

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Office for the Advancement of Telehealth

Telehealth Technology-Enabled Learning Program

Funding Opportunity Number: HRSA-21-107
Funding Opportunity Type: New
Assistance Listings (CFDA) Number: 93.211

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: June 25, 2021

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

Issuance Date: May 21, 2021

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Authority: 42 U.S.C. § 254c -14(d)(1) (§ 330l(d)(1) of the Public Health Service Act)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Telehealth Technology-Enabled Learning Program (TTELP). The purpose of this program is to connect specialists at academic medical centers with primary care providers in rural, frontier, and underserved populations, providing evidence-based training and support to help them treat patients with complex conditions in their communities. The TTELP will facilitate learning community models of professional education and support that are adaptable to rural and underserved populations.

Funding Opportunity Title:	Telehealth Technology-Enabled Learning Program
Funding Opportunity Number:	HRSA-21-107
Due Date for Applications:	June 25, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$4,275,000
Estimated Number and Type of Award:	Up to 9 cooperative agreements
Estimated Award Amount:	Up to \$475,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2021 through September 29, 2026 (5 years)
Eligible Applicants:	<p>Eligible applicants shall be domestic public or private, non-profit or for-profit entities with demonstrated experience utilizing telehealth technologies to serve rural underserved populations. This includes faith-based, community-based organizations, and federally-recognized tribes and tribal organizations.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) 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 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, June 9, 2021

Time: 2 – 3 p.m. ET

Call-In Number: 1-833-568-8864

Passcode: 84904476

Weblink: <https://hrsa.gov.zoomgov.com/j/1619913737?pwd=a3g3dnZCS0R1cU1NejR1VGcwekdnUT09>

Meeting ID: 161 991 3737

HRSA will record the webinar. Please contact cmena@hrsa.gov for playback information.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Telehealth Technology-Enabled Learning Program (TTELP). The purpose of this program is to connect specialists at academic medical centers with [primary care providers](#) (PCPs) in rural, frontier, and underserved populations providing evidence-based training and support to help them treat patients with complex conditions in their communities. TTELP recipients will develop learning community¹ models that emphasize collaborative partnerships between such providers (i.e., telementoring² models such as Project ECHO, ECHO-like models, distance learning, clinical decision support, and other emerging models in the field), to provide training and facilitate the dissemination of best practice specialty care to PCPs and care teams in rural, frontier, and underserved populations.

This cooperative agreement aligns with HRSA's goals of fostering a health care workforce to address current and emerging needs, improving access to quality health services, achieving [health equity](#)³, and enhancing population health. The freely accessible tools and resources developed by the TTELP will enhance rural patients' access to quality care using telehealth and innovative technology solutions. The TTELP will foster and support coordination of health services by encouraging the use of health care delivery models that utilize team-based approaches where each member practices at the full scope of their training.

The TTELP will also develop appropriate methodology to evaluate and identify outcomes associated with learning community model initiatives. The program's objectives emphasize the following:

- identifying and expanding current and new learning community programs with a focus on one, or more, of the following diseases: infectious diseases, such as COVID-19, including COVID-19 "long haulers"⁴ or HIV/AIDS, mental health, substance use disorders (may include opioid use disorder), prenatal and maternal health, chronic diseases (such as heart disease, cancer, chronic lung disease, diabetes, multiple sclerosis, etc.), and pediatric care (including specialty care for children))
- developing freely accessible tools and resources to support learning community program's planning and implementation
- identifying and addressing healthcare disparities for rural, frontier, and underserved populations

¹ <https://developingchild.harvard.edu/collective-change/key-concepts/learning-communities/>

² University of Texas Health San Antonio. Rural Telementoring Training Center: <https://wp.uthscsa.edu/echo/about/>

³ Office of Health Equity, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services (2020). <https://www.hrsa.gov/about/organization/bureaus/ohe/index.html#:~:text=What%20is%20health%20equity%3F,disease%2C%20disability%2C%20or%20mortality>

⁴ Centers for Disease Control and Prevention U.S. Department of Health & Human Services (2021). COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html>

- implementing cost-effective learning community programs to serve presented in rural populations

Specialists at the applicant, or [hub](#), site must connect with PCPs in rural areas, or rural spoke sites, providing evidence-based training and support to help them treat patients with complex conditions in their rural communities. Applicants are encouraged to include populations that have historically suffered from poorer health outcomes and health disparities as compared to the rest of the rural population, when addressing health care needs via telehealth. Examples of these populations include, but are not limited to, racial and ethnic minorities, person/persons experiencing homelessness, pregnant women, disabled individuals, youth and adolescents, etc. The TTELP will assist health care organizations such as academic medical centers and other centers of excellence in the implementation of cost-effective learning community programs to serve rural and medically underserved areas and populations.

2. Background

This program is authorized by the 42 U.S.C. § 254c -14(d)(1) (§ 330l(d)(1) of the Public Health Service Act). The Office for the Advancement of Telehealth serves as the operational focal point for coordinating and advancing the use of telehealth technologies across all of HRSA's programs including, but not limited to, the provision of health care at a distance (telemedicine), distance based learning to improve the knowledge of HRSA award recipients and others, and improved information dissemination to both consumers and providers about the latest developments in telemedicine.

In February 2019, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) published a Report to Congress entitled, "Current State of Technology-Enabled Collaborative Learning and Capacity Building Models."⁵ This report describes collaborative learning and capacity building models as "ECHO and ECHO-like models" (EELM) and finds that the empirical evidence for the impact of EELM on patient and provider outcomes remains modest, though the evidence consistently shows positive effects in measured/evaluated areas. Research suggests incorporating learning community models for primary and specialty care into rural care practices could improve access to care among rural residents.

Approximately 18 percent of American citizens, or 57 million individuals, live in rural communities.⁶ Residents of rural communities typically are older and generally experience higher frequency of chronic disease and poorer health status than their urban counterparts.⁷ More specifically, "chronic diseases, risk factors for chronic disease, and COVID-19 all tend to disproportionately affect people of lower

⁵ Office of the Assistant Secretary for Planning and Evaluation (ASPE). A Report to Congress on the Current State of Technology-Enabled Collaborative Learning and Capacity Building Models. <https://aspe.hhs.gov/pdf-report/report-congress-current-state-technology-enabled-collaborative-learning-and-capacity-building-models>

⁶ HRSA Federal Office of Rural Health Policy: <https://www.hrsa.gov/rural-health/about-us/definition/index.html>

⁷ ASPE Issue Brief, <https://aspe.hhs.gov/system/files/pdf/211061/RuralHospitalsDSR.pdf>

socioeconomic status and certain racial and ethnic minority populations. As a result, African American, Hispanic or Latino people, and American Indian and Alaska Native people are all at higher risk than non-Hispanic White people of getting sick, being hospitalized, or dying of COVID-19.”⁸ Lack of access to care in rural areas is due, in part, to workforce issues within these communities. Over 4,700 out of the 7,578 Primary Medical Health Professional Shortage Areas are located in rural communities.⁹ Learning community models connect generalist providers, often located in remote areas, with specialists that help train these providers to deliver care for patients with conditions that they might not be adequately prepared to handle, but are within their purview. Evidence on promising practices for the COVID-19 long haulers is still emerging and the need for establishing learning communities is needed to effectively treat this population. In addition, substantial progress has been made in improving the health and well-being of all Americans, but health disparities between population groups and geographic areas continue to persist. Disparities are found in a number of health indicators, including infant mortality, life expectancy, cardiovascular disease, cancer, diabetes, COPD, HIV/AIDS, health care access and utilization, health insurance, disability, mental health, preventive health services such as cervical and colorectal cancer screening, smoking, obesity, substance use, suicide, homicide, and unintentional injuries. Causes of these disparities are multifactorial in nature.¹⁰ HRSA anticipates the TTELP will ultimately empower and enable providers in rural locations to continue pursuing enhancements to meet the challenging needs of caring for their communities.

Through this opportunity, HRSA will support innovative learning community models to address learning community support for PCPs in rural communities. Program results will include expansion of rural service areas/settings and capacity of existing models, developing innovative technological strategies, methods, or tools, to incorporate emerging telehealth based treatments for diseases listed above, and include the goal of publishing research articles based on data resulting from this funding support.

All applicants are required to submit information regarding each site that will be supported during this project [i.e., [Hub Site\(s\)](#), [Spoke Site\(s\)](#)] in [Attachment 3](#). Only rural spoke sites (sites that receive learning community support through the TTELP proposal and/or supported with funds) will be considered in meeting the rural eligibility test.

Applicants are also encouraged to reach out to their [regional Telehealth Resource Center](#) and one of the two [HRSA Telehealth Centers of Excellence](#). They serve as national clearinghouses for telehealth research and resources, including TA.

⁸ Hacker KA, Briss PA. An Ounce of Prevention Is Still Worth a Pound of Cure, Especially in the Time of COVID-19. *Prev Chronic Dis* 2021;18:200627. https://www.cdc.gov/pcd/issues/2021/pdf/20_0627.pdf

⁹ Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services. (2019). Third Quarter of Fiscal Year 2019 Designated HPSA Quarterly Summary. <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>

¹⁰ Office of Health Equity, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services (2020). Health Equity Report 2019-2020: Special Feature on Housing and Health Inequalities. <https://www.hrsa.gov/sites/default/files/hrsa/health-equity/HRSA-health-equity-report-printer.pdf>

II. Award Information

1. Type of Application and Award

Type of applications sought: New

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

HRSA program involvement will include:

- Ongoing review of award activities and input on content or approach;
- Participating in conference calls or meetings with the award recipients;
- Reviewing and providing recommendations regarding additional uses of the TTELP funds. This may include using related telehealth technologies to provide clinical services for patients, beyond the award's primary focus of care;
- Reviewing and providing recommendations on the final work plan;
- Providing guidance and assistance to TTELP recipients in identifying key academic medical centers and other centers of excellence through which to share freely accessible resources and tools;
- Providing common measures that must be reported by all recipients;
- Participating, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the period of performance for the cooperative agreement;
- Providing assistance in identifying opportunities for disseminating information about TTELP programs nationally that coordinate both health and human services; and
- Reviewing, providing comments, and recommendations for documents, curricula, program plans, budgets, work to be contracted out (including the work plan), key personnel (including consultants and contractors), work plan revisions, etc. prior to printing, dissemination, or implementation.

The cooperative agreement recipient's responsibilities will include:

- Supporting collaboration between the TTELP program award recipients and the Telehealth-Focused Rural Health Research Center (TFRHRC) award recipient;
- Supporting collaboration with HRSA's Telehealth Centers of Excellence, Telehealth Resource Centers and the Rural Telementoring Training Center
- Planning and delivering training and Technical Assistance (TA) on TTELP activities to PCPs in rural communities that seek to deliver health care to rural and underserved populations and ensuring that the learning community uses models of professional education and support that are adapted to culturally and regionally diverse populations;
- Identifying opportunities and promoting best practices for TTELP programs to increase their viability in rural areas by identifying successful models and administrative support strategies as well as disseminating information about learning community models that coordinate both health and human services;

- Identifying opportunities and promoting best practices for learning community programs to evaluate their impacts and improve their services and strategies over time;
- Providing rural and underserved PCP's with tools for collecting and interpreting applicable data to support evaluation of rural learning community models;
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**);
- Completing activities included in the final work plan, specifically data collection on measures identified by HRSA;
- Actively participating in efforts to contribute to the learning community evidence-base;
- Networking with telehealth stakeholders;
- Engaging in webinars presented by TA providers (e.g., program best practices, sustainability, etc.);
- Identifying professional opportunities to present, exhibit, or publish program findings that contribute to the learning community models evidence-base;
- Collaborating with HRSA in ongoing review of activities and budgets;
- Identifying key organizations through which to share information on emerging policy issues related to rural learning community programs;
- Disseminating project deliverables that result from any meetings, training activities, or workgroups conducted during the period of performance for the cooperative agreement and ensuring free public access to resources developed under the cooperative agreement;
- Adhering to all applicable HHS policies and federal law including Section 508 of the Rehabilitation Act of 1973, as amended; and
- Responding timely to requests for information, including requests for data submissions, from HRSA or the [Telehealth-Focused Rural Health Research Center](#) award recipient.

2. Summary of Funding

HRSA estimates approximately \$4,275,000 to be available annually to fund up to 9 recipients. You may apply for a ceiling amount of up to \$475,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 30, 2021 through September 29, 2026 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Telehealth Technology-Enabled Learning Program (TTELP) in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

III. Eligibility Information

1. Eligible Applicants

Eligible applicants shall be domestic public or private, non-profit or for-profit entities with demonstrated and established experience in utilizing telehealth technologies to serve rural underserved populations. Faith-based, community-based organizations, and federally recognized tribes and tribal organizations are eligible to apply.

A. *Geographic Requirements:*

The applicant organization may be located in an urban or rural area. All applicants are required to submit information regarding each site that will be supported during this project [i.e., [Hub Site\(s\)](#), [Spoke Site\(s\)](#)]. Only rural spoke sites (sites that receive learning community support through the TTELP proposal and/or supported with funds) will be considered in meeting the rural eligibility test. Applicants must include at least two entity spoke sites that must be located in rural areas. The spoke site is required to be **solely located in HRSA-defined rural areas in order to receive funds through this award. Proposed learning community urban spoke sites are NOT eligible to receive funding through this award.** Specifically, the applicant's proposed service area must be located in a non-metropolitan county or in a rural census tract of a metropolitan county. All services must be provided in a non-metropolitan county or rural census tract. To ascertain rural eligibility, please refer to [HRSA's Rural Health Grants Eligibility Analyzer](#). This webpage allows you to search by county or street address and determine your rural eligibility.

In addition to the 50 states, only organizations in Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are eligible. If you are located outside the 50 states, you must still meet eligibility requirements.

B. *Composition of the technology-enabled collaborative learning community model:*

The technology-enabled collaborative learning community model shall include at least two (2) of the entities as rural spoke sites (at least one of which shall be a community-based health care provider) listed from a. through i. below:

- a. Community or migrant health centers or other Federally Qualified Health Centers
- b. Health care providers, including pharmacists, in private practice
- c. Entities operating clinics, including Rural Health Clinics
- d. Local health departments
- e. Nonprofit hospitals, including Community Access Hospitals
- f. Other publicly funded health or social service agencies
- g. Long-term care providers
- h. Providers of [health care services in the home](#).
- i. Providers of outpatient mental health and substance abuse disorder services and entities operating outpatient mental health and substance abuse disorder facilities

- j. Local or regional emergency health care providers
- k. Institutions of higher education
- l. Entities operating dental clinics

In addition to including at least two of the above entities, the model may also include [Rural Emergency Hospitals](#).

C. Focus Areas:

The applicant must choose at least one of the following primary focus areas and identify them in the Project Abstract ([Section IV.2.i.l.](#)):

- Infectious diseases, including COVID long haulers, or HIV/AIDS
- Behavioral health
- Substance use disorder, including opioid use disorder
- Prenatal care
- Maternal care
- Those recovering from COVID-19 and facing longer-term health care challenges

The applicant may also choose a secondary focus area from the following:

- Chronic diseases (such as heart disease, cancer, chronic lung disease, diabetes, multiple sclerosis, etc.); or
- Pediatric care (including specialty care for children).

D. Examples of Primary Care Providers who can benefit from the program:

- a. Medical Doctors (MDs)
- b. Obstetrician/Gynecologists (OB/GYNs)
- c. Nurse practitioners (NPs)
- d. Physician assistant (PAs)
- e. Licensed practical nurses (LPNs)
- f. Registered nurses (RNs)
- g. Advanced practice nurses (APNs)
- h. Clinical nurse specialists (CNSs)
- i. Community Health Workers (CHWs)
- j. Licensed clinical social workers (LCSWs)

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that exceeds the page limit referenced in [Section. IV](#) non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

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.

The HRSA Rural Telementoring Training Center recipient is eligible to apply for funds through this notice for the FY 2021 cycle if the proposed project is a new proposal (entirely new project). **The proposed project should not supplant an existing program from any applicant.** The proposal should differ significantly from the existing project by expanding the service area to support many rural PCPs of the project.

Each state has a State Office of Rural Health (SORH) or another appropriate state entity, and HRSA recommends making every effort to contact the SORH or entity early in the application process to advise them of your intent to apply. The SORH or entity may be able to provide consultation to you regarding your TTELP proposal, data resources, and TA for consortiums, evaluation, partner organizations, or support of information dissemination activities. A TTELP applicant should make every effort to seek consultation from its SORH or other appropriate state entity.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in

addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files included in the page limit shall 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 NOFO. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form "Project_Abstract Summary." Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-107, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

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

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

Program-Specific Instructions

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

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For the information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

Please also include the following information in addition to the required information requested in the Project Abstract Summary Form:

- a. Applicant organization facility type and rural spoke sites (See [Section III.1.B](#) for examples)
- b. **Service Area** – Briefly identify the geographic service area that the TTELP serves or will serve, including its size and population. Note how many full and partial Health Professional Shortage Areas (HPSAs), and full and partial Medically Underserved Areas (MUAs) the service area contains. Also, note any mental health and/or dental HPSAs. Note any other critical characteristics of the service area and its population.
- c. **Needs, Objectives, and Projected Outcomes** – Briefly describe the identified needs and expected demand for evidence-based training and support from PCPs, project objectives, and expected outcomes.
- d. **Indicate the number of rural spoke sites to be supported through this TTELP opportunity.**
- e. **Focus areas to be provided:**

The applicant must choose at least one of the following primary focus areas:

 - Infectious diseases, including COVID long haulers, or HIV/AIDs;
 - Behavioral health;
 - Substance use disorder, including opioid use disorder;
 - Prenatal care; or
 - Maternal care.

The applicant may also choose a secondary focus area from the following:

 - Chronic diseases (such as heart disease, cancer, chronic lung disease, diabetes, multiple sclerosis, etc.); or
 - Pediatric care (including specialty care for children).
- f. **Self-Assessment** – Briefly describe how the applicant plans to measure their progress achieving the goals stated in their application.
- g. **Outcomes** – Describe the project's anticipated added value to healthcare using learning community models resulting from the evaluation of the proposed diseases.
- h. **Additional Activities** – Describe any additional services and activities for which the learning community models are being utilized or will be utilized and include an estimated amount of time (administrative meetings, community meetings, etc.).
- i. **Sustainability** – Briefly describe activities to sustain the learning community models once federal funding ends.
- j. **Evidence of Local Support** – Briefly describe evidence of local support for the project, and a description of how the areas, communities, or populations to be served will be involved in the development and ongoing operations of the proposed project.

ii. Project Narrative

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

Successful applications will contain the information below. Please use the following section headers for the narrative:

INTRODUCTION -- Corresponds to Section V's Review [Criterion 1: Need](#)

Succinctly (1-2 pages) describe the purpose of the learning community model proposed project. Include an overview of the rural spoke site entities and plans for addressing the identified health care need in the rural communities in your proposed service area, including a list of the focus areas that will be offered. Clearly and succinctly, submit information on the collaborating rural spoke site members, and expected program outcomes and community impact.

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

This section outlines the needs of the community and/or organization. Describe and document the target population and its unmet health needs. Use and cite demographic data whenever possible to support the information provided. Discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the community and/or organization that you will serve with the proposed project.

Please use the following sub-headings (1) Target Population Details, (2) Target Service Area Details, and (3) Technology-Enabled Learning Community Service Area Details.

Target Population Details:

- Describe the target population. Consider disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant elements. You should also consider people with disabilities; non-English speaking populations; minority populations; people with limited health literacy; or populations that may otherwise be overlooked when identifying target populations. The needs assessment should focus on learning community model needs in HRSA designated rural areas, including tribal entities.
- Describe the associated unmet health needs of the target population of the proposed project (if funded, this is the population that you will monitor and track). When possible, incorporate any national and/or local rankings data to aid in illustrating the community's need. Cite data for factors that are relevant to the project, such as: specific national, state, and regional health status indicators and unmet health need (as it relates to your primary focus area); percentage of target population with health insurance coverage and estimated proportion of major payers within this population (e.g., any commercial health plan, Medicare, Medicaid, dual Medicare-Medicaid, CHIP, TRICARE, Indian Health Service, uninsured/self-pay, etc.); percentage of target population without health insurance coverage that is likely eligible for health insurance coverage; and percentage

of target population living below the federal poverty line, etc. Also, include information regarding the social determinants of health and health disparities affecting the population or communities served.

- Within your proposed service area, identify and describe the presence of any racial and ethnic minority subpopulations. Explain how your project will meet the needs of these populations in terms of racial and ethnic health disparities and barriers (social, cultural, infrastructure etc.) that affect their health status. If your organization has not historically served the identified racial and ethnic minority subpopulations in your proposed service area, describe the vehicles, data points and/or partnerships needed to make the project successful. If your service area does not include any racial and ethnic minority subpopulations, describe your population demographics and any unique disparities they face.

Target Service Area Details:

- Identify the target service area(s) for the proposed project. Describe any relevant geographical features of the service area that affect access to health care services.
- Describe the health care services available in or near the target service area and any gaps in services.
- Describe the types of relevant health and PCPs that are located in and near the service area of the project as well as their relation to the project.
- Describe the existing primary health care providers, home health agencies, or other health networks in the region that are serving the area that you are incorporating as a part of your proposed program. Detail how this project would foster or/and enhance collaboration.
- Provide details how the project will not compete with other regional health care service providers (e.g., changes in referral patterns, practice patterns, provider reimbursement impact, etc.).
- Provide a map ([Attachment 8](#)) that details the location of the learning community model spoke sites and the rural area(s) that will be served by the program.

Technology-Enabled Learning Community Service Area Details:

- Outline the needs and issues that affect the development of a rural learning community and their ability to offer additional training/practicum to physicians and other PCPs in rural communities.
- Outline the challenges and barriers impacting the development and sustainability of rural technology-enabled learning community models and the communities they serve, as well as the larger contextual challenges facing rural communities' abilities to recruit, train, and retain health care professionals. Use supporting data to provide context to the demand of learning community models in rural communities. This section should also describe the significance of your organization to support provider in rural communities.
- Identify key stakeholders that will serve rural PCPs, discuss the impact of the project on interested stakeholders, and describe how stakeholder representatives will be or will be involved in program planning. Cite demographic data whenever possible to support the information requested.

METHODOLOGY -- Corresponds to Section V's Review [Criterion #2 Response](#)

This section outlines the methods that the applicant organization will use to address the stated need and meet each of the previously described program requirements and expectations in this NOFO.

The following headings must be addressed within the methodology sections. Please address these headings: "Methods for Fulfilling Goals and Objectives;" "Methods for Maintaining Rural Stakeholder Commitment;" "Methods for Implementing a Promising Practice Model;" and "Methods for Sustaining Project Beyond the [Period of Performance](#)."

Methods for Fulfilling Goals and Objectives:

- Define the specific goals and objectives.
- The stated goals and objectives should be measurable and align with the intent to the TTELP period of performance.
- These goals and objectives should directly relate to the information presented in the prior section, or "Needs Assessment."
- The modality by which the learning community models will be delivered, including the required telecommunications infrastructure (e.g., equipment, bandwidth) required to support service delivery.
- Describe how the proposed project will promote the use of the learning community models.
- Describe your experience in improving health inequities between population groups and geographic areas.
- Propose methods to address disparities found in your targeted disease(s) for this proposal, or in one, or more, of the following health indicators: COVID long haulers, Infant mortality, life expectancy, cardiovascular disease, cancer, diabetes, COPD, HIV/AIDS, health care access and utilization, health insurance, disability, mental health, preventive health services such as cervical and colorectal cancer screening, smoking, obesity, substance use, suicide, homicide, and unintentional injuries.
- Include a detailed and clear understanding of the intricacies of various learning community models, including distance learning and clinical decision support through telehealth.
- Describe how you will work closely with HRSA to adapt the learning community approach as needed in response to stakeholder feedback and changing priorities.
- Propose additional measures explaining how you will evaluate work and track progress through appropriate data collections.

Methods for Maintaining Rural Stakeholder Commitment:

- Describe how your TTELP proposal will maintain rural partner spoke site commitment throughout the period of performance.
- Describe how the TTELP proposal will build and maintain stakeholder involvement and commitment throughout period of performance.

- Demonstrate your experience in supporting the solicitation, review, selection, compilation and dissemination of best practices to medical educators and professionals for rural learning community models of care that will provide high quality continuing training.

Methods for Implementing an Evidence-Based or Promising Practice Model:

- Identify an evidence-based or promising practice model that has been shown to be effective in addressing modality by which the learning community models will serve the targeted rural communities.
- Describe how the evidence-based or promising practice model is appropriate for your proposed project, and effective in meeting the rural target population's need.

Methods for Sustaining Project Beyond the Period of Performance:

- Describe the methods by which you will sustain program activities beyond the period of performance.
- Describe some of the potential sources of support for achieving sustainability. Sources of support could include but are not limited to financial, in-kind, or the absorption of activities by learning community models.

WORK PLAN -- Corresponds to Section V's Review [Criterion #2 Response](#)

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire period of performance in this section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. Provide a clear and coherent work plan that aligns with the project's goals and objectives. Present a matrix that illustrates the project's goals, strategies, activities, and measurable process and outcome measures (it is recommended to provide this information in a table format). The work plan must outline the individual and/or organization responsible for carrying out each activity and include a timeline for all five-years of the award. The applicant should include the work plan as [Attachment 5](#).

Describe the following elements for your project model:

- The process to achieve the activities and implement a project as proposed in the methodology section. This section should provide clear evidence that you have a well-considered plan to train rural PCPs in the creation of learning community programs that facilitate the dissemination of best practice specialty care for treatment of complex conditions to care teams across the country.
- Describe the timeframes, deliverables, and key partners required during the cooperative agreement period of performance to establish the TTELP.
- Discuss how the TTELP plans to reach out, engage and promote freely accessible resources and tools to rural PCPs.
- Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of this application and, further, the extent to which these contributors reflect the cultural, racial,

linguistic and/or geographic diversity of the rural populations and communities served. You may include, but are not limited to the following examples: broadly accessible modalities such as webinars and meetings to increase collaboration with stakeholders.

- Explain how the work plan is appropriate for the program design and how the work plan targets fit into the overall timeline of implementation of the cooperative agreement.

RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review [Criterion #2 Response](#)

- Describe barriers to developing rural technology-enabled learning community models for rural providers and how you will address these barriers. This description should include challenges in developing new rural learning community programs, e.g., recruiting participants, creating partnerships, and expanding partnerships.
- Discuss any additional challenges both internal and external to the applicant organization that may directly or indirectly affect successful execution of the cooperative agreement and provide details and strategies for how these will be resolved.

EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review [Criterion #3: Evaluative Measures](#) and [Criterion #4: Impact](#)

- Propose clearly defined, viable measurements of success in evaluation of a technology-enabled learning community center of this scope, including process and outcome indicators for evaluating whether activities are being implemented as planned and whether the activities are achieving the expected effects/changes in the short and long-term.
- Describe current and past experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
- You are required to utilize HRSA's measures (also commonly referred to as Performance Improvement Measurement System (PIMS) measures) to help monitor your project progress. You are also required to utilize HRSA's evaluation measures (to be identified upon award along with the Rural Telehealth-Focused Research Center) to collect evidence-based data.
- Describe the strategy (including staffing and workflow) and the frequency to collect, analyze, and track data to measure process outcomes and impact outcomes, including, as appropriate, among different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development.
- Identify and present clear benchmarks of success for each year. Describe how the benchmarks to be applied to the project are industry standard from recognized sources, such as the National Quality Forum (NQF), National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services (CMS); or, describe and justify appropriate benchmarks if industry standards are not available.

- Describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. You must demonstrate knowledge, skills, and expertise required to run a learning community model and build coalitions with stakeholders for the purpose of creating new and expanding existing model programs across your state or region.
- Describe a plan for, and cite specific subject matter knowledge, experience in, and ability to develop relevant materials to be used by rural health care providers to successfully develop new rural learning community programs, improve existing programs, and successfully evaluate the proposed program.

NOTE: TTELP award recipients will be expected to work with a Rural Telehealth Focused Research Center during the period of performance (and potentially share project updates and information with them after the period of performance ends). HRSA will provide additional guidance on the technical assistance components of the project throughout the period of performance.

ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review [Criterion #5: Resources/Capabilities](#)

This section should describe your organization's structure and the proposed staffing plan for activities conducted under this notice.

- Describe your organization's experience (including materials published) successfully conducting work of a similar nature;
- Describe the learning community governance, including the ability of your organization (hub site) to hold rural partner spoke sites accountable for data delivery and other project deliverables; and
- Describe how the information provided in the Project Organizational Chart ([Attachment 6](#)) contributes to the ability of the technology-enabled learning community model to conduct the program requirements and meet program expectations.

In addition, each partner site within the project should:

- Have a clearly defined role and specific set of responsibilities for the project;
- Demonstrate clinician support from new and existing health care providers, and describe the commitment, involvement and support of senior management and clinicians in developing and operating the project. In addition, the clinicians' understanding of the challenges in project implementation and their competence and willingness to meet those challenges.
- Describe how your model has the capacity, and collective mission and vision to collaborate effectively to achieve the goals of the TTELP program.
- Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application. You should:
 - devote at least 0.25 full-time equivalent (FTE) to the project director position.
 - have at least one permanent staff at the time an award is made;

- have a minimum total equal to 2.0 FTE allocated for implementation of project activities, met across two or more staffing positions, including the project director position; and
- if there will not be a permanent Project Director at the time of the award, recipients should make every effort to hire a Project Director in a timely manner and applicants should discuss the process and timeline for hiring.
- Project staff cannot bill more than 1.0 FTE across federal awards.

If the Project Director serves as a Project Director for other federal awards, please list the federal awards as well as the percent full-time equivalent (FTE) for that respective federal award.

- Discuss how the organization will follow the approved work plan, as outlined in the application, adjust the work plan in consultation with HRSA, properly account for the federal funds, and document all costs to avoid audit findings. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.
- Provide evidence to demonstrate commitment and ability to form collaborative long-term relationships with key rural and constituencies such as rural health care delivery sites, and academic medical centers. Provide evidence of an existing infrastructure and extensive past experience/track record of working with rural health care programs.
- Describe relevant knowledge, skills, expertise and past successes with similar projects, particularly collaborative endeavors that involve building coalitions among rural health care delivery sites, academic medical centers, and other necessary stakeholders.

Biographical sketches must be included in [Attachment 1](#) (Biographical Sketches for Key Personnel). The staffing plan and job descriptions for key faculty/staff must be included in [Attachment 2](#) (Staffing Plan and Job Descriptions for Key Personnel).

Note: The application should demonstrate a broad range of expertise and experience in telehealth, technology-enabled learning community models, continuing training for rural health care staff and an extensive knowledge of policy and payment considerations affecting the viability and sustainability of such rural programs. The applicant organization serves as the applicant of record and coordinates all cooperative agreement activities. The applicant organization is a critical component to ensure the success of this project and should demonstrate a proven track record with extensive prior experience and results in working with entities developing rural learning community model opportunities.

iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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

In addition, the Telehealth Technology-Enabled Learning Program requires the following: Applicants must submit a separate program-specific line item budget for each year of requested funding of the proposed [period of performance](#), and upload it as [Attachment 4](#). The program specific line item budget should reflect allocations for each 12-month period of performance. Applicants must provide a consolidated budget that reflects all costs for proposed activities, including those for contractors.

Allowable Costs [42 U.S.C. § 254c -14(d)(1) (§ 330I(d)(1) of the Public Health Service Act)]

Use of Award Funds:

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

- A. Developing and delivering clinical telehealth services that enhance access to community-based health care services in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations;
- B. Developing and acquiring, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other equipment that furthers the objectives of the Telehealth Technology-Enabled Learning Program;
- C. Developing and providing distance education, in a manner that enhances access to care in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations; or
- D. Mentoring, preceptorship, or supervising health care providers and students seeking to become health care providers, in a manner that enhances access to care in the areas and communities, or for the populations described above.
- E. Developing and acquiring instructional programming;
- F. Providing for transmission of medical data, and maintenance of equipment;
- G. Providing for compensation (including travel expenses) of specialists, and referring health care providers, who are providing telehealth services through the network, if no third-party payment is available for the telehealth services delivered through the network. The award recipient will be required to consult with project officer first to discuss amount of compensation allowable;
- H. Developing projects to use telehealth technology to facilitate collaboration between health care providers; and
- I. Collecting and analyzing usage statistics and data to document the cost-effectiveness of the telehealth services.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H 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.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

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

In addition, the Telehealth Technology-Enabled Learning Program requires the following:

Detailed Budget Information is needed to capture information specific to the proposed telehealth emergency department activities. It provides a detailed breakout of how each applicant partner 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 learning community model.

The initial [budget](#) period for this funding opportunity is from 09/30/2021 – 9/29/2022. The applicant must provide a budget for each year of requested funding for each Object Class Category that reflects the cost for proposed activities for each Network Member/Site. Based on the budget for each Object Class Category, the applicant will develop a consolidated budget. The submission for the Detailed Budget should be submitted as [Attachment 4](#).

Important - Each Object Class Category should be reported on a separate page (or multiple pages if needed based on the number of learning community model’s 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 hub/spoke site. For each site, indicate if it is located in an urban area or a rural area. The definition of rural spoke sites is based on [HRSA’s Rural Health Grants Eligibility Analyzer](#) (see [Attachment 3](#)).

Combined Object Class Totals: On one page, using the identical format for the Detailed Budget discussed above, summarize federal and non-federal costs for combined costs of all object classes for the applicant and each site. *Please include indirect costs in the summary worksheets when calculating these totals.*

It is recommended that you present your line item budget in table format, listing each Object Class Category for each site’s name (Applicant Site first) on the left side of the document, and the program corresponding costs (i.e., federal dollars, other federal dollars, federal subtotal, applicant/network partners non-federal dollars, state non-federal dollars, other non-federal dollars, non-federal subtotal dollars, and total dollars) across the top. Please label each site as being rural or urban. Under Personnel, please list each position by position title and name, with annual salary, FTE, percentage of fringe benefits paid, and salary charged to the award for each site. [Equipment](#) should be listed under the name of the site where the equipment will be placed. List the types

of equipment to be funded at each site. Only equipment expenditures should be listed here (personnel costs for equipment installation should be listed in the “Other” category). Equipment expenditures are limited to a 20 percent cap per year by statute.

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested [period of performance](#) at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the period of performance. The budget justification **must** be concise. Do **not** use the justification to expand the project narrative. **Travel should include sufficient funds to support travel costs for up to three (3) individuals to attend a recipient partnership meeting for recipients in the Washington DC metropolitan area, each year they are funded.**

For this program, indirect costs are limited to 15 percent of the total award funds and must apply to the activities funded under this program.

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

Treatment of Program Income: Under the Telehealth Technology-Enabled Learning Program, the program income shall be added to funds committed to the project and used to further eligible program objectives.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact and (4) Impact
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

v. **Attachments**

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. **Clearly label each attachment.**

Attachment 1: Biographical Sketches for Key Personnel

Include biographical sketches for persons occupying the key positions described in the Staffing Plan, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with racial and ethnic minorities, health disparities, and cultural and linguistically diverse populations that are served by their programs.

- Biographical sketches, not exceeding two pages per person, should include the following information:
 - Senior/key personnel name
 - Position Title
 - Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
 - Section A (required) Personal Statement. Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award; i.e., ample and relevant expertise to managing a technology-enabled learning community model and building coalitions to support eligible entities in the creation of new rural learning community programs.
 - Section B (required) Positions and Honors. List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
 - Section C (optional) Other Support. List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, FTE, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs. Key Personnel is defined as persons funded by this award or persons conducting activities central to this program. If the Project Director serves as a Project Director for other federal awards, please list the federal awards and the percent FTE for each federal award.

Attachment 3: Rural Identification (ID) Eligibility

All applicants are required to submit information regarding each site that will be supported during this project [i.e., Hub Site(s), Spoke Site(s)]. Applicants must include at least two entity spoke sites that must be located in rural areas. The spoke site is required to be **solely located in HRSA-defined rural areas in order to receive funds through this award**. Only rural spoke sites (sites that receive learning community support through the TTELP proposal and/or supported with funds) will be considered in meeting the rural eligibility test. Respond to each heading below for each partner site.

For purposes of this funding opportunity, "rural" means all counties that are not designated as parts of Metropolitan Areas (MAs) by the Office of Management and Budget (OMB). In addition, HRSA uses the Rural Urban Commuting Area Codes (RUCAs), developed by the WWAMI Rural Research Center at the University of Washington and the Department of Agriculture's Economic Research Service, to designate "Rural" areas within MAs. This rural definition can be accessed via [HRSA's Rural Health Grants Eligibility Analyzer](#) weblink. If the county is not entirely rural or urban, then follow the link for "Check Rural Health Grants Eligibility by Address" to determine if a specific site qualifies as rural based on its specific census tract within an otherwise urban county.

Partner site headings-- HEADINGS REQUIRING RESPONSES:

- **Name of Site** – List the name of the partner site.
- **Street Address** – Include City, State and ZIP Code.
- **County** – List name of County.

Attachment 4: Detailed Budget Information

Include the program-specific line item budget and the Revenue Summary for each year of the proposed period of performance (see [Section IV.2.iv Budget Narrative](#) for additional information). It is recommended that Attachment 4 be converted to a PDF to ensure page count does not change when the document is uploaded into www.grants.gov.

Attachment 5: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). This attachment **will count** towards the 80-page limit.

Attachment 6: 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/rural spoke site members/sub-contractors on the project (if any) and the applicant should be shown. The application should designate a project director, employed by applicant organization, who has day-to-day responsibility for the technical, administrative, and financial aspects of the project and a principal investigator, who has overall responsibility for the project and who may be the same as the project director.

Attachment 7: Letters of Support

Include only letters of support that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of support should also provide evidence of local support for the project, and a description of how the areas, communities, or populations to be served will be involved in the development and ongoing operations of the proposed project.

Attachment 8: Map(s)

Include a map of the service area that details the location of the learning community model spoke sites and the rural area(s) that will be served by the program.

Attachment 9-15: Other Relevant Documents

Include here any other documents that are relevant to the application and indirect cost rate agreements.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must also register with 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)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

[SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *June 25, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The Telehealth Technology-Enabled Learning Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$475,000 per year (inclusive of direct **and** indirect costs). **Indirect costs are limited to 15 percent of the total award** funds and must apply to the activities funded under this program. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021(P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes [42 U.S.C. § 254c -14 (d)(1) (§ 330(d)(1) of the Public Health Service Act)]:

- 1) To acquire real property;
- 2) For expenditures to purchase or lease equipment, to the extent that the expenditures would exceed 20 percent of the total award funds;
- 3) In the case of a project involving a telehealth network, to purchase or install transmission equipment (such as laying cable or telephone lines, or purchasing or installing microwave towers, satellite dishes, amplifiers, or digital switching equipment);
- 4) To pay for any equipment or transmission costs not directly related to the purposes for which the grant was awarded;
- 5) To purchase or install general purpose voice telephone systems;
- 6) For construction; or
- 7) For expenditures for indirect costs (as determined by the Secretary), to the extent that the expenditures would exceed 15 percent of the total award funds.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators 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. HRSA will review each application for completeness and eligibility, all required documents, and compliance with the requirements outlined in this NOFO.

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

Review criteria are used to review and rank applications. The TTELP Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (15 points) – Corresponds to Section IV's [Introduction and Needs Assessment](#)

Sub-Criterion: 5 points

Introduction and demonstrated need of the target population

- The quality and extent to which the applicant outlines their approach towards implement the proposed learning community models to meet the focus areas that have been identified.
- The quality and extent to which the applicant provides a brief overview of the target population(s) and service area and the learning community models rural spoke site members involved in the project.
- The extent to which the applicant describes the purpose of the proposed activity, and how the project will meet the healthcare needs of the rural underserved population. Clearly and succinctly, submit information on the collaborating rural spoke site members, and expected program outcomes and community impact.

Sub-Criterion: 5 points

Demonstrated need of the target service area

- The extent to which the applicant provides a description and justification for why they have chosen to focus on the target population and target area; and

- The extent to which the applicant provides the requested demographic, unmet needs, health equity, and workforce data and information for the target rural service to clearly demonstrate need.
- The degree to which the applicant demonstrates an appropriate use of data sources (e.g., local, state, federal) in their analysis of the environment and the target population. Presented data must include a description of the target population, size of the population, unmet health needs of the population, any socio-cultural determinants of health disparities, counties that will be served by the TTELP project, and the degree to which this evidence substantiates the need for the technology-enabled learning community model and the services/programs identified from the selected activity.
- The extent to which the applicant uses data to describe a clear and logical relationship between the challenges impacting the rural community(s) and the need for federal funding to support project activities by describing the environment in which the need for the learning community model has developed and why federal funds are appropriate at this point in time.
- The extent to which the applicant demonstrates how the learning community model will be able to collaboratively address the identified population health needs in a manner in which individual facilities would not be able to on their own.

Sub-Criterion: 5 points

Demonstrated need of the technology-enabled learning community service

- The extent to which the application provides sufficient evidence including quantitative data demonstrating the demand for the proposed TTELP project, including description of the target population and potential beneficiaries in rural areas.
- The applicant provides a map (Attachment 8) that details the location of the learning community model members and the rural area(s) that will be served by the program.
- The manner and extent to which the proposed project will meaningfully fill gaps in the learning community models related to the purpose of this funding opportunity and healthcare need.
- The extent to which the application demonstrates understanding of the major policy and technology challenges and barriers facing telementoring educators and participants.
- The extent to which the application provides quantifiable information on existing services/programs available to support learning communities and how the applicant will meaningfully contribute to fill gaps in existing services.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's subsections [Methodology](#), [Work Plan](#) and [Resolution of Challenges](#)

Sub-Criterion: 15 points

Methodology

- The extent to which the application demonstrates clear and detailed understanding of the intricacies of various learning community models including distance learning and clinical decision support through telehealth.
- The extent to which the applicant provides clearly stated goals and objectives that are measurable and align with the intent of the TTELP program and promote the use of its proposed learning community model.
- The extent to which the applicant clearly describes methods to address for a targeted disease(s) outlined in Section 1.1. Purpose, or in one, or more, of the following health indicators: Infant mortality, life expectancy, cardiovascular disease, cancer, diabetes, COPD, HIV/AIDS, health care access and utilization, health insurance, disability, mental health, preventive health services such as cervical and colorectal cancer screening, smoking, obesity, substance use, suicide, homicide, and unintentional injuries.
- The extent to which the application adequately addresses the methods for building and maintaining rural spoke site commitments during the course of the project period.
- The extent to which the proposed learning community model supports professional education and has experience in improving health inequities, and adaptable to culturally and regionally diverse rural populations nationally; including a clear examination of how these models promote sustainability and address viable measurements to success along with potential limitations.
- The degree to which the proposed technology-enabled learning community model is based on an appropriate and relevant evidence-based or promising practice model.
- The extent to which the applicant demonstrates a cohesive sustainability plan to sustain the telementoring model and the impact of the program and services created with TTELP funding that demonstrates appropriateness and level of detail to:
 - Assess continued member and community need for the programs and services offered by the project;
 - To sustain and maintain activities created as a result of the proposed TTELP project; and
 - To acquire sustained financial commitment from its members to support ongoing project activities.

Sub-Criterion: 10 points

Work Plan

- The extent to which the proposed project displays a realistic, feasible approach to providing TA, training, and support for rural PCPs that are to receive telementoring support.

- The extent to which the proposed project displays a realistic and feasible approach for identifying meaningful support and collaboration with rural PCPs in planning, designing, and implementing all activities, including development of this application. The extent to which these contributors reflect the cultural, racial, linguistic and/or geographic diversity of the rural populations and communities served.
- The appropriateness of activities proposed in response to the needs identified and the specificity with which the applicant proposes to address the major programmatic services outlined in [Section 1.1. Purpose](#).
- The clarity of the work plan including the timeline, activity, goals, and responsible staff.
- The specificity with which the applicant identifies all partners and their qualifications, experience, and roles/responsibilities in the project, along with outreach strategies to engage all partners.
- The clarity with which program activities are aligned to the proposed outcomes to assess the progress of the program in meeting program goals and objectives.

Sub-Criterion: 5 points

Resolution of Challenges

- The extent to which applicants clearly and effectively address the challenges outlined in the “Resolution of Challenges” sections of this funding opportunity.
- The degree to which the applicant will be able to engage in meaningful collaborations to pursue the cooperative agreement’s objectives and overcome potential barriers (internal and external) by executing successful strategies.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s [Evaluation and Technical Support Capacity](#)

- The ability of the applicant to identify and incorporate measures that are aligned with the goals and objectives of the program and the supporting work plan activities.
- The effectiveness of the methods proposed to monitor and evaluate the project results.
- The appropriateness of methods proposed (including staffing and workflow) to collect, monitor, and analyze quantitative and qualitative data/information for process and outcome indicators.
- The extent to which the applicant describes relevant experience including materials published regarding telementoring and qualified participating staff.
- The extent to which the applicant will utilize HRSA’s evaluation measures to collect evidence-based data.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)

- The quality of the applicant's experience and proposed strategies for sharing and disseminating lessons learned from the experience of existing or emerging learning community models and services.
- The extent to which the proposed project describes a plan and relevant experience in developing materials to improve access to quality health care for rural and underserved populations.
- The extent to which the applicant provides evidence that the applicant's leadership will promote the success of the program and its ability to meet program goals, align proposed benchmarks with industry standards from recognized sources, move the learning model and member organizations towards population health management, encourages collective decision making, and promotes program sustainability.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's [Organizational Information](#)

- The quality and appropriateness of the resources and the abilities of your organization to fulfill program requirements and meet program expectations, including implementation, documentation, and monitoring.
- The capability to implement and fulfill the requirements of the proposed project based on the resources available and the qualifications of the project staff.
- The extent to which the staffing plan is well justified and includes the necessary personnel, as well as the extent to which the personnel devoted to the TTELP align with the proposed structure and work plan and have adequate time devoted to the project.
- The extent to which the applicant has demonstrated its ability and past experience/track record of providing telementoring and leadership to rural providers, including experience establishing new telementoring programs.
- The extent to which the application demonstrates extensive experience in providing learning community services, as evidenced by the size of the program, the years of experience in providing services, governance of collaborative partners, and publications/documents demonstrating expertise relatable to developing a nationwide model.
- The extent to which the application clearly describes the structure of the proposed TTELP the extent to which that structure strongly supports the overall mission of this program.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's [Budget and Budget Justification](#)

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives, and the application's budget provides sufficient detail about the role and responsibilities of each award-supported staff position.
- The extent to which key personnel have adequate time devoted to support the project's proposed data collection, tracking and analysis efforts for effective demonstration of indicated outcomes at the end of the five year period of performance.
- The budget justification should clearly document each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed award-funded activities over the length of the five-year period of performance.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

In making awards, HRSA will ensure, to the greatest extent possible, that awards are equitably distributed among the geographical regions of the United States. As a result, awards will be limited to one per service area.

3. Assessment of Risk

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](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, 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.

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

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 30, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion [website](#).

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Memorandum of Agreement (MOA).** By 120 days after the start of the period of performance (or by March 30, 2022), provide any documents that describe working relationships between the applicant organization and each partner site, as part of the application for this NOFO. The MOA will include a cover page on the letterhead of each respective partner site. Each MOA will be tailored to the particular partner site and contain, as a minimum, the 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 project; and (c) past and current activities in participating in planning and implementing a technology-enabled learning community model. All MOAs must be dated and include the year 2021 (i.e., MM/DD/2021), and contain original signatures from the authorized representatives. MOAs containing generic information not referencing and relevant to the proposed TTELP are not acceptable.

Please Note: Applicants failing to submit verifiable information with respect to the commitment of rural spoke site partners, including specific roles, responsibilities, and services being provided, will be deemed incomplete and will not be considered for funding. In addition, applicants who receive funding from HRSA for this program but fail to bring on board rural spoke site partners, as indicated in their application, may receive a reduction in award amount, in subsequent [budget periods](#), of the [period of performance](#).

- 2) **Performance Measures.** A performance measures report is required for continued funding after the end of each budget period in the Performance Improvement Measurement System (PIMS). Upon award, recipients will be notified of specific performance measures required for reporting.

- 3) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided upon receipt of the award.
- 4) **Federal Financial Status Report (FFR)**. A Federal Financial Report (FFR) is required at the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Further information will be provided upon receipt of the award.
- 5) **Final Report and Evaluation**. Award recipients are required to submit a final report and program evaluation at the end of their period of performance that would show, explain, and discuss their results and outcomes. This report may include program-specific goals and progress on strategies; performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; and barriers encountered. Further information will be provided during the first period of performance.
- 6) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

Beverly Smith
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: 301-443-7065
Email: bsmith@hrsa.gov

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

Carlos Mena
Public Health Analyst
Attn: Telehealth Technology-Enabled Learning Program (TTELP)
Office for the Advancement of Telehealth (OAT)
Health Resources and Services Administration
5600 Fishers Lane, Room 17W49B
Rockville, MD 20857
Telephone: (301) 443-3198
Email: cmena@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
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 the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, June 9, 2021

Time: 2 – 3 p.m. ET

Call-In Number: 833-568-8864

Passcode: 84904476

Weblink: [https://hrsa-](https://hrsa.gov)

[gov.zoomgov.com/j/1619913737?pwd=a3q3dnZCS0R1cU1NejR1VGcwekdnUT09](https://hrsa.gov.zoomgov.com/j/1619913737?pwd=a3q3dnZCS0R1cU1NejR1VGcwekdnUT09)

Meeting ID: 161 991 3737

HRSA will record the webinar. Please contact cmena@hrsa.gov for playback information.

Tips for Writing a Strong Application

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

508 Compliance Disclaimer

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff above in [Section VII. Agency Contacts](#).

Appendix: Common Definitions

ACCOUNTABLE CARE ORGANIZATION (ACO): A healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients.

ACUTE CARE: secondary healthcare field for patients who are suffering from serious injuries, illnesses, or medical conditions, or who are recovering from major surgery. Acute care is **short-term and services** designed and implemented with the goal of discharging patients once they have rehabilitated to the point of stability. Acute care is the opposite of chronic care, which involves ongoing treatment for long-term illnesses and conditions. While acute care may involve intensive treatment, this pattern of care is usually short in duration.

BEHAVIORAL HEALTH SERVICES: Refers to prevention, screening, intervention, assessment, diagnosis, treatment, and follow-up of common mental health disorders, such as depression, anxiety, and Attention Deficit Disorder with Hyperactivity (ADHD). Behavioral Health Services also include the treatment and follow-up of patients with severe mental illnesses (e.g., schizophrenia, bi-polar disorder, psychotic depression) who have been stabilized and are treatment compliant on psychiatric/psychotropic medications. Clinical and support services may include individual and group counseling/psychotherapy, cognitive-behavioral therapy or problem-solving therapy, psychiatric/psychotropic medications, self-management groups, psycho-educational groups, and case management.

BUDGET PERIOD: An interval of time into which the period of performance is divided for budgetary and funding purposes.

DISEASE MANAGEMENT: A continuous coordinated health care process that seeks to manage and improve the health status of defined patient population over the entire course of a disease (e.g., Congestive Heart Failure, Diabetes Mellitus).

DISTANCE LEARNING: The incorporation of video and audio technologies, allowing students to "attend" classes and training sessions that are being presented at a remote location. Distance learning systems are usually interactive and are a tool in the delivery of training and education to widely dispersed students, or in instances in which the instructor cannot travel to the student's site.

EQUIPMENT: Tangible nonexpendable personal property that has a useful life of more than one year and an acquisition cost of \$5,000 or more per unit or the capitalization threshold established by the recipient, whichever is less. See Section 45 CFR 75.320.

HEALTH SYSTEM: Based on three types of arrangements between two or more health care provider organizations: (1) organizations with common ownership, (2) contractually integrated organizations (e.g., accountable care organizations), and (3) informal care systems, such as common referral arrangements. Systems include organizations combined horizontally (e.g., a hospital system) or vertically (e.g., a multihospital system also owning physician practices and post-acute care facilities).

HUB-AND-SPOKE MODEL: The hub-and-spoke model, under this funding opportunity, is a method of organization comprising of a hub that provides training and facilitate the dissemination of best practice specialty care to primary care providers at the spoke site, which receive such services.

INFORMATICS: The use of computer science and information technologies for the management and processing of data, information and knowledge. The field encompasses human-computer interaction, information science, information technology, algorithms, areas of mathematics, and social sciences.

LICENSURE: a restricted practice requiring a license, which gives a "permission to practice." Such licenses are usually issued in order to regulate some activity that is deemed dangerous, or a threat to the person or the public, or which involves a high level of specialized skill.

MEDICALLY UNDERSERVED AREA (MUA): Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.

NOTICE OF AWARD: The legally binding document that serves as a notification to the recipient and others that grant funds have been awarded, contains or references all terms of the award and documents the obligation of federal funds in the HHS accounting system.

PERIOD OF PERFORMANCE: The total time for which support of a discretionary project has been approved. A period of performance may consist of one or more budget periods. The total period of performance comprises the original period of performance and any extension periods.

PRIMARY CARE: Health services that cover a range of prevention, wellness, and treatment for common illnesses. Primary care providers include doctors, nurses, nurse practitioners, and physician assistants. They often **maintain long-term relationships** with you and advise and treat you on a range of health-related issues. They may also coordinate your care with specialists.

RECIPIENT: An entity, usually but not limited to non-federal entities, that receives a federal award directly from a federal awarding agency to carry out an activity under a federal program. The term recipient does not include subrecipients.

RURAL TELEHEALTH FOCUSED RESEARCH CENTER: Supports the HRSA Office for the Advancement of Telehealth (OAT) to build the evidence base for telehealth, especially in rural settings. This includes working with OAT and TTELP award recipients to identify a core set of measures applicable to each award recipient program, building a data collection tool, fielding the tool and collecting patient-level data, analyzing the pooled data, and publishing findings.

UNIVERSAL SERVICE ADMINISTRATIVE COMPANY (USAC): The Universal Service Administrative Company administers the Universal Service Fund (USF), which provides communities across the country with affordable telecommunication services. The RuralHealth Care Division (RHCD) of USAC manages the telecommunications discount program for health care.

VIDEOCONFERENCING: Real-time transmission of digital video images between multiple locations.

VIRTUAL PRIVATE NETWORK (VPN): Method to carry private communications network traffic over the public Internet using tunneling or port forwarding which is the transmission of private data over public lines in an encapsulated form.

WIDE AREA NETWORK (WAN): Network covering a wide geographic area, whether several company sites or services by a common Internet service provider.

Wi-Fi: The underlying technology of wireless local area networks (WLAN) based on the IEEE 802.11 specifications. It is used for mobile computing devices, Internet and VoIP phone access, gaming, and basic connectivity of consumer electronics such as televisions and DVD players, or digital cameras.