of the program coordinated by the ORHP as well as individual grantee analysis and evaluation. It is expected that each of the grantees and the ORHP will publish findings in peer-reviewed academic journals under common metrics and outcome analysis that will be established shortly after the funds are awarded. Of particular interest is analyzing outcomes associated with Medicare beneficiaries. These studies and evaluations will involve as large of a patient population as possible and will compare to other populations not receiving this care as scientifically appropriate. Although the desire for a large study population may prevent control populations being established at each site, robust quantitative and qualitative evaluation is expected at the grantee and cohort levels across a relevant set of metrics. These analyses and evaluations should be similar in quality to those published in leading peer-reviewed journals and should study the clinical benefit of the Tele-Emergency studies while noting costs added or saved and the methodology used to establish and administer the services.

Applicants must provide a thorough description of their technical expertise and experience in taking part in broad quantitative evaluations and also describe how their staffing plan will contribute to the larger program evaluation. Among the potential metrics to assess clinical benefit provided by Tele-Emergency services likely to be included in the ORHP program evaluation, but are not limited to, are: improved ability to diagnose a medical condition; increased treatment options; reduced rate of patient complications, morbidity, and mortality; decreased rate of subsequent diagnostic or therapeutic interventions; decreased number of transfers or future physician and office visits; decreased hospital length of stay; faster resolution of the disease process treatment; decreased pain, bleeding, or other quantifiable symptoms; reduced recovery time; saved patient and family travel time; increased patient and provider satisfaction; and increased cost efficiency. Final metrics will be developed by ORHP in consultation with grantees and other key informants. That broader program evaluation will be led

by ORHP in coordination with each awardee and is expected to focus on the following areas: impact on quality of care; appropriateness of use of the technology; changes in patient access; changes in clinical process and outcomes; and impact on the cost of service delivery in terms of efficiency and effectiveness of care.

2. Background

ORHP was established by Section 711 of the Social Security Act to coordinate activities and disseminate research related to rural health care and is authorized to administer grants, cooperative agreements, and contracts to support activities related to improving health care in rural areas.

The EB TNGP program will be administered by ORHP's OAT, and was created in response to recommendations made by the National Advisory Committee on Rural Health and Human Services (NACRHHS), and was also informed by observations cited in a recent Institute of Medicine (IOM) publication on telehealth.

The EB TNGP is authorized by Section 711(b) (42 U.S.C. 912) of the Social Security Act . HRSA's ORHP is the focal point for rural health activities within the U.S. Department of Health and Human Services (HHS). ORHP is statutorily required to advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary 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. ORHP is also statutorily required to conduct research findings relating to rural health care and coordinate activities within HHS that relate to rural health care, and provide relevant information to the Secretary and other agencies. In addition, ORHP is authorized to provide technical assistance, promote community development and other activities as necessary to support activities related to improving health care in rural areas.

The NACRHHS submits recommendations and reports to the HHS Secretary. As early as 1999, the Committee acknowledged the potential of telehealth to bring the expertise of health professionals to rural areas in an economically feasible manner.

In March 2014, the NACRHHS Chairman submitted a letter to the HRSA Administrator recommending that "HRSA issue grants to support research and evaluation into specific applications of telehealth technology to determine their effectiveness and viability as a clinical tool with the overall goal of increasing the evidence base of telehealth services." The Chairman discussed the need for health care providers and payers to know more about the clinical impact of telehealth services as the transition to paying for value rather than volume continues. The Chairman asserted that HRSA could inform the clinical evidence base through more targeted use of its funds to look at specific areas of clinical telehealth services and thoroughly evaluating these projects and publishing findings in peer-reviewed journals.

The NACRHHS recommendation was based in part on deliberations at an IOM workshop entitled "The Role of Telehealth in an Evolving Health Care Environment." This meeting was convened with support from HRSA in August 2012. The IOM published a summary of this meeting which acknowledged that while the evidence-base for telehealth is growing, generating

statistically significant results in small rural areas that demonstrate improvements in care quality, patient outcomes, and cost efficiency and can inform health care policy remains a challenge.

Participants at the IOM meeting recommended that telehealth research projects support: (1) larger, more rigorous design-control studies that assess the impact of telehealth; (2) better standardization of populations, interventions, and outcome measures to reduce heterogeneity and to facilitate meta-analyses; (3) a combination of quantitative and qualitative methods; and (4) more naturalistic methods and settings.

The range and use of telehealth services have expanded over the past decades, along with the role of technology in improving and coordinating care. Telehealth has proven capabilities to reduce travel time, increase access to specialty care, and improve patient safety, quality of care, and provider support. Traditional models of telehealth involve care delivered to the patient at a series of originating (or spoke) sites from a specialist working at a distant (or hub) site. Public and private payers already reimburse providers for certain services delivered through telehealth, and the shift from the fee-for-service system to accountable care organizations and bundled care have the potential to increase utilization of telehealth. The Medicare Hospital Readmissions Reduction Program is an example of how shifting incentives away from providing a high and frequent volume of services can encourage use of telehealth to improve patient outcomes while reducing costs.¹ Although telehealth utilization has grown, there remains a need for replicable, rigorous studies that can inform care delivery and payment policy, especially as the emphasis on care quality and cost efficiency continues to increase.

A recent systematic review of telehealth studies concluded that telehealth has been proven effective in psychiatry, behavioral therapy, and chronic disease management. Less is known about the effectiveness of telehealth to support provision of emergency care in EDs without an emergency care specialist.² A recent analysis of the Healthcare Information and Management Systems Society (HIMSS) Analytics data set shows that 32 percent of the 4,727 reporting hospitals are using at least one type of telehealth service, with services in 7.5 percent of Emergency and Trauma care Departments and in 6.8 percent of cardiology, stroke, or heart attack programs.³ While use of telehealth is increasing, the review of systematic telehealth studies concluded that “high-quality evidence to inform policy decisions on how best to use [telehealth] in health care is still lacking.”⁴

Tele-stroke is one area of Tele-Emergency care that has been the subject of several studies assessing its effectiveness. Acute ischemic stroke is a potential candidate for telehealth interventions because of the need to reach patients within the “golden hour” and the specialized expertise needed to decide whether to administer intravenous recombinant tissue-type plasminogen activator (tPA) to remove the clot. The American Heart Association Stroke

¹ A Broderick and D Lindeman. Scaling Telehealth Programs: Lessons from Early Adopters. The Commonwealth Fund. January 2013: Pub. 1654, Vol. 1. See also J Stone and GJ Hoffman. Medicare Hospital Readmissions: Issues, Policy Options and PPACA. Congressional Budget Office. September 2010: R40972.

² AG Ekeland, A Bowes, S Flottorp. Effectiveness of telemedicine: a systematic review of reviews. *Int J Med Inform.* 2010; 79(11):736-71. Cited in KJ Mueller, AJ Potter, AC MacKinney, MM Ward. Lessons From Tele-Emergency: Improving Care Quality and Health Outcomes By Expanding Support For Rural Care Systems. *Health Affairs.* 2014; 33 (2): 228-234.

³ Mueller et al. Lessons from Tele-Emergency.

⁴ Ekeland et al. Effectiveness of Telemedicine.

Council recommends that tele-stroke networks should be adopted “to eliminate geographic disparities in care that may occur as a result of limited resources, manpower shortages, and long distances to specially trained providers.”⁵ A recent survey identified 56 active tele-stroke programs in the United States, with the majority of spoke sites being small, rural hospitals.⁶ Published studies on tele-stroke, however, often focus on larger, more urban networks, likely due to their larger patient volumes and data collection and analysis capabilities.

The urgent care models used to provide tele-stroke may also have applicability to Tele-Emergency care more broadly. A recent review of telehealth services reimbursed through Medicare identified Tele-Emergency care as an emerging use of telehealth for rapid consultation with emergency care specialists at distant sites. The review notes, however, the absence of a rigorous, independent evaluation of the costs and benefits of Tele-Emergency care.⁷

The EB TNGP is designed to inform policy makers about the use of Tele-Emergency care especially as it promotes the ability and requirement of rural hospitals to serve as emergency care centers in their communities and improve the quality and immediacy of emergency care patients receive.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during federal fiscal years 2014 – 2016. Approximately \$1,600,000 is expected to be available annually to fund up to four (4) grantees. Applicants may apply for a ceiling amount of up to \$400,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for this Evidence-Based Tele-Emergency grant program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include rural or urban nonprofit entities that will provide Tele-Emergency services through a telehealth network. Network members may be public, nonprofit or for-profit

⁵ JD Easton, JL Saver, GW Alvers, MJ Alberts, S Chaturvedi, E Fledmann, TS Hatsukami, RT Higashida, SC Johnston, CS Kidwell, HL Lutsep, E Miller, and RL Sacco. Definition and Evaluation of Transient Ischemic Attack: A Scientific Statement for Healthcare Professionals From the American Heart Association/American Stroke Association Stroke Council. *Stroke*. 2009;40: 2276-2293.

⁶ GS Silva, S Farrell, E Shandra, A Viswanathan, LH Schwamm. The Status of Telestroke in the United States: A Survey of Currently Active Stroke Telemedicine Programs. *Stroke*. 2012; 43: 2078-2085.

⁷ M Gliman and J Stensland. Telehealth and Medicare: Payment Policy, Current Use, and Prospects for Growth. *MMRR*. 2013; 3(4): E1-E17.

entities. Faith-based, community-based organizations and tribal organizations are eligible to apply. The bulk of the tele-emergency services must be provided to rural communities, although the applicant and/or destination site may be located in an urban area.

This FOA seeks applicants that have established telehealth networks and experience in delivering Tele-Emergency services who will be able to leverage their existing networks with the option to use some of the grant funding to expand to other sites to increase the number of Tele-Emergency encounters.

Note: For a definition of “rural”, see the Glossary of Key Words in Section VIII of this program guidance.

Composition of the Tele-Emergency Network

The Tele-Emergency Network shall include at least five members. Network members may include representation from the following categories:

- Hospitals, including community (critical) access hospitals;
- Local or regional emergency health care providers;
- Institutions of higher education with experience in data collection and analysis including but not limited to claims-level data;
- Medical research institutions;
- Tertiary providers with specialized experience in emergency medicine, stroke and the use of telehealth services in those clinical areas.

Foreign Institutions

Non-domestic (non-U.S.) Entities (Foreign Institutions) **are not** eligible to apply.

Non-domestic (non-U.S.) components of U.S. Organizations **are not** eligible to apply.

Each network member should:

- (a) Have a clearly defined role in the network and a specific set of responsibilities for the Tele-Emergency Network project;
- (b) Have signed and dated MOAs that delineate the member’s role and resource contribution with respect to the Tele-Emergency Network project.

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.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.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF424 application package associated with this funding opportunity following the directions provided at 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. Applicants 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 funding opportunity announcement to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted 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](#).

ii. Project Narrative

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

Use the following section headers for the Project Narrative:

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

This section should succinctly describe the purpose of the proposed project and how the project will expand its Tele-Emergency services to help analyze the clinical effectiveness of this application of telehealth technology to support improved emergency medical outcomes

for small rural hospitals and the underserved populations they serve. The section should also describe how the project will generate significant patient encounters, particularly among the Medicare beneficiary population, to help inform a broad-scale evaluation and analysis that will result in peer-reviewed journal submissions. This section should also include an overview of the organization and activities of the current Tele-Emergency network and how they relate to the proposed project. The applicant should also provide evidence of success in prior initiatives and specify the actual number of unduplicated patient served during Calendar Year 2013 at the network sites that would participate in the EB-TNGP project. List the projected number of unduplicated patients to be served at each of the network sites during the first year of the project period. Provide an estimate of the projected number of unduplicated patients to be served at each of the network sites for year 2 and 3. Additionally, this section should explain how this project will rely on lessons learned from previous telehealth and Tele-Emergency research and the applicant's previous experience providing Tele-Emergency services.

▪ ***NEEDS ASSESSMENT*** - *Corresponds to Section V's Review Criterion #2*

This section should describe the community and provider needs that will be met through the proposed Tele-Emergency project. The applicant should show significant demand for tele-emergency services. This section should present evidence of significant demand for specialized emergency care among practitioners and patients in the network's service area. Demand may be demonstrated by statistics showing elevated bypass of or transfer rates from proposed originating sites and patient volumes across the network to generate a significant number of patient encounters. The applicant should demonstrate that this demand would be met through the proposed project. The target population of the project must be sufficiently large to permit rigorous analysis. The application should provide a clear explanation and justification of how existing network service sites were included and how they will provide the sufficient volume of patient encounters to inform an evidence-based evaluation and analysis. The applicant must provide a clear explanation and justification of how existing network service sites will be expanded to reach patient encounter volume goals, and how expansion of services to a new site will help the applicant reach patient encounter volume goals.

This section should discuss the current level of health information exchange, patient data capture, and electronic health record implementation throughout the network and identify where this capacity would be enhanced to support project activities. This section should also describe how study and evaluation of the proposed project will add to the evidence base for the efficacy and efficiency of tele-emergency care in rural areas. Included in this description should be hypotheses of specific clinical, patient, and/or cost benefits that will be provided by the proposed project, such as reduced patient travel time, enhanced clinical quality, and improved patient outcomes that could be considered for inclusion in the formal evaluation of the program to be coordinated by ORHP.

▪ ***METHODOLOGY***- *Corresponds to Section V's Review Criterion #s 2 and 3*

This section should discuss how Tele-Emergency services including, as appropriate, telestroke services, will be delivered to the target population in the proposed project in a manner that permits rigorous analysis and promotes patient safety and improved clinical quality in a cost-effective manner but with enough patient encounters to reach program goals. The

methodology must ensure that the applicant will have the capacity to take part in a large-scale analysis that matches the rigor of studies published in peer-reviewed journals. In particular, the applicant should address the following factors:

- 1) The relationship between the distant and originating sites and how distant emergency care specialists will coordinate with local providers to support the target population.
- 2) The modality by which Tele-Emergency services will be delivered, including the required telecommunications infrastructure (e.g. equipment, bandwidth) required to support service delivery.
- 3) How the applicant will increase the number of cases of patients using Tele-Emergency care, including how the project will allow for stronger analysis and evaluation of effectiveness, rather than focusing on creating new networks that are heavily reliant on equipment purchases.
- 4) How additional services and local and distant providers to be supported through this project will integrate with the network's existing Tele-Emergency infrastructure.
- 5) How patients and cases will be selected for Tele-Emergency care, including how the project will account for comorbidities or other relevant circumstances that might affect patient outcomes.
- 6) How the project will encourage engagement of patients and providers throughout the project period and regularly solicit and incorporate feedback.
- 7) How the applicant will have the capacity to track patient outcomes in alignment with to-be determined qualitative and quantitative metrics.
- 8) How the applicant will be able to gather information in alignment with to-be determined measures related to changes in patient travel time, personal savings to patients through avoided transfer, rates of hospital admission, readmission, and transfer, transfer time to tertiary facilities, patient outcomes, performance on clinical quality measures, cost efficiency, and patient and provider satisfaction.
- 9) How the project design will support the larger ORHP-led program evaluation and analysis matching the rigor of studies published in peer-reviewed journals.

Important: Applicants should have a successful track record in implementing Tele-Emergency technology and have a network of partners in place and committed to the project as of the date of application. A signed Memorandum of Agreements (MOA) from each network partner committed to the proposed project must be included in the application. Applicants failing to submit verifiable information with respect to the commitment of network partners, including specific roles, responsibilities, and clinical services to be provided, ***will not be funded.*** EB TNGP funds may be used to fund network expansion and/or to increase the breadth of services of successful Tele-Emergency networks. Start-up projects with no demonstrable Tele-Emergency experience will be at a competitive disadvantage. The focus of this funding is not to develop new Tele-Emergency networks but rather to build on existing networks to increase the number of encounters in order to better analyze the clinical effectiveness of this telehealth

application. In addition, applicants must provide evidence to show that they will be ready to begin to implement the project upon grant award by the project start date, September 1, 2014. Even though the Evidence-Based Tele-Emergency Network Grant Program applicant or destination site may be located in an urban or rural community, EB TNGP funds awarded in FY 2014 will support the provision of Tele-Emergency services exclusively to rural or frontier communities.

- **WORK PLAN-** *Corresponds to Section V's Review Criterion #4*

The work plan must be submitted as Attachment 3.

This section should focus on the specific sites and services that will be included in this project and provide a timeline for proposed activities as well as a plan for developing the appropriate staffing and timelines to take part in the larger program evaluation. At a minimum, the work plan should include the following key milestones:

- 1) Year 1: Incorporate cross-program evaluation and outcome measures across existing Tele-Emergency sites and begin data collection on patient encounters. To the extent needed and justified, recruit additional sites, upgrade technology, identify participating patients, providers, and specialists, develop a performance management plan that includes measurement strategy. Develop timelines for bringing new sites into the project for data collection and analysis.
- 2) Explain how the performance management plan will be developed and how participants will be held accountable to the performance plan. Describe how the project will ensure local and distant providers understand the methodology and goals of the project and that these providers actively participate throughout the project.
- 3) Demonstrate that Tele-Emergency services as proposed in this project can be delivered in an effective manner that best utilizes the knowledge and experience of project personnel.
- 4) Explain how new services and network members will be added in a sustainable manner.
- 5) Explain how individual and system-level data will be used to improve services delivered throughout the project period and how results will inform the final evaluative study.
- 6) Year 2: Deliver telehealth intervention at all sites, continuously collect data and solicit participant feedback, report data and analysis on a semi-annual basis to ORHP, and address perceived issues as revealed in project data and feedback.
- 7) Final Year: Complete exit interviews, conduct final data analysis in conjunction with evaluator, prepare manuscript on project results for publication.

- **RESOLUTION OF CHALLENGES** - *Corresponds to Section V's Review Criterion #s 4 and 5*

This section should identify 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. These challenges may include those related to the active provision of

services as well as taking part in a cross-program evaluation and analysis. This could include, but not be limited by the following:

- 1) Changes in staffing among key project participants and how new staff will quickly recruited in a manner that ensures no gap in service delivery or data collection and analysis.
- 2) How the applicant will identify any shortcomings in sites meeting patient-encounter volume expectations.
- 3) How new sites or expansion of existing tele-emergency sites will be integrated into their networks and begin service delivery.
- 4) Broadband and other infrastructural issues related to standing up the networks.
- 5) Integration of existing health IT and telehealth infrastructure and services with proposed new applications.
- 6) Recruitment of a sufficiently large patient population that will allow rigorous analysis of the project and includes significant rural participation.
- 7) Addressing high start-up costs and encouraging patient and provider buy-in for services that will be delivered through the proposed project.
- 8) Low reimbursement under traditional payment structures and sustainability of the proposed project following end of project period.
- 9) Assurance of data collection consistency even amidst potential staffing changes.

■ ***EVALUATION AND TECHNICAL SUPPORT CAPACITY- Corresponds to Section V's Review Criterion #s 5 and 6***

Skill of Network Member Sites and Network Organization to implement the project – Given the respective roles of various members, document the technical and organizational ability to implement the proposed project in the following areas: (1) network development, i.e., the ability to build partnerships and community support; (2) network governance, including effective coordination of network member activities in the project; and, (3) network operation and management. Start-up projects with no demonstrable telehealth experience will not be competitive. Projects with prospective network partners (i.e., Destination sites, Rural Originating sites) not committed to the project will not be funded.

Evaluation: The applicant should be able to clearly articulate the distinction between the evaluation of its own internal processes to meet program goals compared to its technical expertise, experience and capacity in taking on the broader program evaluation to be led by ORHP across the grantees and service sites. The internal evaluation and assessment should focus more on continuous quality improvement and assessing broader program processes relative to the goals and objectives of the project. This would include describing how the organization of the project and the staff will work jointly to reach those goals.

Community/Clinician Involvement for Ongoing Project Development/Marketing - Describe (1) how the clinicians and other key individuals (e.g. consumers, patients, community leaders) have been and/or will be involved in defining needs and prioritizing services to be delivered; (2) how clinicians, site coordinators, and other key individuals will be oriented to the project and trained; (3) how clinicians will be identified and utilized within the project; and (4) how clinicians and other key individuals will be involved in the evaluation process.

Clinician Acceptance and Support - The applicant will document: commitment, involvement and support of senior management and clinicians in developing and operating the project; clinicians' understanding of the challenges in project implementation and their competence and willingness to meet those challenges; the commitment of resources for training staff and technical support to operate and maintain the system; and, the extent to which the technology is integrated into clinician practice.

Dissemination – It is expected that EB TNGP grantees will submit articles to peer-reviewed journals to build the evidence base for the use of tele-emergency technologies in rural areas. Include your evaluation design and a plan for submitting your findings for publication. Additionally, describe your commitment to participating in the ORHP-wide evaluation and subsequent submission to other publications. The description should be as specific as possible and should correspond to the funds requested in the budget.

Integrating Administrative and Clinical Systems, and deploying Technology - The applicant will outline the steps taken to integrate the telehealth information system into the overall electronic health information systems (e.g., electronic medical record) used by the applicant and network members. The applicant will document the technology to be deployed as follows: Knowledge of technical requirements and rationale for cost-effective deployment and operation (including consideration of various feasible alternatives); plans and activities to implement the technology; that the technology complies with existing federal and industry standards; that the technologies are interoperable (i.e., are an “open architecture”) to use multiple vendors and easily communicate with other systems; that the proposed technology can be easily integrated into health care practice; and, that the actions to be taken to assure the privacy of patients and clinicians using the system and the confidentiality of information transmitted via the system, including how the applicant will comply with Federal and State privacy and confidentiality, including HIPAA regulations (implementing the Health Insurance Portability and Accountability Act of 1996 - see <http://www.hhs.gov/ocr/hipaa/>); and, as appropriate, efforts to receive funding assistance offered by the Universal Service Administrative Company (USAC) for Rural Health Care (see <http://www.universalservice.org/default.aspx>).

- **ORGANIZATIONAL INFORMATION** - Corresponds to Section V's Review Criterion #s 4, 5 and 7

This section should focus on the Network Partners, site(s), and Tele-Emergency services that will be delivered under the proposed project.

Provide information on 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 in this section how the information provided in the Project Organizational Chart (Attachments 8) contributes

to the ability of the organization to conduct the program requirements and meet program expectations.

Summary of Network Member Sites and Network Organization Activities – Based on the information provided in Attachments 3 - 8, briefly describe how the organization will function in expanding the Tele-Emergency network. This includes (1) listing the sites that will be supported with federal dollars in Year 1 that will comprise this project; (2) each network member's role in the network; (3) the resources (monetary, in-kind, expertise, etc.) each member brings to the project; (4) the nature of the relationship(s) between and among the members (e.g. MOA, contractual); (5) the steps to be taken to develop an organizational/governance structure for the network; and (6) the relationship of the network project to the applicant organization's overall strategic/financial plan.

System Sustainability - The applicant will document how the project will be sustained during and after the period of federal grant funding. This includes a discussion of the following issues: 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., ability to bill for telehealth services or identify other fee structures that would allow service delivery to continue at the same pace upon completion of Federal funding).

iii. Budget and Budget Justification Narrative

See Section 4.1.iv and v. of HRSA's [SF-424 Application Guide](#). In addition, the Evidence-Based Tele-Emergency Network grant program requires the following:

Provide a narrative that explains the amounts requested for each line in the budget. Include the following in the Budget Justification narrative:

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5000 and a useful life of one or more years). Briefly describe the specific function of the equipment and related software for the project. Clearly identify and describe the personnel costs for equipment installation here. In this section be sure to show the amount for equipment purchase, lease, and installation

Note: This FOA seeks to support expanding access and increasing the volume of Tele-Emergency services through systematic data collection and analysis to establish an evidence-base assessing the effectiveness of Tele-Emergency care for patients, providers, and payers. Therefore, applicants should focus on approaches to reach that goal rather than focusing on creating new networks that are heavily reliant on equipment purchases.

Indirect Costs - . A copy of the most recent indirect cost agreement must be provided as **Attachment 12**.

Program-specific line item budgets: Detailed Budget Information is needed to capture information specific to the proposed telehealth activities. It provides a detailed break-out of how each network site will expend funds requested for each Object Class Category. The Detailed Budget Information allows the applicant to distinguish the Federal OAT request from other contributions for each budget item within each Object Class Category, to summarize the proposed budget and to provide information on each site's revenues.

Applicants must submit a separate program-specific line item budget for Year 1 (09/01/2014-8/31/2015) of the proposed project period and upload it as **Attachment 2**. Your program specific line item budget should reflect allocations for a 12 month period. You must **provide a consolidated budget that reflects all costs for proposed activities, including those for contractors**. The program specific line-item budget should list costs separately for each line item category and for each partner. In subsequent years, the program-specific line item budget will be submitted in the annual non-competing progress report. It is recommended that you present your line item budget in table format, listing each Object Class category for each Network Member Site name (Applicant site first) on the left side of the document, and the program corresponding costs (OAT- Federal \$, Other Federal \$, Federal Subtotal, Applicant/Network Partners Non-Federal \$, State Non-Federal \$, Other Non-Federal \$, Non-Federal Subtotal \$, and Total \$) across the top. Please label each site as being rural or urban. Under Personnel, please list each position by **position title** and name, with annual salary, FTE, percentage of fringe benefits paid, and salary charged to the grant for each site. Equipment should be listed under the name of the site where the equipment will be placed. List the types of equipment to be funded at each site. Only equipment expenditures should be listed here (personnel costs for equipment installation should be listed in the "Other" category). . The amount requested on the SF-424A and the amount listed on the line item budget must match. It is recommended that this document be converted to a PDF to ensure page count consistency.

Transmission Costs - Grant dollars may be used to pay for transmission costs, such as the cost of satellite time or the use of phone lines directly related to the purposes of the project. However, EB TNGP 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.usac.org/rhc/>. Organizations that do not intend to seek USAC support should clearly their reasons for not doing so. For example, services in the home are not eligible for USAC support.

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

Allowable Costs

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

- 1) Developing and delivering clinical Tele-Emergency services, including telestroke, that enhance access to health care services for residents in rural areas that lack specialized emergency services.
- 2) Developing and acquiring, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other equipment that furthers the objectives of the Tele-Emergency network grant program;
- 3) Transmitting medical data, and maintenance of equipment;
- 4) Compensating emergency clinicians who provide consultative services via telehealth to the rural telehealth sites.
- 5) Collecting and analyzing statistics and data to document the cost-effectiveness of Tele-Emergency and to participate in the broader evaluation and analysis for this program,

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

The budget period for this funding opportunity is for one year, from 09/1/2014 – 8/31/2015. The applicant must provide a budget for each Object Class category that reflects the cost for proposed activities for each Network member/site. Based on the budget for each Object Class category, the applicant will develop a consolidated budget. The submission for the Detailed Budget in this subsection should be submitted as ***Attachment 2*** in the electronic application.

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

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

iv. Attachments

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), and the Continuing Appropriations Act, 2014 (P.L. 113-46), apply to this program. These provisions include a salary rate limitation. Please see Section **4.1.iv Budget – Salary Limitation** of HRSA’s [SF-424 Application Guide](#) for additional information.

Attachment 1: Rural ID Eligibility - All applicants are required to submit information regarding each site that will be supported with OAT federal dollars that will comprise this project (i.e., Destination site(s), Network Partner Originating sites). **Only Tele-Emergency Network Partner Rural Originating sites (network sites that receive Tele-Emergency services thru the existing telehealth network and/or supported with EB TNGP grant funds) will be considered in meeting the rural eligibility test.** Please include the following information on a single page entitled “Rural ID Eligibility” and submitted as **Attachment 1**. Respond to each heading below for each Telehealth Network Partner Rural Originating site.

An eligible Telehealth Network is comprised of a Network Destination site(s) that provide, or facilitate clinical healthcare services to Network Partner Rural Originating sites

The applicant site may be located in an urban or rural area. The applicant site may serve as a Network Destination site (providing Tele-Emergency services) or as a Network Partner Originating site (receiving Tele-Emergency services).

The Network Destination site provides clinical healthcare services, or otherwise facilitates clinical healthcare services, through a telehealth network, to a number of Network Partner Rural Originating sites. The Network Destination site may be located in an urban or rural area.

A Network Destination site may receive EB TNGP grant funding as long as the funding is used for the purpose of providing Tele-Emergency services to Network Partner Rural Originating sites.

The applicant must justify how EB TNGP grant funds to be spent at the Network Destination site and/or the applicant site are necessary to provide such service to the Network Partner Rural Originating sites, or for data collection, training, education, evaluation and analysis.

The Network Partner Rural Originating site(s) receive Tele-Emergency services through a telehealth network, and are to be funded and/or supported through the Evidence-Base Tele-Emergency grant. **The Evidence-Based Telehealth Network Partner Rural Originating site(s) receiving funds through this award must be located in rural areas.**

Instructions for determining whether sites are located in rural areas:

Definition of “rural”- all counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural. In addition, OAT is using the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture’s Economic Research Service, to designate “Rural” areas within MAs. The list of non-metropolitan areas/rural counties is available on the Web at: [National listing of eligible counties and census tracts](#), also known as the "List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties". If the Telehealth Network Originating site(s) is not located in Section I or Section II, then the site is deemed as serving an urban area.

The test of whether a Network Partner Originating site is located in a rural area is based on the county in which it is located. If the site is located in one of the counties listed in section I of the "List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties", it is considered to be serving a rural area. If the Network Partner Originating site is not located in one of those counties in section I, then it may be considered rural if it is located in one of the designated eligible census tracts in section II.

A simple way to determine whether or not a site is located in a rural area is to click on the link: <http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx?ruralByAddr=1>, then click on “Find areas eligible for rural health grants.” then enter the address of the site. This finder reflects the information provided in Sections I and II of the “List of Rural Counties and Designated Eligible Census Tract in Metropolitan Counties.”

All applicants will be required to document the rural eligibility of the proposed project in Attachment 1 of the application in section IV-2-xi of this program guidance. Only Telehealth Network Partner Originating sites will be considered in meeting the rural eligibility test.

Rural ID Eligibility Headings: HEADINGS REQUIRING RESPONSES:

- **Name of Site** – List the name of the Network Member Site.
- **Street Address** – Include City, State and Zip Code.
- **County** – List name of County.
- **Is this a Telehealth Network Partner Rural Originating site or Destination site?**
- **Do application attachment numbers 7 & 9 contain the following evidence:**
 - **That each Network Member Site is committed to the project for Year 1? Yes/No**
 - **Has a Letter of Agreement been submitted from this Site? Is Letter of Agreement included in this application? Yes/No**

Attachment 2: Detailed Budget Information: Include the program-specific line item budget and the Revenue Summary (see Section IV. iii. Budget for additional information). It is recommended that this is submitted as a PDF to ensure page count consistency.

Attachment 3: Work Plan. See Section IV.2.ii.. Project Narrative for additional information.

Attachment 4: Network Identification Information - All applicants are required to submit information regarding the various applicant/network member sites in the proposed telehealth network. The following information will be submitted as **Attachment 4**.

A. The Applicant Site:

- Network Name (Provide the name of the proposed telehealth network)
- Indicate whether this is a currently active or new destination or originating site (Note: if a new site, indicate the year it will be added to the network)
- Name, address, designated contact person, phone, fax, email, and URL for the applicant
- Name of County where the applicant site is located
- Population of County where the applicant site is located
- Indicate whether the applicant site is located in the following areas:
 - (i) An urban or rural area
 - (ii) A Health Professional Shortage Area (HPSA)
 - (iii) A Partial Health Professional Shortage Area (p-HPSA)
 - (iv) A Medically Underserved Area (MUA)
 - (v) A Partially Medically Underserved Area (p-MUA)
- Description of the site's facilities
 - (i) Rural or Urban
 - (ii) Hospital and # of beds
 - (iii) Other (specify)

B. Successive Network Member Sites:

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

Attachment 5: Memorandum or Letters of Agreement and/or Description(s) of

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

In addition, documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable.

Note: Evidence must be provided that all sites are committed to the project and are ready to implement the project on September 1, 2014, for Year 1. Signed Memorandum of Agreements (MOA) from those network partners committed to the proposed project must be included in the application. Applicants failing to submit verifiable information with respect to the

commitment of network partners, including specific roles, responsibilities, and Tele-Emergency being provided, ***will not be funded.***

Attachment 6: Position Descriptions for Key Personnel. Each position description should not exceed one page in length. For each key person assigned to the project, including key personnel at all network member sites, provide position descriptions (PDs) and those involved in data collection and analysis. The PDs should indicate the role(s) and responsibilities of each key individual in the project. If persons will be hired to fill positions, provide position descriptions that give the title of the position, duties and responsibilities, required qualifications, supervisory relationships, and salary ranges.

Attachment 7: Biographical Sketches of Key Personnel. Keep each bio to one page in length if possible. For each key person assigned to the project, including key personnel at all network member sites, provide biographical sketches. Highlight the qualifications (including education and past experience) that each person has to carry out his/her respective role. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. **DO NOT SUBMIT FULL CURRICULUM VITAE.**

Attachment 8: Project Organizational Chart: Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators. The organizational chart should illustrate where project staff are located and reporting lines for each component of the project. The relationship between all partners/network members/sub-contractors on the project (if any) and the applicant should be shown. The application should designate a project director, employed by applicant organization, who has day-to-day responsibility for the technical, administrative, evaluation, and financial aspects of the project and a principal investigator, who has overall responsibility for the project and who may be the same as the project director.

Attachment 9: Letters of Support - Provide relevant, signed letters of support by targeted users, indicating their desire to use the system and intended applications. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page.

Attachment 10: Proof of Non-profit Status - The applicant must include a letter from the IRS or eligible State entity that provides documentation of profit status. This may either be: 1) a reference to the applicant organization's listing in the most recent IRS list of tax-exempt organizations, as described in section 501(c)(3) of the IRS Code; 2) a copy of a current and valid IRS tax exemption certificate; 3) a statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals; 4) a certified copy of the applicant organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or 5) any of the above documents from a State or national parent organization with a statement signed by that parent organization affirming that the applicant organization is a local nonprofit affiliate. In place of the letter documenting nonprofit status, public entities may indicate their type of public entity (State or local government) and include it here. This **will count** against the 80 page limit.

Attachment 11: Indirect Cost Rate Agreement (if applicable)

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is June 19, 2014 at 11:59 P.M. Eastern Time.

4. Intergovernmental Review

Evidence-Base Telehealth Network Grant Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$400,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

- 1) to acquire real property;
- 3) to purchase or install transmission equipment (such as laying cable or telephone lines, or purchasing or installing microwave towers, satellite dishes, amplifiers, or digital switching equipment);
- 4) to pay for any equipment or transmission costs not directly related to the purposes for which the grant is awarded;
- 5) to purchase or install general purpose voice telephone systems;
- 6) for construction.

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), and the Continuing Appropriations Act, 2014 (P.L. 113-46), apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information.

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

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to

provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application.

Review Criteria are used to review and rank applications. The Evidence-Based Tele-Emergency Network Grant Program has (7) review criteria:

Criterion 1: NEED (maximum 5 points)—Corresponds to Section IV’s Introduction

The application will be evaluated based on the following:

- 1) The degree to which the applicant provides quantifiable information on the lack of existing Tele-Emergency services in the applicant’s community/region.
- 2) The extent to which the applicant clearly demonstrates the nature of geographical services area, including telehealth network membership and existing programs/services related to Tele-Emergency, and the manner in which the applicant will meaningfully contribute to fill gaps in existing services related to Tele-Emergency services.
- 3) The extent to which the applicant provides clear and concise evidence of significant demand for Tele-Emergency care among practitioners and patients in the telehealth network’s service area.
- 4) The extent to which the applicant describes the need to bolster the evidence base for tele-emergency care in rural communities.

Criterion 2: RESPONSE (maximum 15 points))—Corresponds to Section IV’s Needs Assessment and Methodology

The application will be evaluated based on the extent to which the project Goals, Objectives and Benefits responds to the “Purpose” included in the program description. Specifically, the application will be evaluated based on the following:

- 1) The degree to which the application documents the project’s ability to collect data on the impact of Tele-Emergency services using metrics to prove clinical benefit provided by Tele-Emergency services may including, but not limited to: improved ability to diagnose a medical condition; increased treatment options; reduced rate of patient complications, morbidity, and mortality; decreased rate of subsequent diagnostic or therapeutic interventions; decreased number of transfers or future physician and office visits; decreased hospital length of stay; faster resolution of the disease process treatment; decreased pain, bleeding, or other quantifiable symptoms; reduced recovery time; saved patient and family travel time; increased patient and provider satisfaction; and increased cost efficiency
- 2) The extent to which the application proposes quantifiable benefits of the clinical services being delivered by the project through the use of Tele-Emergency technologies; the

actual community demand for the services to be provided; and, the extent to which the chosen technology is the optimum solution that justifies the costs (both equipment and human) of its deployment.

- 3) The extent to which the applicant will increase the number of cases of patients using Tele-Emergency care, including how the project will allow for stronger analysis and evaluation of effectiveness, rather than focusing on creating new networks that are heavily reliant on equipment purchases.
- 4) The clarity by which the application describes the relationship between the distant and originating sites and how distant emergency care specialists will coordinate with local providers to support the target population.
- 5) The extent to which the application describes how the project will ensure rural and distant providers understand the methodology and goals of the project and that these providers actively participate throughout the project.
- 6) The extent to which the application identifies challenges that may be encountered in designing and implementing the activities described in the work plan and approaches that will be used to resolve such challenges. These challenges may include those related to the active provision of services as well as taking part in a cross-program evaluation and analysis.

Criterion 3: EVALUATIVE MEASURES (maximum 10 points) —Corresponds to Section IV's Methodology

The application will be evaluated on the extent to which the proposed internal evaluation plan is thorough and linked to the Work Plan, identified goals, and objectives, including the following information:

- 1) The appropriateness of the data sources (e.g. Local, State, Federal) used in the analysis of the environment, health care and telehealth network needs, and the degree to which this evidence substantiates the need for such service. The extent to which the application analyzes the health care needs of the community, based on population-specific data.
- 2) Clarity of the plan to address the specific data planned for collection, the specific data collection strategies and tools to be used, and the types of analyses to be performed on the data.
- 3) Extent to which the application describes the ability to collect and provide data on a number of metrics including costs, utilization, patient and practitioner satisfaction, improved health care outcomes, reduction of medical errors, and network organizational factors such as staffing, administration, etc., and willingness to collaborate with ORHP on a program-wide evaluation.
- 4) The extent to which Tele-Emergency services proposed in the project will be utilized by Medicare beneficiaries in the respective Telehealth Network Partner Rural Sites.

- 5) The extent to which the project's proposed Tele-Emergency services will serve a rural target population sufficiently large to permit rigorous analysis.

Criterion 4: IMPACT (maximum 20 points) —Corresponds to Section IV's Work Plan, Resolution of Challenges and Organizational Information

The application will be evaluated based on the extent to which the EB TNGP is able to describe its ability to provide tele-emergency services to Medicare beneficiaries and other patients in rural areas, and document their outcomes in a clear, evaluation study that will be submitted to a peer-reviewed journal. Specifically, the application will be evaluated based on the extent to which the applicant documents:

- 1) The extent to which the project work plan is clearly constructed and complete to provide a clear understanding as to how the project will be implemented; is realistic and feasible for effective project implementation; adequately reflects the duties and competence of key project personnel for applicant and network members; and relates to project goals and objectives.
- 2) The extent to which the applicant provides evidence to support the work plan that shows that it will be ready to begin to implement the project upon grant award.
- 3) Strength of the evidence that clearly obligates the participating network sites to carry out the goals and objectives of the project, with an emphasis on serving rural Medicare beneficiaries.
- 4) Has integrated the project into its strategic plan, core business, and clinical practices, as appropriate.
- 5) Extent to which the applicant has demonstrated success in publishing studies in peer-reviewed journals.

Criterion 5: RESOURCES/CAPABILITIES (maximum 35 points) —Corresponds to Section IV's Resolution of Challenges, Evaluation and Technical Support Capacity and Organizational Information

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

- 1) Strength of experience and/or ability in evaluating health care outcomes attributable to the Tele-Emergency program (e.g., improved quality of care for rural patients including Medicare beneficiaries, productivity and efficiency, expanded access.)
- 2) Extent to which the application documents the technical and organizational ability to implement the proposed project as well as contribute to a larger program evaluation, including the size of the telehealth network, governance structure of the project, and involvement of network members in the project, including qualifications of key staff associated with this project.

- 3) The extent of commitment, involvement and support of senior management and clinicians in developing and operating the project including clinicians' understanding of the challenges in project implementation and their competence and willingness to meet those challenges.
- 4) The extent by which prior collaborative history among telehealth network partners corresponds with the proposed EB TNGP program activities, including evidence that the telehealth network is highly functioning in its prior collaborations.
- 5) The adequacy of resources for training staff and technical support to operate and maintain the system; and, the extent to which the technology is integrated into clinician practice.
- 6) The strength of the network bylaws and/or Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) detailing each network member's role within and commitment to the network. (Refer to Attachment 5)

Criterion 6: SUPPORT REQUESTED (maximum 10 points) – —Corresponds to Section IV's Evaluation and Technical Support Capacity

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

- 1) Is realistic and justified in terms of the project goal(s), objectives, and proposed activities.
- 2) Documents that the budgeted costs are realistic, necessary, and justifiable to implement and maintain the project, including the human and technical infrastructure.
- 3) Documents a realistic, necessary, and justifiable full-time equivalents (FTEs) and expertise necessary to implement and maintain the project.
- 4) Is complete and detailed in supporting each line item and allocating resources.
- 5) Documents demonstrable experience with regard to technical costs of hardware and software, and telecommunication charges.
- 6) Conforms to the use of grant dollars permitted by the grant program.

Criterion 7: ASSESSING TECHNOLOGY AND INTEGRATING ADMINISTRATIVE AND CLINICAL SYSTEMS (maximum 5 points) – —Corresponds to Section IV's Organizational Information

The extent to which the application demonstrates knowledge of technical requirements and rationale for cost-effective deployment and operation of a tele-emergency network in rural areas.

The application will be evaluated on the extent to which the applicant and network members:

- 1) Have the ability to integrate administrative and clinical information systems with the proposed Tele-Emergency system.
- 2) Will utilize “open architecture” (interoperable) technologies or demonstrate why proprietary solutions are preferable.
- 3) Will integrate the proposed system into each provider’s normal practice.
- 4) Employ technologies that are upgradeable and scalable.
- 5) Justify the technology as the optimum and most efficient technology to meet the identified need.
- 6) Describe knowledge of telecommunications transmission services available in the project service area, and justify the deployment at each site considering the range of choices available, considering all appropriate costs of deploying technology and operating the project on an ongoing basis.
- 7) Provide evidence of the ability to deploy the technology in view of compliance with federal and industry standards; appropriateness within the specific settings in which it will be used; and the needs of clinicians and other users.

2. Review and Selection Process

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

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2014. See Section 5.4 of HRSA’s [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

3. Reporting

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

- 1) **Progress Report(s)**. The awardee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

2) Other required reports and/or products.

- a. Performance Measures. Upon award, grantees will be notified of specific performance measures required for reporting. Grantees shall report in the Performance Improvement and Measurement System (PIMS) on a semi-annual basis, or via Progress Report. More information will be made available to grantee after September 1, 2014.
- b. 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.
- c. Strategic Plan. Awardees will be required to submit a Three-Year Strategic Plan by month 12 of the first year of their grant period. This strategic plan will provide guidance for program development throughout the grant period and beyond. Further information will be provided upon receipt of the award.
- d. 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> .
- e. Final Sustainability Plan. As part of receiving the grant, awardees are required to submit a final Sustainability Plan by month three of the third year of their grant period. This sustainability plan will be different and more robust in comparison to the plan submitted with the original application. Further information will be provided upon receipt of the award.
- f. Final Evaluation Report. Awardees are required to submit a final Program Evaluation Report three months after the end of their **budget period** that will show, explain and discuss the results and outcomes of the project. Further information will be provided in the award notice.

VII. Agency Contacts

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

Ben Mirindi
Grants Management Specialist
Health Resources and Services Administration (HRSA)
Division of Grants Management Operations
5600 Fishers Lane, Room 11A-02
Rockville, MD 20857

Telephone: (301) 443-6606 (voice)
Fax: (301) 443-6343 (fax)
Email: Bmirindi@hrsa.gov

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

Carlos Mena
Office for the Advancement of Telehealth
Federal Office of Rural Health Policy, HRSA
Parklawn Building, Room 5A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3198
Fax: (301) 443-1330
Email: cmena@hrsa.gov

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

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

VIII. Other Information

1. Technical Assistance Conference Call

The Office of Rural Health Policy will hold a technical assistance webinar on **Tuesday, May 27, 2014 at 2:00 PM Eastern Time** to assist applicants in preparing their applications. The call-in information is as follows:

Meeting Name: **Evidence-Based Tele-Emergency Network Grant Program**
Toll-free call in number: **888-810-9159**
Participant Passcode for call in number: **1138380**

For your reference, the Technical Assistance call will be recorded and available for playback within one hour after the end of the call and will be available until **June 27, 2014**. The phone number to hear the recorded call is **866-484-4225, Passcode, 7714**.

The Technical Assistance call is open to the general public. The purpose of the call is to go over the grant guidance, and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended that anyone who is

interested in applying for the Evidence-Based Tele-Emergency Network Grant Program plan to listen to the call. It is most useful to the applicants when the grant guidance is easily accessible during the call and if questions are written down ahead of time for easy reference.

2. Helpful Websites

State Office of Rural Health (SORH) List:

<http://www.hrsa.gov/ruralhealth/about/hospitalstate/stateoffices.html>

Office of Rural Health Policy: <http://ruralhealth.hrsa.gov>

Office for the Advancement of Telehealth: <http://www.hrsa.gov/ruralhealth/about/telehealth/>

Telehealth Resource Centers: <http://www.telehealthresourcecenter.org/>

Rural Assistance Center (RAC): <http://www.raconline.org>

Hospital Strength Index: <http://www.hospitalstrengthindex.com/hospital-ratings/>

Hospital Compare: <http://www.medicare.gov/hospitalcompare/?AspxAutoDetectCookieSupport=1>

HealthCare.gov: <http://www.healthcare.gov/>

County Health Rankings & Road Maps: <http://www.countyhealthrankings.org/>

HRSA in Your State: <http://datawarehouse.hrsa.gov/FactSheetNavState.aspx>

SAMHSA's National Registry of Evidence-based Programs and Practices:

<http://www.nrepp.samhsa.gov/>

National Rural Health Resource Center: www.ruralcenter.org

SAMHSA-HRSA Center for Integrated Health Solutions: www.integration.samhsa.gov

Center for Medicare & Medicaid Innovation: www.innovations.cms.gov

Centers for Medicare & Medicaid Services: www.cms.gov

Centers for Disease Control and Prevention: www.cdc.gov

Agency for Healthcare Research & Quality: www.ahrq.gov

3. Common Definitions

For the purposes of this Evidence-Based Tele-Emergency Network Grant Program, the following definitions apply:

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

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

Evidence-Based Practice: Evidence-based practices are approaches to prevention or treatment that are validated by some form of documented scientific evidence. Scientific evidence includes findings established through controlled clinical studies, research and other methods of establishing evidence.

Evidence-Informed Practice: Evidence-informed practice is the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature.

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

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

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

Health Care Provider: Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health centers, federally qualified health centers, Tribal health programs, churches and civic organizations that are/will be providing health related services.

Horizontal Network: A network composed of the same type of health care providers.

Integrated Rural Health Network: A formal organizational arrangement among at least three separately owned health care providers or other entities that provide or support the delivery of health care services. The purpose of an Integrated Rural Health Network is to foster collaboration and integration of functions among network entities to strengthen the rural health care system.

Interoperability/Open Architecture - the condition achieved among telecommunication and information systems when information (i.e., data, voice, image, audio, video) can be easily and

cost-effectively shared across acquisition, transmission, and presentation technologies, equipment and services. It is facilitated by using industry standards rather than proprietary standards.

Medically Underserved Area (MUA): Refers to an area in which residents have a shortage of personal health services. A MUA may be a whole county, a group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts.

Medically Underserved Populations (MUP): Refers to a group of persons who face economic, cultural or linguistic barriers to health care.

Memorandum of Agreement: The Memorandum of Agreement is a written document that must be signed by all network member CEOs or Board Chairs to signify their formal commitment as network members. An acceptable MOA must describe the network purpose and activities in general; member responsibilities in terms of financial contribution, participation, and voting; and membership benefits.

Nonprofit: Any entity that is a corporation or association of which no part of the net earnings may benefit private shareholders or individuals and is identified as nonprofit by the IRS.

Population Health: Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group.

Project: All proposed activities specified in a grant application as approved for funding.

Promising Practice: A promising practice has strong quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable positive public health outcomes.

Rural - all counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB) are considered rural. In addition, OAT is using the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture's Economic Research Service, to designate "Rural" areas within MAs. A list of non-metropolitan areas/rural counties is available on the Web at: [National listing of eligible counties and census tracts](#).

Tele-emergency – an immediate, real-time, interactive audio/video connection between an urban "hub" emergency department and a rural hospital.

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

Telemedicine - The use of electronic communication and information technologies to provide or support clinical care at a distance. Included in this definition are patient counseling, case management, and supervision/preceptorship of rural medical residents and health professions students when such supervising/precepting involves direct patient care. The term "telemedicine"

also includes clinical activities such as mHealth, telehomecare, remote monitoring, e-health, tele-ICUs.

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

Vertical Network: A network composed of a variety of health care provider types, e.g., a hospital, rural health clinic and public health department.

IX. Tips for Writing a Strong Application

See section 4.7 of HRSA's *SF-424 Application Guide*.